

Impact assessment of Community Based Rehabilitation (CBR) interventions in India

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Background

At present, Community Based Rehabilitation (CBR) is a well accepted group of methodologies with a common ideology. CBR programmes aim at inclusion, by inculcating socially relevant skills and better accepted roles, in the Persons With Impairment (PVI)s. Another resultant of these programmes is economic development of the disabled persons and their families. The perceived results of CBR include lasting attitudinal change in community and creating better living conditions for the persons with disability. Ultimate goal is inclusion of the persons with disabilities in mainstream. These programmes also have vision of developing an atmosphere conducive to preventing disabilities and impairments.

Putting a measure to impact of these programmes can be confusing as CBR is not the only factor, but one of the many aspects responsible for the changes conceptualised in

the programme. This study was conducted with the objective of analysing the perceived changes in the life of persons with incurable vision impairment given interventions these programmes over a period of last 7 years.

These programmes adopted similar methodology encompassing prevention of disability, treatment and cure of treatable vision impairment, and rehabilitation for persons with irreversible vision impairment. All age groups were covered and identification was done through door to door survey. Services given by the programmes were medical treatment, developmental rehabilitation, educational rehabilitation, economic rehabilitation and social rehabilitation. Education was provided in integrated education setup following itinerant model as the methodology. Facilitating support services available through government was another objective of these programmes. Intervention for persons with low vision was integral part of these programmes. The service delivery was at community level and staff was recruited from the respective areas and formally trained thereafter. All the programmes worked for two to three years and covered a population of 150 thousand. Each fieldworker covered general population of 20 to 30 thousand.

Methodology

The study population was divided in four sub groups depending on the age at the time of start of interventions.

These were:

- New born to 5 years
- 6 to 15 years
- 16 to 50 years
- Above 50 years.

Persons were randomly selected from all the age groups and interviewed through separate semi open questionnaires. These questionnaires sought information about change in main areas of:

- Functionality of the individual
- Psycho-social status including quality of life
- Main perceived effect of the rehabilitation interventions.
- Economic betterment of the family (Adult groups only)

All the questions had options. Respondents had opportunity to expand on their responses, respond independent of the options or not to respond at all. To ensure better understanding by the respondents and to avoid bias, questionnaires were administered

in local language and interviewers were trained not to probe. The respondents were the beneficiaries except in case of children where parents were interviewed.

Results

The results were formulated statistically compiling closed ended responses. For presentation only 'yes' responses have been tabulated here, excluding 'no' and 'can't say'. Open ended responses which generally were expansion to the questions were summarised.

Age Group 5 years & below

Table 1 - Closed ended responses (0-5 years)

Respondents	10
Daily Routine became easier	10 (100 %)
Child's Activities increased	8 (80 %)
Child's Functionality increased	5 (50 %)
Interaction with others improved	6 (60 %)
Child's confidence improved	8 (80 %)
Others had better confidence in child	5 (50 %)
Quality of life improved	5 (50 %)

Functionality

Children were now helping in household chores, resulting from rehabilitation training (7)¹. They were now more independent in activities of self (4) and their functionality has improved in general (3). Studying and playing with others were other perceived changes (1 each). Restricting factors for not achieving the desired results were other disability (2), insufficient intervention in spite of it being good (1) and expectations to perform as other children (1).

Psycho-Social Status

As an impact after the training, confidence of children in doing things or going out has improved (4). Children now play with peers (4). Community is proud of the children for their improvement in the way they carry themselves (2). Confidence depends on environment and is better in conducive atmosphere (1). There were instances where children from the community did not play (1) and even teased (1) the children with vision impairment. There was an instance where parents were not clear of psycho social development of their child as they were mostly not at home.

Main Effect

Parents used to worry 'what will happen to my child'; now they feel it is alright (5). Rehabilitation has made a lot of difference (2). Children are now helping in-house (2).

¹ Number of respondents

Some parents did feel that there were expectations which were not yet met (3). Training, though good, had ended earlier than expected (1). However, some parents felt that there was not much difference after the training (4).

Age Group 6 to 15 years

Table 2 - Closed ended responses (6-16 years)

	Number (%ge)
Respondents	19
Daily Routine became easier	10 (53%)
Outdoor activities increased	7 (37%)
Functionality increased	8 (42%)
Child's confidence improved	6 (32%)
Others confidence in the child increased	5 (26%)
Quality of life of the child improved	10 (53%)

Functionality

In general, programme interventions have resulted in overall improvement in functionality of the children as well as their desire to be functional (26%). Training given by special teacher/fieldworker made the difference (14%). Children became mobile in going to school or elsewhere (11%). They now play with other children (3%). Condition of some of the children was same as before (18%). In some cases, field staff visits were inadequate in terms of frequency and/or duration (15%).

Psycho-Social Status

Children have become more confident after the training (36%). It was perceived that quality of life naturally improves when the child studies (10%). It was perceived that children were more independent or they help in household chores (5%). Their interaction with family has increased (4%). Psycho-social status of some children was unchanged (27%). Few parents felt that training given was not sufficient (12%). In some cases, Quality of life has been bad because of additional disability present (4%).

Main Effect

Confidence of children has improved resulting from the education they are now getting (29%). Another important benefit is positive change in the behaviour of the children and the way they are thinking now (29%). There has been some improvement due to the programme (29%). Child playing with other children is an achievement (14%). One response (from parent of a child with low vision) was that now their child can see. Many (50%) felt that there is no/partial improvement. One comment stated that another disability is getting more prominent.

Adults (16 to 50 years)

Table 3 - Closed ended responses (16-50 years)

	Number (%ge)
Respondents	39
Daily Routine became easier	34(87.18%)
Outdoor activities increased	30(76.92%)
Functionality increased	29(74.36%)
Confidence improved	32(82.05%)
Instil confidence in others	29(74.36%)
Interaction improved	30(76.92%)
Quality of life improved	28(71.79%)
Economic Betterment	19(48.72%)

Functionality

As a result of the training, people have started going out and/or earning (54%). There has been ease in daily routine of PVI's and they have started doing their daily chores (41%). In some (15%) respondents, there was not much change in functional status or the training was not useful. Few people rarely go out (3%). People opined that they were doing many things before the training also (10%).

Psycho-Social Status

Earlier people used to think that blind persons can do nothing. Now their perception has changed. PVI's now feel the independence in their life (29%). They have become an earning member of the family (13%). Feeling was that training improves confidence (3%). Their relations with others have improved after the training (19%). Community's confidence in PVI's was enhanced after the programme (10%). Some (3%) PVI's had good social standing even before the programme. Several respondents felt there is partial improvement (13%) and still some felt life is same as before (13%). Few respondents were totally dependent (6%) and still few others had no inclination towards socialising (6%).

Economic Betterment

Respondents are now contributing to family profession or taking financial responsibilities (25%). Financial condition of the PVI's and their families has improved (10%). Some respondents have a job now (10%) while some (5%) had the job before the programme. Quite a few respondents perceived pension as financial development (15%). Many felt that there is no financial growth (10%) while in some cases it was worse than before (5%). Some respondents did complain that they did not have any job or business (15%).

Main Effect

It was proved that a blind person can do everything after proper training (3%). Attitude of the society towards person with blindness has changed positively (3%). People found the training useful (8%) and some (11%) people developed new social relations after the training. Respondents are now contributing to household chores (3%) and have better life (5%). They are now doing things they were not doing earlier (11%) and can feel independence in their life (27%). They have started earning (16%). For some people (19%) there was no difference and few (3%) were functional before also.

Adults (Above 50 years)

Table 4 - Closed ended responses (Above 50 years)

	Number (%ge)
Respondents	41
Daily Routine became easier	27(66%)
Outdoor activities increased	25(61%)
Functionality increased	23(56%)
Confidence improved	29(71%)
Instil confidence in others	22(54%)
Interaction improved	24 (59%)
Quality of life improved	28(68%)
Economic Betterment	11(27%)

Functionality

Going out independently was most common indicator of increased functionality (51%). After the training daily routine of the people became easier (10%). Few (2%) respondents were now doing some work for earning. People were happy with the training field worker has given (12%). Many respondents (20%) became independent in daily chores. Some (29%) people said that they rarely go out and quite a few (10%) gave old age or other health problem as the reason for lacking functionality. For many (17%) people there has been no difference. There were other single comments like 'I have help available hence use it!' or 'we are poor hence nothing is easy for us.'

Psycho-Social Status

People had developed new relations or existing relations have improved after the training (56%). They are now more confident (26%). Others are proud of the changes in persons with blindness (11%). PVI's felt that now they can do everything (7%). There were feelings that the 'confidence is there but can not be functional due to old age' (4%) or 'the improvement in confidence was confined to mobility only' (4%). Some (26%) people did not feel any difference in their psycho-social status.

Economic Betterment

There was sense of independence originated from the pension respondents were getting (50%). Respondents are now contributing member to the family and were involved in useful occupation (17%). Many respondents (33%) who had new income felt it should have been more. Programme did not contribute to financial betterment in many cases (28%).

Main Effect

Improved mobility was the main outcome of the training (44%). Skills learned by respondents changed their thinking and way of life (12%). Rehabilitation training was beneficial to the persons with blindness (9%). People started doing things they were not doing before (9%). Some people (9%) did not have full benefits of the training because of other health problems. Quite a few respondents (21%) had unmet expectations. No difference was felt by some of the respondents (12%).

Discussions

Skill Transfer & Sustainability

Most of the respondents were satisfied by the training duration of 3 to 6 months while groups consisting of children and persons with additional disability felt that the time period of rehabilitation should have been more. It was observed that expectations were quite generic at the stage of first counselling and became more specific once the trust in the programme and confidence in ones own abilities were established. Reassessment and review of rehabilitation plan after some interventions will help in getting around this.

A mechanism which provides resource support after the programme is needed. This can cater to new expectations, fresh requirements and future incidences, making concept of rehabilitation sustainable. Long term strategy will be to incorporate rehabilitation in main support system of community development.

Right based Approach

Compared to the start of training PVI's were now expressive about their expectations and requirements. Especially vocal were the parents of children with vision impairment. Improved confidence is partially the basis of this, as is the familiarity to the concept of rehabilitation. This can be the appropriate time to make people aware of their rights and take the movement forward. Right based approach from the start itself may not be very useful as PVI's have very limited expectations from the programme in the beginning. One of the hindrances which can be anticipated in this is that rehabilitation is seen as a welfare subject and not an accepted development issue. Incorporating issue related to disability in all the development fields like health, education etc. can catalyse this.

Holistic development of Children

In educational age group, parents look for holistic development of their children. Concepts like playing with peers, helping in household chores and influence respect in the community through enhanced ability is cherished more than the conventional education. Strangely none of the parents perceived education as means of income generation. This is in line with the general perception towards education which is prevalent in the rural areas.

Rendered Services

Improved independence and contribution to the family emerged as main determinants in the psycho social development. Rehabilitation training was the basis of this in case of PVI. Another group is the group of people with treatable vision impairment. This group is sometimes placed in a worse situation as they do not come under the purview of conventional rehabilitation. Their numbers are 8 to 10 times that of the people with incurable vision impairment. Ideologically CBR programmes should cover them but realistically not many programmes cater to the persons with treatable vision impairment. Intervention for Cataract, the leading cause of blindness world over, is reported to be one of the most cost effective health interventions second only to immunization. Facilitation of promotion, prevention and cure activities aimed at treating the impairment and reducing future incidences should be one of the services to be rendered in all rehabilitation programmes.

Conclusion

Interventions through CBR programmes have had a lasting impact on the functional, psycho-social and economic development of the respondents. After realisation of their abilities, PVI had developed new expectations from the programme as well as from themselves. The impact of the programmes varied from person to person depending on the social, psychological and functional condition of the PVI. It can be generalised, though, that CBR integrates PVI in the community and forms a platform on which inclusion can be launched. The end of the customary programme can be seen as the beginning of a movement. As a follow up consolidation of these programmes should be done so that rehabilitation as a concept in development is established.