

BRIEF REPORTS

**NEEDS ASSESSMENT OF PROGRAMMES INTEGRATING
COMMUNITY BASED REHABILITATION INTO HEALTH ACTIVITIES**

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ABSTRACT

This study assessed the needs of voluntary, non-governmental organisations (NGOs) in Tamil Nadu for effective integration of community based rehabilitation (CBR) in their health promotion activities. Alongside, resources for CBR integration available with organisations working with persons with disabilities (PWD) were also identified. Questionnaire, interview schedule, semi-structured interview guide and field observation schedule were used to collect primary data from respondents. The study showed that personnel involved in health promotion activities had little understanding about issues faced by PWDs. Chief functionaries with higher qualifications and more years of experience had better understanding about disability. Eighty percent of the respondents were interested in learning how to integrate CBR into their programmes and 74% of the chief functionaries expressed a desire to undergo orientation on CBR. A majority of respondents could not distinguish between impairment, disability and handicap. They reported consanguineous marriage and malnutrition as major causes of disability. Less than 1% of community health workers (CHW) were aware of the 'Persons With Disability Act – 1995'. However, most CHWs knew about Government schemes. Their training needs included topics such as 'overview of disability issues, classification of disability, causes and prevention of disability, importance of early intervention, concept of CBR and role of CHWs in promoting CBR'. Eighty seven percent of respondents expressed the need for 'information, education and communication' materials (IEC) to promote CBR. The study revealed that NGOs were favourably disposed towards integration of CBR in the ongoing health activities.

INTRODUCTION

Over the years, the concept of rehabilitation of persons with disability (PWDs) has undergone several changes especially in developed countries. There has been an expansion of definition

of rehabilitation, ranging from helping PWDs to survive, to ensuring equal human rights to PWDs. Today rehabilitation services for persons with disability aim to reach the largest proportion of this population, utilising readily available resources within the community in a cost-effective way, through community based rehabilitation (CBR). The voluntary sector in India, which is known for its innovations and pioneering ventures, has not however paid adequate and appropriate attention to CBR. This study was undertaken to explore possibilities to enable NGOs working in rural areas of the state of Tamil Nadu in southern India to integrate CBR within their ongoing health activities.

METHOD

The objective of the study was to identify 'needs' of voluntary organisations, with regard to integration of CBR in their health programmes and to identify 'resources' available for this purpose with other organisations working with PWDs.

The specific objectives were to:

- Assess interest of voluntary organisations to integrate CBR into their health programmes and estimate the level of strategic guidance required for this purpose.
- Estimate the level of knowledge and attitude of chief functionaries of NGOs about disability issues and to identify areas that need further introduction.
- Assess the level of awareness of community health workers and to identify training inputs required by them.
- Identify the information/education/communication materials (IEC) required by NGOs to create awareness on disability and related issues.
- Identify other resources available with them and explore how they can be utilised.
- Identify disability issues that require further campaigning, lobbying or advocacy.
- Identify existing networks of NGOs working for PWDs and explore methods to strengthen these networks.

Data collection was carried out using questionnaires for information from NGOs, interview schedules for interviews of chief functionaries, semi-structured interview guide for focus group discussions of CHWs, field observation schedule to identify resources and IEC materials, and case study method to identify issues faced by health workers. The questionnaire had two parts, the first to collect general information about voluntary organisations and the second to assess needs.

RESULTS AND DISCUSSION

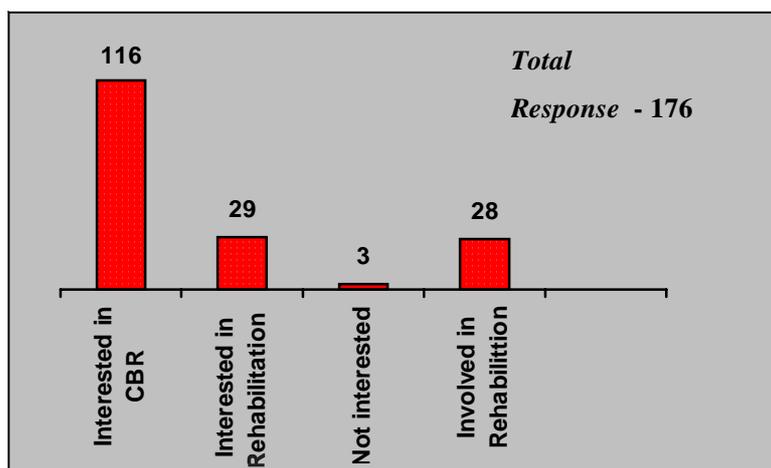
Questionnaires were sent to 570 NGOs of which 176 responded. Five focus group discussions were conducted with community health workers from various voluntary organisations in which 107 CHWs participated. In depth interviews were conducted for 30 chief functionaries of voluntary organisations. Data were collected over three months.

Table 1. Category of institutions that responded to study (n=176)

No	Category	No. of Respondents	%
1	Hospital	24	13.7
2	Dispensary	7	3.9
3	Community based organisations	145	82.4
TOTAL		176	100

Thirty four percent of the chief functionaries had postgraduate degree, 19% were undergraduates, 13.6% had doctorates and 33.4% had other educational qualifications. All of them had participated in training programmes on different issues related to disability.

Figure 1: Specific needs of voluntary organisations interested in integrating CBR

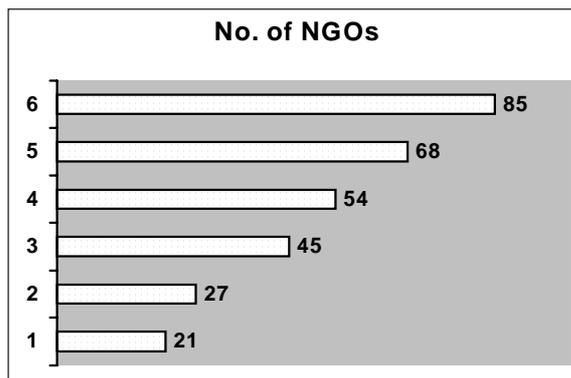


Sixty six percent of respondents were interested in starting a CBR programme and 16 % were already involved in rehabilitation activities.

Figure 2: Areas of specific interest of voluntary organisations that are interested in integrating

No Areas of Interest

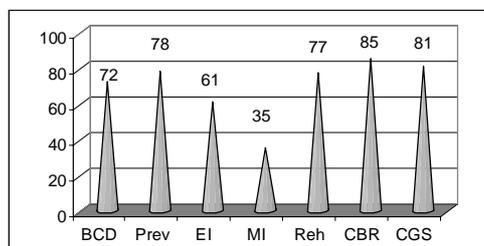
- 1 New Born screening
- 2 Medical intervention
- 3 Early intervention
- 4 Establishment of Schools/Home
- 5 Prevention of disability
- 6 Components of CBR



Chief functionaries expressed a desire to integrate activities to prevent disability and promote CBR after they gained conceptual clarity on disability and CBR. They also identified areas that would require further familiarisation.

Figure 3: Topics listed by chief functionaries for further orientation

- Basic concepts of disability BCD
- Prevention PREV
- Early intervention EI
- Medical intervention MI
- Rehabilitation REH
- CBR strategies CBR
- Accessing Govt. Schemes CGS

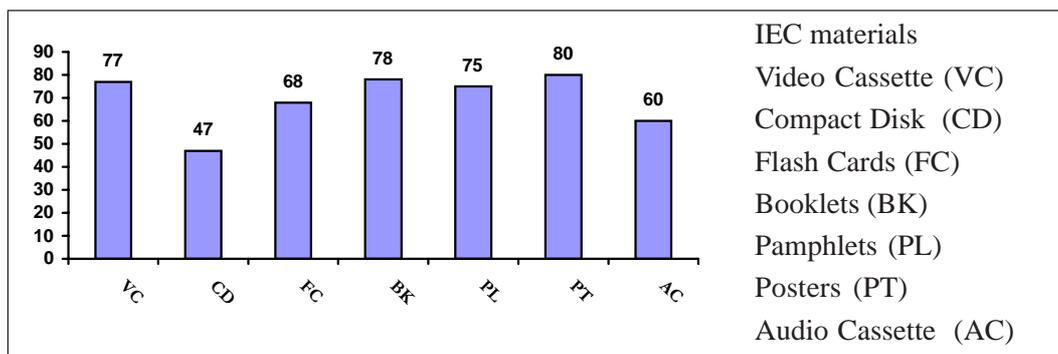


Ninety five percent of the chief functionaries reported that they could depute 2-3 staff for CBR work and training. Regarding current knowledge level of community health workers, it was found that these workers could not differentiate between impairment, disability and handicap. They divided disability into two groups, namely physical and mental disability. They identified causative factors as consanguineous marriage, malnutrition and improper parental care. They could not link these causes to any specific type of disability. Almost all CHWs expressed that disability could be prevented by immunisation. They were not aware of 'Persons With Disability Act 1995'. They listed a few Government schemes for persons

with disability, like bus pass, provision of maintenance grant and wheel chair, but they did not know how to access them. They were aware of institution based rehabilitation strategies such as educational and vocational training. However, they were not sure how to choose different categories of persons with disabilities for training or when to refer them. The concept of CBR was new to 90% of them and the remaining had only heard about CBR, but did not know what it implied.

Eighty percent of CHWs who were interested in integrating CBR in their programmes identified their training needs. These needs included basic understanding of disability, early identification and intervention, strategies to implement CBR and procedures to access government schemes.

Figure 4: IEC materials required by CHWs



Thirty-five NGOs reported that they were already working with PWDs. They also reported that they had enough manpower for this work. Trained staff, recognised by the Rehabilitation Council of India was working in 67% of these NGOs. Fifty five percent of the NGOs who were already involved in disability issues were willing to depute their staff to assist other NGOs.

Hundred and sixteen NGOs were interested in networking with other NGOs. Twenty two were already members of existing state level or national level networks, while 17 were members of district level networks.

There were few other needs expressed by different sections during the study. A majority of chief functionaries reported that they lacked authentic information on prevalence and incidence of disability. They also expressed a need for survey forms to undertake baseline surveys in their working areas. Nearly half of the chief functionaries wanted to visit a few agencies implementing CBR. They also felt that since CBR was a relatively new area with new techniques, they would need continuous improvement in their knowledge level. A vast

majority of CHWs felt that unfriendly transport systems and environmental barriers were major hurdles for full participation of persons with disabilities in mainstream activities. They wanted to learn about strategies to be followed to remove these barriers. Another need expressed by CHWs was for information on facilities for education and vocational training of children with disabilities. They observed that the integrated education system did not provide the appropriate barrier free environment for it to succeed. They wanted to develop skills to motivate school authorities to provide appropriate barrier free education for children with disability. CHWs wanted existing government schemes to be more accessible and to learn how to influence policies of the government. CHWs also wanted to know ways of imparting sex education to women with disability, to conduct campaigns on themes such as abortion of foetus with disability, early identification and intervention, and modifying teachers' training curricula to include teaching strategies for handling children with disability and barrier free environment.

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