

## **EDITOR'S COMMENT**

Aid is a dangerous drug that can stimulate in small doses, but becomes fatally addictive in large doses. Donor aid is very comforting for most recipients. It passes through intermediaries such as governments and non-governmental organisations to the ultimate beneficiaries, the 'people', without the provider ever coming in direct contact with the receiver. During the initial stages of this process most aid-givers start with stiff conditions for programme implementation. But very soon they find that their disbursement schedules are falling behind and as a result disbursements become accelerated for fear of being left with the undistributed allocations. This phenomenon promotes a curious relationship between the donors and the recipients. In the beginning recipients are ready to commit to the yearly pledges easily. But they backtrack on these conditions very soon. This is followed by a new set of meetings between the donor and the recipient, where the donor goes prepared to make sharp criticisms about the poor implementation schedules. At these meetings however, the recipient mollifies the donor with sufficient placatory responses and the cycle starts again. When these cycles are repeated often, the effectiveness of the intermediary gets reduced gradually. They lose their focus from the programme goals and direct their efforts to sustain the organisation rather than the 'people' they serve. At this point in time the programme becomes counterproductive. For effective implementation of development programmes many people believe that the only way out is regular monitoring and evaluations.

The fields of health and education have a long tradition of periodic evaluation of their international programmes by consultants, singly or in teams, for periods as short as weeks to longer periods of months. The scale and scope of evaluations vary depending on the purpose and the size of the programme. Many different methods are used for evaluations of these programmes. By now, many different systems and standards are already established in these fields to assess the progress in a transparent manner. However, Community Based Rehabilitation (CBR), being a relatively young field with poorly defined processes and performance indicators, currently lacks these systems and standards. There has been an emerging interest by different groups to identify suitable performance indicators for CBR. This stream of research is still in its early stages, and is hindered by the lack of well-defined processes for CBR to compare between programmes.

During many assignments carried out by the author, it was noticed that requisitions for CBR evaluations are often made before adequate preparations for the study were carried out. Many requisitions are made before the purpose of the evaluations is clear. Some are over-inclusive in their goals in spite of insufficient resources to fulfil these expectations. Resources are sometimes not adequate to match the expected level of accuracy of the methodology. On many occasions biasing influences from different quarters are not avoided. As a result of these inadequacies in preparation, the reliability and validity of the findings become questionable. The author suggests that CBR evaluations should lay out their methodology explicitly and also state the limitations of the study. In course of time, transparent and accountable methodologies used in CBR evaluations will accumulate sufficient data to identify acceptable performance indicators and to set adequate systems and standards.

Starting with this issue, APDRJ intends to publish brief articles on subjective experiences of persons with disability, whenever such articles are available.

**Dr. Maya Thomas**  
Editor

J-124 Ushas Apts, 16th Main, 4th Block, Jayanagar  
Bangalore – 560 011, India

Tel and fax: 91-80-6633762, Email : thomasmaya@hotmail.com