A DISCUSSION OF SOME CRITICAL ASPECTS IN PLANNING OF COMMUNITY BASED REHABILITATION

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ABSTRACT

Till recently, the need for systematic planning and management of community based rehabilitation (CBR) programmes had not received much attention. However, due to compulasions such as decreasing funds for welfare work, increasing needs for accountability, cost reduction and improving effectiveness, and the need to improve sustainability and so on, emphasis is now being laid on systematic planning and management of these programmes. This chapter discusses some generic factors that are critical in planning and management of community based rehabilitation progrmmes, based on the work of the authors in different countries in south Asia, south east Asia and Africa. The issues dealt with are the need for planning based on   clear goals and well planned activities in the context of the needs and resources of the community; the need to have a plan to enhance community participation and sustainability; the need to recognise cultural factors in planning; and the need for planning based on research evidence.

INTRODUCTION

Because of poor financial resources, most developing countries had relatively little coverage of services for their disabled citizens till about two decades ago,. To address this problem, the World Health Organisation initiated few model projects in the seventies and eighties, with a service delivery system that was affordable to developing countries and provided wider coverage of services. The key element in this system of community based rehabilitation, was the transfer of minimum and essential rehabilitation intervention skills to families and other volunteers in the community, thereby reducing the costs (1). Over the last two decades, there has been a major growth in the number of community based rehabilitation projects around the world, providing the minimum services required for disabled people in countries that had scanty resources and poorly developed services. Alongside, there have been many changes in the understanding and implementation of community based rehabilitation interventions (2). The focus has now begun to shift from the issue of a minimum level of service delivery, to other management issues that influence effectiveness of services, and to the process of development of community based rehabilitation as a mature method of service delivery for developing countries. Hence the emphasis has shifted towards planning and management, monitoring and evaluation, research, information generation and dissemination, and so on.

 "Management" in relation to development organisations refers to both client management, such as rehabilitation interventions, and programme management, which knits together the different components of the programme to make it function as a whole. Till recently, most development organisations tended to focus primarily on client management. However, due to compulsions such as decreasing funds for welfare work, increasing need for accountability, need to reduce costs and

improve effectiveness, need to improve sustainability and so on, aspects of programme management have grown in importance (3). This chapter discusses some programme management issues that impact on the outcome of community based rehabilitation, based on the work of the authors over the last decade in different countries in South Asia, South East Asia and Africa (3). Though the issues dealt with are not comprehensive, they focus on some common factors that are critical in planning and management of community based rehabilitation programmes.

PROGRAMME PLANNING

Many community based rehabilitation programmes in India and other South Asian countries are carried out by voluntary organisations in the non-governmental (NGO) sector. A close look at some of these programmes shows that they originated as a set of activities without clear goals, and have continued without long term plans. Some programmes were started because of the availability of designated funds for that particular activity at that point in time. With shifts in donor priorities, the activities of some of these organisations changed according to the availability of funds. These programmes often did not have monitoring and evaluation systems, nor did they define their outcomes or attempt to measure them. Instead, they repeated a set of activities year after year, with some illustrations and anecdotes from their clients, to justify why they had to continue their activities. Such activities tended to be donor dependent, cost-intensive, seldom successful, rarely sustained once the donor withdrew support. Therefore, they often became counterproductive to efforts of the local community in developing more appropriate, grass root led rehabilitation services. Consumer satisfaction was also limited, as client needs were rarely taken into account for these activities (4).

Programme planning is thus a crucial component of development activity, but it is by no means synonymous with the preparation of the initial project proposal to fulfil donor requirements. Unlike what is often claimed, it does not also result in curtailment of creativity in a programme. On the contrary, it enhances creativity, and if channelled adequately, it increases effectiveness. It also does not mean that planned programmes cannot be initiated in response to sudden needs for interventions, as in disaster relief. Thus, in any on-going programme, it is necessary to have clear goals and a set of actions for it to be successful.

WORKING OUT DIFFERENT STEPS OF A PROGRAMME PLAN

STAGES	STEPS	WHAT	BY WHOM
PRE-POLICY STAGE			
Pre-policy stage	Problem identification	Determining if <u>disability</u> is a priority in the target area	<u>Catalyst</u>--Donor, Government, NGO etc., or Community or Client groups
Pre-policy stage	Situation analysis	1. Literature review 2. Need analysis / resource analysis	Catalyst or Community or Client groups

POLICIES

Policy	Vision	Long-term end <u>results</u> (Goals)	<u>Stake holders</u> 1.Donors 2.Interventionists 3.Clients
Policy	Mission	Long-term <u>methods</u> to achieve the goals	<u>Stake holders</u> 1.Donors 2.Interventionists 3.Clients
Policy	Objectives	Medium -term <u>directions</u>	<u>Stake holders</u> 1.Donors 2.Interventionists 3.Clients

ACTIVITIES

Activities	Strategies (short term, medium term, long term)	Objective related, quantifiable, measurable, outcome indicators, with targets set for completion in a unit time	Executive Approved by the stakeholders

BUDGET

Budget	Income	<u>Source-wise</u>	<u>Sources</u> Short term, Medium term, Long term
Budget	Expenditure	<u>Activity-wise</u> Short term, Medium term, Long term	<u>For what</u> 1.Recurring Manpower / Material 2.Capital

The different steps taken during a programme plan are summarised in the table. In the pre-policy stage, one needs to determine if disability is perceived as a 'problem' that needs intervention on a priority basis in the target community. This is followed by a current situation analysis, which helps to confirm whether there is a need for intervention, what priority the consumers assign to the proposed problem in relation to other problems, whether the consumers view the proposed intervention as beneficial to them in addressing their problem, and so on. Community based rehabilitation interventions influence the lives of disabled persons, their families and their non-disabled peers in the project area. Hence the needs of the different groups who are affected by the interventions, have to be identified before undertaking strategic planning for the programme. The different groups in the same community can have differing needs that conflict with each other. For example, the needs of disabled persons may not necessarily be related to the priorities identified

by other groups. In most instances, community based rehabilitation programmes have a mix of short term, medium term and long term priorities that are related to integration of disabled persons into society. They may also differ widely from the priorities of other groups in the same community, which usually are short term poverty alleviation and curative health interventions. In situations where the needs of the different constituent groups differ from the priorities of the community based rehabilitation programme, the first strategy should be to reduce this attitudinal gap by changing the attitudes of people favourably towards the rehabilitation interventions. For this purpose the existing beliefs and attitudes of the different constituent groups need to be studied, and strategic plans designed to introduce changes in the attitudes of the groups. The community's attitudes may also be influenced by its experiences of services that existed in the past in the project area. Needs analysis is a method for assessing the opinions of different groups within the local community, such as community institutions, family groups, self help groups of disabled persons and so on, who may be interested in community based rehabilitation services in their area, as well as of interested groups outside the community, such as the government, donor organisations, catalyst NGOs and so on. In the pre-policy stage there is also a need to identify the different material, financial and personnel resources available locally for later use, their accessibility, and the modifications required for utilising them. The resource analysis gives an idea in advance about what new resources will have to be generated for the programme.

Successful completion of the pre-policy stage usually progresses to policy development, which includes defining the vision, mission and objectives of a programme. The 'vision' is the ultimate goal of the programme as long as the programme lasts, while the 'mission' is the sum of all activities to achieve the vision. The vision and mission are timeless and concise statements of what the programme stands for. Objectives are the medium term directions to achieve the vision, that may be changed sometimes if deemed necessary after an evaluation. These components of the policy are best evolved in a participatory and democratic manner involving all stakeholders of a programme, rather than by any particular group. A participatory process of policy development will help to avoid future conflicts and enhance collective action. Once a policy is formulated, it requires to be widely disseminated amongst all stakeholders and other associates of the project. Most organisational members are usually able to articulate the organisation's vision and mission well, but have difficulties in clearly stating their objectives and activities. They often describe numerous objectives that are over-inclusive, without considering whether it is feasible for the organisation to fulfil them at all, in the available time. Sometimes activities are confused with objectives and vice versa, which results in poor strategic plans. Quantitative target setting is rarely followed in most poorly planned programmes.

Selection of activities and formulation of a strategic plan are usually the responsibility of the executives of the programme, and are executed with the approval of the governance (5). Individual activities of a strategic plan are short term components of a programme, usually planned for a calendar year or a financial year. In order to monitor a programme easily, the activities need to be defined precisely, with well defined, quantitative targets for achievement for each activity in a unit time. The expected outcomes, the indicators to measure the outcomes and the resultant impact are also required to be defined clearly. Organisations usually enumerate their activities with quantitative measures of coverage, in the belief that they can represent outcomes and impact. However, without outcome and impact measures, it is impossible to know if a programme has been genuinely successful.

Although some effort is required to develop a detailed strategic plan with well defined activities, targets, expected outcomes and their indicators, such a process can be of significant benefit to the programme in many ways. It helps the organisation to monitor and control the progress of their efforts easily, to clearly define the individual responsibilities to the programme personnel, and to make the programmes transparent and accountable to the stakeholders.

ENHANCING COMMUNITY PARTICIPATION

Community participation was considered as an essential part of community based rehabilitation ever since it was promoted as a suitable approach for rehabilitation in developing countries. In practice, however, most programmes have found it difficult to achieve adequate levels of community participation for several reasons (6). Many developing countries had a period of colonial rule before they became independent, followed by socialist governance in which the state is viewed as solely responsible for all welfare and development work. Concepts of decentralisation and bottom up approaches are relatively new in many of these countries even today. Besides, the majority groups in the community are not altruistic enough to address the needs of the minorities such as disabled persons, until their own needs are met. Another issue is that small, but powerful groups in the community often corner the benefits from development programmes, ignoring the needs of marginalised groups.

Community participation of the highest degree, where the community members take on the responsibility for planning, implementing, sharing the risks of and monitoring a community based rehabilitation programme which benefits disabled people, is desirable, but difficult to achieve. Depending on the cultural context, the ideal level of community participation is viewed in different ways by different people. On the one extreme, a community may be viewed as passively participating by being a recipient of services, while on the other extreme, participation may be viewed as complete ownership of the programme. Developing countries are still unfamiliar with Western notions of consumer ownership of programmes. Hence to begin a programme with the concept of full ownership by the consumers sometimes results in failures. In these countries, it is often necessary to enhance community participation from the inception of the project, in a planned manner, keeping in mind the difficulties that can be encountered as the concept of full community responsibility is introduced. In the context of community based rehabilitation programmes, ways have to be found to motivate the marginalised groups of disabled persons, their families, and communities to achieve a participatory mode of development, in which the community will assume some of the responsibilities to begin with, and move on at a later stage to take on most of the responsibilities of the rehabilitation programme.

Usually, small projects, started in response to community needs result in better community participation, while large projects with apathetic and centralised service delivery systems are viewed with indifference by the community. As in any other strategic plan, enhancing community participation requires clear understanding of the attitudes of people in the community, their current level of participation in the programme and the expected level of participation to be achieved in the future. It is sometimes difficult to define the current level of participation by the community because of inadequate understanding about how to grade the different levels of participation. Answers to certain key questions regarding the current level of participation, and the project's intentions to enhance participation in the future, can give a broad idea about how much more needs to be done in the future.

WHAT IS THE CURRENT LEVEL OF COMMUNITY PARTICIPATION?

Community: ·

- How much does the community know about the programme ?

- How much do they know about the organisation carrying out the programme ?

- How often do they come face to face with the programme personnel ?

- What responsibilities do they carry out on behalf of the programme ?

- What kinds of difficulties do they face in undertaking these responsibilities ?

- How satisfied are they with the involvement in the programme ?

- Do they have any suggestions to improve their participation in the programme ?

- Are all sections of the community equally involved in the programme ?

- Why are some groups involved while others are not ?

Project management :

- What are the future plans to improve community participation ?

Community participation can also be graded in a quantitative format for the purpose of yearly monitoring.

QUANTITATIVE ANALYSIS OF COMMUNITY PARTICIPATION

Involvement of the clients in	Scores			
	Date	Date	Date	Date
Programme interventions				
Programme administration				
Programme planning				
Taking leadership roles in the programme				
Resource mobilisation for the programme				
Monitoring and evaluation of the programme				
Goal setting for the programme				
TOTAL				

Scoring key : No involvement = 0; small involvement = 1; average involvement = 2; good involvement = 3; excellent involvement = 4

Though it is difficult to speedily enhance community participation in programmes from developing countries, having a strategic plan to enhance participation and monitoring its success periodically can result in better sustainability in the long run. It will also influence more realistic goal setting practices during the planning stage.

PLANNING FOR SUSTAINABILITY

Concerns about sustainability of community based rehabilitation programmes surfaced with the threat of diminishing funds for welfare work, and the increasing emphasis on accountability and cost effectiveness. However, the term 'sustainability' tends to be commonly associated even now with 'finding funds' for a community based rehabilitation programme. Such an interpretation of the term ignores the other important aspects that contribute to the meaning of sustainability. Sustainability is a long term concept, that addresses people's central concerns and values, looks to the future, strengthens a community's ability to deal with change, develops processes for finding common ground, strives to benefit all members of the community, emphasises the involvement of people, improves accountability, develops a vision for the future, keeps track of the progress and meets the basic resource needs. Sustainability may be defined as the ability of the system to perpetuate itself using locally appropriate strategies (mission), so that the system continues till its goals (vision) are achieved (7).

Financial sustainability often refers mistakenly, to the ability of the organisation, usually an NGO in a developing country, to access enough funds to maintain its structure and personnel. When funds become scarce, the NGO may sometimes change the goals of the programme, sacrificing the programme in the interest of maintaining itself. This is counterproductive and detrimental to the interests of the programme and its clients. Sustainability of the programme, in more accurate terms, refers to sustaining the vision and mission of the programme, and to keep the programme going till the vision is realised. Usually organisations implementing development programmes go through different phases of growth, which are important to understand while planning for sustainable growth. These are not mutually exclusive, nor does it mean that all organisations go through these different phases and in the same sequence. The initial catalyst phase is generally of one to two years duration, with a high degree of involvement of a few initiators. This is usually followed by a growth phase, where there is creative expansion of the work of the organisation for two to three years. Around the fifth year or so of an organisation's existence, there may be a phase of crisis, sometimes leading to conflicts and resulting in either the collapse of the programme, or a constructive reorganisation. Finally, if the crisis is successfully resolved, there is a phase of sustainable and steady growth which fulfils the vision of the programme.

In planning for sustainability, it is important for planners to first identify the different factors that influence sustainability of a programme in its given social and cultural milieu, and then to develop strategies to improve sustainability in relation to the different factors identified through this exercise.

COMMON FACTORS INFLUENCING SUSTAINABILITY

COMPONENTS OF THE PROGRAMME	FACTORS INFLUENCING SUSTAINABILITY	STRATEGIES TO IMPROVE SUSTAINABILITY
Organisation as a whole	Institution building Developing organisationalvalues Developing self reliance	Establish credible governance Establish appropriate legal frame work Establish institutional ethics Transparency of organisational affairs Influence competitors to become collaborators Generate goodwill from community
Policies	Developing need related policies Developing strategies manageable within available resources Participation of all stake-holders in developing vision, mission and objectives Developing policies congruent with national plans Transparency of policies & strategies Developing valid vision & mission	Institute participatory analysis of needs and resources, carry out literature review and feasibility study before starting the programme Develop strategies through participation of stakeholders Include all direct and indirect stake holders in decision making Refer & consult national plans Clarity of policies and plans Undertake pilot project before starting the programme Develop quantifiable definitions of strategic activities Maintain permanent vision and mission without changes in the interim
Management	Establishing accountability Studying feasibility before initiating strategies Establishing efficient administrative systems Establishing personnel management systems	Improve transparency through frequent communications Effectively use available infrastructure Describe roles & responsibilities of personnel & institute appraisals Establish consensual decision making, regular monitoring, & participatory planning, Respond to consumer feed-back Avoid high staff turnover Institute career planning for personnel Enhance training in appropriate skills

COMPONENTS OF THE PROGRAMME	FACTORS INFLUENCING SUSTAINABILITY	STRATEGIES TO IMPROVE SUSTAINABILITY
Leadership	`Personality' of the leader Transparency in communications Technical skill High motivation Supervisory ability	Promote democratic leadership Phase out unsuccessful strategies Introduce mid course changes when necessary Avoid hidden agenda Enhance motivation of programme personnel Enhance interest of all stakeholders Decentralise operations & involve disabled persons & their families in the programme
Financial	Optimal use of resources Ensuring cost effective and cost beneficial interventions Continuous availability of financial resources Access to national governmental and non-governmental funds Ability to access resources according to national & international economic changes Avoidance of over-funding and expansion beyond the project's capability	Avail multiple sources of funding Access governmental & community funds Designate income & expenditure to activities Institute cost efficiency and cost benefit analysis Avoid over-funding of projects Access a balanced mix of short term medium term and long term funds
Interventions	Training Research Coverage/Quality Monitoring/ Evaluation Awareness	Use proved interventions Use appropriate technology suitable to local culture Train and update intervention skills Undertake research to upgrade interventions Aim for maximum coverage, with available funds at optimum quality Terminate unsuccessful strategies Monitor regularly and make corrections Evaluate periodically and make mid course changes in objectives Institute structured, focused and effective awareness building interventions

COMPONENTS OF THE PROGRAMME	FACTORS INFLUENCING SUSTAINABILITY	STRATEGIES TO IMPROVE SUSTAINABILITY
Phase out	Withdrawal of the catalyst agency Technical & financial self sufficiency Attitude change in the community Permanency of the `vision' & `mission' of the programme Wide dissemination of policies to all stake holders Proven methods of interventions Rapport with the community and the clients Well established administrative system	Define time specified, area specific, sector specific withdrawal plan Improve community participation at all levels of the programme including monitoring and evaluation Empower participation of disabled persons & their families in the project Encourage maximal use of volunteers from the community Avoid mid course changes in `vision' & `mission'.

RECOGNISING THE IMPORTANCE OF CULTURAL FACTORS

Cultural factors play a very important role in determining our behaviour in day to day life. These factors influence our attitudes towards most of the happenings around us, including 'disability'. Community based rehabilitation is context dependent, and the term 'handicap', the most influential parameter for intervention in rehabilitation, is defined in relation to contextual factors that are predominantly cultural. 'Cultural factors' in the broad sense are a set of variables related to tradition, ethnicity and religion, grouped together into a single entity, that influence participation of disabled persons in their milieu. Even across the population of a single country, there are substantial differences in ethnicity, caste, religious practices and so on, which are recognised by different laws applying to different groups within the same nation. What seems to be ethnically correct behaviour in one group of people, may not be recognised as such by a different cultural group. The recognition of these differences in the perception of 'normalcy' and 'disability' is very important in the case of rehabilitation, since what is considered a 'handicap' in one cultural context may be considered normal in another context (8).

The influence of cultural factors is so great, that many community based rehabilitation interventions fail as a result of scanty recognition of these factors. Yet during the planning stages of programmes, most projects recognise culture as only an insignificant determining factor that influences success. For example, Western stereotypes of 'community' are often referred during programme planning of community based rehabilitation programmes in developing countries, where communities have their own individuality that is different from Western norms. These programmes expose themselves to a higher risk of failure because they tend to conflict with the cultural factors of the host country. The concept of individual rights and empowerment, as expressed and understood in the developed world, does not exist in many developing countries. Traditionally in these countries, an individual belongs to a kinship group, with a network of relationships and mutual obligations. Because of this kind of relationships, the concept of empowerment of any individual, whether he is disabled or not, is more complex than in the developed world. In many Asian countries, 'empowerment' of the individual as understood in the western context, is seen as a selfish and

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undesirable concept. Being altruistic for the sake of the family and for the larger society has a higher value. Hence an individual tends to remain role-bound, submissive and obedient, and conformity with the traditional systems becomes a virtue in such a situation. In these societies, the term 'empowerment' can at best be interpreted only as a right to access provisions and services on an equal footing as others. Similarly, women in many traditional societies remain segregated from the men, and 'integration' of disabled women into the 'community' is perceived in a different manner from the west. In such societies, disabled women can be integrated into a community of segregated women, but they need to remain separate from the men.

Rehabilitation is a gradual and long process that cannot escape the influences of local cultural factors, particularly because decentralisation of services into the community, and integration of disabled persons into their society, calls for closer attention to cultural factors. There is enough evidence from literature (9,10) to suggest that culturally appropriate community based rehabilitation programmes can be practised in many traditional societies by appropriately adapting strategies to make the programme suit the given cultural context. It is very important for community based rehabilitation planners to give adequate emphasis to these factors during policy development and planning, to avoid the high risk of later failures.

RESEARCH BASED PLANNING

In the early years of community based rehabilitation, there were few publications on this topic. The situation has changed in the nineties with the growth in the number of publications. However, most of the articles in these publications deal with experiential dimensions, descriptions of projects, and a few conceptual issues. Though the number of publications has increased significantly, there are still very few that deal with scientific literature (11). In spite of the recognition of the need for research in this field (12, 13), research has generally been ignored, and community based rehabilitation has grown on experiential accounts rather than with scientific evidence. In an evolving field like community based rehabilitation with new and untested methods, research is essential and may even be considered an ethical necessity. Many of today's practices are untested, such as methods to improve coverage and reduce costs, the shift in interventions to homes, training of families and volunteers, and the change in milieu from the structured and organised environment of institutions to the unstructured and often disorganised milieu in the community, and so on. They need to be empirically verified before being implemented through large programmes. Many questions remain unanswered regarding the methods in community based rehabilitation, which can only be answered through research. Because of the limited resources for rehabilitation in developing countries, the proponents of community based rehabilitation in these countries tend to spend less on research. However, research is necessary for optimal utilisation of resources, instead of random and ad-hoc activities that only lead to poor results and wastage of resources in the long run.

CONCLUSION

Community based rehabilitation planners have not concentrated sufficiently on developing viable programme management systems until now. The field of community based rehabilitation is unlikely to achieve progress and expand, unless good systems are established for efficient management of these programmes. The last two decades have seen many changes and adjustments in community based rehabilitation, but they have not yet conclusively answered what aspects of this

approach need to be modified and how it should be done. One hopes that in the next decade, answers to some of these questions will be forthcoming, that will result in increased attention being paid to research, systematic planning, and more efficient management of community based rehabilitation programmes.

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