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Towards a 'mind map' for evaluative thinking in Community Based Rehabilitation: reflections and learning

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Calls for evaluations in Community Based Rehabilitation (CBR), in particular those of a participatory nature have stepped up in recent years. Much of this shifting discourse has emerged in response to the fact that evaluations overall remain scarce. Furthermore, very little is known about the impacts of CBR in practice and if/how it benefits persons with disabilities and their families on the ground. Nevertheless, and despite the calls for participatory approaches, the few existing efforts are too often targeted at creating standardised evaluations frequently at the expense of voice, participation and flexibility. This paper reports on a series of critical workshops held in Jamaica with CBR workers and other stakeholders, the objectives of which included discussions and reflections on emerging issues in localised, locally driven and responsive participatory evaluation frameworks. The findings highlight how participants favoured a flexible, adaptive and iterative approach that was not rigid, structured or per-determined by outsiders. Instead, they favoured an approach that created a safe space for sharing and learning, prioritised their narratives, and that was directly linked to and that fed directly into action on the ground. The paper concludes with the call for critical, engaged and bottom-up approaches that move away from control-oriented approaches in CBR towards more experimental and adaptive problem and process-oriented approaches, that embrace complexity and that are consistently responsive to an ever changing context.

Keywords: Community Based Rehabilitation, Participatory Evaluation, Outcome Mapping

Introduction

Over the past decades, Community-based Rehabilitation (CBR) has been framed as a strategy to address the wider needs of persons with disabilities. Promoted heavily by the World Health Organization (WHO) and other United Nations agencies in the late 1970s, it quickly became a discursive and practice model intended to maximize the participation and inclusion of persons with disabilities in their communities. Driven by the principles of cost- effectiveness,

participation, use of local resources, and the effective inclusion of family and community, it has progressively become (and perhaps uncritically) a gold standard for understanding and working in the field of disability in the global South.

CBR has, over the past decades, developed alongside the establishment of a set of guidelines, numerous conferences on the subject and the development of various training manuals and training sessions. CBR has been closely linked to other growing trends in the sector, including disability mainstreaming, linkages with the Millennium Development Goals (MDGs) and later the Sustainable Development Goals (SDGs), and most recently disability-inclusive development (DID). A plethora of so-called 'experts' continue to shape careers as CBR consultants and advisors and others are busy trying to frame and measure CBR and to streamline this process across spaces and places, too often with little or no alertness to contextual, personal, and other dimensions of heterogeneity and complexity.

In international development, it is well established that programme evaluations are important to demonstrate and measure impact (although this is a highly debatable concept), and to help identify the most valuable and efficient use of resources (see Stern et al., 2012; Bamberger et al., 2012). Since the publication of the CBR Joint Position Paper in 2004, an increasing number of authors (see Adewale, 2011; Grandisson, 2014; Velema, 2016) point towards evaluation as the key to beginning to understand and demonstrate the 'effects' of CBR on the ground. The hope is that this would step up its credibility and evidence base, and ultimately contribute to the well-being of persons with disabilities in these geopolitical spaces.

Participatory approaches to development have and continue to be strongly promoted in development discourse and practice. Notwithstanding the (often) convenient and opportunistic adoption of such terms in the sector, the idea is that participation is critical in effectively incorporating the perspectives of local stakeholders in policy development, programme implementation and decision-making. An increasing number of international development organisations (see for example FAO, DANIDA, SIDA, USAID, ADB, and World Bank among others) have also discussed the importance of using more participatory approaches in monitoring and evaluation. A review of Monitoring and Evaluation practices conducted by the Organisation of Economic Cooperation and Development (OECD) in conjunction with the commission of the European Union shows the need to move towards more methodological diversity to include participatory approaches (Stern et al., 2008). Literature emphasises that there is a great variety in concepts, methods and applications adopted under the umbrella term of participatory evaluation (PE) (see Estrella and Gaventa, 1998; Aubel, 2004).

The call for participatory approaches has been strongly echoed in the disability sector too. The Joint Position Paper and the CBR Guidelines, in line with recommendations of other recent international frameworks on disability (e.g. the UN Convention on the Rights of Persons with Disabilities (UN, 2006) and the World Report on Disability (WHO and World

Bank, 2011) for example, call on Disabled People's Organisations (DPOs) and persons with disabilities and their families to be the driving force behind CBR programs, as opposed to being passive recipients of services. These documents explicitly encourage people with disabilities to promote community control and ownership of CBR programs. This, they suggest, can be done by taking leadership roles in implementing these programs, controlling the resources connected to CBR activities as well as monitoring and evaluating processes. Grandisson et al. (2014b: 272) are emphatic: 'the evaluative process needs to be conducted in close collaboration with the local community, including people with disabilities, and to be followed by sharing the findings and taking actions'. As a response to the complex multi-stakeholder environment in which CBR is implemented, the authors go on to call for participatory approaches to evaluation in CBR.

Despite the enthusiasm and the proliferation of manuals and international visibility, CBR, though, remains haunted by deep problems and challenges. Critics have expressed various concerns over the past years including lack of conceptual clarity around what CBR actually means in practice (see Grech, 2015), co-option by powerful outsiders (Weber, 2014) and even transfer of negative/harmful institutional practices to the community (Miles, 2007). A significant problem has also been and continues to be the fact that evaluations of CBR in practice remain scarce if not absent. Very little is known about the impacts (if any) of CBR on persons with persons with disabilities and their families and if these are on their own terms across a range of complex and heterogeneous contexts. Thomas (2011: 283) highlights how while CBR is 'data rich', it remains 'evidence poor'. Similarly, Finkenflugel et al. (2005:192) conclude that the 'effectiveness of CBR cannot sufficiently be established'. Critical evaluations of CBR remain particularly scarce, especially those adopting qualitative, narrative and responsive research approaches prioritising voices and context (Grech, 2015). Participation, especially by local stakeholders, not least persons with disabilities and families, remains virtually absent in this process of evaluation, one too often co-opted by powerful outsiders bent on containing CBR and establishing standardised frameworks and classification models. Participatory evaluation methodologies for CBR have received little attention in the international disability and other sectors in both theoretical and practice spaces. In the field of CBR, the majority of evaluations that have featured in the largely grey literature are either third party evaluations or those conducted by project management for end of project reporting purposes. Reflection and follow-up on what actually happens in practice are scarce, and once again local voices are occluded. The few examples of participatory evaluations (PE) and those that claim to adopt a participatory approach, often do not specify the participatory processes or tools they have used in their program evaluations.

Critics within development (see for example Chambers, 1994; Kothari, 2001) have also warned that it is not sufficient to only provide development workers with a new set of tools. Instead, their sustained and effective use needs to be ensured in benefit of those we work with, and most importantly on their own terms. Indeed, a body of critical literature has

emerged contesting even the notion of participation in development, not least in its frequent opportunism and unshifting power relationships (see Escobar, 1995; Cooke and Kothari, 2001; Grech, 2009). Blackburn & Holland (1998:3) stressed a while back how '..while participation has become the sacred cow of donor organisations, in many cases they have only vague ideas regarding the parameters and requirements for participatory development including Participatory Monitoring and Evaluation'. Mayoux (2005: 26) further elaborates this line of thought, pointing out that the adoption of participatory evaluation approaches '...requires a shift in focus, time, skills, resources and attitude'. Estrella and Gaventa (1998:5) follow this discourse, highlighting how there is no blueprint or one set way of conducting participatory evaluation since '...the concept is critically evolving and adapting according to project needs'.

In this paper, we reflect critically on participatory evaluation in CBR through a set of critical debates held in Jamaica with CBR workers. In this study, Outcome Mapping (OM), a widely used evaluation model in international development, was used as a basis for introducing and discussing participatory evaluation in and through an active CBR programme in Jamaica. Our objective was to accompany and document reflections on processes around the development of a locally driven and responsive 'framework' for participatory evaluation. Local actors were the driving force in the debates and how these unfolded. The aim of this exercise was not to add a new theoretical framework specific to CBR. Instead, we sought to critically discuss participatory evaluation and explore the possibilities of a locally adapted and fluid approach to PE that participants felt was useful to their own practice. This meant taking the social, cultural/ideological, political and economic context into consideration, and acknowledging and prioritising the central roles various stakeholders and their changing interactions play in implementation. We were also not so concerned purely with the production of knowledge, but with the ways in which these debates could benefit those participating and ultimately persons with disabilities and their families.

Methodology

The approach adopted in this study was qualitative in nature in the bid to prioritise the voices and perceptions of participants. We used Outcome Mapping (OM) as a platform for debate and to explore a number of emerging issues in evaluation. It provided us with the opportunity to have a practical tool to act as a reflective probe for discussion and to question and challenge the approach itself. Below, we outline OM, its principles and process.

Outcome Mapping

The creators of OM (International Development Research Centre) claim to offer a promising

approach for evaluation that can help grassroots organisations to deal with the implications of a complex environment (Earl et al., 2001). As we contemplated OM as a basis for discussion, a set of key features emerged that appeared to make it possibly 'suitable' (at least at a discursive level) for use in CBR programmes.

First of all, OM states that it offers a conceptual framework for planning, monitoring and evaluation. OM has in fact been used in various types of programmes in the global South (see Sherif, 2010; Rassmann, 2016). Secondly, it differs from traditional evaluation approaches in that it does not focus on measuring deliverables or effects on primary beneficiaries. Instead, it provides a set of tools to design and gather information on the outcomes of a programme, defined in this case as 'behavioral changes'. Thirdly, the model is centered on the identification of 'boundary partners', defined as individuals or groups with whom or for whom the programme interacts with and aims to influence in the bid to help improve their economic, social, political or environmental well-being.

The process consists of three stages (see Figure 1 below).

The first stage aims to answer the following questions:

- What is the vision to which the program wants to contribute?
- Who are the program boundary partners? (i.e. anyone holding a stake in a particular situation and is influenced by or seeking to influence a change)
- What are the changes being brought about by the programme?
- How will the programme contribute to change?

The second stage, "Outcome and Performance Monitoring", provides a framework for monitoring program activities and the progress of the boundary partners towards achieving program outcomes.

During the third stage, evaluation stakeholders develop an evaluation plan and evaluation priorities are identified.
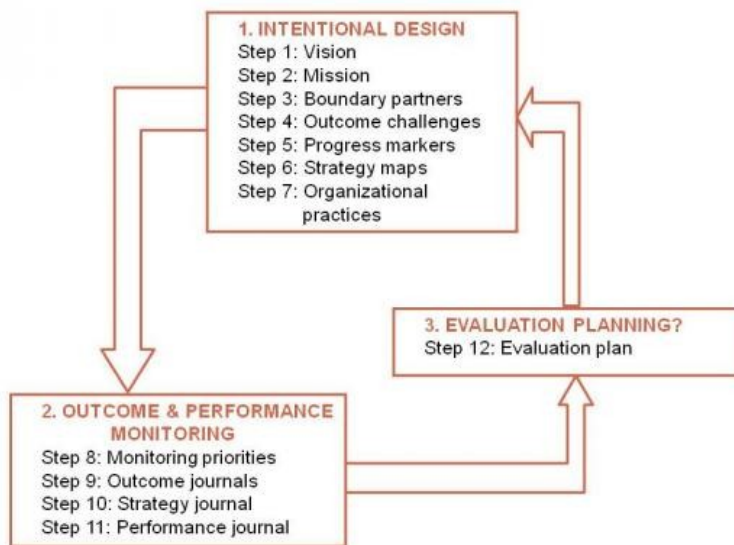
Figure 1: The three stages of Outcome Mapping (IDRC 2001)

OM was developed as a flexible, conceptual model for participatory monitoring, evaluation and planning. The components of OM can be used sequentially or selectively, depending on the needs of the users. Furthermore, the authors of OM explicitly encourage adaptations during implementation (Earl et al., 2001).

The empirical research for this paper involved the modification, implementation and evaluation of OM in an active CBR programme.

Method and Process

The main methods employed in the study were in depth interviews and focus groups. The fieldwork was conducted with the Clarendon Group for the Disabled (CGD) in May Pen, Jamaica. CGD operates a well-established, medium-sized CBR programme with seven full-time staff working in the provincial town of May Pen (35,000 inhabitants) and surrounding rural areas.

The study comprised three main components:

1. The implementation and adaptation of PE (OM) in one CBR programme
2. Interviews and focus groups on the evaluation of the usability of the adapted PE model in this programme
3. The development of a fluid framework that participants felt could guide PE in CBR.

PE was incorporated into the regular programme activities. The data collection was conducted in three stages that corresponded with the three study components as listed above:

Stage 1: PE workshop (adaptation of OM): The PE model (OM) was implemented in the CBR programme in Jamaica and adapted to local context and needs. Eleven participants (adults over 18 years of age), including programme staff, family members of people with disabilities and board members participated in a series of focus group style workshops. The workshops were facilitated by two external facilitators with a background in Critical Disability Studies (Grech) and participatory monitoring and evaluation (Schmid). The OM training manual (ICRD 2001) was used as a platform and fluid guideline for discussion. The evaluation participants and workshop facilitators worked collaboratively in implementing and adapting OM to the specific context of the CBR programme simultaneously.

Workshops involved active reflective and critical discussions around OM, the process, its perceived relevance, and suggestions on how to adapt the PE model to local context and priorities. Discussions and key points were mapped out on charts as impetus for further discussion and probing. Participant observation was also employed alongside reviews of relevant program data and information as secondary data. Workshops were recorded using a digital voice recorder and later transcribed.

Stage 2: Interviews and focus groups on the evaluation of the usability of the adapted PE model in this programme: Changes in the area of 'process use'[1] were explored over a period of six months in two waves. The first wave of data collection was conducted one month after the PE workshop and involved 3 focus groups and 19 in-depth interviews with participants (15 women and 4 men). A second wave of data collection, including 4 focus groups and 18 in-depth interviews (15 women and 3 men) was conducted six months post PE workshop.

Purposive sampling was used to recruit participants. Focus group participants and interviewees were the eleven individuals that had taken part in the PE workshop and included additional programme stakeholders who were not directly involved in the evaluation process. These included local medical doctors, CGD board members, a representative of the local Ministry of Health unit, a representative of the local Social Security Unit, and teachers of local schools. These were included to add depth to debates, generate additional information and triangulate.

Additional programme stakeholders that were included in the interviews and focus group sessions were identified and purposively selected by the lead researcher (Weber). A range of participants were sought to account for diversity along a set of criteria including age, gender, and socio-economic status. Key informants who were not directly involved in the evaluation process therefore changed between waves.

In-depth interviews were conducted in private rooms chosen by participants and lasted between 40 minutes and 1.5 hours.

Stage 3: Participatory workshop to develop a framework that can guide PE in CBR: A two-day participatory workshop was held with members of the group who had attended the PE workshop after nine months. The lead researcher facilitated this workshop. The workshop created a safe space for participants to reflect on their experiences from the PE workshop and the implementation of the adapted OM model. The aim was to develop a framework for PE in CBR based on their experiences of implementing the PE model. The workshop consisted of two parts:

1. First, the perceived usefulness of the tested model was reviewed and discussed. Participants reflected on and discussed the process of adapting OM and their personal experiences in implementing the model.
2. They then jointly developed recommendations for a PE framework they felt was suitable for CBR within their specific context.

Data Analysis

Thematic analysis was conducted manually (Braun and Clark, 2006) providing a flexible, inductive and continuous process of engaging with the narratives, seeking out patterns in the data and then organizing them into fluid categories or themes. Compensating the analysis were field notes and reflective diaries.

Ethical considerations

The study was approved by the Ethics Committee of the London School of Hygiene and Tropical Medicine and the Advisory Panel on Ethics & Medico-Legal Affairs at the Ministry of Health in Jamaica.

Informed consent was obtained from all participants. Information was clearly provided detailing the scope of the research, the process and participants' rights (including the right to withdraw at any time). Confidentiality and anonymity were ensured to all participants. Names have been changed in the direct quotes used below to protect participants' identity.

Findings

The following sections map out the key emerging findings from each stage of the study.

Implementation and adaptation of Outcome Mapping in one CBR programme

Three areas of local need for adaptation were identified and addressed during the workshop. The first area were *structural adaptations* which led to macro level changes such as the sequence of OM steps, omission or addition of steps and the implementation of additional feedback loops that helped to better link the single steps of the OM process. The second were *operational adaptations* at the micro level and which resulted in changes, modifications, and in some cases omission of tools proposed in single OM steps. The third adaption was in the *terminology* associated with OM, as this was considered challenging and was therefore changed by participants to improve comprehensibility in the local context.

The full OM process is intended to be introduced into a programme over a three-day workshop, following a three-stage process consisting of 12 steps (see Figure 2). Although there is flexibility in OM allowing for the omission of steps or their independent use, the evaluation participants in Jamaica felt that the term 'steps' was inappropriate, as it implies a sequential order.

Participants agreed instead to use the term 'module', suggesting a more flexible approach to the overall framework. Therefore, when using the term 'steps', this paper refers to the original OM manual, while the term 'modules' refers to the adapted framework suggested by participants. The section below describes the proceedings of the workshop in chronological order.

Module 1: History as Process: The OM manual proposes to first conduct a historical scan as an optional activity at the start of the workshop. During this exercise, group members were encouraged to write key events relevant to the organisation and their own professional development on a timeline. In the OM workshop, participants found this task difficult, in particular the notion of a sequential piecing together of events, insisting instead that it should be seen as a fluid process. One participant for example expressed how:

> The major events that happened, you cannot really process them as a piece of time. It is a process. It is a continuous process. (board member).

As a result, the group reworked the historical scan proposed as an optional 'warm-up exercise' in the OM manual (IDRC) into a module that was fundamental for all PE processes to follow and which encouraged participants to share their stories about the programme. Through this, it was possible to develop a narrative including information about developments, experiences, successes, learning processes, and most importantly challenges experienced as a CBR group or as individuals linked to the programme. The contributions of the group were written on a flexible timeline and presented as processes moving into and towards the future, and not as a single or clearly defined activity in time.

This adapted module provided a platform for generous sources of narrative information reflecting the rich, detailed and personal perspectives of the evaluation group members. The group regularly referred to these narratives over the course of the workshop to ensure that the objectives, strategies and evaluation statements were consistent with these narratives.

Modules 2 (Objectives) and 3 (Strategies): These modules correspond with steps 2 (vision) and 3 (mission) as proposed in OM. The group decided to replace the terms 'vision' and 'mission' as these were felt to be too abstract and technical and ultimately simply for the benefit of outsiders. One participant explained the reason for this change:

> …we do have a vision and a mission that are on our flyers, but I do not even know them. They are just not practical but just for outsiders to make a good impression. And it took us so long to formulate them nicely. I think this is useless. You should concentrate more on the objectives of the group to be realistic and remembered to all of us. (fieldworker).

The terms 'objectives' and 'strategies' were introduced instead also because the group felt more confident to not formulate managerial statements. Instead they wanted to reflect practically on and keep in sharp focus what the programme should achieve and what the strategies need be to do this.

Module 4: Stakeholder Network: A key concept of OM is 'boundary partners', defined as 'individuals or a group for whom or with whom the programme is working to help improve their economic, social, political or environmental wellbeing' (IDRC 2001:42). The evaluation participants expressed their concern that CBR stakeholder groups beyond direct partners are not covered by the OM methodology. CBR, they explained, requires collaboration and negotiation with a variety of actors not directly involved in programme activities. Furthermore, many of these partnerships in CBR are fluid and changing, meaning that actors may be briefly involved and then drop out of partnerships (e.g. local policy makers or organisations). CBR work, they emphasised, is embedded in a constantly changing network of actors where alliances and collaborations change over time and where objectives are not necessarily shared by all actors throughout the life of a program. This situation is highlighted in the quote below:

> We are working with so many people and organisations. They come and go. Some are important today and leave the project tomorrow. We can not really plan and say we are doing our work with one group of stakeholders or partners, because we need to stay flexible since they change. It is more a network of people that change all the time. (board member).

The group went on to brainstorm possible characteristics and relationships among their stakeholder network. This resulted in the development of a loose framework with the following three questions, which participants felt, helped visualize the stakeholder network:

1. Who are the stakeholders?
2. How are these stakeholders linked? (money, services, accountability, information flows)
3. How much influence do these stakeholders have?

A pathway showing the internal and external stakeholders and their connectedness was drawn up by participants (see the stakeholder network map in picture 1 below).

Picture 1: Stakeholder Network Map

The stakeholder network was further expanded by using practical examples to follow the various pathways, and to explore which parts of the network would work together in different scenarios. There appeared to be strong agreement that the stakeholder network map provided important information helping with understanding, discussing, visualizing and improving situations in which multiple stakeholders influence outcomes. This stakeholder network was used in feedback as a reference point in later modules identifying sub-networks of actors who are, or should be involved in fulfilling a specific objective.

The introduction of the stakeholder network in place of the concept of boundary partners led to a departure from OM design for the rest of the planned design phase.

Module 5: Objectives (Sub-networks): In this module, the programme objectives developed in Module 3 were linked to the stakeholder network (Module 4) by identifying sub-networks of

actors that worked towards achieving each of the objectives (Module 2). The links between actors involved in working towards a specific objective not only provided ideas on additional stakeholders that could be approached for collaboration, but also showed that some objectives will interlink when the same stakeholders are involved. For example, one participant explained how the objective 'To assist the Ministry of Health (MoH) to organize clinics for children with disabilities' could be linked with the objective 'To enhance access to assistive devices'. Since the main actors in both objectives are the same (CGD and the MoH) the group decided to fuse the objectives and to link clinic visits with the prescription of assistive devices. One participant clearly articulated this process as one of increasing efficiency, connectedness and confirmation of how realistic and achievable objectives are:

> Identifying stakeholders for each objectives has actually a wider use. It links back to the problems we identified in the time line…by discussing the capacities of each actor we are actually reassured about the do-ability of the objectives and can make more efficient use of the stakeholders. (coordinator).

Module 6: Objectives (Problems): This module led to reflection on the initial timeline and on how challenges to the programme relate to its objectives. It also examined how the original section in OM addressing challenges needed to be amended. The OM manual does not thoroughly introduce evaluation methodologies, for example how to collect or analyze data. Workshop participants noted that they had heard about quantitative and qualitative methods for collecting data, but they expressed insecurity in applying these, not least on account of lack of training or experience in (formal) research. One fieldworker explained this:

> I know how to ask people about things and to get a response, but I have really no clue how to write this down and make sense of it.

To fill this gap, additional modules (Modules 7, 8, 9 and 10, see Figure 3) were fused within the evaluation process.

Module 7: Evaluation Statements: This module appeared to act as a bridge between the stakeholder network and evaluation planning by supporting participants in formulating evaluation statements. Participants agreed that evaluation statements were easier to formulate than evaluation questions:

> It is easier to say what you need to know than to formulate another question for this. I think it is just simpler to make a simple statement and say we want to know more about the attitudes of doctors towards children with disabilities (field worker).

These statements were generated by linking the challenges presented during Module 1 to the objectives and the objective-specific stakeholder networks.

Module 8: Data collection methods linked to evaluation statements: Suitable methods to answer the statements formulated in Module 7 were identified. The discussions in the development of this module showed that logical introduction of methodologies and consent were needed in order for participants to own the process of data collection. Programme staff insisted on remaining flexible in the choice of methods and the timelines to be followed for data collection. Their main arguments were that the need to adapt to upcoming tasks, insecurity of funding, and security concerns in their communities, would require them to remain flexible at all times, including during data collection. The following quote illustrates this:

> A process can be changed according to need. Life is flexible. Flexibility is key. It does not have to be definite. Maybe it is not working (field worker).

Module 9: Methods/Tools-Training: Data collection tools were introduced to the workshop participants. They were trained in small groups by the facilitators on how to conduct simple interviews and focus groups. It was clear throughout the process that participants wanted to 'keep the evaluation practical and do-able' (field worker) and to match the evaluation needs and issues with existing monitoring methods. This meant differing from OM steps 9 to 11, while introducing three monitoring instruments, namely: an outcome journal that documents the progress of external partners towards the achievements of outcomes; a strategy journal that monitors what mix of strategies the programme is employing; and a performance journal that collects information on how the programme is functioning as an organization. The workshop participants, though, found the idea of including these monitoring journals into their programme activities cumbersome and time consuming, and therefore decided not to use them in their evaluation.

Evaluation participants subsequently replaced the OM monitoring journals with a procedure that guided through a process of adapting the existing and familiar monitoring system they used in order to accommodate the evaluation information needs. This included a home visit monitoring form, a form documenting the supervisory visits, and a monitoring form for children in school inclusion to be filled in by their teacher. The implementation of this process was followed through in four steps:

1. Participants reviewed the existing monitoring system and discussed where the evaluation statements generated during the preceding OM process could be integrated
2. The evaluation statements were then linked to existing monitoring forms
3. Existing monitoring items were rephrased or amended to align the statements with the forms
4. Evaluation statements and information that could not be integrated in the existing forms were discussed and new sub-sections were added to existing forms to account for these

Additionally, participants reviewed the frequency of the forms being used, and adapted them to new information needs. Information needs were generated throughout the process for four out of the six evaluation statements. These included: access to assistive devices; attitudes of medical doctors; socio-economic situation of families; and access to mainstream schools. These, they felt, could be incorporated into the existing monitoring system simply by rephrasing or amending existing items. For example, an additional question was added in the home visit form to monitor the quality of service for assistive products. One participant noted how:

> We have evaluated all the way. What we are doing now is actually to include the information that we felt needs to be generated into the material we are already using (field worker).

Module 10: Evaluation Timeline: After having agreed on the data collection methods and having infused information needs into the existing systems, a timeline was assigned to the evaluation statements. Participants agreed on the timing of each task and who would be responsible for each. Since the evaluation had developed into an ongoing process using existing information systems, it was decided to leave the timelines as flexible as possible, and to review and adapt them to actual needs at regular intervals.

Module 11: Use of Evaluation Information: This was added to the OM process to facilitate discussion about the use of the evaluation results. This module served to encourage participants to freely express their thoughts on the potential use of evaluation results. During the implementation workshop, participants came up with diverse ideas about what these potential uses could be. These included personal purposes ('for self-development and future possibilities outside CGD' [field worker]) as well as organizational ones ('sensitizing and informing better the board of the group' [parent]). During their group discussion, they emphasized the importance of discussing the use of the evaluation, in particular what it would it would yield or lead to in practice:

> Without knowing clearly how all this will benefit us personally or the whole group, it would not really make sense to stay all week in a workshop (field worker).

After Module 11, the evaluation group reviewed the timeline for implementation and assigned responsibilities for follow up.

Figure 2: Relationship between the OM and adapted model

Outcome Mapping	Adapted Model	
	New modules added	OM steps added

	Module 1: History as process	
Step 1: Vision		Module 2: Objectives
Step 2: Mission		Module 3: Strategies
Step 3: Boundary Partner		
Step 4: Outcomes Challenges	Module 4: Stakeholder Network	
Step 5: Progress Markers	Module 5: Objectives - Sub-networks	
Step 6: Strategy Maps	Module 6: Objectives - Problems	
Step 7: Organizational Practices		
Step 8: Monitoring Priorities		
Step 9: Outcome Journals		
Step 10: Strategy Journals		
Step 11: Performance Journal		
Step 12: Evaluation Plan	Module 7: Evaluation statements	
	Module 8: Evaluation statements – methodology	
	Module 9: Methods / Tools	
	Module 10: Evaluation timeline	
	Module 11: Use of evaluation	

information	

The figure above illustrates how only two of the original steps of OM (steps 1 and 2) were taken up in the adapted model and used for implementation by the group. Module 1 (historical timeline) was developed on the basis of an optional activity suggested in the OM manual, and Step 12 (evaluation planning) needed to be expanded into three new modules. Four out of the 11 modules of the adapted model had to be designed from scratch and were not connected to the original OM design. This means that the new adapted model is substantially different from the original OM.

Evaluation of the usability of the adapted PE model

The findings below present the key findings highlighting process use at an individual, group and organizational level.

Process use at individual level

Enhanced knowledge about evaluation

When explored before the workshop, participants linked the concept of evaluation to notions such as 'assessing something and knowing how well it is working' (fieldworker) or 'getting results about the programme and showing the advantages and disadvantages of what is being done' (parent). Most participants associated evaluation with judgement, and assumed that it could affect them in a negative way. It was clear that participants frequently viewed evaluation as something emerging from the outside, and that was about investigating the performance of staff. This appeared to create discomfort and unease and a sense of vigilance. There was, though, also a remote feeling that evaluation could theoretically be used in a supportive way to 'support self-esteem when you get proof that something is working' (field worker).

The group's staff in particular, linked evaluation to data being generated through a rather cumbersome organisational process, straining resources, and ultimately with little practical use or explanatory power for emerging issues or problems. The following quote is illustrative:

> In evaluations you have probably a lot of numbers coming out. I do not think these could really cover the core elements of why something does not work. (field worker)

The knowledge and perspectives about evaluation, though, appeared to change significantly

amongst the group attending the workshop. By the end of the workshop, many articulated various perceived benefits including: a platform to articulate knowledge and understand the context of problems; and a strategy to solve problems. One participant succinctly captures this:

> It was all there. Evaluation is actually simply, a platform to talk and articulate your knowledge and then take it from there and get something done better (field worker).

The group framed three questions which, in their view, should guide an evaluation which needs to link the present situation with the past as well as future aspirations:

a. Where am I coming from?
b. Where am I going?
c. Where do I want to be?

Voice and space for narratives were frequently mentioned by the workshop participants as major prerequisites for conducting a successful evaluation. Narratives were not only considered a powerful tool in the sharing and transfer of knowledge, but participants also reported how telling their stories made them feel valued, accepted and appreciated. One parent expressed this clearly:

> I was able to tell exactly what is happening and having some know how about disability. My contribution was accepted by the others. And they told me that my stories were very interesting.

Deeper knowledge about the programme

Prior to the workshop, knowledge about the programme and its activities was much more pronounced among staff than among parents, teachers and board members. The latter stated that they knew little about the variety of programme activities, especially those they were not directly involved in. They mentioned lack of time and opportunities for involvement as major barriers, and expressed regret about not having more chances to be involved in programme work. However, programme staff were not blamed for this situation, with participants praising their commitment and wishing to be more pro-active themselves in order to support activities. One board member explained this:

> I would love to be more involved and to know more about what the group is doing and how they support children in the parish, but you know, we all have a job and just not enough time to get more involved.

Non-staff participants in the evaluation expressed that the process changed their outlook on operations. Parents reported greater awareness, especially in regards to the variety of stakeholders involved. One board member expressed surprise about how much parents knew about disability issues and how well they communicated their challenges. The workshop provided a platform to get to know each other and to better understand each other's viewpoints.

Programme staff unanimously agreed that the development of the stakeholder network provided them with new insights into the working mechanisms of the group and made them more open to involving a different set of people and organisations in their activities in the future:

> I never realized that I have worked with all those persons and that I could have contacted them. Having had the stakeholder network exercise we know that we should contact other people further up. I realize that we have partly approached the wrong people. We sometimes should rethink and work with other people if we do not reach our goals. (field worker).

Although there was a clear increase of knowledge of evaluation issues and about the programme among workshop participants, outside this group there was no evidence of an impact of PE on the thinking and learning behaviour of wider stakeholders with regards to the programme.

Use of more efficient strategies responding to complex challenges

The complexity of the programme's operations was clearly recognised by evaluation participants. They expressed how they had changed their outlook on programme activities and had become more conscious of the steadily changing environment and the actors involved in their programme. Additionally, field workers indicated that they had learned to look at programme activities from different angles and to consider and evaluate different strategies possible to reach specific goals. In a focus group, the example of a child being included into mainstream schooling was brought up. Participants worked through a case study to demonstrate that in preparing a child for school, involvement of the parents and the school are often not enough. Many other factors, such as inaccessibility of roads, transport barriers, attitudes of classmates and over-protectiveness of parents pose additional obstacles. These factors need to be considered from the beginning in order to allow for flexibility when dealing with challenges, or as one field worker put it 'to be on alarm all the time and use your fantasy to come up with always new solutions if needed'.

Another way to adapt to real life and the challenges posed, was to take a more iterative

approach to assessment and intervention. Field workers and parents explained how after the workshop they realized the need to implement shorter but regular cycles of assessment of children with disabilities, discussions on strategies and ways to implement these:

> I learned that sometimes the goals you have with a child, it is too complex at the moment so you have to break it up in smaller steps. It will be a better way to assess the children and better structure the programme for each child (field worker).

Additionally, some fieldworkers suggested that breaking up a rehabilitation plan into smaller steps might provide more room for experimentation and to find a more efficient strategy, for example, how to best teach a child to use their wheelchair:

> If one strategy does not work we can just try something else and if this does not work we can change quickly. I mean, main thing is that we improve the situation at the end (field worker).

Adaptive implementation of individual rehabilitation plans was not new to the group, but before the evaluation process it was regarded as a solution only because one lacked specialist knowledge or training. Field workers and parents realized during the workshop discussions, from the experiences of others, that experimenting can be more than an emergency solution. Instead it can be an effective strategy to move forward and reach goals in an environment that is itself constantly changing.

Process use at group level

Enhancement of a culture of critical reflection and discussion

The group articulated how the evaluation workshop offered a safe space for participants to question, challenge and criticise. While they stated that a culture of meeting, telling stories and sharing concerns was already present at CGD, after the workshop evaluation parents and staff expressed that internal discussions were now perceived to be more organised, reflective, meaningful and perhaps holistic activities:

> It was actually all there already. The problems as well as the solutions. We just had to hear it from more angles and link them and we never really did it on purpose before, it was all just feeling (parent).

Challenges and problems were no longer viewed as something that only had to be overcome, but that could indeed serve as a basis for discussion to exchange views and to guide further

actions towards a solution. Objectives and strategies that were developed during the evaluation process were regularly checked back against the list of problems and challenges that were developed during the 'historic scan' exercise (module 1). Discussions focused on questions that needed to be resolved urgently, such as: 'how can I get medication for epilepsy patients?' (fieldworker) or 'how can we get more wheelchairs?' (parent), rather than on distant goals or indicators. The basis for these questions were often observations, such as a field worker observing that children in his/her area could not access epilepsy medication. These issues were then discussed further within the group. Examining these problems collectively and in-depth, rather than using an indicator checklist, stimulated the thought processes needed to find flexible solutions together. Discussions took part during formal meetings, such as parent meetings and staff meetings, but increasingly evolved around smaller groups of people that met informally.

Process use at organizational level

Nurturing a more learning centred organisation

Parto (2005) contends that institutional change requires a wide range of shifts, including cognitive, regulative and behavioural ones. Such changes are the result of complex processes over the long term. The time frame of this study limited the ability to provide conclusive evidence on long-term organizational commitment to learning. However, the evidence generated in workshops, alongside short term follow-up, suggest that CGD has taken serious first steps towards becoming a more learning-centred organisation.

When asked before the evaluation, most respondents described learning as a formal exercise involving formal training, with only a few mentioning peer-to-peer learning. During later stages of the implementation, though, participants increasingly pointed out that 'learning is actually an on-going process. We all actually learn constantly without being aware of it.' (parent).

At the organizational level, this shift in perspective can be best observed by looking at principles related to monitoring, to see if they had become more prominent as a result of the evaluation workshop. Although many of the monitoring processes in place were informal, programme staff more consciously started to link these processes with concrete actions and outcomes. Monitoring had become a part of the daily work routine and had developed into a communication process as opposed to written output used for accountability purposes. Observations, news and challenges in the field were shared with others, thereby engaging in a process that Kurtz and Snowden (2003: 453) call 'co-creating knowledge by engaging in critical discussion towards possible solutions'.

These monitoring processes enabled the actors to better understand the processes they engage in, to map out who does what in the web of stakeholders and who needs to know what in order to achieve a certain task. One field worker explained this in the context of evaluation practice:

> I actually realised that in practical terms we all evaluate all the time. We see something, we talk about it with others and they talk to me about their experiences. By talking we find solutions that we can immediately bring back to the communities. (field worker).

The communication network that fed the monitoring process, it was evident, needs to be developed through frequent personal interaction. Attention to gaps and the need to exchange information and express and share doubts or ideas, were the vehicles that linked CBR staff with a constantly changing set of actors inside and outside the programme.

Development of a proposed framework for participatory evaluation in CBR (mind map)

Participants decided to develop a mind map rather than a framework. They felt the term 'framework' was too technical and did not adequately reflect the flexibility and fluidity of evaluative thinking. Additionally, it was felt that evaluative thinking and acting is better reflected in the way a person thinks and how he/she changes his/her way of thinking in response to emerging factors and processes, rather than in a framework that offers tools and structured steps. The group decided to use a house as a visual representation of this mind map (see Figure 4) combined with a set of ten flexible guiding questions (GQ) that can help the user 'move' through the floors and rooms of the house mind map.

PROGRAMME MIND MAP

Evaluation
Use

Existing Systems

Evaluation Statements

MAKING SENSE	INFORMATION NEEDS
- Objectives - Strategies - Stakeholders involved	WHAT HOW WHO WHEN

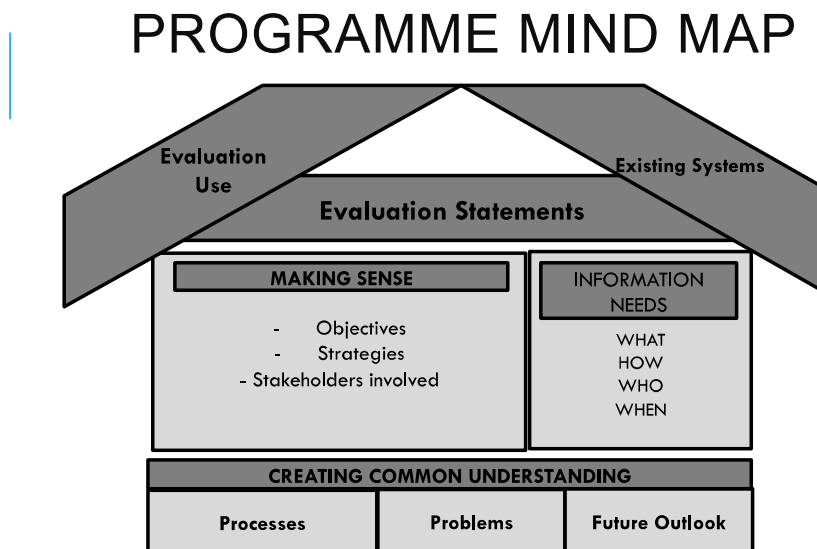| CREATING COMMON UNDERSTANDING		
Processes	Problems	Future Outlook

Figure 3: Programme mind map

The house consists of four main components. These components reflect the modules adapted or created in the initial PE workshop. However, the group decided not to present them in a modular way, but to create a more open and hybrid model that invites the reader to enter any room without following a sequence of steps.

The **basement** represents the baseline, an open space where any stakeholder can contribute and tell personal stories that reflect on the development and achievements of the programme, challenges and problems encountered, as well as ideas and dreams for the future. The guiding question for this element is:

- What are/were the major developments, biggest problems and key events in this programme?

The **first floor** consists of two rooms, what participants called the 'Making Sense Room' and the 'Information Needs Room'. The Making Sense Room asks three guiding questions:

- What do you think this programme should achieve?
- What is your strategy to achieve this?
- Who is involved in implementing your strategies? How are they linked?

These questions help to develop and make sense of the objectives and strategies of the programme and to recognize the nature and value of actors and partnerships. To make sense of this, a foundation or common understanding is needed, which can be provided by the reflection developed in the ground floor of the house.

The second room of the first floor, the Information Needs Room, provides guidance on the questions to ask when information needs arise.

- On what issues do you need more knowledge?
- How can we get information on these issues?
- Who is getting this information?
- When do we collect this information?

These questions value and seek diverse types of information. They help to: identify and formulate information needs, including evaluation statements; provide an indication as to which topics need to be considered in order for information needs to be answered; choose an appropriate method to address information needs and the persons to do this; and decide on the best timeline to meet these informational needs.

Moving further up the building, the triangle that represents the **roof** of the house, fuses information needs into existing systems, in a way similar to a monitoring form. This component also aims to check if and how results are to be used.

The guiding questions developed for the roof are:

- Can we use existing information systems to answer the evaluation statements?
- What do we use this information for?

Participants emphasized how the floors and rooms of the house can be entered separately without necessarily having to pass through the whole building, highlighting the need for flexibility. Rooms or floors can be entered directly, for example to review whether it would be useful to include monitoring requests such as those coming from donors into the regular monitoring system (roof). Participants also clarified how they felt the mind map can be used at different levels (individual, group or organisational) as a plan for making sense of developments or challenges as well as collecting and sharing information for learning and action:

> All what we have done [during the workshop and the implementation], it was all in my head before. All that was needed were the right questions… I think not only we as a group use this way of thinking, but I see that we as field workers use it and I use it to find out stuff or to make some sense of things. (field worker).

The group also pointed out that elements of the mind map can be used to specify monitoring or information needs either formally, or informally (see above). It was emphasized that the house mind map presented needs to be considered, based on real life implementation and feedback. The group recommended introducing the house to other CBR programmes as a

potential resource to aid evaluative thinking.

Discussion

This study has examined the usability of a participatory evaluation model within real world conditions. This included working with the involved stakeholders and within the context of the CBR programme. The process, the constant adaptation and the renegotiated model are clear in highlighting the need for flexibility and adaptability throughout the process of evaluation, alongside a willingness to change. The findings suggest the need to critically question the appropriateness as well as usefulness of evaluation proposals in mainstream CBR literature (see for example WHO, 2015; Madden et al., 2014; Wirtz, 2002) that introduce extensive lists of indicators and monitoring items for CBR programmes as a solution to the calls for evidence based practices in the field. Conceptualising, implementing, as well as evaluating CBR, remain in reality complex, fluid and uncertain tasks (Grech, 2015), making long term planning difficult if not impossible without openness and flexibility. This study highlights how rather than introducing a generic list of indicators or evaluation tools put in place by outsiders, what CBR initiatives may actually need, are adaptive, locally driven and designed information systems that can help local staff deal with matters of everyday concern and that they (not outsiders) consider critical within their own practice.

It became clear over the months that followed the PE workshop that the group in Jamaica rejected control-oriented monitoring and planning approaches in favour of more experimental and adaptive problem and process-oriented approaches. Emphasis was laid on monitoring emergent progresses and to adapt the actions to the changing context. Overall, these results support those from other studies in other areas of international development where it has become increasingly recognized that complex programmes require flexible and iterative approaches to monitoring and evaluation that are embedded into a cyclical process of reflection on experience, communicating and discussing, assessing and taking action (see Bamberger 2016, Gujit 2008). A study on the quality of DFID's evaluation reports by the International Committee on Development Impact (IACDI) advises experimentation in order to develop approaches for evaluation that are more suitable for complex development strategies and that respond to the specific local context they are used in (Stern, 2012). This reflects discourse among a growing movement calling to embrace problem-driven adaptations of existing PE models (see Van Ongevalle, 2010; Stern, 2012; Bamberger, 2016). Adaptation in participatory evaluation is described as an iterative experimental reflection on the evaluation process on participants themselves, leading to the adjustment of any 'model' to local context and cultural surroundings (Patton, 2008). In line with this, and following on from our findings, it is safe to suggest that there is no one size fits all process for evaluating CBR. Each programme requires an evaluation process and approach tailored specifically to context and the people using it and that is consistently responsive to change. It is also

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imperative that future discussions and research on PE in CBR need to be part of and learn from ongoing initiatives in international development on account of overlapping areas and concerns and not be developed in isolation.

The findings in this paper additionally suggest that it is critical to invest in real time analysis and offer space for implementation to be flexible and responsive to emerging lessons, hence encouraging all stakeholders to engage in and own the process. This stands in sharp contrast to the generation of large amounts of data in stringent, standardised and pre-determined evaluations that treat participants as almost mechanical respondents. The 'mind map' provides a framework to stimulate reflection and critical discussion and to organise these. It is more of a compass that has the potential to assist CBR stakeholders in finding their way through complex programme realities and to discover their own path as they go along, rather than a rigid organizational evaluation tool. Pritchett et al (2013) call these feedback loops and discussions towards planning and action 'structured experiential learning'.

Evidence from this study highlights a need to adopt social network approaches in more engaged ways in the field of PE in general and in CBR contexts specifically. CBR works in and through a complex web of interactions between different actors, and negotiates a range of relationships and forces. Developing a social network map potentially helps to clarify each actor's responsibilities towards the programme's strategies and map the relationships between actors. Moreover, recognizing networks, and not only single actors as partners, facilitates more purposeful engagement with the 'right' partners for each strategy.

The results also offer a useful window in highlighting how CBR practitioners might more likely act in adaptive and proactive ways to facilitate responsive interventions when autonomous learning is encouraged and stimulated. A safe atmosphere of trust and ownership is critical in this process, one prioritising the narratives, perspectives and knowledge of those engaged on the ground and that supports independent and flexible decision-making. O'Neil (2002) proposes to nurture a 'trust-based intelligent accountability' that is rooted in organisations' own cultural reality and perceptions rather than imported managerial models. The constant variation, adaptation and 'trial and error' approach to problem solving evidenced in this study is a clear testimony of this. This is supported by increasing literature suggesting that this approach is likely to be more effective in the long term when working in complex environments (Ramalingam, 2008).

Participants in this study individually adopted the mind map and used it as their personal compass to learn from results within their personal sphere of influence, and to adapt their strategies accordingly. An enhanced learning culture and managerial openness and encouragement to think critically were therefore key. The programme developed increasingly into a model where a group of individual actors, predominantly staff, on one hand developed increased capacities of self-organisation, but on the other hand organized to work collectively

towards a common goal. CBR as a bottom up approach could potentially benefit from this type of dynamic, which seems to be often untapped at a programme level. More research on this is required.

Overall, this study is limited to the implementation and adaptation of OM in one CBR programme in Jamaica, and may well not yield similar results or have much currency in other socio-cultural settings. But generalisability or systematisation were not our objectives in this study. Instead, learning was our core concern, and the process of developing the 'programme mind map' was beyond valuable for us. There is, though, much more space for learning and critical engagement, and we hope that others will take on the task of questioning, implementing, adapting and documenting the usability of PE models (including their own) in other CBR settings. Even more importantly, we hope to see this done in culturally and contextually responsive and sensitive ways motivated by the agendas and priorities of local stakeholders and not those of privileged outsiders. The programme mind map is clear in suggesting that rather than focusing on processes of technocratic top-down knowledge transfer as facilitated in many PE manuals and courses, what is needed is a flexible approach emerging from the ground, that may enhance a programme's adaptive capacity and evaluative thinking, that is oriented towards discussion and action rather than simply collecting information, without knowing if and what this information will translate into in practice. In the face of complex realities, effective CBR work is linked to the ability of its practitioners and stakeholders to proactively and quickly interpret information and to translate it into action rather than to accumulate stores of 'accurate' numerical information that will ultimately be shelved. Very often, exploration, wherever this may lead, seems to be a more practical and perhaps effective way of describing what a programme is doing on the ground or what can be done, rather than measurement as requested by most donors.

This study is clear in supporting calls by others (see Grech, 2015) encouraging critical reflection and self-reflection in CBR discourse and practice. We need to move away from the obsession with standardised tools and long lists of PE tools and approaches as has become the fashion, to move instead towards the creation and support of spaces for genuine reflection and learning in a CBR world that is itself built on change, adaptation, and ultimately reflective practice.

Notes

1. Process use occurs during the evaluation process as an immediate impact of the evaluation. In this study, process use is defined as 'learning at the individual, interpersonal and collective/organizational level for any stakeholder involved in the evaluation that takes place during the evaluation, planned or unplanned, intentional or unintentional, that is not directly related to the evaluation findings' (Cousins, 2007: 22).

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