

CHAPTER FIFTEEN: QUALITY AND COST CONTROL

There are serious problems to monitor the outcomes of funding provided to persons with disabilities in the developing countries.

Most evaluation of such funding consists of a casual description of the project, and how much money was spent. Questions like the following also need answers:

- (1) did the blind people in a project for mobility and orientation training achieve the intended goals? Are they now independent or less dependent on others than they were before? How many were given training? Was there a failure rate? Why? How much did it cost?
- (2) What activities could these mentally retarded children not do before the start of the project, and what can do they do now? What were the costs?
- (3) Did this group of young people - victims of polio - who were supported by bank loans for self-employment - succeed? Do they now - one, two, three etc. years afterwards earn enough to support themselves and their families?
- (4) What is the project administration cost, including both those “at home” and in the recipient country? Are costs reasonable and are resources, such as personnel, efficiently used?
- (5) Is there community participation and what does it mean?
- (6) Is the programme technically, financially and organisationally sustainable?

Records of project success very often is a report that the money was spent and such reports rarely reflect quality of results or cost control measures taken. Justified criticism on how funds are spent - whether the source is international or national - is becoming more and more common. The willingness of the public and official development agencies to contribute may become seriously compromised. Urgent steps are needed to address the subject of quality and cost control. Accountability and transparency are not yet given the attention needed.

1. METHODS FOR QUALITY CONTROL

a) Quality of service delivery (Progress made by the beneficiaries).

There are many methods for quantitative determination of outcomes of rehabilitation programmes. Most of these use a scale for each simple function/activity limitation. Very often scales are combined to facilitate the reporting. Such evaluation schemes, when applied in a developing country should be simple enough, so a community worker can record the change, the beneficiaries can control the accuracy and the community micro-management can audit the records.

Examples are shown below. Box 15.1. and 15.2 show the scales used by DeJong¹, modified by Boscher and Gargaro². Assessments of “living arrangement outcomes” and “productivity states outcomes” (see Chapter 13) were made. Progress is measured by ranking.

Box 15.3. shows a recommended assessment/progress form used by the CBR programme, modified from TCPD³. Here the scales are inverted; a reduction in scales shows a reduction of the limitations and an increase of abilities. When using this form, the disabled person is assessed at the start of the CBR programme. All the factors included need not be covered for each person, as they concern different age groups and categories of disability. The total scores are added. After 3, 6, 9, 12 months etc. this assessment is repeated. Each time the total scores are added. Progress is then shown as ‘**steps of progress**’. For example, if the disabled person started with a score of 30, and then 12 months later, the score is 16, the number of steps of progress have been 14. Of course, if the outcome of the programme is negative the scores increase. This can, for instance happen, when a mentally retarded person is sent to mental hospital.

Other and more complex systems can be used. Examples are development scales for children with delayed milestones^s, school performance records, work performance etc. For daily use in a CBR programme, it is better to have a simple recording system, than a complex one. From a managerial viewpoint recording steps of progress is quite enough to assess quality of services.

TABLE 15.1. DEJONG'S LIVING ARRANGEMENT OUTCOMES

	<i>Ranking</i>	<i>Living Arrangements</i>
Least restrictive	1	Lives with spouse, significant other and/or children
	2	Lives alone
	3	Lives with friends, unrelated persons, and/or siblings
	4	Lives with parent(s) and with spouse/significant other and/or child(ren) in same household
Moderately restrictive	5	Lives with relatives other than spouse, parents, or siblings (e.g. grandparents, uncles, aunts, and adult children) on whom person is likely to be dependent for well-being, economic or otherwise
	6	Lives with parent(s) or with parent(s) and siblings
Most restrictive	7	Lives in an institution (e.g. nursing home, chronic care hospital, rehabilitation facility)

TABLE 15.2 DEJONG'S PRODUCTIVITY STATUS OUTCOMES

<i>Ranking</i>	<i>Employment</i> <i>Is person working?</i>	<i>School</i> <i>Is person going to school?</i>	<i>Organizations</i> <i>Is person participating in a community organization</i>	<i>Homemaking</i> <i>Is person participating in homemaking activities?</i>	<i>Leisure</i> <i>Is person participating in active leisure-time pursuits?</i>
1	Yes, full-time, at least 32 h/week	Persons with this outcome may or may not be participating in these 3 activities. None with this outcome participates in all three activities.			Yes
2	Yes, part-time, less than 32 h/week	Persons with this outcome participate in at least 2 of these 3 activities			Yes
3	No	Yes	Yes	Yes	Yes
4	No	Yes	No	Yes or No	Yes
5	No	No	Yes	Yes	Yes
6	No	No	No	Yes	Yes at least 15 times per month
7	No	No	Yes	No	Yes
8	No	No	No	Yes	Yes less than 15 times per month
9	No	Persons with this outcome go to school or participate in organizations but <i>not</i> both		No	No
10	No	No	No	No	Yes at least 6 times per month
11	No	No	Yes or No for organizations and homemaking	No	No or Yes, but less than 6 times per month
12	No	No	Yes	Yes	Yes less than 6 times per month
13	No	No	No	No	No

INDIVIDUAL ASSESSMENT/PROGRESS FORM (Form 2)

Name: _____ Reg.No: _____

Community: _____

District: _____ Local Facilitator: _____

Type of disability: _____

Sex: _____ Age at start: _____ First assessment date: _____

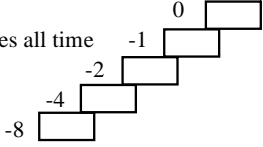
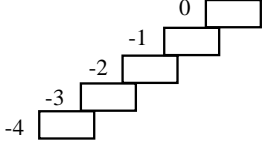
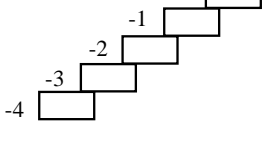
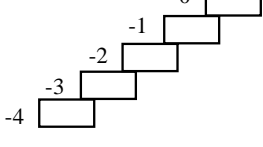
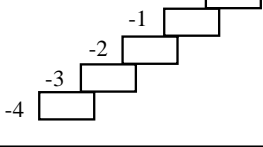
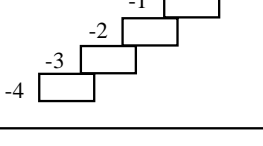
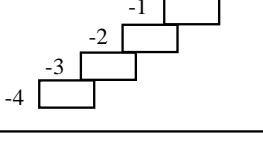
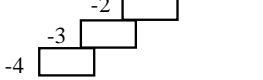
Training started: _____ Family Trainer: _____

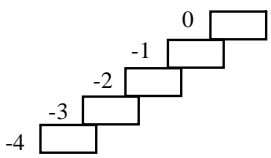
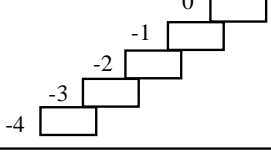
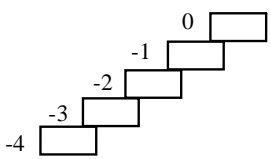
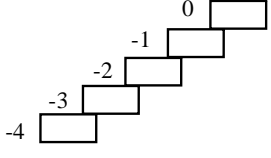
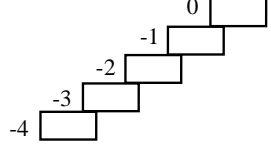
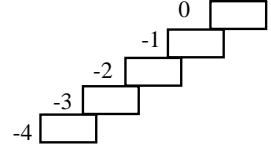
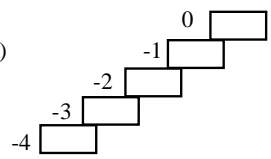
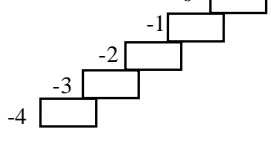
Training finished: _____ Observation continues: Yes: No:

Summary	TOTAL POINTS FUNCTION/ACTIVITY LIMITATIONS:
At start	<input style="width: 50px; height: 20px;" type="text"/> Date: <input style="width: 100px; height: 20px;" type="text"/>
After 3 months	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/>
After 6 months	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/>
After 9 months	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/>
After 12 months	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/>

FUNCTION/ACTIVITY	LEVEL
1. Feeds himself or herself? (including eating & drinking) (Over 2 years)	Alone With little help With some help or sometimes With a lot of help Not at all <div style="text-align: right;"> 0<input style="width: 30px; height: 15px;" type="text"/> -1<input style="width: 30px; height: 15px;" type="text"/> -2<input style="width: 30px; height: 15px;" type="text"/> -3<input style="width: 30px; height: 15px;" type="text"/> -4<input style="width: 30px; height: 15px;" type="text"/> </div>
2. Keeps himself or herself clean? (including washing, bathing and cleaning teeth) (Over 2 years)	Alone With little help With some help or sometimes With a lot of help Not at all <div style="text-align: right;"> 0<input style="width: 30px; height: 15px;" type="text"/> -1<input style="width: 30px; height: 15px;" type="text"/> -2<input style="width: 30px; height: 15px;" type="text"/> -3<input style="width: 30px; height: 15px;" type="text"/> -4<input style="width: 30px; height: 15px;" type="text"/> </div>
3. Dresses and undresses? (Over 2 years)	Alone With little help With some help or sometimes With a lot of help Not at all <div style="text-align: right;"> 0<input style="width: 30px; height: 15px;" type="text"/> -1<input style="width: 30px; height: 15px;" type="text"/> -2<input style="width: 30px; height: 15px;" type="text"/> -3<input style="width: 30px; height: 15px;" type="text"/> -4<input style="width: 30px; height: 15px;" type="text"/> </div>
4. Uses latrine? (Over 2 years)	Alone With little help With some help or sometimes With a lot of help Not at all <div style="text-align: right;"> 0<input style="width: 30px; height: 15px;" type="text"/> -1<input style="width: 30px; height: 15px;" type="text"/> -2<input style="width: 30px; height: 15px;" type="text"/> -3<input style="width: 30px; height: 15px;" type="text"/> -4<input style="width: 30px; height: 15px;" type="text"/> </div>

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<p>5. Controls urine and faeces? (Over 4 years)</p>	<p>Controls both all the time Controls urine most of the time, faeces all time Frequent problems to control urine Cannot control urine at all Cannot control faeces</p> 
<p>6. Understands simple instructions? (Over 1 year)</p>	<p>Easily With little difficulty With some difficulty With great difficulty Not at all</p> 
<p>7. Expresses needs? (Over 1 year)</p>	<p>Easily With little difficulty With some difficulty With great difficulty Not at all</p> 
<p>8. Speaks? (Over 2 years)</p>	<p>Easily With little difficulty With some difficulty With great difficulty Not at all</p> 
<p>9. Understands movements and signs for communication? (For hearing impaired) (Over 2 years)</p>	<p>Easily With little difficulty With some difficulty With great difficulty Not at all</p> 
<p>10. Lip reads? (For hearing impaired) (Over 2 years)</p>	<p>Easily With little difficulty With some difficulty With great difficulty Not at all</p> 
<p>11. Uses movements and signs for communication which others understand? (For hearing or speech impaired) (Over 2 years)</p>	<p>Easily With little difficulty With some difficulty With great difficulty Not at all</p> 
<p>12. Sits? Including sitting up from lying down with technical aid. (Over 6 months)</p>	<p>Alone With little help With some help or sometimes With a lot of help Not at all</p> 

<p>13. Stands? Including standing up from sitting. (Over 1 year)</p>	<p>Alone With little help With some help or sometimes With a lot of help Not at all</p> 
<p>14. Walks at least ten steps? (With help of walking aids) (Over 1½ year)</p>	<p>Alone With little help With some help or sometimes With a lot of help Not at all</p> 
<p>15. Moves inside the home? Including walking, crawling, using trolley, wheelchair etc. (Over 1½ year)</p>	<p>Alone With little help With some help or sometimes With a lot of help Not at all</p> 
<p>16. Moves around the village? Including walking, crawling, using trolley, wheelchair etc. (Over 4 years)</p>	<p>Alone With little help With some help or sometimes With a lot of help Not at all</p> 
<p>17. Has aches and pains in the back or the joints? (All ages)</p>	<p>Very rarely or not at all Sometimes but can still work Disturbs work but not sleep Disturbs sleep Cannot work at all because of pain</p> 
<p>18. Plays like other children at the same age? (Only for under 10 years)</p>	<p>Yes Plays slightly below his/her age Plays much below his/her age Plays very much below his/her age Does not play at all</p> 
<p>19. Shows strange or unusual behaviour? (Over 10 years)</p>	<p>Never Yes, but rarely (once a month or less) Yes, sometimes (once a week) Yes, often (every day) Yes, regularly (several times a day)</p> 
<p>20. Has fits? (All ages)</p>	<p>Never Yes, less than 3 times/year Yes, about once a month Yes, about once a week Yes, daily</p> 

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<p>21. Goes or has gone to school? (For children of school age)</p>	<p>Yes, in a regular class Yes, in a special class/unit in a regular school Yes, in a special school/institution No, but has only received informal education No, has not received any education</p> <p style="text-align: right;">0 -1 -2 -3 -4</p>
<p>22. Performance in school? (contact the teacher) (For children of school age who attend regular schools)</p>	<p>Average Below average Much below average</p> <p style="text-align: right;">0 -2 -4</p>
<p>23. Joins in family activities? (Over 2 years)</p>	<p>Yes, very actively Quite a lot Sometimes Very seldom Not at all</p> <p style="text-align: right;">0 -1 -2 -3 -4</p>
<p>24. Joins in community activities? (Over 6 years)</p>	<p>Yes, very actively Quite a lot Sometimes Very seldom Not at all</p> <p style="text-align: right;">0 -1 -2 -3 -4</p>
<p>25. Does household activities? (Over 6 years)</p>	<p>Yes, all A lot but not all Some, but not all Very few Not at all</p> <p style="text-align: right;">0 -1 -2 -3 -4</p>
<p>26. Has sufficient skills for income generation? (Over 15 years)</p>	<p>Yes, for qualified job Yes, for moderately qualified job Yes, for simple job No</p> <p style="text-align: right;">0 -1 -2 -4</p>
<p>27. Has a work or has an income? (Over 15 years)</p>	<p>Full-time work with adequate income for his/her needs Full-time work but inadequate income for his/her needs Part-time work or seasonal work or some income Very infrequent work or income No work and no income</p> <p style="text-align: right;">0 -2 -4 -6 -8</p>
<p>28. Protection against violence and abuse. (All ages)</p>	<p>Does not need protection or is fully protected at all times Protected most of the time Some protection some of the time No protection and needs it</p> <p style="text-align: right;">0 -2 -5 -8</p>

b) Quality of community participation

There is no doubt that community participation is very important⁵. (Box. 15 4.)

Box 15.4. COMMUNITY PARTICIPATION

The Saemaul Undong movement in South Korea in the 1970s “was a major attempt at social mobilization in which people work together in order to construct better and richer villages, and as a consequence, a richer and stronger nation.... It was a nationwide, integrated, rural development movement based on the ‘spirit of diligence, self-help and co-operation’. ... Support from the government was given mainly in the supply of materials or equipment, and with administrative and technical assistance.”

“Official reports indicate that during the first five years of Saemaul Undong, between 1971 and 1975, villagers built: 24,645 miles of village roads; 25,761 miles of farm roads; 50,952 small bridges; 83,023 irrigation ponds; 11301 dykes; 1570 water channels; 27,051 village halls; 13,258 village warehouses; 372 village factories; and 11235 water-supply systems. They carried out reforestation projects covering 3,965,500 acres of land and installed 10,429 village telephones. They accumulated US\$ 456,875,000 in agricultural co—operative savings, US\$ 46,666,000 in fisheries co-operative savings and US\$ 55,416,000 in village credit union savings. The government invested about US\$ 579 million on these Saemaul projects and the value of completed projects is estimated at about 2.5 times the government spending. This accumulation process at the base of the South Korean economy was cost-effective, kept the people’s surplus in the people’s hands and generated a second major stream of small- and medium scale labour-intensive development activity.... Created an additional market for the goods produced in the modern industrial sector.” Giving a more active role to village assemblies better solved the problems.

The Bangladesh Rural Advancement Committee managed better than the authorities to operate primary schools. This was because the teachers were recruited from the villages and were made responsible to parents committees. The latter also gave land and equipment and were involved in the daily and annual scheduling of the school programme.

The Orange pilot project in a Karachi slum concentrated on setting up basic sanitary systems. It started in 1980 and 10 years later the Project had involved 28,000 families in the construction of 131 Kms of underground sewers and 28.000 latrines/ It built schools and started development programmes for women. The costs of more than US\$ one million, was almost entirely financed by those who lived in the slums.

b) Quality of community participation

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Box 15.5 shows the spectrum of considerations that faces the outside “expert”, who tries to set up a programme in a developing country⁶. The conclusion is that expatriates rarely will acquire the skills to set up community development projects with the necessary quality. This is a matter for the nationals.

Box 15.5. PARTICIPATION IS NOT A ROCKET SCIENCE

There is no quick fix to problems related to poverty - and in the society of the poor, disabled people are the perhaps largest group “Dichter states “when the reams of papers on the subject are put aside, development professionals know ho to foster it:

- help people reflect on their own condition;
- speak their language (this means not only linguistics, but culture, style, values and power);
- live with (or at last spend time with) them;
- take their interests and values into account;
- respect them as individuals;
- find ways to get them to have a stake;
- train them;
- create appropriate award structures;
- pay attention to detail;
- take adequate time;
- do you homework.’

Participatory planning takes time, often a lot of time. NGOs restricted to low overheads, have little money of their own for project development and the sort of feasibility analysis that would include real consultation and participation. And the governmental benefactors of NGOs rarely provide it either.... Blueprint planning, 'logical framework analysis', target-based budgets and the project cycle favoured by most large donor agencies impose a rigidity on the implementation process that also works against reflection and adjustment that are inherent aspects of real community participation. And donor reporting requirements are usually inimical to a participatory approach.

What would it take to get those of us, who talk and write about participation to actually participate /ourselves/ in something like a road or a health clinic, initiated by an outsider. Our answers would be obvious:

- a sense that we are respected;
- a sense that we will be heard when we have something to say (such as are the road and the health clinic for us?);
- a sense that we are treated fairly and that we understand the rules;
- a sense that following the rules will bring about the desired effect;
- a sense that we will get something in return for our participation;
- a feeling of confidence that /there will not be/ any unfair trade-off in return for what we are getting.

Outsiders can complement the nationals' skills in management, modern problem-solving pedagogy and other areas: or with one word *capacity-building*.

To measure the quality of participation (organisational sustainability), the following questions should be taken into account⁷:

- a) is there a community committee or similar, which is responsible for the management of the local programme and meets regularly?
- b) has training been given to the committee members to carry out their functions?
- c) does the community contribute any of their own resources?
- d) do the committee members take part in all the assessments of each disabled person?
- e) have committee members been helpful with income generation projects?
- f) are the local teachers involved, do they accept children with disabilities in the regular school classes? How many disabled children are not going to school at primary school age?
- g) is there a local association of disabled persons and of the parents?
- h) do human rights of disabled persons receive attention as part of the CBR programme? Have these matters been discussed with the community leaders? Which are the changes brought by the CBR programme?

c) *Quality of sustainability.*

It is useful to distinguish between several components of the sustainability concept:

- technical sustainability: Does the programme use a technical manual that describes in detail the tasks to be done (such as TCPD)? Does each Local Facilitator have this manual, and has it been translated to the local language? Is the LF trained in using this Manual?
- cultural sustainability: Have the community members been given enough time to discuss and influence what they see as issues related to disability? Have all stakeholders been involved? Are there conflicts in the community, which will influence the outcome of the CBR programme?
- financial sustainability: Will the funding of this programme remain in place? Are only national resources used for service delivery costs?

d) *Quality of planning*

Quality of planning affects seriously many CBR projects. Here are many questions, such as:

- are the training programmes sufficient, so the personnel will carry out the work with expected quality?
- will the personnel recruited have time to do the job? This is especially important, when CBR tasks are added to an already existing category of personnel, such as health or social workers.
- is the budget accurate, not too little and not too much?

- if the programme is to be scaled up, have all the constraints been analysed? (see p.166)

e) *Quality of policy-making*

Policies and legislation are important tools. Questions are:

- what legislation existed at the initiation of the CBR programme? Was this adequate? What changes are needed? When will they be introduced? Do the authorities need cooperation in policy-making?

2. *METHODS FOR COST CONTROL*

In Chapter 12 a number of examples have been given about cost accounting. These or other relevant methods should be used. It will be necessary to calculate, based on real expenditure

- a) the costs for programme development. This includes public education programmes, media coverage, distance dialogue programmes, and so on.
- b) the costs for training of personnel, these should be done separately for ILSs and LFs.
- c) service delivery costs, these include personnel, transportation, equipment etc.

Costs are not always equal to expenditure, as some items may be donated, such as voluntary specialist services and vehicles. Donations if they include components needed for training or service delivery should be included in the costs, using the shadow cost technique.

3. *INDICATORS OF COST-EFFECTIVENESS*

It is proposed to calculate the following indicators of cost-effectiveness:

- (i) cost of training of an ILS
- (ii) cost of training of a LF.
- (iii) cost of service delivery per capita of the population served.
- (iv) cost per disabled person, receiving services
- (v) cost per step of progress.

The management should request these indicators. They should be presented to and discussed by the communities involved and by the authorities in charge of the CBR programme. It will allow the management to monitor the costs and compare the quality of subprogrammes, for instance carried out in different districts.

COMMENTS AND REFERENCES

¹ G. DeJong, *ibid.*

² K.A. Goschen and J. Gargaro, *ibid.*

³ More details appear in E Helander, *Cost, Effectiveness and Efficiency of Rehabilitation Programmes*, UNDP, 1999.

⁴ For an example see thesis by Sebeh, Chapter 14.

⁵ P. Wignaraja: *Poverty Eradication: lessons from China and South Korea in the 1950s and 1960s*. ISSJ 148/1996, UNESCO, Paris. page 192

⁶ I. Smillie: *The Alms Bazaar*. The International Development Research Centre, Ottawa. 1996.

⁷ For more details see, T. Jonsson: *OMAR in Rehabilitation. Operations Monitoring and Assessment of Results*, UNDP Geneva, 1995.