

Monitoring of community-based rehabilitation as empowerment: experiences from the Asia Pacific region

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The learning community experiences of a team of practitioners and academics provide the context for a discussion of the role of empowerment in monitoring community-based rehabilitation (CBR) programmes. The theme is monitoring as a source of empowered knowledge. The idea of empowerment is traced from the origins of CBR as a societal response to global injustice in health care, to its complex and unfinished expression in CBR practice, and on to its problematic impact on traditional monitoring practices. It is suggested that knowledge systems are socially constructed to serve the powerful, and that other social constructions are necessary to serve programmes designed to empower the oppressed. An innovative path is suggested for the development of an appropriate monitoring tool in a social justice frame that would strike a balance between external support and local control in CBR. The translation of empowerment into such a knowledge system is described through the developmental history of a monitoring toolkit built within the social justice frame. Designing and building the CBR Monitoring Manual & Menu (MM&M) brought academics and practitioners together as a learning community. The tool and community have completed the first iteration towards good practice in evidence-based monitoring, but more importantly, their work continues through on-going, and empowered discourse. The reflection on monitoring and empowerment resolves in lessons learned and an understanding that empowered knowledge lies in the people who design the system that defines it, and that monitoring is empowerment when people, process, and knowledge are united in community.

Keywords: community-based rehabilitation; empowerment; monitoring; World Health Organisation; manuals; social justice; Vietnam: Laos: Philippines; Fiji; Papua New Guinea; Solomon Islands; Timor Leste

The Alma-Ata declaration of 1978 provided a powerful rationale for the development of community-based rehabilitation (CBR) in its rebuke of the global failure of traditional western

approaches to healthcare in low- and middle-income countries (Hall & Taylor, 2003; World Health Organisation, 1978). Alma Ata framed the health disparity of underserved populations as social justice denied. It recognised that health and health service fail as a consequence of oppression, strife, poverty and other social ills. It proclaimed that clean water, nutritious food, primary education and meaningful livelihood were essential to community and individual health. Alma Ata declared health a human right and healthcare a community responsibility.

This call for an empowered community role in healthcare led to the World Health Organisation CBR response. The core CBR innovation was a grassroots approach to service and community development. CBR control and vision are vested in the local community. Community stakeholders design, build and sustain services for community use. Thus they lead in the development and implementation of CBR services. Early CBR services developed within the context of health, narrowly defined. Health sector success led to a proliferation of CBR health-related programs. CBR dissemination across the other key development sectors (i.e. health, education, livelihood, and social; see CBR Guidelines 2010) followed.

The global popularity of CBR is a testament, of sorts, to Alma Ata. Empowering practice is a logical step forward in a rights-based health care context. The Alma Ata message resonates through CBR programmes around the world. But the message is weak. CBR may be a widely acclaimed practice, but it is not a strongly evidenced one. The 'World Report on Disability' (2011) criticized CBR's voluminous anecdotal success stories as a weak proxy for rigorous research. Dependence on anecdotal evidence suggests a deep knowledge problem built into CBR's empowering design. The problem can be traced to the idiosyncratic nature of locally created and controlled programmes (now operating in every sector of community and individual health). CBR's natural diversity has been a barrier to the development of monitoring and evaluation tools that could facilitate systematic research of global practice. The challenge for CBR researchers is to construct tools that serve both the global validation needs of the model and the extremely diverse and fluid needs of local stakeholders (Lukersmith 2013).

The CBR 'Monitoring menu & manual' (MM&M) (Madden et al 2014) proposes a unique solution to this tool design dilemma. The MM&M is a toolkit of principles, processes and standardised data items designed to enable local practitioners to build customised monitoring systems and practices, fit for local purpose, within a unifying framework that spans all CBR programmes. The MM&M's empowering design emerged from an empowering process. The research team at the Centre for Disability Research and Policy conceived a participatory process that required full partnership of CBR managers as the fundamental source of local CBR expertise and as colleagues in monitoring tool design. The CBR partnership began in design, continues through the pilot phase, and will expand in future revisions.

The sustained MM&M partnership is a learning community, and true to principle, this collaborative manuscript is a community project. Authorship is an extension of our community discourse around CBR monitoring. In this manuscript we describe CBR monitoring as a source of empowered knowledge. We explore this proposition through the lens of our partnership experience. With the development of the MM&M as the context, we will identify roots of empowerment in CBR; describe the relationship between monitoring, knowledge, empowerment in CBR; and consider the practitioner experience with the MM&M as a means to empower their programmes and communities.

Empowerment as the unifying and signature component of CBR

Empowerment is pervasive in the CBR Guidelines (World Health Organisation 2010a) and made explicit as the final and unifying component of the CBR matrix. The empowerment component is special in that it does not represent a particular development sector. Instead, empowerment stands as an essential component of the CBR experience across development sectors. In the introduction to the CBR Guidelines, practitioners are encouraged to ‘...facilitate the empowerment of people with disabilities and their families by promoting their inclusion and participation in development and decision-making processes’ (World Health Organisation 2010a: 12). The emphasis on empowering processes guides activity in all CBR initiatives, including monitoring and evaluation.

In the preamble to the final component (i.e., ‘empowerment’), CBR is differentiated from traditional ‘medical model’ rehabilitation by its approach to the power relationships between practitioners and the communities they serve. In the community-centred model of CBR, the practitioner shifts the emphasis of their role from practitioner-as-authority to practitioner-as-resource. This represents a profound realignment of the meaning and transactions of knowledge in the healthcare sector. In the medical model, knowledge and expertise are the province of the practitioner. The person or family served are treated as passive sources of information to be gathered, processed, and pronounced as knowledge by the practitioner. In CBR, the person and family are experts of their own experience, partners in the formation of knowledge surrounding support and care, and the most proximal judges of service impact. Practitioner expertise is channelled into ‘...empowering people with disabilities, their family members and communities to facilitate the mainstreaming of disability across each sector and to ensure that everybody is able to access their rights and entitlements’ (World Health Organisation 2010f: 1). The CBR practitioner role is systemic advocacy. Healthy community change comes from the grassroots.

The introduction and preamble quotations cited above bookend the CBR Guidelines.

Empowerment is the starting point for CBR programme development, functions as an organising principle of programme management, and describes a quality of the desired programme outcomes. However, the term empowerment is never concisely articulated or specifically defined. The exact meaning of empowerment in CBR varies across cultural and service contexts. It is difficult to pin down. In lieu of a universal definition, the CBR guidelines offer a working list of descriptors to capture the range of cross-cultural meanings, such as: 'having a say and being listened to, self-power, own decision-making, having control or gaining further control, being free, independence, being capable of fighting for one's rights, and being recognized and respected as equal citizens and human beings with a contribution to make' (World Health Organisation 2010f: 1). Empowerment within CBR is further described by the qualities of desired outcomes:

- 'People with disabilities are able to make informed choices and decisions.
- People with disabilities are active participants and contributors in their families and communities.
- Barriers in the community are removed and people with disabilities are accepted as people with potential.
- People with disabilities and their families are able to access development benefits and services in their communities.
- People with disabilities and their family members come together, form their own groups and organisations, and work towards addressing their common problems'. (WHO 2010f: 3)

Lack of definition is a tacit recognition that empowerment is a complex social phenomenon expressed through power relationships – and that CBR's grasp on it is still a work in progress. This experiential portrait of empowerment will be refined and articulated as CBR stakeholders facilitate '... the empowerment process by promoting, supporting and facilitating the active involvement of people with disabilities and their families in issues that affect their lives' (World Health Organisation 2010f: 3), and reflect upon the empowerment outcomes of such collaboration.

Finding empowerment in action

The CBR definition of empowerment will continue to evolve through the global CBR pursuit of social justice for people with disabilities and their families. As an instrument of social justice, empowerment is expressed in the active rejection of oppression and disenfranchisement of minority groups (Lewis 2014) and advocacy for a more just and inclusive society. The artefacts

of empowerment can be found in policy, the design of physical spaces, and the traditions of culture. Empowerment is realised through community action. Raising awareness, disseminating information, building capacity, facilitating peer support, enhancing participation and collaborating in alliances and partnerships are recognised as the basic tasks of empowerment in CBR (World Health Organisation 2010f). They combine in basic knowledge processes that frame strategic CBR activities.

- **Advocacy and communication:** facilitating the development of self-advocacy and communication skills as personal aspects of applied empowerment. Skills to be learned include: a) deciding what you want; b) communicating your desires to others; and c) changing your environment in ways that serve you. CBR facilitates community development that provides information, opportunity, and support for the self-advocacy efforts of people with disabilities and their families.
- **Community mobilization:** engaging community at the organisational level, working through groups of people to challenge negative public attitudes towards disability, build community support for CBR programmes, and advance community inclusion in every public function. Community mobilization includes outreach and partnerships with organisations beyond the CBR circle. The objective is to build broad commitment to social justice and expanding community ownership of CBR vision, growth, and sustainability.
- **Political participation:** creating access to political representation at all levels of governance and all social spheres. Programmes increase participation and influence by removing voting barriers, advocating for representation on boards and committees, leadership training, and insuring that people with disabilities and their families are included in the development of policies that effect their lives, 'nothing about us without us'.
- **Self-help groups:** supporting individuals and families in forming groups that share resources, solve common problems and support each other in self-advocacy efforts. CBR supports collective empowerment by supporting the development of self-help groups around individuals with abilities and their families, engaging these collectives in the planning, implementation of CBR or other related services. CBR supports groups, and coalitions of self-help groups that may then speak more forcefully on policy issues at regional and national levels.
- **Disabled People's Organisations (DPOs):** partnering with DPOs on the larger, empowered vision. DPOs are CBR's peak body partners in all communities. Where they already exist, CBR programmes seek them out and seek their direction in future planning. Where they do not exist, CBR makes the establishment of a DPO a priority. Where local

partnerships are established, CBR moves to extend their network and influence to regional and national DPO groups.

Empowering strategies play out differently in each of the development sectors set out in the CBR Guidelines and Matrix, but with a unified objective: Full inclusion and participation of people with disabilities and their families. These are aspirational statements of ideal CBR practice across sectors.

- **Inclusive psychological and physical health:** does not discriminate in access to services or essential medicines required. Community-based health care is supported by healthy environments. Service is free from non-consensual treatment of any kind and respect in all transactions. People with disabilities and their families are full participants and decision-makers in all aspects and all levels of their health care, present and planned (World Health Organisation 2010b).
- **Inclusive education:** encompasses lifelong education at every level, for every purpose and in all of the contexts (family, community, schools, and institutions, and society) in which it is naturally found. People with disabilities are afforded the opportunity to maximise their academic and social development, and provided the support necessary to achieve it (World Health Organisation 2010c).
- **Social inclusion:** encompasses full participation in the activities and relationships of all social spheres. People with disabilities and their families have a right to the social and collective identity, self-esteem, and status that come with community membership. Among these social spheres, the guidelines identify accessible justice as key to self-determination and a pre-condition of empowerment (World Health Organisation 2010d).
- **Inclusive livelihood:** encompasses the self-directed pursuit of valued vocations for individuals and families. Through vocation, they are empowered to meet necessities of daily living, improve their economic and social situations, and generate opportunities for growth and development. Inclusive livelihood is developmental. Its focus shifts over time from the preparatory needs of youth to the evolving needs of adults in community. Inclusive livelihood is dependent upon community support from the other development sectors (World Health Organisation 2010e).

The ideal vision of inclusive practice in CBR is quite detailed. Its practical expression in the particular programmes is vastly complex. Mapping the gap between the ideal and real practice is a key CBR monitoring goal at global and local levels.

Monitoring, knowledge, empowerment and CBR

The WHO's criticism of CBR's weak evidence base and subsequent call for research solutions (Finkenflugel 2005; Hartley 2009; Iemmi 2015) provided impetus for the development of the Monitoring Manual and Menu (MM&M). The MM&M empowerment perspective took shape in the African CBR network discussions that followed the launch of the CBR Guidelines in 2010. Here, the MM&M lead author (see Madden et al, 2014) noted the complementary relationships between the Convention on the Rights of Persons with Disabilities (CRPD), the CBR Guidelines, and the International Classification of Functioning Disability and Health (ICF):

- The CRPD established a human rights framework for conceptualising and pursuing social justice.
- The CBR Guidelines translated CRPD principles into empowering and sustainable local practice.
- The ICF provided the knowledge management framework that could describe the impact of CBR practice on advancing CRPD aspirations.

She reasoned that a synthesis of the three was the key to unlocking systematic and comparable evidence from idiosyncratic programmes. She would posit, through the development of the MM&M, that locally controlled knowledge management was a viable means to empowerment for local CBR programmes and its global practice.

CBR monitoring has historically been controlled by international experts who impose their external protocols and indicators upon a passive host community (Lukersmith 2013). The monitoring strategies of international experts tend to serve traditional power structures. Monitoring in the social justice frame (as advanced by the MM&M) would instead need to strike a balance between external support (of government, national and international non-government organisations) and local control. Maintaining this balance would require strong and influential local leaders who represent the collective voice of CBR stakeholders. Community partnerships would be required to manage local CBR resources and include people with disabilities in policy discussion and programme decisions. Monitoring in the social justice frame would be a means to community ownership through local participation and control of the knowledge management cycle. CBR monitoring would have to change. To create a tool like the MM&M, the focus would need to shift from dependency on external support to best use of local resources to design and implement local monitoring systems.

Monitoring manual and menu: empowering by design

MM&M toolkit design followed a participatory research approach (see Madden 2015) for a comprehensive discussion of method), engaged by a learning community of CBR practitioners and academics. The iterative workshopping process that produced the MM&M was informed by systematic review of relevant literature (See Madden et al. 2014; Lukersmith et al. 2013) and driven by a collaborative discourse among CBR academics and practitioners.

Practitioners from 7 Asian and Pacific countries participated across two developmental workshop events. The practitioner participants self-selected into the workshops as leaders in local CBR monitoring improvement efforts. The developmental workshops focused on drawing out a monitoring strategy from practitioner experience and building the tool (MM&M) fit for purpose. The workshops synthesised the expert practice, experience and theoretical knowledge of participating practitioners and academics. Workshop activities integrated the CBR matrix with the International Classification of Function (ICF) taxonomy, and tacit knowledge emerging from group discourse. Within the discipline of this frame, the content of the Manual (the instructive guide to building and implementing a monitoring system) and the Menu (catalogue of annotated information items and coding advice) were shaped by the work of participants as they collaborated in the creation of monitoring solutions to real CBR issues.

The workshop experience was challenging for CBR practitioners at first. They initially wrestled with the fact that the university team did not propose ready answers to monitoring questions. Moving from ambiguity to vision required patience, trust, and a responsive process. Because the MM&M toolkit and its monitoring applications were co-developed in the workshop's group processes, participants had to share meaningful stories about their work and actively listen to the issues faced by their colleagues from across the region. Strong working alliances were formed in the sharing. The core of this social learning strategy was a cycle of planning, acting, and reflecting that kept each member of the workshop actively engaged in simultaneously building their own local monitoring systems and developing the MM&M toolkit.

Two themes emerged among CBR practitioners as the workshop progressed. First, each programme's monitoring scheme began to differentiate based on local needs. Second, practitioners began to actively own the MM&M's development process. One particularly noteworthy event was the development of the 6th guiding principle for the Manual: Use networks to sustain and build capacity for monitoring activities. Practitioners created and championed this principle as a set of highly valued qualities of CBR monitoring. They coined a name for this principle that reflected their collective identity as Pacific Island nations. The '7C's' are: collaboration, commitment, cooperation, control, creativity, communication and coordination.

A learning community grew as practitioner role expectations shifted from passive recipients to active creators of knowledge, as individual CBR monitoring strategies began to take form, and as the MM&M evolved. The social bonds that formed in the workshop continue to influence the partnerships among CBR programmes and the university team today – and intentionally so. An online group space was set up as a communication hub for all programmes currently implementing the MM&M version 1.0. This hub serves on-demand communication between core partners and offers peripheral entry to new CBR partners that have interests in adopting the MM&M toolkit and joining the network. This emerging community of practice opens new opportunities for scaling-up the MM&M, and longitudinal action research that will continue to define and refine the MM&M over time.

Empowering implications from the learning community

CBR practitioners from the Asia Pacific region have been full partners in the co-creation of the MM&M. Among these, our partners in Vietnam, Laos, Philippines, Fiji, Papua New Guinea, Solomon Islands, and Timor Leste attended the workshops that generated the MM&M (version 1.0) and have gone on to pilot the MM&M in their respective communities in varied ways. Their experience through this process provides us with the best perspective on empowerment in monitoring. What follows is a synopsis of partner descriptions of the MM&M experience. At several points, direct quotes from practitioner emails are used, to emphasise their perspective.

Building tools and networks

The workshop provided an opportunity to deepen relationships among regional CBR programmes and to expand their support network to include the academic team. As we focused collaboratively on co-creating the MM&M, we were also building a learning community. The workshop opened with a sharing of stories and free discussion of monitoring experiences. There was a sense of comfort in working with like-minded people and a natural motivation to share expertise. In sharing, practitioners began to tap into the wisdom of the group and all felt they had learned valuable techniques and insights from the peer exchange.

Practitioner partnership with the academic team was valued and important, but in different ways and for different ends. In the sessions, the value of the academic team was facilitating group process, the delivery of interspersed presentations, and a more consultative, person-to-person role in pursuing topics of interest. For example, the ICF was a topic of interest for the Pacific Island programmes in general. The integral nature of the ICF in the MM&M and in the workshop training provided a practical setting for practitioners to extend their capacity to apply the classification system in meaningful ways. The post-workshop role for academic team

members shifted emphases to on-demand support as a resource 'on tap'. The primary value of the academic team at this time has been in sponsoring the continuing dialog via the online group space.

Textbox 1

'[The workshop] was very interactive which allowed me to think and say that I owned the process. This encouraged me to share my experiences, knowledge and insight as a woman with visual impairment working in various disability organisations at community/national and regional/international levels'. - ST (Fiji)

The academic team valued practitioner partnership for what they taught in return. Practitioner dialog grounded academic conceptualising in the lived experience of CBR. The process orientation of the workshops created a safe place for academics to adapt to the novel expert-as-resource role in the same space where practitioners began to exert control over monitoring design. The affective dimension of the learning experience also served the cause of monitoring in CBR, if by an indirect path. During the breaks, there was a sharing of stories, songs, dance, laughter and food, where all could step out of their workshop roles and simply be people for a time. The socioemotional bonds of friendship are formed in these moments. Beyond the collegial, friendship strengthens community, and action research encourages it. Empowerment in the search for knowledge leads to what Nowotny, Scott, and Gibbons (2001) called the 'coevolution of society and science' (p. 30). One might conclude that the solutions we seek would remain hidden without it.

The applied MM&M toolkit

The CBR Monitoring Manual & Menu (version 1.0) is now freely available on the internet (<http://sydney.edu.au/health-sciences/cdrp/projects/cbr-monitoring.shtml>). The Manual discusses empowerment overtly in the monitoring scheme. The Menu organises its entries across four broad groups (i.e., Person, Organisation, Activities, Workforce) and empowerment is included among the identified cross-cutting themes that unite them: (a) empowerment, (b) participation, (c) family and (d) community. The integration of empowerment into the language and system of the MM&M mirrors empowerment's value presence in the CBR guidelines. MM&M is unique as a monitoring system in this regard. CBR practitioners can shape culturally responsive monitoring strategies and choose locally relevant indicators from a toolkit designed by and for the global CBR community.

The development of the MM&M toolkit was a community project. With the completion of version 1.0, community attention turned to application. Each participating CBR manager had developed a customized monitoring strategy through the workshop. Their monitoring solutions were as diverse as their needs, and the experiences they had upon return followed suit. Our colleagues reflected upon early changes that accompanied their efforts to use the MM&M and lesson learned. Empowerment was a theme across all CBR programme experiences.

In Fiji, the MM&M experience has enhanced training initiatives. Sainimli Tawake found the manual useful particularly in working with civil society organisations. She used the manual while working in the Solomon Islands in 2014 while conducting training sessions with trade unions, employers, government agencies and DPOs. The workshop resources continue to inform her trainings and technical consultation to government agencies and DPOs. She used the '7Cs' model (collaboration, commitment, cooperation, control, creativity, communication, and coordination) in a speech to her Deputy Director General. In Fiji, the ICF model of disability embedded in the MM&M has become an effective lens for interpreting the rights of people with disabilities (as guaranteed and defined in the CRPD) into practice.

In Papua New Guinea, the MM&M experience enhanced the use of data and evidence-based planning. Peter Sindu found the cross-cutting themes of the MM&M instructive in his thinking about service classification and the needs of students with disabilities. At a programmatic level, the MM&M has informed the future direction of services. The MM&M was instrumental in the development of the Individualized Education Plan (IEP), Community Based Rehabilitation Case Management Plan (CBR CMP) templates, a database template, and a programming and planning template to track service efficacy in the recently launched five-year plan. These resources are dispersed and evolving throughout the Callan network. The integrated approach to evidence is having a positive impact on monitoring practices. Peter is optimistic that investment in the MM&M will positively impact the long term success of inclusive education programmes.

In Timor Leste, the MM&M experience has enhanced advocacy efforts to expand societal awareness of and commitment to disability issues. Joaquim Soares reported that MM&M resources informed high level governmental meetings with the President, Prime Minister and relevant Ministers in advocating for community inclusion and support for people with disabilities. The MM&M was similarly used in regards to DFAT in efforts to increase funding for the local DPO. At the service level, MM&M inspired initiatives aimed at empowering persons with disability in self-advocacy have also been attributed with positive community development. Of particular note, a self-advocacy project in inclusive education and employment led to the development of a CBR Diploma course at the National University.

Innovative directions

With diverse applications of the MM&M across settings, what is practice for one, may be innovation for another. The sharing of stories among programmes continues in the learning community. New ideas emerge in the sharing and themes begin to integrate into a cogent whole.

Textbox 2

‘CBR programmes need to be encouraged to use the MM&M because information is power. With the MM&M, accurate first-hand information can be gathered that will influence policy makers’ and politicians’ development policies and legislation; and designing, planning, implementation and monitoring of relevant programs. It can also be used to secure funding for programs and services. I am even thinking on how MM&M could be used as a text book in a graduate diploma or undergraduate unit. – ST (Fiji)

Evidence, advocacy, and education have come back to us through MM&M application as value-added outcomes. As the group shares their collective experiences with the MM&M, they have explored the importance of person-centred involvement, the power and evidence of life stories, and the relationship between empowerment and human rights as they translate into practice (e.g., reasonable accommodations). Innovation comes from this community discourse over the MM&M experience. That is to say, CBR practitioners value the MM&M for monitoring and for the community it creates in doing so.

Conclusions

The continued success of the MM&M depends upon its expanding use in the CBR community and the community’s commitment in creating versions 2.0 and beyond. Version 1 is the product of a pilot process that built a learning community and sought to empower its members. To date, the CBR practitioners have primarily been from programmes in the Asia-Pacific region. As their reflections suggest, implementation is positive, but not complete. There is more work, more partnership required to explore what is working in implementation and what is not. The current instrument is a regional creation. Replication in other parts of the world may bring new items for the Menu, new insight into the Manual’s processes, and revisions to the action research methodology that inspired this monitoring innovation.

Reflections on the MM&M experiences of early adopters and co-creators of the MM&M echo the empowerment theme. The academic partners reflecting on their own experiences provide these three insights for the developmental road ahead.

- **The path to an evidence base is through community action.** Empowerment is a value laden quality of social relationships within complex social systems. Sustainable practice and the evidence that supports it requires an evolutionary process of discovery. 'Evidence' will emerge in the themes of successful innovations across diverse contexts over time.
- **The pursuit of empowerment creates community of practice.** Empowerment starts at the person centre of care and support, but to capture it in practice requires that the family be empowered as well, requires then that the community be empowered. Programmes such as CBR soon find that they must be empowered and empowering in design. The construction and continued refinement of the MM&M requires that all stakeholders share their experiences, and in sharing, they become empowered as well. Thus the MM&M in application promotes individual, social and collective empowerment.
- **The MM&M is appropriate for any community development programme predicated on social justice.** The MM&M was constructed in the context of CBR, but MM&M is compatible with any disability-inclusive programme that shares its social justice value. This is the ultimate test of its validity: If CBR truly serves to empower, and if the MM&M truly serves CBR, empowered monitoring will find currency in disability inclusive programmes, regardless of the sector served. Scaling up the MM&M within the Asia-Pacific CBR community continues through iterative collaborations among the participants, and the sharing of experience. The successful expansion of the MM&M beyond this regional effort depends upon the participatory evolution of the tool, the motivation of programmes to pursue social justice in public service, and community support in expanding the professional discourse on monitoring as empowerment.

Reflecting back on the titular assertion (monitoring as empowerment), knowledge is not power; it is a currency in which power is negotiated. Power in organisations comes from the system that defines what knowledge is. Power lies in the people who design that system, who implement the process, populate the Menu, and generate the vision and report with authority, speaking informed truth to decision-makers. Monitoring is empowerment when people, process, and knowledge are united in community.

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