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# REPORT



## “More of the same and try something new” Evaluation of the Community Based Rehabilitation Programme in Eritrea.

Lisbet Grut, Peter Hjort and Arne H. Eide

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# SINTEF REPORT

TITLE

*"More of the same and try something new"*  
**Evaluation of the Community Based  
Rehabilitation Programme in Eritrea.**

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**ABSTRACT**

This evaluation of the CBR Program in Eritrea was carried out by SINTEF Health Research in August - September 2004. The methods applied are qualitative; interviews, group interviews, focus group discussions and observations, and utilisation of existing documentation.

The objectives of the evaluation has been to i) assess the effectiveness, impact and relevance of the program, ii) examine and draw conclusions regarding the program's strengths and weaknesses, and iii) to propose recommendations that can strengthen the program.

The evaluation has shown that the program is highly relevant, that it has been effective in achieving it's goals to a certain extent, and that impact is demonstrated in certain areas. The strength of the program is its relevance for the country and for the population and its integration in local communities. The challenges are largely linked to lack of resources and competence.

Recommendations include improvement of the reporting system, better utilisation of experiences within the CBR Program, continued, increased and differentiated training of local supervisors, changes in the working conditions for the local supervisors, continued collaboration with NAD and other external partners, applying self-organisation of the disabled as a new strategy, better utilisation of existing data and new data collections within selected areas.

KEYWORDS	ENGLISH	NORWEGIAN
GROUP 1	Community Based Rehabilitation	Lokalbasert rehabilitering
GROUP 2	Evaluation	Evaluering
SELECTED BY AUTHOR	Eritrea	Eritrea

# MAP of Eritrea with sub-regions included in CBR.



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Disabled boy with his mother at Akordat.  
*Photo: Peter Hjort*

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United Nations Development Program's Mine Action Capacity Building Programme made it possible for the Evaluation Team to visit several Sub-regions during the two week period by providing us with a suitable 4 x 4 vehicle and a driver. Thank you very much to Taddress Berha for driving us safely throughout our entire stay in Eritrea.

Last, but not least, this evaluation would not have been possible without the willingness of individuals with disabilities, their families, the local supervisors and other persons in the local communities to share with us their experiences and assessments. We sincerely hope and believe that this evaluation report will contribute to development of the CBR Programme in Eritrea and thus to the welfare of people with disabilities in the country.

## Summary

The Community Based Rehabilitation Programme in Eritrea (CBR) started out as a pilot programme in 1995 and has subsequently expanded gradually. By the end of 2004, the programme covers approximately 40 % of the country. Ministry of Labour and Human Welfare (MLHW) is the implementing agency in Eritrea, with the Norwegian Association of the Disabled (NAD) as the main external contributor that includes both funding and professional support. The Programme in Eritrea and its development is based on the general principles of CBR internationally, following the WHO manuals, and adapted to the local context.

When a sub-region is included in the CBR, the sub-regional director in question and the regular social workers receive training before initialising CBR activities. Village rehabilitation committees are then established and local supervisors are recruited among the village inhabitants. The local supervisors receive a six week training course before they are operative. As a part of a survey conducted to identify persons with disabilities in the sub-region, the local supervisors first visit every household in the designated area, then offer rehabilitation services such as assistance, training and/or referrals as required. The local supervisors receive refresher courses yearly to maintain and develop the supervisors' skills and competence.

The overall objective of the CBR Programme in Eritrea is to contribute to equal rights and full participation of persons with disabilities in Eritrea (Atlas-alliance 2003, Progress Report 2004). The specific objectives are to:

- i) *change the negative attitudes towards persons with disabilities,*
- ii) *mobilise community resources for rehabilitation purposes,*
- iii) *provide equal access and opportunities for disabled, and*
- iv) *play advocacy role for the rights of persons with disabilities.*

The main strategies to realise the overall and the specific objectives are to:

- i) *establish a comprehensive CBR-system that covers all administration levels in the whole of Eritrea (national, regional, sub-regional and village level),*
- ii) *recruit, train and follow up local supervisors in every village, and*
- iii) *provide for individual rehabilitation services for persons with disabilities.*

The objectives of the evaluation of the CBR Programme have been to:

- i) *assess the effectiveness, impact and relevance of the program,*
- ii) *examine and draw conclusions regarding the program's strengths and weaknesses, and*
- iii) *to propose recommendations that can strengthen the Program.*

Due to the complexity of the program, multiple methods and data collection at different levels of the CBR structure were chosen. Existing documentation was included as a basis for the assessment, and additional data were collected largely by means of structured interviews, but also group interviews and observation. Interview guides were structured according to the Terms of Reference for the evaluation

and adapted to the different levels of data collection. All in all 77 interviews were carried out, comprising 28 persons with disabilities, 30 Local supervisors, 9 representatives from village administrations, 3 MLHW Sub-regional heads, 1 MLHW Regional Leader of Social Welfare, 3 MLHW Regional Directors, 2 Hospital staff and 1 Orthopaedic Workshop. Data collection was carried out in 16 villages in 4 Sub-Regions. One local village without CBR was also included for comparison purposes.

### **Effectiveness, impact and relevance**

Data from the interviews clearly indicate that the CBR Programme has been effective in changing attitudes towards people with disabilities. Both the Village Rehabilitation Committees and the Local Supervisors are engaged in influencing and changing attitudes, and they have succeeded in many ways. This is based on comparing the current situation and the clear impression given by many sources that pre-CBR conditions were characterised by ignorance and the discrimination of disabled persons. Positive attitudes are seen as prerequisites for many of the practical achievements in supporting individuals with disabilities that were reported during the evaluation exercise.

Mobilising community resources concerns largely the provision of fertile land to disabled individuals, assistance from other community members in building or refurbishing living accommodations, and access to schools for children with disabilities. Apparently the CBR Programme has been effective in releasing these resources to disabled persons. The Local Supervisors have succeeded to a large degree in communicating the message of CBR to the village administrations, which make decisions on land distribution and assistance in building or refurbishing houses. Although not directly observed by the Evaluation Team, access to schools seems to have been achieved for many children with

disabilities. Although practical problems were reported due to lack of resources and special skills in teaching, this is also an area where CBR should take some credit for being effective. It is however necessary to underline that this evaluation has not sufficient information to assess the quality of school integration of disabled children in Eritrea.

Equal access and opportunities for persons with disabilities have been achieved by CBR in many different ways. Access to school is among the most important in this regard. Other important examples given are: distribution of land to individuals with disabilities; the loan scheme to disabled for establishing businesses; active referral ensuring access to specialised services (although this has its limitations due to few services available and practical and economic problems); inclusion of disabled as Local supervisors in the CBR Program; election of persons with disabilities to village assemblies; integration of disabled into their local communities, as for instance in supporting individuals to find a spouse, access to communal gatherings and feasts.

All levels in the CBR structure play some part in the advocacy for the rights of the disabled. Distribution of community resources to disabled, access, equal and (for disabled) new opportunities in many cases are important indications that advocacy in particular at the level of Sub-Regions or villages have been effective.

Effectiveness of the programme might be challenged by the fact that not all individuals with disabilities are identified during the initial screening of the village population when new local communities are included in the CBR program. Although not well documented to be a problem currently, this could lead to problems as CBR resources allocated to a Sub-Region may be too few, if the number of disabled

increases during implementation. It also points to the need for flexibility at this level.

A second concern with regards to effectiveness of the Programme concerns lack of resources for the Local Supervisors in carrying out his or her job. Problems with transport, absence of incentives and nothing to offer the disabled individuals are a few of the problems identified that hamper programme effectiveness.

A third issue here is the impression that variation in competence at the level of Local Supervisors and a relatively narrow spectrum of intervention strategies and community resources implies that there is still a potential in CBR for more qualified and better adapted support to individuals with disabilities. This points back to lack of resources as well as limited capacity in many Sub-Regions. In experienced CBR Sub-Regions the need for more competence in rehabilitation skills is explicitly mentioned as a hindrance for more effective services.

Assessing impact is complicated and, as in community development programs such as the CBR Programme in Eritrea, always made with some degree of uncertainty. Regarding attitude change however, all information gathered points very clearly to a change in attitudes manifested through inclusion of people with disabilities into the local communities where previously they were isolated. Some of the elderly informants could tell how their childhood had been completely different from the childhood of the disabled children of today because of the CBR Program. They had not been permitted at school, they were not permitted to participate at communal gatherings, but had to stay at home hidden away from others. Now these elderly disabled had themselves become local supervisors and supported other community members. Changes in the roles of disabled persons had changed with the introduction of CBR. There are thus very clear indications of impact

on attitudes as well as on the role of disabled in their local communities.

Mobilisation of community resources has given disabled people access to land, to improved housing, and to primary education. Again, these are direct results of CBR activities and the influence exerted by Local supervisors in their communities and in particular village administrations. Apparently, targeting disabled individuals with distribution of community resources is practiced in all CBR Sub-Regions. In itself, this is a strong indication of impact of CBR on attitudes and practices since persons with disabilities previously did not realise resources in this way.

The primary target for a CBR Programme is the individual with disabilities and his or her household. Assessment, training and referral are core activities for the Local supervisors in their work. Despite the varying degrees of competence, the sometimes narrow spectrum of interventions and the relatively severe resource situation, it is evident that the impact of CBR activities in this respect is substantial. Many stories about individuals being transported out of miserable conditions and isolation into an active life where they are able to utilise their potential more fully and participate in society bear evidence to this impact on the individuals and their households.

The identification of "new" disabled who approach CBR and the Local supervisors after not having been discovered during the initial mapping is also a good indicator of impact. Apparently, implementation of CBR brings about increased consciousness about disability and the rights of disabled people, thus reducing any attitudinal biases and allowing individuals with disabilities to come forward.

Other aspects that may be considered as impacts of CBR are the indications that lack of resources and increased expectations that result from CBR implementation may produce frustration and impatience among individuals. Furthermore, implementing and developing a CBR Programme will also produce experience and competence that in the next instance creates new demands for training and more advanced competence. Although it is hardly correct to regard these as negative impacts, they represent, nevertheless, results that challenge the CBR programme if not considered and acted upon.

The relevance of core principles and activities of CBR to Eritrean society are often underlined by statements like "*CBR is based on our culture of community organisation*". The CBR Programme started shortly after liberation and is built upon ideas and values which are at the same time important for the liberation movement and thus the Eritrean society. Among the most important of these values are equality, independence and self sustainability, clearly shaped by more than three decades of war and the struggle for National independence. Informants at all levels express a common opinion that the CBR Programme fits with common values of the different cultures in Eritrea. This is not only a strong indication of relevance, but also an important prerequisite for the sustainability of the program.

Relevance, on the level of the individual disabled, is shown through the impact the programme has had on attitudes and practices as well as the assistance provided to many of the individuals who have improved their level of functioning, activity and social participation. A critical issue with regards to relevance in the long run is however whether the programme creates new expectancies that it is unable to meet due to lack of resources and competence either within or outside the CBR.

## **Strengths and challenges**

The basic values and rationale for the Programme seem to be internalised by actors on all levels. Motivation seems to be strong throughout the organisation, and the Programme benefits from the participation of many dedicated participants who have been working with the programme for several years. It is clearly a strength of CBR in Eritrea that those who are involved have identified with the programme and its aims.

The combination of a well established CBR framework and a local service delivery and political structure has established a solid and rather unique programme design. Integration of CBR in the MLHW structure ensures stability, equality across Regions and sustainability in that the Programme organisation is based on one of the core structures of the Eritrean state. There is however another side of this which represents potential challenges to the Program; namely the general weaknesses of public structures in low-income countries; lack of resources, varying degrees of competence, competing tasks, lack of critical feed-back, etc.

The planned, structured and step-by-step expansion of CBR in Eritrea has ensured that necessary resources have been in place before implementation. This represents, on the one hand, a strength of the programme in that it has ensured a pace of development that emphasises quality over quantity. On the other hand, it is a challenge to the program, in that expansion is too slow to reach the whole country within a reasonable time. Increasing the pace of expansion is among the most imminent challenges to the Program. This goes hand in hand with the need for maintaining activities in those areas that have had CBR for many years.

It has been identified as a strength for the CBR Programme to have NAD as an external partner. It is obvious that funding is important in a context with meagre resources. NAD has provided funding to the Programme for many years<sup>1</sup> and has thus played a positive role in ensuring a number of activities that would have been impossible without such support. It is also important to note that involving an experienced external partner has contributed to stimulate the CBR Programme through a continuous dialogue with MLHW on issues critical for implementation and sustainability.

Although reporting processes and tools have improved from earlier years, there is still room for improvement. Comparability of statistics based on the reporting system in the Programme over time is identified as problematic. A general problem regarding the communication lines within the CBR Programme is that it is apparently effective from top to bottom in the organisation. The static character of the information flow has however been identified as a challenge to the Program, reducing the potential for critical feedback, organisational learning and thus development of CBR in Eritrea.

The regular Sub-regional meetings with Local Supervisors and staff from MLHW are identified as an important element in the reporting system and have a potential for offering improvement in this regard.

The engagement as a Local supervisor is voluntary and non-paid. It is clearly expressed as a common opinion that this should continue. At the same time a small budget or access to some resources seems to be a critical issue for practical daily operations like for instance transport

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<sup>1</sup> Funding has gradually increased from NOK 2.6 million in 1998 to NOK 3.6 million in 2004. A further increase to NOK 5.7. million is planned for in 2005.

and small necessities as well as maintaining their commitment. Meeting these requirements has been identified as a challenge to the Program.

Variation in competence and capacity to deliver services was identified between Sub-regions. Largely this refers to the variation in the skills of the Local supervisors as these are manifested in their work with individuals and families. In some instances, CBR services seem to comprise identification, assessment, referral, social support and advocacy, but are found lacking when it comes to training and active efforts to improve functional ability. A rather clear demand for more knowledge and skill has thus been identified, but there is a mixed picture with regards to needs in this area. While in some areas there was a need for more basic training to enable the Local supervisors to carry out practical rehabilitation, others identified a need for more advanced knowledge and skills. Local supervisors and MLHW personnel in experienced Sub-Regions in particular expresses the need for more advanced knowledge and skills with respect to assisting and offering rehabilitation to persons with severe disabilities. This concerned especially persons with multi-disability, severe mental illness and the mentally handicapped, but also persons with communication disabilities.

The limitation of specialised services outside CBR was also identified as a problem to the Program. Although these are not part of the CBR Program, the referrals to such services are. Severe limitations at this end may affect CBR negatively. While it is a problem that persons with disabilities have to wait or have no access at all to certain specialised services, referrals are nevertheless an important aspect of the Program. To those who are referred to hospitals, psychiatric hospitals, orthopaedic or other services, the lack of money for transport and accommodation was identified as a serious problem.

The CBR Programme has clearly led to mobilisation of community resources to the benefit of persons with disabilities. Advocacy and attitude change at the community level thus appears to be successful. Participation of disabled at all levels in the CBR structure supports this effect. It seems quite common that a person with disability, or a member of the person's family, who has received assistance from CBR, is likely to volunteer as a supervisor him/herself. In this way persons with disabilities participate actively in the program.

There is insufficient information to be precise about the quality and the degree of the communication and co-ordination of disability issues between the ministries at the central level. According to the Draft National Policy, all ministries are supposed to participate in running and developing the program. There are indications that this has not yet been fully realised.

## **Recommendations**

It is recommended:

- i) to accelerate the pace of expansion of the CBR program to 5 - 6 new sub-regions per year
- ii) to discuss new ways of utilising the experience, knowledge and skills that already are in the system - especially the experiences and reflections of the local supervisors
- iii) to discuss new ways of utilising the experiences of persons with disabilities themselves, for instance developing skills in peer counselling
- iv) to change the organisation and content of the sub-regional meetings with local supervisors so that they to a larger degree than currently provide an arena for mutual discussions, dialogue and learning

- v) that MLHW considers initiating a process to develop the CBR system according to the principles of "learning generating" organisations or at least to adopt some of its elements
- vi) to utilise the potential in peer counselling to strengthen both the user perspective as well as the local supervisors
- vii) to continue and increase training of local supervisors. The training should be differentiated according to different levels of knowledge and skills
- viii) that MLHW continues and develops further its collaboration with NAD and other relevant international organisations
- ix) that arranging for, supporting and utilisation of self-organisation of disabled should be included in the CBR strategy
- x) to analyse the reporting system in detail in order to revise it and increase its relevance and quality
- xi) to carry out mappings of certain selected areas of priority within CBR in order to acquire additional and detailed data that will provide a basis for measurement of impact



Local supervisor assisting family in Emba-Derho.  
*Photo: Peter Hjort*

# 1 Introduction

The Norwegian Association of the Disabled (NAD) contracted SINTEF Health Research in June 2004 to carry out an evaluation of the Community Based Rehabilitation Programme (CBR) in Eritrea. Independent consultant Peter Hjort was sub-contracted by SINTEF Health Research to be a member of the Evaluation Team.

An introduction to CBR programmes in general and the background for this evaluation are followed by a description of the basic principles and objectives of the CBR Programme in Eritrea. The objectives of the evaluation are introduced in chapter 3 together with the overall objectives of the CBR programme in Eritrea, followed by a brief description on the evaluation method. Chapter five presents the findings followed by recommendations for further development of the CBR programme in Eritrea in chapter 6.

## 1.1 CBR Programmes

Community Based Rehabilitation (CBR) has developed in different contexts during the last 20 years (Miles 1993; Thomas & Thomas 1999; 2002). In the early 1990's it was estimated that as many as 80 countries worldwide had established CBR Programmes (Miles 1993). Today CBR comprises a variety of different types of programmes, applying different strategies, having different ambitions and operating on different levels in society. Although the heterogeneous character of the CBR "family" complicates defining the concept, important international organisations do agree on the following definition:

*'CBR is a strategy within community development for rehabilitation, equalisation of opportunities and social integration*

*of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services (ILO; UNESCO; WHO, 1994)'.*

Later developments have included human rights, democracy and a gender perspective within the ambitions of CBR Programmes. Implied within the definition of CBR are targets and potential results on several levels and in diverse areas. Although the individual with a disability is the main target for CBR, solutions to individual problems or the potential for solving them are often found in the family (awareness, attitudes and practice), in the local community (awareness, attitudes, practice, adaptations, integrated programmes etc.) and even at a higher regional or central level (e.g. laws, equal rights, specialised services etc.). Comprehensive CBR Programmes are complex in design and subsequently in implementation and in the results they produce (Mitchell, 1999).

## 1.2 The concepts of *disability* and *rehabilitation*

*Disability* and *rehabilitation* are concepts of fundamental importance for understanding and assessing the results of CBR Programmes. The understanding and application of both have undergone important changes in the last 10 – 20 years. With respect to *disability*, the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (UN 1993) and the later adoption of the International Classification of Functioning, Disability and Health (ICF) (WHO 2003), have promoted aspects of the psychosocial, social, and environment into the core of the underlying theoretical model of disability. Difficulties in carrying out daily life activities and restrictions in social participation are now core components in the definition of disability.

Furthermore, instead of regarding rehabilitation as strictly solving a physical problem, focus is now placed on a rehabilitation process that continues into the psychosocial and social spheres. These conceptual developments should influence directly what are expected to be the targets of a rehabilitation process.

### 1.3 Consequences for assessment of CBR Programmes

The conceptual development, the comprehensiveness of programmes as well as the importance of context are all factors that strongly influence any attempts at evaluating CBR Programmes. This implies that any evaluation aiming at assessing a programme needs to take a broad perspective on community development, rehabilitation and the processes involved. Explicitly stated or deduced objectives of the programme will be found at different levels (individual, household, local community, national/policy level). A multi-faceted methodological approach will thus be necessary, implying data collection at different levels and the use of multiple methods.

The importance of context is underlined. Assessment of a programme should be based on a thorough understanding of the cultural, historical, political and developmental frame of implementation. Local anchoring and ownership, the implementing agency and its position in the country (geographical area of implementation could be other than national), conditions of work for CBR staff, concurrence (or non-concurrence) between CBR and the prevailing political philosophy, and not least the popular understanding of CBR and the meaning attached to it are all important factors that will influence a programme's development and sustainability. It has been attempted here to include considerations about context into both descriptive sections of the report and in the analyses.



The Handyman, the village elder, and his products.  
*Photo: Peter Hjort*

## 2 Context of the CBR Programme in Eritrea

Eritrea is located in Eastern Africa, bordering the Red Sea, between Djibouti, Ethiopia and Sudan, with approximately 4.4 million inhabitants. Following approximately one hundred years of colonisation (by Italy, Britain and Ethiopia) independence was obtained in 1993 after a 30 year liberation struggle against Ethiopia. The last attack by Ethiopia, however, was in 1998-2000. Any analyses of the Eritrean society must be understood within the framework of more than 30 years of war, as well as the current "no war - no peace" situation<sup>2</sup>.

There are nine ethnic groups living in the country, among the largest are Tigrinya (50 %), and Tigre and Kunama (40 %). The different ethnic groups speak different languages, and the main languages are Tigrinya, Tigre and Kunama. In addition to several minor languages Afar, Arabic, and more recently English are spoken. The main religions are Islam and Coptic Christianity. Geographically Eritrea is divided into six regions (Zobas) with 54 sub-regions (Sub-Zobas). Like many African nations, the economy is largely based on subsistence agriculture, with 80% of the population involved in farming and herding. Due to the Ethiopian-Eritrean war in 1998-2000, that severely hurt Eritrea's economy, industry has suffered a set back. The little industrial production that does exist consists of food processing, beverages, clothing and textiles. The country is among the poorest in the world, and faces great challenges to overcome social problems such as illiteracy, unemployment, and a low level of skills development, in

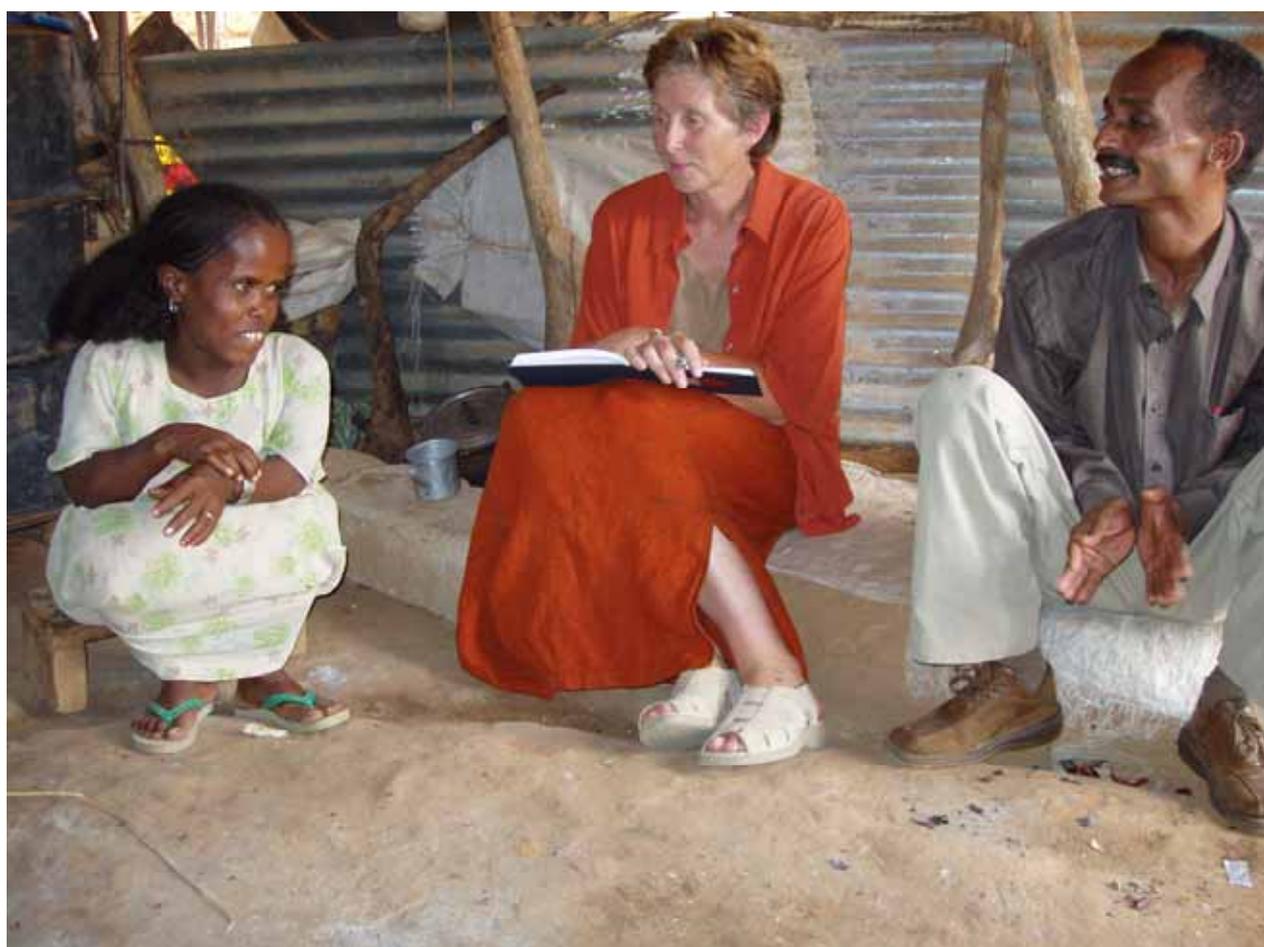
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<sup>2</sup> A peace agreement between the two countries was agreed on in 2000 and confirmed by the United Nations.

A certain border area is however still claimed by Ethiopia and creating a tense situation.

addition to opening its economy to private enterprise so the diaspora's money and expertise can foster economic growth.

There has been a durable will to improve the health and living conditions of the population in spite of a weak National economy. This is directly linked to the demands for medical and social assistance and for accommodation from the many war victims and land-mine survivors. CBR can easily be regarded as a response to the pressing needs that not only fits ideologically but as a programme that promises delivery within very limited material resources. Due to its anchoring in local communities and its decentralised basis and operation, CBR is very well suited in contexts where alternative welfare and health service structures are either non-existent or very weak.



Interview at Akordat.

Photo: Peter Hjort

### **3 The situation for persons with disabilities in Eritrea before and outside of the CBR Programme**

Chapters 3 - 8 are based on information collected through existing literature and through the interviews carried out in connection with the evaluation.

In Eritrea disability has traditionally been understood and explained as a phenomenon that is due to some kind of external force or something that simply is a fact of life. According to the interviews a fatalistic attitude is clearly present, whether disability is understood as destiny, will of God, punishment, witchcraft or simply the result of a capricious nature. The attitudes towards disability differ depending on type and degree of disability, and when in the life span of the individual disability occurs. Traditionally disability has been understood as destiny, that is, as something natural. People did not think of doing something specific to change or improve the situation of the person with disability. In every region visited, people described the family as the traditional unit for care and protection of the individual. Because the population is very poor, families lack the resources necessary to care for the disabled family member in the way they would like to or should.

Interviews with disabled persons and with people holding leading positions in the communities' state that persons with disabilities traditionally, especially if the disability occurs from birth or during childhood, have been denied the possibility to gain rights and roles that are considered fundamental for an adult member of the community. Most disabled persons have been kept at home, sometimes hidden

away from other community members, denied the right to marry and raise a family of his/her own, to participate in such communal gatherings as feasts and meetings and to be elected as a representative in the village administration. Dependent on the type and degree of disability, disabled children have been denied access to schools. It was said that persons with mental illness sometimes are kept chained at home if they become aggressive or violent. An example of traditional treatment of different kinds of mental illness is 'holy water', that is, seeking help through religious rituals.



Local supervisors at Hamelmalo.

Photo: Peter Hjort

## **4 Development of the CBR Programme in Eritrea**

It follows from the above and the grass root profile of the programme that CBR is both accepted and also to some degree supported by all the ministries although the MLHW carries the main responsibility both regarding planning and implementation. CBR in Eritrea started with a plan of action in 1994 followed by a pilot programme in 1995 in the Debub Region, covering two sub-regions. The promising results from the pilot led to a decision to implement CBR in whole of Eritrea from 1997. CBR can be described as the National strategy for rehabilitation of disabled in the country.

By June 2004 the CBR Programme was implemented into 22 sub-regions, covering 40 % of the entire country. The annual reports show that rehabilitation committees have been established in 1009 villages - with a total of 3077 members - and 1270 local supervisor are enrolled and actively participating in the programme (status report MLHW June 2004). Approximately twenty five percent of the supervisors are female; the same is the case for the gender representation in the rehabilitation committees. CBR is planned to be implemented in the whole of Eritrea within approximately 10 years (by 2015), as the plan is to extend by 3 sub regions every year.

Stability and continuation both by volunteers and CBR staff is important to secure the stability of the CBR programme. While there are indications that this was a problem during earlier phases of the CBR programme, and especially during the most recent attack by Ethiopia (1998 - 2000), stability among volunteers and staff now seems to prevail. The interviews indicate that local supervisors and CBR staff in

MLHW do not have to leave their communities or workplace due to the political and military situation (mobilisation). It is anticipated that this development has had some bearings on the effectiveness of the programme and that implementation is more effective now than in earlier phases. This might have some interesting bearings on considerations around the pace of expansion (see below) as one could expect implementation of the programme to be more effective when staff at different levels, as well as volunteers, are more stable than they apparently used to be.

#### 4.1 Contributors to the CBR programme

At the National level the Ministry of Labour and Human Welfare (MLHW) is the ministry in charge, responsible for planning, funding and monitoring the CBR Programme. According to information given by MLHW, the ministry caters for 10 % of the funding while the remaining is allocated to the MLHW budget from external donors, i.e. largely NAD. Of this total budget, MLHW pays staff training and education, office equipment and stationeries, some financial support to the associations for persons with disabilities and coordination of the CBR Programme at the National and Regional levels. The staff assigned to CBR is regular staff with additional responsibilities. The Ministry of Health (MOH) provides hospital services, while MLHW is responsible ministry for the orthopaedic clinics (there are two in the country, in Asmara and Keren). MOH has further made important contributions during a separate screening for mental health problems, including in this training of medical assistants, assessments and medication. Ministry of Agriculture (MOA) contributes with access to farming land and chicken-rearing for adults with disabilities. Ministry of Education (MOE) is responsible for integration of children with disabilities in regular schools, and has to some minor degree started supporting children with disabilities with

some school materials and stationary supplies. Implementation of CBR-activities is handled at the Regional level, while the Local supervisors in the villages are responsible for the daily follow up of the registered individuals with disabilities. The local communities contribute with housing, refurbishment, land for farming and school integration.

The main organisation to support the CBR programme is the Norwegian Association of Disabled (NAD), both with respect to funding, counselling to the MLHW, and capacity building. There is no doubt that the support from NAD has had tangible, positive effects on the CBR Programme, both with regards to practical support and when it comes to the advisory role. Funding through NAD has boosted the general level of activity in the program. Provision of vehicles has for instance made it easier for local supervisors to follow up on individuals living in more remote areas, thus increasing the number of persons under active rehabilitation.

Besides NAD there is a minor contribution from AIFO (Associazione Italiana Amici de Raoul Follereau). The funding from AIFO (approximately USD 40 000) has been utilised for awareness creation and training of local supervisors in connection with program expansion. AIFO has also funded expansion into a few new Sub-Regions. According to the MLHW, AIFA does not participate in planning of activities.

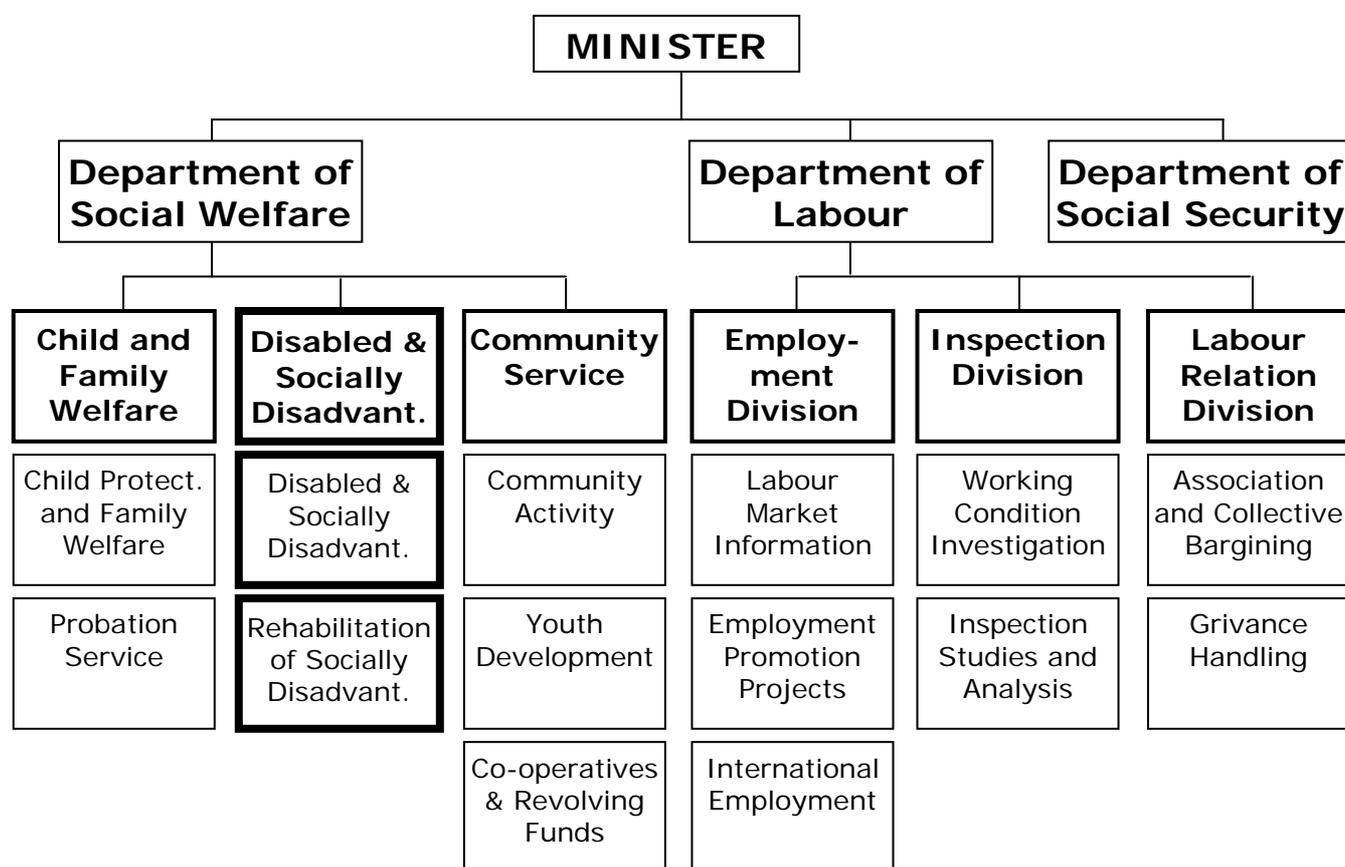
De-mining is a major issue in Eritrea. As a result of military actions, the country is among the worst with respect to land-mines - in both number of units and number of resultant casualties - in the world. Among several initiatives to de-mining is also the Mine Action Capacity Building Programme (MACPB) supported by United Nations Development Programme (UNDP). MACPB has a good dialogue with MLHW on collaboration with CBR as there obviously is a great potential for reaching out to the local communities through this structure. In

return, MACPB has already contributed some resources to the benefit of CBR. It is quite possible that this collaboration will develop further in the near future. Within the programme there also has been some support by UNDP and MACPB with provision of assistive devices to persons with disabilities as one example.

## 4.2 CBR Programme organization

*The following figure shows the organisation of CBR in Eritrea.*

### Ministry of Labour and Human Welfare



Responsibility for CBR is located in the Section "Rehabilitation of the Disabled" organised under the Department of Social Welfare. At the Regional level, the Regional Directors are responsible, and MLHW social workers are assigned responsibility for the sub-regions included in the program.

### 4.3 Establishing CBR in a new sub-region

Every year the programme suggests to the Government (by MLHW at national level) which sub-regions should next be included in the programme. After the decision at national level, resources are allocated for building capacity in the Sub-regions and for training of local supervisors. The resources needed to establish CBR in a sub-region are primarily manpower and training, and a minimum of office equipment. Together with the regular social workers at MLHW, the director receives training before initialising CBR activities. A village rehabilitation committee is established (CRC) and local supervisors are recruited. A common composition of the local rehabilitation committee is a representative from the village administration, a representative from the National Union of Eritrean Women<sup>3</sup> a representative from the elderly and a representative from the disabled (who is also often a local supervisor). The committee is central regarding awareness building, assisting in land distribution and supporting the supervisors. The local villages and communities are invited to suggest persons that may volunteer as local supervisors. The local supervisors are elected by the village inhabitants, and receive a training course for six weeks before they are operative. A household survey is then conducted to identify persons with disabilities in the sub-region. The local supervisors participate in the survey, visiting every family in the designated area to identify persons with disabilities.

Refresher courses are offered annually, and are considered one of the core components to offering the local supervisors proper skills and sufficient competence. According to the programme's annual report, 13 refresher courses were arranged in 2003 with 606 participants (riktig?).

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<sup>3</sup> While this may not be the case for all villages, this was observed without exception in the sub-regions visited by the Evaluation Team.

The topics in the training varied from community mobilisation to knowledge on different kinds of disability issues.

#### 4.4 The local supervisors

**Table 1. Local supervisors and members of village rehabilitation committees (2003)**

Region:	Local supervisors			Members of village rehabilitation committees		
	male	female	<i>total</i>	male	female	<i>total</i>
Debub	309	79	388	795	382	1177
Maekel	95	62	157	308	181	489
Anseba	128	26	154	310	123	433
Gash-Barka	100	46	146	278	102	380
NR Sea	142	19	161	279	147	426
SR Sia	49	17	66	128	44	172
<b>Total</b>	<b>823</b>	<b>249</b>	<b>1072</b>	<b>2098</b>	<b>979</b>	<b>3077</b>

According to the annual report of 2003, there are more than one thousand local supervisors registered in the programme. Slightly less than twenty five percent of the supervisors are women. There are more than three thousand members in village rehabilitation committees, of which approximately thirty percent are women.

##### 4.4.1 Responsibilities of the local supervisors

The local supervisors who were interviewed explained that they visit the persons with disabilities and their families, assess and register problems and needs according to the CBR manual. The local supervisors say that the CBR-manual is an important tool in their work. On an individual level the supervisors inform and teach about possibilities, make referrals to hospitals or orthopaedic workshops if

necessary, offer training and follow up. The rehabilitation activities focus on self-care, daily living activities, communication (hearing impaired and learning difficulties), and mobility (seeing impaired). The local supervisors assist in adaptation and training for persons with 'strange behaviour' (mental illness) or (epileptic) fits<sup>4</sup>.

When a person is referred to hospital the supervisor or the village administration writes a letter of support to cover the expenses if the person has no income. Both supervisors and hospital staff who were interviewed expressed that there is a common attitude to try to handle most of the problems in the village. If there is identified a need for land, job opportunity or income, transportation to school for children, improvement of house accommodation, the supervisor advocates for this to the village administration and reports to the regional CBR office. The community provides labour and building material.

The local supervisor advises parents with mentally handicapped children on how to care for their children, provides knowledge on hygiene, nutrition and self care. Parents with mentally handicapped children state that CBR has changed the attitudes of the other village members towards those with mental handicaps. With CBR, those with mental handicaps/learning disabilities have become more accepted and children with these disabilities can move freely outdoor, and even attend school. However, the interviews state that due to lack of resources and proper knowledge by the teachers, mentally handicapped children are excluded from school if they misbehave.

Both the local supervisors and the local rehabilitation committees carry out awareness-raising activities in the local communities. Several of the

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<sup>4</sup> The terms 'strange behaviour' and 'fits' are explained in the CBR-manual

supervisors state that they regard advocacy as their most important task. Important targets for these activities are the village administration as well as the village community meetings (held 2 - 3 times a year) which gather all community members over 18 years. The supervisors advocate for changing the attitudes towards persons with disabilities, and for the distribution of resources to provide for equality and independence. The reports indicate that attitudes are changing slowly but steadily. A fundamental topic in the advocacy work is equality - '*disability could happen to everyone*' - and the possibility of change - '*it is possible to improve the situation*'.

#### 4.4.2 Participation in active vs. inactive rehabilitation

The local supervisors are engaged in what the programme terms both *active* and *inactive* rehabilitation. *Active rehabilitation* is understood by the informants as any activity and assistance related to the process of improving the living conditions and level of functioning (physical/mental ability) by the individual. The selection process for rehabilitation is based on the assessment by local supervisors and practitioners in eye specialists, psychiatric nurses and doctors. Persons with disabilities are provided services and rehabilitation following registration in the programme. When a person in need of rehabilitation is identified by a local supervisor, the person is either offered service by the local supervisor or is referred to the regional hospital for further assessment.

The informants explain *Inactive rehabilitation* as the regular follow up by the local supervisor to see to that the improved situation endures. In terms of active versus inactive rehabilitation there are currently more than 1100 persons with disabilities under active rehabilitation and more than 48000 persons with disabilities under inactive rehabilitation (that is, persons who are followed up) (2003). The number of persons

receiving follow up almost doubled from 2002 to 2003. This has been made possible due to the vehicles provided by funding from NAD (MLHW, 2004).

#### 4.4.3 System of reports of the Local supervisors

The local supervisors monitor the activities at the local level and report on the activities undertaken and the difficulties and challenges met at the regular meeting every two months. The local supervisors write a report on every case. The reports are made in three copies of which the supervisor keeps one copy, another is given to the village administration and a third is given to the sub-regional office (MLHW).

Considering that some of the local supervisors are travelling long distances to participate at the regular meetings, there appears to be high participation at the meeting. According to the annual reports 80-90% of the supervisors participate every time. These meetings are important for the supervisors as they provide an opportunity to meet colleagues from other villages. They also represent means of obtaining an overview of the number of persons with disabilities and activities carried out in the region. In addition to the activity reports, the meetings offer some possibilities to discuss problems and challenges of mutual interest, and to learn from each other. The local supervisors underline the importance for them to come together to discuss and learn from one another.

Among the challenges the local supervisors meet are how to change people's understanding of why and how disability happens, how to help persons with severe disabilities or with multiple disabilities, how to make individuals self-supportive. Examples of obstacles they often meet are lack of technical devices, and lack of medicines (especially to

persons with mental illness). They also express the need for a budget that would facilitate their work as a supervisor. This should not be interpreted as a desire for salary.

According to the annual reports, other activities that have been carried out within the CBR Programme include translations of the CBR-manual into the local languages and the production of a video cassette to promote the campaign.

#### 4.4.4 Activities of the local supervisors

The tasks of the local supervisors are varied. According to the 2003 annual report, CBR provided services and assistance (active rehabilitation) to 1289 persons with disabilities in, among others, self-care, communication, behaviour and stimulation. It is expected that this number will increase in 2004, as the report on activities of first half of 2004 indicates that more than one thousand persons are benefiting from different activities.

***Table 2. Individuals receiving services from CBR 2003 and 2004***

<b>Needs:</b>	<b>Persons total 2003</b>	<b>Persons total first half of 2004</b>
Self care	196	272
Mobility	432	151
Communication	86	328
Behaviour modification	411	134
Stimulation	53	41
Referrals	111	61
<b>Sum</b>	<b>1289</b>	<b>1192</b>

Provided that the level of activity in the first half of 2004 continues into the second half of the year, this table shows a substantial increase in number of individuals receiving service from 2003 to 2004. This may be due to new vehicles provided by NAD, as transport is crucial for reaching out to many individuals.

***Table 3. Individuals benefiting from community contribution in 2003 and 2004***

<b>Contribution</b>	<b>Persons 2003</b>	<b>Persons first half of 2004</b>
Farming	146	
Repairing and building houses	107	
Funds in cash	44	
Land	40	
Job placement	21	
<b>Sum</b>	<b>358</b>	<b>84</b>

The report from the first half of 2004 (MLHW, 2004) does not specify type of assistance. Comparison between 2003 and 2004 is thus difficult other than stating that the number of assisted individuals is lower in 2004. This is one among several indications that the reporting system in the CBR Program in spite of improvements still should be further analysed, developed and systematised.

The amount allocated to purchase of appliances by the CBR programme was increased by 138.000,- Nakfa (USD 10 000) from 2003 to 2004 (312.000,- (24000)/2003, 450.000,- (35 000)/2004). This is a 44 % increase.

In 2003 grants totalling 729.300,- Nakfa (USD 56 000) were allocated to 99 persons to start small-scale business activities, of whom

approximately 50 persons engaged in shop activities. Others engaged in different types of activities, with 30 persons engaging in goat/cattle-raising.

***Table 4. Credits for establishing businesses.***

<b>Item</b>	<b>Persons</b>
Water pump garden	8
Food stuff shops	47
Beauty salon shop	1
Tea shop	2
Goats, cattle raising	30
Poultry	4
Bicycle repair shop	3
Tailoring shop	2
Wheel barrow	1
Office equipment	1
<b>Sum</b>	<b>99</b>

Income grants were regarded as very important for the independence of the individual. Through the interviews a clear understanding was expressed, both from the local supervisors and from the persons with disabilities themselves, that persons with disabilities neither need nor wish charity that would make them dependent on others, but rather assistance and accommodation to become self-supportive. The grants were considered as non-interest loans, and were expected to be paid back within a period of two years.

#### 4.4.5 The role of Eritrean NGOs

Eritrean associations of persons with disabilities receive some support from MLHW. The associations supported are the Eritrean Association of

Persons with Disabilities, the Eritrean Association of the Deaf, the Eritrean Association of the Blind and the Eritrean Association of Diabetics. The organisations were established after the liberation, and are mainly situated in Asmara.

The Eritrean War Disabled Fighters' Association is on the other hand itself contributing to persons with disabilities by providing support to war victims (mainly rehabilitation, income generating activities and economic support).

Other advocates in this regard are the Association of the Disabled and Sport Federation. CBR has supported participants in two sporting events (2003). Also the National Union of Eritrean Women does advocacy work and awareness creation activities in the communities.



Local supervisors and ministry representatives at Barentu.

## 5 Evaluation of the CBR Programme in Eritrea

This evaluation is the second evaluation of the CBR Programme in Eritrea (MLHW, 1998).

### 5.1 Objectives of the evaluation (terms of reference)

The three main objectives of the evaluation are formulated in the Terms of Reference (ToR) for the evaluation:

- i) Assess the effectiveness, impact and relevance of the different components of the CBR Programme in Eritrea in relation to their aims and strategies.
- ii) Examine and draw conclusions regarding the programme's strengths and challenges, particularly in relation to programme design and implementation; planning, monitoring and reporting processes and tools; service delivery; community mobilisation; user participation; and cross-sectoral coordination.
- ii) Propose recommendations that can strengthen the CBR Programme; promote the rehabilitation, community participation and social inclusion of people with disabilities; and facilitate the sustainability of the programme.

The ToR further details a number of topics to be assessed that are relevant for the effectiveness of the programme, impact, relevance and sustainability (Appendix 1).

## 5.2 The evaluation method

An evaluation can be understood as

*'an assessment, as systematic and objective as possible, of an ongoing or completed project, programme or policy, its design, implementation and results. The aim is to determine the relevance and fulfilment of objectives, development efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learned into decision-making process of both recipients and donors.'* (OECD, 1984)

According to this definition the main objective of an evaluation is to contribute to improvement of the ongoing activities or programmes by systematising experiences and collecting independent information on how resources are used. This has also been the point of departure for this evaluation.

The complexity of the programme and the scope of the ToR invite a multiple methods approach and data collection at different levels of the CBR structure. Although input, activities and outcome are documented by the CBR Programme (to a varying degree), additional and largely qualitative data were needed. Information has been collected at all levels including, and most importantly, the level of Local supervisors and the users of CBR services. It has been a deliberate strategy for this evaluation to concentrate much of the data collection at this level because this is where specific information about the quality of the programme may be obtained. Although a qualitative approach to data collection and analyses in an evaluation is sufficient for the scope of this evaluation, it would have been an advantage to combine this with quantitative data that could yield representative data as well as contribute to measure impact. A combination of methods is always

recommended in evaluation of complex programs like the current (Eide, 2001; Schalock 2001). Within the time and resources available for this evaluation it has been necessary to concentrate on qualitative methods.

The regions where data collection took place were selected in cooperation with the Regional Directors of MLHW, MLHW central staff and NAD, aiming at reaching as many regions as practically possible and representing the ethnic diversity in the country. The samples of Local supervisor and persons with disabilities reflect gender, different age groups and a variation of types of disabilities. During sampling of individual disabled/households it has been aimed to identify cases that could illuminate both the success and some of the problems faced in the programme. A sub-region where CBR is not yet implemented was also included.

Prior to the visit by the Evaluation Team, a note was faxed to MLHW containing guidelines for the evaluation exercise and specifically about selection of Regions, Sub-Regions, local communities and individuals having received services from CBR. A meeting between Regional Directors, Central MLHW staff and the Evaluation Team Leader was the first to take place during the field visit. This gave an opportunity for mutual information and detailed discussion and later agreement on how practically to carry out the evaluation and the data collection. During this meeting important issues like bias, representativity and the overall purpose of the evaluation were discussed.

Data collection was mostly conducted through structured interviews, but also by observation, group interviews and informal discussions with MLHW staff. An interview was also carried out with MACPB as an external collaborating partner. Additional information has been provided by NAD upon request. Interview guides were based on the ToR and adapted to the different levels of data collection (*Appendix*).

The structure of the interviews was accommodated to each informant, but the starting point of the interview was always the individual's personal history on when and how the local supervisor contacted him/her, a description on how life had been before the local supervisor took contact, what kind of help or assistance the local supervisor did in fact offer, and if this had lead to any changes in everyday life of the informant.

A sample of 16 Sub-Regions (Sub-Zobas) in four of the six regions (Zobas) in Eritrea was agreed on after the initial meeting with MLHW. A total of 77 informants on all levels (national, regional, Sub-Regional and village) were interviewed. Both administrative staff in the ministry, Local supervisors, representatives of village rehabilitation committees, representatives of village administrations and persons with disabilities and their families were interviewed. Some of the interviews were conducted as group interviews and therefore include more than one person.

**Table 5. Areas visited and number of interviews with reports**

Region	Sub-region	PWD	Local sup.	Repr. of Village adm.	MLHW regional head	MLHW regional leader social welfare	MLHW Reg. Dir.	Hos-pital	Ortho. work-shop	Total
<b>Maekel</b>	Galaneffi		1*							<b>1</b>
	Kuazen	3	1	1	1					<b>6</b>
	Emba-Derho	2	1							<b>3</b>
<b>Anseba</b>	Elabered	9	6	1	1					<b>17</b>
	Halib-Mentel		2							<b>2</b>
	Keren						1		1	<b>2</b>
	Fledareb	1		2						<b>3</b>
	Hamelmalo		5	2						<b>7</b>
<b>Gash-Barka</b>	Barentu	4	7				1			<b>12</b>
	Akordat	2	4					2		<b>8</b>
<b>Debub</b>	Kudofelasi	3	1	1						<b>5</b>
	Maedo			1						<b>1</b>
	Emni-Haili					1				<b>1</b>
	Dbarwa	3	2							<b>5</b>
	Areza **	1		1						<b>2</b>
	Mendefera					1	1			<b>2</b>
<b>Total</b>		<b>28</b>	<b>30</b>	<b>9</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>77</b>

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- \* Visiting a regular meeting by Local supervisors, - observation and report.
- \*\* In addition there are three meetings without written reports.
- \*\*\* The total amount of Local supervisors interviewed is 35: 5 of the Village Administrators are also Local supervisors, and are registered as Village administrators.

Bias is obviously a problem in all contexts when the information largely stems from individuals who have some vested interest in the programme being assessed. In addition, every interview required a need for translation – usually between English and Tigrinya. Some interviews required a need for translation between three languages. Such a situation creates risks for misinterpretations as well as loss of information and bias. It is important however to stress that the interpretation was carried out in a professional manner, giving no reasons to believe that information was distorted.

There are however several counter-measures to the problem of bias, all of which have been applied in this evaluation:

- Consciousness about bias as a problem not only among the evaluators but also among important informers and in particular those who control much of the practical organisation of the data collection. Interpreters are key personnel in this regard. The problem of bias was discussed during the initial meeting with Regional Directors and Central MLHW staff.
- The importance of avoiding a positive skewed sample was a focal issue in the discussion. Regarding this, the suitability of the sample to provide a broad picture of the diversity of the programme was confirmed by several sources.
- Built-in controls in the interviews took different forms. Topic for interviews: describe as specifically as possible activities,

experiences, concrete changes in life situation and daily life activities. Also: looking for discrepancies, disagreements or congruent experiences among the informants. Last but not least, a conservative approach to assessing the information has been applied. That is, the evaluators have throughout the process expected that the information has tended towards providing a positive picture and that some aspects have been toned down for this reason.

It is also argued that collecting data largely from individuals with disabilities, their families and the local supervisors reduces the problem of bias in that interests at this level do not necessarily coincide with the interests of the programme owner.



Children at Kuazen.

Photo: Peter Hjort

## 6 Findings/results

### 6.1 Effectiveness, impact and relevance

The first objective of the evaluation is to assess the effectiveness, impact and relevance of the different components of the CBR Programme in Eritrea in relation to the aims and strategies.

#### 6.1.1 Effectiveness

Effectiveness is understood as the extent to which a programme meets its stated goals and objectives (Schalock, 2001) and is thus closely linked to expected results (Samset 1993). The assessment of effectiveness here is based on the specific objectives of the programme and whether the main strategies contribute to reaching these objectives and the more general objective of contributing to equal rights and full participation of persons with disabilities in Eritrea. It is evident that the general formulations of both overall and specific objectives here set some limits to the specificity of the assessment.

**Changing attitudes** should be considered a prerequisite to the other aims. Activities which address changing negative attitudes towards persons with disabilities are fundamental at all levels in the CBR Programme. Several of the supervisors regard advocacy and attitude changing activities as the most satisfying task:

*'Advocacy is the most satisfying activity because the others listen at me and I manage to mobilize the community'*

Developing positive attitudes towards disability issues and individuals with disabilities is directed first of all towards the village administration,

which has great influence on the village community, the village community meetings and the disabled individual him/herself and the family. One could add here that attitude change, or rather attitude development, is relevant throughout the CBR structure and thus also reaches up to the professional and top administrative levels.

The interviews indicate that both the village rehabilitation committees and the local supervisors are engaged in influencing and changing attitudes, and they do succeed in this to a strong degree.

Largely, this concerns active arguing for providing support and thus ensuring the rights of individuals. A clear impression given by multiple sources during data collection indicates that pre-CBR conditions were characterised by ignorance and discrimination of disabled persons. A visit to a village without a CBR Programme supports this impression as well.

In this context with a limited public support system, **mobilising community resources** is considered fundamental in assisting persons with disabilities in becoming self-supportive. The main community resources in question are:

- provision of fertile land
- assistance from other community members in building or refurbishing living accommodations
- access to schools for children with disabilities

In every sub-region there were several reports on such activities, as the evaluators visited persons who told how they managed to cultivate their land either by themselves or with the help from relatives, or invited us to their newly refurbished or newly built houses. A family

with a disabled child who had received a donkey for transportation to school was also visited.

**The advocacy role** for the rights of persons with disabilities is considered to be among the most important responsibilities of the local supervisor together with the village rehabilitation committee. It is expected that the local supervisors should advocate for the benefit of persons with disabilities in many circumstances. As the village administration decides on many of the important matters in village life including management of communal resources, the administration is the main receiver of the supervisor's advocacy. In addition the supervisors inform that they advocate towards the other village members especially at the regular village community meetings.

In this regard it is important to bear in mind the influence of CBR within MLHW, and the influence of MLHW on the other Ministries regarding the CBR programme. Clearly, the Central level in the CBR structure, i.e. MLHW, plays a crucial role with regards to advocacy. This is true when it comes to pursuing advocacy as an important element in the CBR strategy. It is however also important to bear in mind that MLHW, due to its role in the disability and rehabilitation field in Eritrea, has an important responsibility in relation to other ministries particularly when policy in relevant areas is developed. The evaluation does however not have sufficient data to assess the work carried out by MLHW to influence other ministries to include disability issues on the political agenda in different sectors of society, but there are indications that this work succeeds best at sub-regional and local level.

The local rehabilitation committee is an important advocate with respect to mobilising community resources, and the village administration makes decisions on land provision and assistance in

building or refurbishing houses. Because of this, the local supervisor's relationship and contact with the village administration is important. Apparently the local supervisors succeed to a large degree in communicating the message of the CBR to the village administration. Several examples were given of local supervisors being elected themselves as representatives in the village administration.

In addition to the local resources funding is in place for income generation (from early 2004). Income generation grants are seen as the key to giving individuals an opportunity to establish a business. It is noted that income generation grants apparently have a positive impact on the person's ability to become self-supportive, and are considered by many as an important tool in assisting individuals in providing for themselves and their family. Several of the receivers of the income grants stated that this grant has made them able to support their families. Due to the short time since introduction and also the limited number of grants given so far, there is no strong basis for drawing conclusions about the effectiveness of this scheme in this context. The Evaluation Team did however visit several of the receivers of these credits and acknowledge the scheme to be promising and potentially a very valuable element in the CBR programme in the future.

The areas visited by the evaluators indicated a rather narrow variation when it comes to types of businesses in which the receivers are actually engaged. Although an overview provided by MLHW showed a variety of businesses, the majority of the supported individuals visited had opened their own small shop for selling fruits, vegetables or other commonly used items. While it is possible that this is a viable strategy, it is perhaps not out of place to question whether the concept needs further development to avoid the danger of establishing businesses that may not be sustainable. During data collection only two persons who

were engaged in businesses that involved handicraft skills were interviewed. One man utilised the income generation loan to put up a three-fold business consisting of selling oil, repairing shoes and hiring out his camel. Another man utilised the loan to buy mechanical tools to enlarge his business as a tinsmith. Both stated that they did succeed in their business, and that the grant had been vital to their success. There were examples of individuals who managed both to support themselves and their family as well as paying back to loan.

The engagement as a local supervisor is voluntary and non-paid. The informants were clearly of the common opinion that this should continue. At the same time it was also the clear opinion of informants at all levels that there was a need for resources to facilitate the activities of the local supervisors, and that this would contribute to maintain their commitment. This could for instance be access to advanced training/knowledge, access to transportation when visiting persons living far away, some money to cover out of pocket expenses connected to individual rehabilitation. Some local supervisors also expressed the need for having *'something to give to the disabled individual'*, e.g. some clothes, shoes or household supplies, as many are very poor. Such opinions were given by many of the informants, and it will be critical for MLHW to look into these issues before the lack of resources affects the enthusiasm and energy that many volunteers put into the programme. There appears to be a clear danger that continuing the current situation, or maintaining the status quo, may affect future effectiveness of the CBR Programme.

**Equal access and opportunities** for persons with disabilities has been achieved by CBR in different ways. According to the interviews access to schools is regarded as probably among the most important, as this clearly is an achievement by CBR in many Sub-Regions. In

addition to enrolling children in school, the Ministry of Education to some degree support the children with school stationeries (2.260,- Nakfa/2003). However the needs seem far from covered, according to the interviews.

Other important examples given in the interviews of means to achieve equal access and opportunities include:

- distribution of land to individuals with disabilities
- the loan scheme to disabled for establishing businesses
- active referral ensuring access to specialised health services for many who would have been without if not supported by their local supervisor
- inclusion of disabled as local supervisors, supporting disabled so that they can get married and establish a family
- election of persons with disabilities to the village assembly
- integration of disabled into their local communities.

These are all examples of CBR as instrumental in pursuing equal access and opportunities for disabled individuals. Both local supervisors and persons with disabilities themselves provided evidence that CBR has been effective in these matters.

An important forum for **advocacy of equal opportunities** is the village administration, which is vital in influencing the opinions and priorities of the village. Some of the local supervisors (who sometimes are disabled themselves) are elected representatives to the village administration, a position that facilitates advocating for the rights of persons with disabilities. One of the (previous) local supervisors interviewed was also elected as a representative to the regional assembly.

When opening CBR in a new Sub-Region a mapping is carried out as a first activity. The **mapping/survey discloses the number of persons with disabilities** in each local community, who will form a base for the planning of CBR activities. Experienced supervisors state however that they identify still more persons with disabilities as the programme is implemented. This implies both that the initial screening could be improved when it comes to sensitivity, and that the local supervisors improve their ability to detect and recognise disabilities as they gain experience. It may also indicate that the disabled person themselves become more conscious of the possibility to improve their own situation as they grow more familiar with the work of the local supervisors. In terms of the effectiveness of the programme, a situation that allows for the gradual detection of new individuals with disabilities may also lead to a problem of capacity as the workload gradually increases. While this on one hand is a good indication of impact on the local community and its individuals, it also represents a challenge for the local supervisors to meet new and increasing demands. If meeting targets and demands is made difficult due to problems of capacity, this may have some negative impact on the effectiveness of the programme.

### 6.1.2 Impact

Impact is understood as "the effects of an intervention that can be attributed uniquely to it" (Rossi, Freeman & Lipsey, 1999). In assessing impact therefore one has ideally to consider all possible sources of influence and all positive and negative, planned and unforeseen results of the CBR Programme. Assessing impact is obviously challenging, due to the difficulty implied in controlling all possible (open and hidden) influences of the phenomenon under study. Impact assessments are therefore always made with some degree of uncertainty.

The CBR Programme seems to succeed in changing the attitudes towards persons with disabilities. This is confirmed by the disabled persons being interviewed, and by the contrast revealed through comparison with the control sample (one sub-region) and assessing the previous state. All information gathered on this topic points very clearly to a change in attitudes manifested through inclusion of persons with disabilities into the local communities where they previously were isolated. Some of the elderly informants could tell how their childhood had been completely different from the childhood of the disabled children of today because of the CBR programme. They had not been permitted at school, they had not have the permission to participate at the communal feasts, but had to stay at home hidden away from the others. Now some of these persons have themselves become local supervisors and thus support other community members.

Social inclusion is critical for the individual and the family both with respect to the opportunity to support for oneself and the family, to participate in communal activities and access to schools for children. Social inclusion depends on both changing attitudes and mobilising resources. The CBR Programme clearly has contributed to both. According to the interviews with both persons with disabilities themselves and with the Local Supervisors, persons with disabilities do take part in village meetings and celebrations; persons with disabilities move around freely and have gradually obtained diversified roles, children are accepted at schools, adults have the possibility to receive seed grants to be self supportive, have the opportunity to get marries and raise a family.

Attitude change is of great importance with respect to measures targeting disabled individuals directly. In the Eritrean case, many persons with disabilities have received grants to establish their own

business while others have been given priority in land distribution with regards both to time and area. One may expect that there is always a risk of envy and conflict when targeting single individuals with resources and attention - and perhaps particularly so in a community where people are poor and everyone is striving to manage. There is however a clear impression that people in the communities accept the need for special accommodations to persons with disabilities so that they will be able to manage and care for themselves and their families in the same way as other community members. Although the interviews stated that conflicts of interest were not completely absent, this situation is taken as an indication of attitudinal maturity, most likely the result of attitudinal change and thus the efforts of the CBR Programme.

The local supervisors disclose needs among persons with disabilities through the survey and the rehabilitation activities, and provide solutions to these needs. The CBR offers improvements of living conditions of persons with disabilities, but may also at the same time create new and sometimes unforeseen demands which must be dealt with either within or outside of the CBR Programme. Whether this is to be understood as a problem or not depends on how the concept of rehabilitation is understood. If rehabilitation is understood as specific activities that are supposed to lead to a certain result, new demands arising from these activities could be seen as a problem because the CBR will not be equipped to deal with these new demands. If rehabilitation is understood as any activity that can improve the situation for the disabled person, new demands do not necessarily represent a problem, but could be understood as input for further development of the CBR Programme. There are indications that the CBR Programme discloses needs and creates demands that for many reasons are difficult to meet due to lack of proper skills and advanced

knowledge, lack of resources and materials both within and outside of the CBR Programme. This situation, to some degree, creates frustrations both among the supervisors and the persons with disabilities themselves, as the rehabilitation activities create hope of improvement which cannot be easily fulfilled. When this is said, and regardless of whether increased demand and pressure on CBR is assessed as negative or wanted, this situation nevertheless is a strong indication of impact stemming from CBR.

Measurement of impact is difficult in a complex program like the current, also because it is necessary to control for a number of possible influencing factors. It adds to the problem here that quantitative data (indicators) on progress is not easily accessible.

### 6.1.3 Relevance

Relevance is a question of

- whether the activities in the programme are justified within the local and national ideology, development and priorities; and
- whether the services provided by CBR are the type of services disabled people in this context need, accept and can profit from.

The CBR Programme started shortly after liberation (planning in 1994 and pilot tested in 1995) and is built upon ideas and values which are at the same time important for the liberation movement and thus Eritrean society. Among the most important of these values are *equality* (between ethnic groups, gender), *independence* and *self sustainability* (both nationally and locally), clearly shaped by more than three decades of war and struggle for National independence. These values are expressed both in the Constitution and the Draft National Policy for the Disabled (MLHW, 1999). Informants at all levels (MLHW

central and regional, and local supervisors) express a common opinion that the CBR Programme fits with the values of the diversified cultures in Eritrea. At the core of this is the focus on the local communities as arenas for implementation of policy, delivery of services and for communication between the people and the governing bodies. Action at community level is often initiated by the people themselves, and there are few expectations that help comes from others outside the community. This yields a particular ownership of CBR in the local communities.

The relevance of the core principles and activities of CBR to Eritrean society are often underlined by referring to '*CBR is based on our culture of community organisation*'. Some informants state that the CBR Programme does not bring new ideas or values upon the society, but contributes to the inclusion and participation of persons with disabilities into the community within the existing values. Some informants on regional and sub-regional level state that there is a tradition within the family to help those who cannot help themselves. They state that this is one reason why the CBR-ideology fits with the local culture. The contribution from CBR is to change the way people understand disability and provide knowledge on how the situation can be improved.

The extent to which CBR ideology and the current ideological and political basis for Eritrean society overlap, and this is what many of the informants claim, is a very good indication of the relevance of CBR in this context. It is further an important prerequisite for the sustainability of the programme (this is discussed further below).

On the individual level, services for people (health, school, housing, employment creation, etc.) are in general insufficient in Eritrea. Before CBR, there is evidence that many disabled persons did not receive any

particular service, and the interviews indicate clearly that they were discriminated against with regards to education, health services, employment etc. On such a background, it is as expected that new and targeted services are regarded as relevant. The critical issue in this context is rather whether CBR will be regarded as relevant over time, i.e. after many years of implementation. To the extent that CBR reaches the ceiling of what can be expected within the current resources and capacity, or to the extent the programme produces expectations that might be hard to fulfil, there could be a danger that its relevance could be questioned. Although the programme is clearly relevant for the needs of many disabled individuals today, it is suggested that limitations in the ability of the programme to learn from experience, to develop according to demands, and most importantly to the lack of resources supplied from outside the CBR, might create problems for its credibility in the long run.

The CBR concept has also developed to comprise a human rights aspect. Although this is not very explicit in the data collected during this evaluation, it is nevertheless obvious that CBR is relevant in many ways and primarily within one of the two main categories of human rights (NORAD, 2001); Economic, social and cultural rights (e.g. the right to take part in social and cultural life, the right of everyone to education), but also to the other major category: Civil and political rights (e.g. the right to marry and found a family, the possibility to be elected to the village assembly). It is evident that both the overall objective and the specific objectives of CBR in Eritrea (see Section 5.1) are directly relevant for the human rights of disabled people and their families. Interviews indicate that CBR contributes to participation in these areas, and several examples were provided of persons obtaining participation in communal gatherings, children attending schools, and especially of those establishing a family. However the evaluation has

not been able to question the degree to which CBR succeeds in these matters, or details concerning the degree to which obtaining these rights changes the life for the persons involved.

## 6.2 Strengths and challenges

The second objective of the evaluation has been to examine and draw conclusions regarding the programme's strengths and challenges, particularly in relation to programme design and implementation; planning, monitoring and reporting processes and tools; service delivery; community mobilisation; user participation; and cross-sectoral coordination.

When assessing the CBR Programme in Eritrea, it is important to bear in mind that the implementing body, i.e. MLHW, is only nine years old and equipped with limited resources both financially and when it comes to manpower and thus capacity and competence. In this light it will be correct to say that the Ministry has done very well with regards to implementation and expansion of CBR.

### 6.2.1 Programme design and implementation

The basic values and reasons for the programme seem to be internalised by actors on all levels including the ministerial, regional, sub-regional and local community levels. Motivation seems to be strong throughout the organisation. Furthermore, the programme benefits from the participation of many dedicated participants working with the programme for several years (some from the beginning in 1995). It is clearly a strength of CBR in Eritrea that those who are involved have identified with the programme and its aims.

The programme design is based on and inspired by WHO material and experience and is thus the result of experience in other contexts. It is in other words to a large extent an imported conceptual framework. It is nevertheless also adapted to the local context in that it is integrated directly in the MLHW structure at all levels. This combination (of a well-established CBR framework and a local service delivery and political structure) has established a solid and rather unique programme design. Integration into the MLHW structure ensures stability, equality across regions and sustainability in that the programme organisation is based on one of the core structures of the Eritrean state. There is however another side of this coin, one that points to the general weaknesses of public structures in poor countries; lack of resources, varying degrees of competence, competing tasks, lack of critical feed-back, etc. The data collection indicates a possibility that some of these weaknesses are countered by the particular situation in Eritrea and that this (fight for independence, external threat, building of a new nation, etc.) instils just the right attitudes, drive and loyalty that is needed during implementation, development and not least, maintenance of CBR.

Bearing the above in mind, the CBR programme finds itself within a comprehensive organisational structure comprising all administrative levels. The communication, especially between the levels within each region, seems to be good. The implementation process has been thorough and the same procedures have been followed throughout the programme. The expansion of the programme seems to be built upon a systematically planned 'step-by-step' strategy. This also implies a relatively slow pace of expansion at least with regards to covering the last 50 % of the country. On one hand, this slow pace ensures that necessary resources and training are in place before implementation. On the other hand however, growing impatience among sub-regions that are still not included within the CBR Programme may already pose

a problem. It is suggested that speeding up the pace of expansion is reconsidered.

While the remaining expansion is one of the imminent challenges for the programme, maintenance of activities in other areas is another important challenge that is already present after nearly ten years of implementation in certain areas and obviously increasingly important for the sustainability of the CBR programme as a whole and in the long run. It is critical that MLHW, as the owner of CBR in Eritrea, takes this issue seriously, plans and carries out measures that ensure development of CBR both with regards to coverage and content (more around this issue below).

Some informants express the view that the development of the programme benefits from being in dialogue with an external partner (NAD). Funding, equipment, training and capacity building are not only appreciated but also quite critical for keeping up the level of activity and expansion. It is also an important aspect in this regard that an external collaborating partner may play an important strategic role in its relationship with MLHW and contribute to the development and strengthening of the CBR Programme through its dialogue with the Ministry and the CBR Programme.

It is an important feature of CBR that it represents a channel deep into Eritrean society, i.e. into the local communities. The potential of CBR for reaching the population also implies a valuable feature for other interests targeting the population in the local communities. This is an asset for the programme that is already to some extent utilised to the benefit of disabled people.

## 6.2.2 Planning, monitoring and reporting processes and tools

Meetings are arranged with the local supervisors in each sub-region every second month. According to the interviews these meetings are the most important opportunity for contact and communication between the local supervisors, between the supervisors and the staff at sub-regional level, and for collecting data on activities at the local level. The data are published in annual reports from the MLHW. When comparing the annual reports, it seems that the reporting process has improved with respect to the collection of data on the activities of the local supervisors and the number and situation of the persons with disabilities, as the latest reports give more detailed information than the earlier ones. Because of this the annual reports do not carry the same information from year to year. This makes it difficult to compare the level of activity and the number of persons (and types of disabilities) who benefit from the CBR from year to year.

The Evaluation Team observed that there is a file system in place where information is registered about all individuals who have received any kind of services from CBR. The quality of this information has not been assessed, but according to social workers who were responsible for the file system, they contained information about assessment, measures and progress. So far, it appears that the CBR Program has not utilised fully the information contained in this file system for statistical purposes.

The communication lines within the CBR Programme follow the MLHW structure. The character of this structure produces on one hand effective communication from top to bottom in the organisation. On the other hand it is relevant to question the ability of this structure to allow for effective communication the other way, from bottom to top. Apparently, this is not a problem when it comes to exchange of information, although there are possibilities for improving the reporting

system (see above). It is suggested that the potentially serious problem here is the static character of the information flow. The ideological fundament and the planning is worked out at the central level of the organisation and then communicated to the participants at the local levels who are expected to execute the activities. Reports on the situation in the villages, daily experiences, activities etc. are handed from the local levels to the sub-regional, regional and finally to the central level of the organisation. As a rule, this is in the form of reporting activities. In short: The thinking is done at the central level and the actual implementation is done at the local level. While this may be most efficient and highly understandable in early phases of CBR, there is a danger that neglecting the importance of feed-back creates impatience and may be counterproductive for a sustainable programme development. No doubt, there are many experienced CBR workers and others who could focus both strengths and weaknesses in the programme and bring forth new ideas that could be fruitful to the programme. One should thus consider developing a more dynamic organisational structure and lines of communication, foremost within the more experienced sub-regions. A key to change here is probably a critical examination on the function of the meetings for the local supervisors in the sub-regions.

### 6.2.3 Service delivery

The CBR Programme in Eritrea provides services that are important to obtaining and securing equality, self-sustainability and participation for persons with disabilities. In many cases there is clear evidence that the CBR Programme has helped certain individuals with disabilities out of dire living conditions. The supervisors discover, address and assist in rehabilitation on an individual level. To carry out these tasks they receive training on how to understand and detect disability, and how to

provide assistance and training. In addition to the advocacy role, this is their main task.

Although many encouraging results are reported particularly on the level of individual disabled persons and their households, there are also indications that the content of CBR services varies within the programme (Region, Sub-region, local community). Largely this implies variation in the skills of the local supervisors as these are manifested in their work with individuals and families. It is possible that this also reflects variation in the quality of the supervision (to the local supervisors) and training, although the basis for drawing such a conclusion is not very strong. In some instances, CBR service seems to comprise identification, assessment, referral, social support and advocacy, but is found lacking when it comes to training and active efforts to improve functional ability.

There are however also indications that many supervisors provide training and try to improve the functional ability of the disabled person. The Evaluation Team met with and observed blind individuals who had been given mobility training and were able to move around in the village, and individuals with movement and mobility problems who were trained to be able to move around in their home. Few technical devices were observed, although some examples of individuals having produced their own device were observed.

A rather clear demand for more knowledge and skills has been identified, but there is a mixed picture with regards to needs in this area. In some areas there was apparently need for more basic training to enable the local supervisors to carry out rehabilitation. Others identified a need for more advanced knowledge and skills. Experienced participants in particular (both local supervisors and personnel at the

MLHW on sub-regional level) express the need for more advanced knowledge with respect to assisting and offering rehabilitation to persons with severe disabilities, especially persons with multi-disability, severe mental illness and the mentally handicapped, but also persons with communication disabilities. The challenge seems to be: the more experienced and skilled the supervisors become, the more they desire even more knowledge. This can be met by offering adjusted training. In light of the above, there is a need for training on different levels and thus also insight into the variation in training requirements.

Some obstacles were identified outside the CBR Programme that should be considered, as they seem to restrain the beneficial effects of the rehabilitation activities within the programme:

- Lack of raw materials for orthopaedic devices, for which there is a huge demand. There are indications that the production of prosthesis and orthoses might be tripled given sufficient materials.
- Lack of assistive devices of all types.
- Lack of special medical services, especially in treating severe mental illness and multi-disability.
- Lack of special competence in occupational therapy, competence in Braille, sign language and how to handle, train and educate children/persons with different kinds of deviant behaviour and mental retardations.

While these are services outside of the CBR framework, they are nevertheless of importance both because referral is a crucial element in CBR and because there are clear limits as to what a local supervisor can offer in terms of specialised assistance. Although much can be achieved locally, lack of specialised services affects not only the individuals who

are in need, but also the CBR Programme. Identification of need for specialised services without being able to offer them such assistance and being forced to handle functional problems that are beyond the capacity of local supervisors are both situations that can stretch CBR resources as well as slowly undermine its credibility among disabled persons and their households in the long run. Developing specialised health and rehabilitation services therefore goes hand in hand with expansion and development of the CBR Programme.

Referrals are apparently an important aspect of CBR services. The current system for referrals is however inadequate. There are several shortcomings here, like capacity at the specialised services (orthopaedic workshop, mental hospitals, general hospitals, etc.), funds and accommodation for people travelling after being referred. In this context where people in general have very limited means of living, travelling to a city and requiring accommodation may be beyond reach. Mobile services or out-reach programmes may be one solution to these problems.

#### 6.2.4 Community mobilisation

Local supervisors, members of village rehabilitation committees, members of village administrations and CBR personnel at sub-regional level all state that the CBR Programme leads to mobilisation of community resources to the benefit for persons with disabilities. Results indicate that village administration does consider the person's disability - the reduced ability to cultivate - when they distribute the land. Individuals with disabilities are often given priority with regards to area, quality of land and location (easy access, transport needs).

The advocacy of the supervisors changes the role of disabled in the community, and thus the possibility to participate in social and communal life. Among the most important is the possibility to marry, participation in communal feasts and gatherings, possibility to become a representative in the village rehabilitation committee and the village administration, and access to schools for children. There are clear indications that improvements in this area are linked to the existence of the CBR programme.

Village meetings offer a good opportunity for Local Supervisors, Village Rehabilitation Committees and Village Administrations to sensitise the population and advocate for the rights of disabled. These meetings are obligatory for everyone and held at regular intervals (often twice a year) in all local communities and are intended as an arena for information, education and communication. Many examples of utilising this forum for promoting disability issues came up during interviews.

#### 6.2.5 User participation

The interviews indicate that persons with disabilities participate on all levels, both at Central, Regional and Local level. It seems quite common that a person with disability, or a member of the person's family, who has received assistance from the CBR, volunteers as a supervisor him/herself. In this way persons with disabilities participate actively in both maintaining and developing the programme.

There are no indications that the CBR Programme has regarded peer counselling or even creation of contact between individuals with disabilities as a central task. Disabled Person's Organisations (DPOs) are not very developed in Eritrea and do not form any strong representation of civil society. The most realistic in the current situation

is therefore to consider peer counselling of individuals with disabilities in their local communities as a strategy for strengthening their position and utilising their resources to the benefit of other persons with disabilities as well as their respective communities. This should not be seen as an alternative to integration of persons with disabilities in the CBR structure, but rather as a complementary channel of influence and resource mobilisation.

#### 6.2.6 Gender, religion and culture

The records from the CBR show that approximately 25 % of the local supervisors are female. The interviews express a clear opinion that men and women participate on equal terms. It was argued by several informants that female supervisors sometimes represent a specific quality, and that they were particularly qualified to advice families. The interviews do not indicate any gender specific division of labour or responsibility due to gender within the CBR programme. Rather, male and female supervisors collaborate. In response to direct questions on gender issues, female supervisors declare their equal and independent position. Some of the female supervisors state however that it is sometimes difficult to perform their tasks as they also have the responsibility for their own children.

On the question *who participates*, it is reasonable to state that men and women participate on equal terms as local supervisors and also as professionals/supervisors on the regional level. On the question *who decides* it is a relevant and interesting fact that the Minister is a woman. The Evaluation Team also met female MLHW employees at Regional and Sub-regional levels. The last question when assessing gender issues within a programme like this is *who benefits?* (NORAD, 2000).

A research proposal for a National Survey (2001) states that women with disabilities suffer from '*dual discrimination*' and therefore have a special need to be included into the CBR programme. However, the annual reports up to 2004 do not register gender when it comes to persons benefiting from the CBR (only regarding local supervisors). Thus the evaluation has only been able to identify the gender distribution for 2004: Out of the total of 1192 persons that were registered as having received services from the CBR Programme, 494 were females (41 %) and 698 males. It is difficult to assess whether this is the result of some kind of gender bias in CBR or whether it is simply a result of more than three decades of war. In other contexts it is however not uncommon to find an equal distribution between genders.

Interviews with local supervisors do not identify statements that draw the attention to any systematically unfair preference regarding gender issues. Some informants, both men and women, explain that they use specific strategies when assisting a person from the opposite sex in private matters (as involving a family member), but not neglecting the person's needs. Among the persons with disabilities interviewed in the evaluation, 12 were females and 13 males in addition to three families with disabled children.

CBR seems locally accepted across religious and ethnic groups. There is no indication of systematic differences with respect to assistance to the individual, acceptance of the CBR mission or the willingness to support CBR activities according to religion or culture. The sample of sub-regions and interviews ensured that all major ethnic and religious groups in Eritrea were included. One focus group included local supervisors from three different ethnic groups thus providing a good

opportunity for testing the understanding and practice across groups. During a three-hour long discussion around the work of the local supervisors, a shared understanding of CBR and its content was demonstrated.

#### 6.2.7 Cross-sectoral coordination

There is insufficient information to be precise about the quality and degree of the communication between the ministries at the central level. According to the Draft National Policy, all ministries are supposed to participate in running and developing the programme. There are indications that this is not yet fully realised. The ministries involved are primarily the Ministry of Labour and Human Welfare (MLHW), with contributions from Ministry of Education (MOE), Ministry of Agriculture (MOA) and the Ministry of Health (MOH). There seems to be a shared responsibility among these ministries. The MLHW is the ministry in charge, with the main responsibility for planning and monitoring the CBR Programme as a whole, including also orthopaedic services. The Ministry of Health contributes with the provision of hospital services and has been actively involved in screening for mental health problems, training of medical assistants to handle such problems as well as medication. The Ministry of Agriculture has contributed with some minor funding, and could in principle be said to have the responsibility for allocation of farming land for adults with disabilities, although this is decentralised to village administrations. The Ministry of Education has also provided some minor funding and is responsible for integration of disabled children in the school system.

## 7 Recommendations

The third objective of the evaluation is to facilitate the sustainability of the programme by proposing recommendations that can strengthen the CBR Programme; promote the rehabilitation, community participation and social inclusion of people with disabilities.

The recommendation of this evaluation might be summarised in a sentence that says:

**"More of the same" as well as "Try something new".**

The CBR Programme in Eritrea is built upon solid elements with regards to both structure and content. Currently the plan is to expand with 3 new sub-regions every year. The interviews revealed that there are new sub-regions eager to be included into the programme. Considering that there still are 32 sub-regions without CBR Programme, CBR will not be introduced to the whole Eritrea before in the year 2014 - 2015 according to the planned pace of expansion.

- i) *It is recommended that accelerating this to 5 - 6 new sub-regions per year should be seriously considered.*
- ii) *It is recommended to develop ways of utilising the experience, knowledge and skills that already are in the system – especially the experiences and reflections of the local supervisors.*
- iii) *It is recommended to discuss new ways of utilising the experiences of persons with disabilities themselves, for instance developing skills in peer counselling.*

The regular sub-regional meetings between all local supervisors in the sub-region and a representative (professional) from the regional MLHW administration are most likely underutilised. These meetings represent a potential in that they, to a larger degree, could stimulate mutual discussions among the supervisors (common experiences and challenges), and stimulate dialogue and learning processes within and across sub-regions.

The current CBR/MLHW organisational structure has shown itself to be effective and instrumental during establishment and expansion of the CBR Programme. It is however suggested that further development of CBR with regards to content and quality also requires development of its structure and dynamics. One should consider encouraging a more efficient exchange of information, viewpoints, experiences and ideas at the regional and sub-regional levels, but also with the external sponsor organisation (NAD). It seems to be most practical and viable to utilise the arenas for information exchange that already exist. If this is to be fully developed, there may be a need to develop advanced skills in organisational peer counselling. There is further a need for increasing the knowledge in organisational processes. The decentralised structure probably requires participation in decision processes that deal with policy and programme planning on a sub-regional and local level. Problem-based learning could be useful in developing such skills. Problem-based learning is characterised by group discussions on concrete cases, together with a senior as a teacher/supervisor. In short, the group defines and analyses the problem through mutual discussions, makes an overview over possible explanations to the problem, collects new information, suggests how to use this information to solve the problem, summarises what they have learned through the process and develops new actions based on the new knowledge.

- iv) *It is recommended to change the organisation and content of the sub-regional meetings with local supervisors so that they to a larger degree than currently provide an arena for mutual discussions, dialogue and learning.*
- v) *It is recommended that MLHW considers initiating a process to develop the CBR system according to the principles of 'learning generating' organisations or at least to adopt some of its elements.*

The local supervisors visit persons with disabilities in the village and provide support, training and counselling. One should consider developing this activity more methodically to function as peer counselling. The evaluation has identified some examples of peer counselling between local supervisors. Peer counselling as a method could be used both between the volunteers in the programme as well as between persons with disabilities themselves. A peer counsellor may be an experienced supervisor giving advice to another supervisor, or a person who is rehabilitated giving advice to another person who is in need of rehabilitation. A peer counsellor must possess good communication skills, possess a fair knowledge about different kinds of disabilities, the human body and psychological aspects of human behaviour. A peer counsellor can provide psychological support and advise the person on coping mechanisms based on his/her own personal experiences.

- vi) *It is recommended to utilise the potential in peer counselling to strengthen both the user perspective as well as the local supervisors.*

Within the CBR Programme there is a large scope when it comes to competence and experience that yields different needs. Firstly, there is a need for providing basic rehabilitation skills in areas where this is missing and where training has not been sufficient. Secondly, the

interviews disclose a need for stimulation and provision of resources for more advanced training for both local supervisors and CBR workers on regional and sub-regional levels, in particular in areas where CBR has been implemented for some years. Skills that are critical are advanced skills and knowledge concerning different kinds of disabilities, vocational training, special education, and adaptation of environment. Cases that are considered difficult are for example multi-disability, severe mental illnesses and mental retardations.

*vii) Continued and increased training of local supervisors is recommended. The training should be differentiated according to different levels of knowledge and skills.*

Dialogue with external partners is considered important, and the dialogue with NAD and others like MACPB is appreciated.

*viii) It is recommended that MLHW continues and develops further its collaboration with NAD and other relevant international organisations.*

Little emphasis seems to have been placed on contact between, and self-organisation of, disabled persons as a strategy for both increased support to individual disabled and empowerment. While this may be explained by the overlap between CBR and MLHW, not exploring the possibilities here implies underutilisation of the resources represented by disabled people themselves. It also implies reduced control of relevance of CBR services.

*ix) It is recommended that arranging for, supporting and utilisation of self-organisation should be included in the CBR strategy.*

The reporting system has been gradually improved during the life of the CBR Program. It is however suggested that there is still some way to go before this is working to the benefit of the program and the targets

for the program. The Evaluation Team did not assess the quality of the information in the file system, implying that there is a potential here for utilising existing data as well as being more systematic in the reporting. While existing data may be useful if utilised better, it is also suggested that separate mappings (studies) within selected areas (for instance school integration, demand and supply of technical devices, access to specialised services, etc.) should be carried out not only to balance the current information, but also to acquire more knowledge that could be utilised in the further development of the program, thus adding to the quality of CBR.

*x) It is recommended to analyse the reporting system in detail in order to revise it and increase its relevance and quality.*

*xi) It is recommended to carry out mappings of certain selected areas within CBR in order to acquire additional and detailed data that will provide a basis for thorough analyses and improvements.*

The local supervisors carry out very valuable work with limited resources on a voluntary basis. The evaluation has identified a need for some support (small amount of money, transport) to enable them do their work better, to offer disabled some support and to afford transport when visiting individuals living in remote areas. It is probably important for future motivation of the local supervisors that this is looked into and certain steps taken.

*xii) It is recommended to consider the need for providing the local supervisors with some form of funding for transport and minor expenses.*

The Evaluation Team concludes with some recommendations that are very similar to recommendations made after the first evaluation

exercise in 1998. This may be understood in two different ways. On the one hand it could be interpreted as the inability of MLHW to consider and act according to the first evaluation. An alternative explanation, however, is that these issues (recommendations) are fundamental to the development of CBR at different stages, and that their content differ although the wording remains. At the core of this discussion is evidently how to expand and to learn from experiences at the same time. This classical dilemma points to the importance of feed-back and learning and a dynamic organisation. Without focus on this, there is a danger that expansion will come at the cost of content and quality.

It is important for all aspects of CBR that sufficient resources are in place. Eritreans at all levels of society are accustomed to managing with very little, and the economic situation in the country is precarious. It is nevertheless of great importance for the future of CBR in the country that the programme is equipped with more resources than is currently the case. This is particularly critical with regards to further expansion but also to the further development of the content and quality of the programme. Adopting the Draft National Policy may be a crucial step in this regard.



The "Pioneers".

Photo: Peter Hjort

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# Appendencies

## Interviews with service providers

**Purpose: To assess the impact of the CBR Programme on other types of services in the community**

Interview structure:

- i) Description of the services represented in the group, including history. A particular focus on how clients were recruited to the services, the level of follow-up, out-reach activity, referral practice, role in the local community.
- ii) What do they know about the CBR Programme?
- iii) Description of the relationship between the services and the CBR programme; how was it initiated, was there any problems from the start, how has the collaboration developed (quality and quantity)?
- iv) How do the services collaborate with the CBR Programme today? Provide a thorough description and use cases to exemplify.
- v) What are the problems in the collaboration with the CBR programme? And what are the main benefits? Give examples by describing collaboration in single cases.
- vi) Have the services been influenced by the CBR Programme in any way? If yes, describe how and why.
- vii) Assess the impact of the CBR Programme on the following in the services you represent:
  - methodology
  - workload
  - client profile
  - internal organisation
  - external relationship (local community)
  - results for the clients
  - job satisfaction
- viii) In your opinion; has the CBR Programme had any impact on other arenas? (i.e. other than the factors related directly to the specific services)
  - On the individual person with disabilities
  - On the family
  - On the local community
- ix) What would have been different today for the services you represent if the CBR programme did not exist?

- x) What would be an ideal support to families with disabled children? Compare with present situation.
- xi) Do the participants agree that the strategy and activities of the CBR Programme at the local level plays any role with regards to democratisation, human rights and development? If yes, in what way?

## Interviews with families

**Purpose: To assess the impact of the CBR Programme on the person with disability and his/her family:**

- impact on the individual
- impact on family awareness, attitudes
- impact on the situation in the family (family integration)
- impact on the social integration of the person with disabilities and his/her family into the local community

Interview structure:

- xii) The general family "history", i.e. social and demographic information, socio-economic circumstances (income, education, etc.), background, current situation.
- xiii) The individual (or individuals) with disability; description of the impairments and the difficulties with performing and participating in daily life activities.
- xiv) Did the person with disabilities/the family receive any type of services before being identified by the CBR Programme? If so, describe these services.
- xv) How did the family come in contact with the CBR Programme?
- xvi) Describe the family's cooperation with the CBR Programme (the local supervisor):
  - What kind of assistance has been offered?
  - The family's experience with the local supervisor (collaboration)
  - Progress or lack of progress (describe in detail)
  - Have expectations been met? Compare initial expectations with results.
  - Any needs that have not been met?
- xvii) What has been the impact of the CBR Programme on this particular family?
  - On the individual person with disabilities
  - On the family situation, workload in the home, relationships between family members, situation for each of the members, economy,
  - On the social situation of the individual in the family – i.e. social integration in the local community
- xviii) Expectations for the future (regarding the disabled family member)
- xix) Does the family have any experiences with other rehabilitation or health services?

- xx) Assessment of possible results without the CBR Programme; what would have happened with this family if it was not identified and received services from the local supervisor? What would have been the alternatives? If nothing or very little was done about the situation before identified by the CBR Programme; why was nothing/very little done to the problem?
- xxi) What would be an ideal support to families with disabled children? Compare with the present situation.

## Interviews with local community leaders

**Purpose: To assess impact on local communities**

### Topics for Focus Groups

- i) Participants - who are they? Positions in the community and relations to the CBR-Programme
- ii) Description of the local community; particular characteristics, history, current situation, including also health and rehabilitation services
- iii) What are the needs of the people with disabilities in this local community?
- iv) What do they know about the CBR Programme?
- v) Do the participants agree on the strategy of the Programme and its implication to their community?
- vi) What has been the impact of the CBR Programme on
  - individuals with disabilities
  - families with disabled members
  - the local community
  - general attitudes towards persons with disabilities,
  - the status of people with disabilities
  - the social integration (in the community) of people with disabilities
- vii) To what extent and in what way has the CBR Programme influenced services to inhabitants (service delivery, service organisation, service content and quality)
- viii) Description of further needs for rehabilitation services
- ix) Do the participants agree that the strategy and activities of the CBR Programme at the local level plays any role with regards to democratisation, human rights and development? If yes, in what way?

# Terms of Reference

## **Background**

The initial cooperation agreement between the Norwegian Association of the Disabled (NAD) and the Ministry of Labor and Human Welfare (MLHW) in Eritrea was established in 1994. This ongoing cooperation has been reconfirmed since then through a series of agreements, under which NAD provides support to the country's Community Based Rehabilitation (CBR) program with funds from NORAD and the Atlas Alliance. The current 3-year agreement is due to expire on 31 December 2004. With an eye to the renewal of the cooperation agreement and August deadline for submission of a new application to NORAD for 2005, an evaluation will be conducted in May/June 2004 with the findings and recommendations to be completed not later than mid-July. The findings of the evaluation will provide the basis for renewal of the cooperation agreement. The evaluation will be funded from NORAD's 2004 contribution.

## **Timeframe and methodology**

Proposed terms of reference (ToR) prepared by NAD and the MLHW will be submitted through the Atlas Alliance to NORAD for its consideration and follow up. It is hoped that the evaluation can be carried out in late June 2004. It is envisioned that the evaluation team will consist of approximately three persons with at least one consultant each from Norway and Eritrea. Members of the team should have knowledge of CBR programs and experience carrying out evaluations. The team will collect new data, as well as draw from relevant data collected during a study performed in 2002. It is expected that the evaluation will obtain information from and involve key stakeholders at a variety of levels (MLHW, regional, sub-region, village, family/ individual). A mix of quantitative and qualitative methods should be employed, such as document review, key informant interviews, focus groups, and use of client satisfaction questionnaires/surveys. It will, of course, be up to the evaluation team to identify both the approach(es) and specific data collection methods which they believe will best achieve the stated objectives of the evaluation.

## **Objectives**

The main objectives of the evaluation are to:

- Assess the effectiveness, impact and relevance of the different components of the CBR program in Eritrea in relation to their aims and strategies.
- Examine and draw conclusions regarding the program's strengths and weaknesses, particularly in relation to program design and implementation; planning, monitoring and reporting processes and tools; service delivery; community mobilization; user participation; and cross-sectoral coordination.
- Propose recommendations that can strengthen the CBR program; promote the rehabilitation, community participation and social inclusion

of people with disabilities (PWDs); and facilitate the sustainability of the program.

### **Proposed ToR**

It is suggested that the evaluation focus on the key areas outlined in the proposed ToR below. These should be viewed as a framework from which to further develop and refine specific points relevant to the program purpose and goal and to the objectives delineated above.

### **Effectiveness**

- Describe CBR program coverage, including scope of activities offered, in terms of geography and population, and document factors affecting coverage from both population and individual perspectives.
- Describe active versus inactive rehabilitation, including the percentage of disabled people in each category, selection process/rationale for clients receiving active rehabilitation, and the waiting time between registration and delivery of services to PWDs.
- Assess the quality of implementation of components of the CBR program and identify factors that support and/or hinder implementation.
- Consider to what extent, if any, the drop out of local supervisors may affect the scope and quality of service delivery.
- Assess the quality and relevance to needs of capacity building activities conducted at the central level and training (internal/external) of CBR workers/local supervisors at other levels.
- Review the effectiveness of planning, monitoring, and reporting procedures and tools.
- Review the management/organizational structure of the program.
- Describe the composition of village committees and their role as relates to the CBR program.
- Assess how well the system for referrals to hospitals and orthopedic workshop services is functioning.
- Review advocacy activities and assess to what extent these have resulted in changes in attitudes.
- Explore how other international stakeholders/actors experience and contribute to the CBR program.

### **Impact**

- Consider the long-term and short-term impact of economic, social, and physical rehabilitation resulting from the CBR program from both an individual and societal perspective.
- Consider the effect of the CBR program on the families of disabled people and their coping strategies.
- Consider the effect of the CBR program on disabled women.
- Review mobilization of resources by the community.
- Describe the coordination and participation of key stakeholders in the planning, implementing and monitoring of the CBR program, in

particular disabled people themselves and government agencies (especially those related to health and education).

- Assess the affect of expansion of the program on the quality of the CBR program.

### **Relevance**

- Assess to what extent the program's activities/outputs are in line with rehabilitation strategies at the national, sub-zonal, and community levels.
- Identify to what extent the program's activities/outputs remain pertinent to NORAD priorities, particularly in relation to poverty reduction, democracy building, gender equality.
- Identify any added value of NAD's contribution to the program.
- Discuss whether the CBR program design is still suited to the current situation in Eritrea (e.g. with reflection upon the economic situation, droughts, etc.).

### **Sustainability**

Comment generally on the sustainability of the CBR program.