Community Based Rehabilitation: Exploring the Gap Between Roles and Competence of CBR Field Staff in Nepal

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<th>Full Form</th>
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<tr>
<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<tr>
<td>DPO</td>
<td>Disabled Peoples’ Organization</td>
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<tr>
<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<td>LMIC</td>
<td>Low- and Middle-Income Countries</td>
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<tr>
<td>MoWCSW</td>
<td>Ministry of Women, Children and Social Welfare (Nepal)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NHRC</td>
<td>Nepal Health Research Council</td>
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<td>PRT</td>
<td>Physical Rehabilitation Therapy</td>
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<tr>
<td>UNCRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>VDC</td>
<td>Village Development Committee</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Abstract

Background: CBR (Community Based Rehabilitation) is the primary means of providing health services, rehabilitation and promoting inclusion of people with disabilities in low- and middle-income countries. CBR is implemented through combined efforts of CBR field staff, people with disabilities, their families, communities, organizations and (non) governmental services. CBR is complex, it entails multiple levels, it addresses rehabilitation in multiple domains and it is always context depended. For effective CBR programmes it is important that CBR field staff are able to perform their roles effectively and efficiently. Previous studies and papers suggest various training needs of CBR field staff to increase their ability to optimal address their roles. However, it is unknown to what extent these findings apply for field staff working in Nepal.

Objective: Exploring the gap between the expected roles of CBR field staff and the ability to perform these roles, in the field of CBR in Nepal.

Methods: Semi-structured interviews were held with managers and field staff working for CBR programmes. Purposive sampling was used to select twelve programmes across Nepal, with a large diversity in mission, target group, size, working area, origination and years since establishment. In total, 35 persons were interviewed. Obtained data was coded and analyzed using an integrated inductive and deductive approach.

Results: The field staff have responsibilities across the multiple domains of rehabilitation as described in the CBR framework. The field staff work with a variety of persons. Next to the people with disabilities and their family, the roles of field staff involve communities and village development committees. Most field staff provide services for people with various types of disabilities. Multiple challenges are faced by the field staff in performing their roles, both in recognition and support and in available resources. The following competencies were identified that help to overcome the faced barriers to optimal performance: positive attitude, cultural sensitive, communication skills, network skills, identify disabilities and opportunities, and assess the needs and reflect on these, ability to counsel and transfer skills, and lastly, evaluate and reflect. Though most managers recall the field staff as competent to perform their roles, a large variety in training needs came up in this research. Furthermore, it was found that not all field staff have received the CBR training, and the training and education of field staff is scattered.

Conclusion: The roles of the field staff and the faced challenges in performing these roles are highly context dependent. This study pointed out competencies that field staff need to have to overcome the faced challenges as much as possible and optimal address their roles. Further research is required to determine the ability of the field staff on the identified competencies. Nevertheless, some indications for training adaptations could be made in this study.

Key Words: Community Based Rehabilitation, Community Development, Nepal, People with Disabilities, Field Staff, Facilitators, NGO, Inclusive Development.
1.0 Introduction

In this chapter the study subject will be explained. First the topic will be introduced, then the contextual background will be given, followed by the theoretical background and the conceptual model. Lastly, the problem statement, the objective, research question and sub-questions will be described.

1.1 Introduction of the study

Community based rehabilitation (CBR) programmes are running in over 90 countries worldwide, as a strategy to promote well-being and inclusion of people with disabilities (1). In 1978, the CBR strategy was initiated by the World Health Organization (WHO) to contribute to “Health for All by the year 2000”, following the Alma-Ata Declaration (2,3). CBR was initially promoted as a service delivery method to promote equal access to rehabilitation services for people with disabilities in low- and middle-income countries (LMIC) using local resources (1,4). Since then, CBR has evolved to a multi-sectorial strategy that addresses the needs of people with disabilities in a broader social context. Subsequently, CBR was redefined to: “A strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities.” (5).

Essential in the CBR strategy are CBR field staff. These trained community members facilitate the connection between CBR services and the people with disabilities, their families and the community they live in (6). The CBR strategy describes rehabilitation needs in five domains: health, education, livelihood, social life and empowerment (1). CBR programmes may have their own vision and mission within this framework, based on the local needs, priorities and resources (1). Therefore, the expected tasks of CBR field staff can vary across programmes (7).

To achieve effective and sustainable CBR, people with disabilities, their families, caretakers and the community should actively be involved in the CBR programme, ideally in collaboration with governmental and non-governmental services (3,5). Thus, CBR is complex, involving multiple levels, multiple domains and is context depended (7). The CBR field staff therefore, should be enabled with sufficient knowledge, understanding and skills to perform their tasks within and across all levels of the CBR strategy (8). Various papers and studies (9–12) have shown the need for improvement of the training of CBR field staff. Identified training needs have a large variety: enhancing competence for problem solving, critical thinking and reflective reasoning (11,13), knowledge about disability (14,15), empowerment building (16,17), advocacy building, networking and resource mobilization (18). Furthermore, recent research from Cancetta et al. showed a need for reframing training initiatives to a more needs-based approach, with more attention for collaboration and coordination within health care (12), which is supported by research of Frenk et al. (19). The various training needs suggest that there
is a need for improvement of the ability of CBR fields staff to address their roles. However, the extent
to which these findings apply for CBR field staff in Nepal is unclear. Therefore, this study aimed to
explore the gap between the expected roles of CBR field staff and the ability to address these roles, in
the field of CBR in Nepal.

1.2 Contextual background

1.2.1 Disability worldwide
One billion people worldwide, which equals 15% of the global population, is living with a disability (8).
Of them, approximately 80% lives in low and middle-income countries (8). Poverty and disability are
strongly correlated (5). The vicious cycle between disability and poverty is maintained by a lack of
access to rehabilitation services, education, employment and skills training (5,8,20). The UN
Convention (Article 26) stated the need for the State Parties to organize, strengthen and expand
rehabilitation services for people with disabilities, particularly in the areas of: health, employment,
education and social services: “…to enable people with disabilities to attain and maintain maximum
independence, full physical, mental, social and vocational ability, and full inclusion and participation
in all aspects of life” (21). Subsequently, the WHO and the World Bank advised in the World Report of
Disability to strengthen and further expand CBR services in low-resource and capacity constrained
settings (8).

1.2.2 Disability in Nepal
Nepal ranked as the 145th country out of 187 countries and
territories on the Human Development Index of the United
Nations Development Programme in 2014 (22). Nepal is
therefore seen as one of the poorest and economically least
developed countries in the world. As in many countries,
people with disabilities often belong to the poorest and most
marginalized groups (13).

In 2010, the Nepal government ratified the United Nations Convention on the Rights of Persons with
Disabilities (UNCRPD) (13) and expressed with that the commitment to: “promote, protect and ensure
the full and equal enjoyment of all human rights and fundamental freedoms by all persons with
disabilities and to promote respect for their inherent dignity” (23). Though in practice, the
implementation of the UNCRPD is challenged by social and political unrest, poverty and high
unemployment (24,25).
In the most recent population and housing census of Nepal, 1.94% (N=513321) of the population was found to have a disability (26). Physical disabilities were most frequently reported with 36.3%, followed by blindness/low vision (18.5%), deaf/hard to hearing (15.4%), speech problems (11.5%), and mental disabilities (8.9%) (of which 2.9% intellectual), multiple disabilities (7.5%) and deaf/blindness (1.8%) (26). Based on the global estimates of disability it is likely that the disability prevalence is an underestimation, which could be caused by: a lack of awareness about disability (13,27) and/or the tendency to hide people with disabilities from the public (13).

The tragedy of the earthquake hitting Nepal on April 25th 2015, had a devastating effect on this already challenged country. The 7.8 magnitude earthquake and the major 7.3 aftershock on May 12th 2015, and many smaller aftershocks have caused over 8.856 deaths and have left 22.309 persons injured according to the official statistics (28). About 4700 of the injured persons require long-term treatment (29). The increase in number of persons in need of long-term care and additional support, increases the demand of CBR services. This is especially the case in the highly affected rural- and remote areas where infrastructure and population were most vulnerable and disaster preparedness was weakest (30).

1.2.3 CBR programmes in Nepal

In 1985, CBR programmes were initiated in Nepal by international organizations, as one of the first countries worldwide (13). Since 1999, the CBR strategy is adopted by the Ministry of Women, Children and Social Welfare (MoWCSW) (13). In all 75 districts there are government supported CBR programmes, for which the MoWCSW ministry yearly allocates 150.000 Nepalese Rupees (+/- $ 1500,-) per district (31). However, the coverage of CBR within the districts is low, as only an estimated 12% of the total 3.276 Village Development Committees (VDCs)¹ in Nepal are included in these government supported CBR programmes (31,32). In addition, 50-60 CBR programmes are implemented by local NGOs and organizations. Twelve of these programmes receive government support, the other programmes depend on International Non-Governmental Organizations (13) and other sources.

¹ A VDC is the smallest administrative unit in Nepal.
1.3 Theoretical background

1.3.1 The CBR Matrix

The CBR Matrix is developed by the WHO as a management tool for CBR programmes. CBR programmes may have their own focus within this framework based on local needs, priorities and resources. This focus determines the rehabilitation domains where the CBR field staff are expected to work on. The expected working areas of field staff may therefore vary across organizations (1).

The CBR matrix consists of five key-domains for wellbeing and development. Each of these five domains is divided into five elements, reflecting the possible areas for the field staff to work on (7). The CBR matrix is displayed in Figure 2.

![CBR Matrix Diagram](image)

**Fig 2.** CBR matrix with the five key-domains of the CBR framework and the five elements within each component (7).
In the next sections the roles of CBR field staff will be further explained. This is done by presenting examples of activities that CBR field staff could do. For each element within the five domains an example is given. These examples derive from the official CBR guidelines, which are commissioned by the WHO (7).

Health
Health in CBR is about supporting people with disabilities to attain the highest level of well-being, given the health status of the person, by ensuring access to services and advocating the needs of people with disabilities and their family (33). CBR field staff can contribute to this by: 1) **Promotion**: empower people with disabilities and their family to increase control over health and its determinants. 2) **Prevention**: ensuring access to health information and services aimed at prevention. 3) **Medical care**: ensuring access to medical services, based on individual needs to general care and/or specialized care. 4) **Rehabilitation**: promoting, supporting and implementing rehabilitation activities on family or community level and facilitate referrals to more specialized services. 5) **Providing assistive devices**: providing information and promote access to assistive devices (33).

Education
Education is about having access to education that meets one’s learning needs (34). CBR field staff can contribute to education by facilitating access to various types of learning by: 1) **Early childhood care and education**: early identification and supporting families to act in the best interest of the child. 2) **Primary education**: creating inclusive local schools and supporting families and children to access education. 3) **Secondary and higher education**: working with schools and community to make the schools accessible and support the students. 4) **Non-formal education**: ensuring that people with disabilities can receive education suited to their needs when this is preferred over formal education. 5) **Lifelong learning**: preventing people with disabilities for social exclusion, marginalization and unemployment by providing continuous learning opportunities (35).

Livelihood
Livelihood is about improving skills, opportunities for education and work, enabling people to eliminate poverty (36). CBR field staff can contribute to livelihood improvement by: 1) **Skills development**: identifying and promoting opportunities for skills, knowledge and attitude development. 2) **Self-employment**: encourage and support people with disabilities in starting or expanding economic activities. 3) **Wage employment**: lessen barriers to access and retain wage employment. 4) **Financial services**: promote access to financial services. 5) **Social protection**: including people with disabilities in social assistance programmes, for protection against extreme poverty or lack of income (36).
Social
The social component is about the full participation in social life and to make a social change (37). CBR field staff can contribute to gaining meaningful social roles and responsibilities of people with disabilities by: 1) Personal assistance; providing options to access and manage personal assistance, using community resources. 2) Relationships, marriage and family; increasing awareness, challenge stigma and discrimination by working together with various stakeholders. 3) Culture and arts; promoting participation of people with disabilities in cultural and arts activities. 4) Recreation, leisure and sports; increasing inclusion and participation of people with disabilities in recreational, leisure, and sporting activities. 5) Justice; supporting people with disabilities in claiming their rights by raising awareness and facilitating access to legal processes (37).

Empowerment
Empowerment is about enabling people with disabilities, family and the community to actively involve in issues affecting their lives, through increasing awareness, providing information and capacity-building (38). CBR field staff can contribute to a changing mind-set of seeing people with disabilities as passive receivers to active contributors by: 1) self-advocacy and communication; giving people with disabilities power to express opinions, make choices and decisions. 2) Community mobilization; engaging the community members in the programme and empower them for action and change. 3) Political participation; involving people with disabilities and families in decision-making to attain equal rights and opportunities for people with disabilities. 4) Self-help groups; supporting the formation and existence of informal groups where people with disabilities and families can find mutual support, share resources and find solutions together. 5) Disabled people’s organizations (DPOs); supporting formal groups that promote and protect the interest of people with disabilities (38).
1.3.2 The ability of CBR field staff to perform their roles

Ability enhancing factors of the CBR field staff to perform their roles, are their competences – which can be enhanced through education, training and experience – and the available resources (or: material challenges) and recognition and support (or: non-material challenges). These components will be further explained in the next sections.

**Competence**

Competence and competency are in the Oxford Dictionary defined as: “The ability to do something successfully or efficiently.” (39). This requires integration of knowledge, skills and attitude (40).

For optimal execution of their roles, within the complex CBR strategy with multiple levels, multiple domains and its context dependency, the CBR field staff need the cognitive ability to sufficiently integrate skills, attitude and knowledge (Fig. 3). The need for the ability of higher-order thinking of field staff is reflected in the need for the following competencies: critical thinking, reflective reasoning (11), problem solving and creative thinking (41). The Blooms taxonomy for cognitive thinking describes the steps to acquire these higher cognitive thinking competencies (42) (see Appendix 1).

Through training, education, demonstrations and experience knowledge, skills and attitude can be acquired and their integration strengthened (14,43). Competence – or ability to perform – enables staff to overcome barriers and optimal perform their complex roles (14).
Resources

Three themes that cover resources influencing CBR facilitator performance are: 1- human resources, 2- available resources and infrastructure and 3- (non) financial incentives. Human resources are defined as: “People’s skills and abilities, seen as something a company, an organization, etc. can make use of” (44). Previous research showed that community health workers who perceived their workload as too high, had a poorer performance (45). Human resource shortages imply a high workload among CBR field staff, which may be causing suboptimal performance. Resources and infrastructure are defined as “Stock or supply of money, materials, staff and other assets that can be drawn on by a person or organization in order to function effectively” (46) and respectively “The basic systems and services that are necessary for a country or an organization to run smoothly, e.g. buildings, transport and water and power supplies” (47). In this research, the concept: resources and infrastructure refers to the availability of quantifiable materials and services that CBR field staff need to carry out the expected activities effectively and efficiently. CBR field staff are the connection between the people with disabilities, their family, the whole community, the society and rehabilitation services (5). If equipment, transportation, referral opportunities, or needed services are not available or accessible, the field staff may not have the ability to optimal perform their roles. (Non) financial incentives are understood as “Things that motivate or encourages someone to do something” (48). This can be financial, goods or services. The opportunity of earning an income as CBR field staff increases the ability of persons to become a field worker and improves their retention. Retaining CBR field staff is beneficial for the sustainability of the programme (45). Besides financial incentives there are also a variety of in-kind (non-financial) incentives that may increase the ability and motivation to perform. Examples of in-kind incentives are: trainings, goods, services and equipment.

Recognition and support

Feeling recognized and receiving support is another important enabler for field staff to optimally perform (49). Recognition is defined as “Appreciation or acclaim for an achievement, service or ability” (50) and support is defined as: “Give approval, comfort or encouragement... ” (51) or “Agree with and give encouragement to someone or something because you want him, her or it to succeed” (52). In this research the concept: recognition and support, refers to the total of non-quantifiable support and services that enable CBR field staff to carry out the expected activities effectively.
Recognition and support can roughly be divided in four different provider groups: 1- people with disabilities and family, 2- community, 3- CBR programme and 4- the Village Development Committee (VDC). Evidently, support and recognition from people with disabilities and their family towards the CBR programme and the CBR field staff is essential in effectively performing the CBR activities, and with that achieving the goals of the CBR programme. Support and recognition from the community also enables CBR field staff to perform their expected activities effectively, especially in terms of achieving inclusion in the community. As a study by Bagonza et al. showed, community health workers who perceived community support were three times more likely to perform well on their responsibilities (45). Furthermore, a study from Strachan showed that community involvement had a positive influence on motivation and retention of CBR field staff (53). Various support groups are also categorized as community level, e.g.: DPOs, women’s groups and faith based organizations. Each of these groups could enhance the recognition of the CBR field staff, and with that enhance the ability of CBR field staff to perform their roles and increase motivation of the CBR field staff. Evidently, being supported and feeling recognized by the CBR programme is important for field worker performance (54) and has been shown to increase motivation (53). Lastly, also recognition and support by the VDC, the smallest administrative unit in Nepal, enhances the ability to perform the expected activities of CBR field staff. The VDC, as described in the local self-governance act, is responsible for ensuring protection of people with disabilities and the distribution of the disability allowances in their region (55,56).
1.4 Conceptual Model

**Explanation and clarification of the conceptual model.**

The five key-domains of well-being and development provide the framework of components that a CBR programme addresses. This vision and mission of the CBR programme determines the activities that CBR field staff are expected to perform. Whether CBR field staff are able to perform the expected roles effectively and efficiently is a result of their competences, available resources and recognition and support. In which competences also may help to overcome faced barriers in available resources and perceived recognition and support.

Fig. 4. The conceptual model.
1.5 Problem statement

CBR is the primary means of providing health services, rehabilitation and promoting inclusion of people with disabilities in low- and middle-income countries. CBR is implemented through combined efforts of CBR field staff, people with disabilities, their families, communities, organizations and (non) governmental services. CBR is complex, it entails multiple levels, it addresses rehabilitation in multiple domains and it is always context depended. For effective CBR programmes it is important that CBR field staff are able to perform their roles effectively and efficiently. Previous studies and papers suggested various training needs of CBR field staff to increase their ability to optimal address their roles. However, it is unknown to what extent these findings apply for field staff working in Nepal.

1.6 Objective

Overall objective
Exploring the gap between the expected roles of CBR field staff and the ability to perform these roles, in the field of CBR in Nepal.

1.7 Research questions

Main research question
Are the expected roles in accordance with the ability of field staff to perform these roles in CBR programmes in Nepal?

Sub-questions
1- What are the roles of CBR field staff?
2- What challenges are faced by the CBR field staff?
   a. What recognition and support challenges are faced?
   b. What resource challenges are faced?
3- What competencies do CBR field staff require?
4- What is the ability of the field staff to perform the expected roles?
2.0 Methodology

In this chapter the methodology of the research will be described. First the study population will be explained, then the research methods will be described. This is followed by the description of the data collection and the data analysis. Lastly, the ethical consideration will be presented.

2.1 Study population

Selection of the programmes
Purposive sampling was used to select the CBR programmes for inclusion in this research. It was tried to get a balanced geographical representation of CBR programmes running in Nepal, by including CBR programmes from all five developmental regions \(^2\) (see Fig. 5). This was done to gain insight in the roles and ability of CBR field staff working in the variety of contexts of CBR programmes in Nepal. Selection of the programmes was based on including programmes with a large diversity in terms of their mission, target groups, size, working area, origination and years since establishment. In total 12 programmes were included in this research (see Table 1).

![Map of Nepal with the locations of included programmes.](image)

Fig. 5. Map of Nepal with the locations of included programmes.

\(^2\) The research was initiated prior to the passing of the new constitution on: 20-9-2015, which redistributes Nepal into seven developmental regions.
Selection of the participants

Selection of the participating field staff was done with the help of the managers of the CBR programmes. All managers were also included in the research themselves. The selection of CBR field staff was based on availability, including a variety in years of experience and balanced on gender. When assistant managers were available, they were also asked to participate in the research. In total, 35 persons participated in the research, of which: 12 managers, 4 assistant managers and 19 field workers (see Appendix 2).

2.2 Research methods

Semi-structured interviews

Semi-structured interviews were the main method to collect data. The interview guideline was based on the conceptual model. Key-questions covered the demographics of the participants, the goal of the program, the roles of the CBR field staff, the faced challenges, the perceived ability and the needs for improvement. The semi-structured interviews were held with the managers, assistant managers and the field staff. The interview guidelines can be found in Appendix 3.

Case studies

Case studies were the second research method. In the case studies, pictures were shown of persons with a disability, with in addition a short verbal description of the case. About each case questions were asked, covering the perceived challenges and the steps that the field worker would take in order to assess and address the rehabilitation needs. The case study contained three cases in total. Only the field staff

Table 1. Overview of included organizations.

<table>
<thead>
<tr>
<th>Organization</th>
<th>NGO/DPO</th>
<th>Est. Year</th>
<th>No. of field staff</th>
<th>Development Region</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>NLR – Biratnagar</td>
<td>(I)NGO</td>
<td>1977</td>
<td>10</td>
<td>East</td>
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<td>X</td>
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<td>X</td>
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<td>3</td>
<td>Central</td>
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<td>20</td>
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<td>1996</td>
<td>2</td>
<td>Mid-West</td>
<td>X</td>
<td>-</td>
</tr>
<tr>
<td>NNSWA</td>
<td>NGO</td>
<td>1990</td>
<td>12</td>
<td>Far West</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
that participated in the semi-structured interviews were asked to participate in the case-study interviews. The interview guideline of the case-study can be found in Appendix 3, following the semi-structured interview guideline for the field-staff.

2.3 Data collection

A pilot-study was done to test and fine-tune the interview guidelines. The data collection took place between April 2015 and September 2015. The interviews were conducted in English or in Nepali, depending on the English level and preference of the participant. The interviews in English were conducted by the principal researcher, whereas the interviews in Nepali were conducted by the trained Nepali interpreter. As much as possible, the interviews were held at times and places convenient for the participants, which included their office, hotels and the field.

2.4 Data analysis

The audio recordings from the interviews were transcribed in English by the interviewer. The interview transcripts were read several times and carefully analyzed by the researcher. For analyzing, a coding scheme was developed, which was further sensitized in the coding process. The coding scheme was based on the conceptual model and distinct emerging topics (see Appendix 4). With use of the coding scheme meaningful segments in the transcripts were identified and used for analyses. The coding was done with the use of qualitative data analysis software: QDA miner - Lite v.1.4.1.

2.5 Ethical Consideration

This study was conducted according to the guidelines of the Nepal Health Research Council from which ethical approval has been obtained (NHRC Ref: 71/2015). The managers of the participating organizations were asked to give written consent to approve inclusion in the research. Next to the written consent, a verbal consent for the interview and for the audio recording was asked from all interviewees (see Appendix 5). The transcripts were only accessible for the principal researcher and persons with interest in this research employed by Enablement. The audio-recordings were deleted after transcription. The participants did not receive incentives to participate in this research. The report will be distributed to the participating organizations, the funders (GLRA, Liliane Foundation), and persons who were involved in this research or are involved in the assessment of this research.

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3 Four of the field staff who were interviewed about the perceived responsibilities and challenges, were not asked about the case studies. This was done because of: non corresponding target group of the programme with the cases (1) and inconvenience of the interviewees to answer the cases (3).
3.0 Results

The results chapter consists of four sections, each presenting the results of a sub-question. The first section is about the expected tasks of the CBR field staff working in Nepal. The second section describes the challenges that CBR field staff face in performing their responsibilities. The third section is about the required competencies of the CBR field staff to effectively perform their tasks, given the faced challenges. The fourth and last section is about the capability of the field staff to address their tasks.

After each quotation it is mentioned by whom it was said: a manager (M), assistant manager (AM) or field worker (F), and in which development region the participant is working. The number corresponds to the specific participant, of which demographic characteristics can be found in Appendix 2. Furthermore, a number between brackets (x) represents the number of interviews on which the statement is based.

3.1 Roles of CBR field staff

This section describes the roles and responsibilities of CBR field staff, derived from the interviews with managers, assistant managers and field staff.

In eleven out of the twelve programmes the recalled perceived tasks cover all five domains of the CBR framework (see Appendix 6, Table 1). Of one programme it is uncertain whether it also addresses the education component, as no referral was made to responsibilities in this domain.

Identifying persons with disabilities was a core task in all but one of the programmes. This programme was a referral organization itself, therefore the persons with a disability were already identified. Nevertheless identifying the problems and opportunities for rehabilitation are core tasks among all programmes. Also, assessing the needs of persons who are identified with a disability, is a core task of field workers among all CBR programmes. “Our main responsibility is to identify the disability and then assessing the condition of the disabled person.” (F12, Mid-West). Also referral to governmental instances, other organizations and/or health care services was a perceived task of field staff among all programmes.

The health care domain

Most programmes (10/12) address all types of disabilities, though for two programmes this includes a referral role to other organizations for some of the disabilities (see Appendix 6, Table 2). Counselling and skills transfer to promote the health condition were mentioned as main tasks, aimed at improving
the condition and empowering people with disabilities and their family to take care: “We want to rehabilitate them with the family members, especially father and mother we want to transfer skills to them.” (AM2, West). From all but one programme it was mentioned that the tasks of CBR field staff include physiotherapy. Providing assistive devices was mentioned in 9 programmes. Only one of the field staff mentioned prevention as one of the tasks.

The education domain
The expressed tasks in the education domain concerned mainly children, with exception for one programme that also highlighted to address education for adults when needed. The promotion of inclusive education was expressed as responsibility: “Provide help to the schoolteacher to enable them to create a friendly environment in the schools for the children.” (M8, West). Promoting home based or special education is another perceived task of the field staff, though recalled by only a few of the interviewees. One of the programmes is running own educational activities for children with disabilities where they: “Teach them ways to perform daily living activities.” (F5, Central). One of the field workers pointed out that sustained education should be of concern of the field staff: “Just enrolling them is not the end of work. There must be permanency in the education they receive. Lots of children have been dropped out recently due to financial problems.” (F8, West).

The livelihood domain
Providing livelihood support was recalled by most programmes as one of the main tasks: “If they are growing and they have some skills, the field worker tries to create the opportunity to the people with disabilities for their income generation activities.” (AM2, West). The support is done through providing training to learn livelihood skills and sometimes by facilitating a livelihood generating activity. One example is giving goats, which can be raised, bred and sold to provide an income.

Another responsibility of the field staff in the livelihood domain is helping people with disabilities to obtain a disability identity card from the government, which gives right to certain social security benefits. This was mentioned as task of field staff in 9 of the 12 programmes. One of the field staff shared in the interview: “We are working in 7 VDCs. Among these VDCs, people with disabilities of 3 VDCs have been given disability card. It’s our campaign to provide a disability card to all people with disabilities.” (F6, West).

<table>
<thead>
<tr>
<th>Disability Identity Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with disabilities can apply for a disability card at their VDC or at the district headquarter. There are four types (colors) of disability cards, which gives right to certain benefits. The color of the received card is related to the severity of the disability.</td>
</tr>
<tr>
<td>Red: 1000 NPR a month ($10,-)</td>
</tr>
<tr>
<td>Blue: 300 NPR a month ($ 3,-)</td>
</tr>
<tr>
<td>Yellow and white: Discounts in health care, education and public transport.</td>
</tr>
</tbody>
</table>
The social domain
The promotion of an inclusive society was mentioned to be a core task of the field staff in 11 of the 12 programmes. Awareness raising among the family and/or community was often recalled as task, to promote a positive attitude towards people with disabilities and enhance the feeling of responsibility. “... try to motivate the community people to have a proper and helping attitude towards the people with disability ” (M12, Far-West). Half of the programmes organize campaigns and awareness sessions to promote an inclusive society. Also promoting the involvement of people with disabilities in community groups is a task of the field staff. “In the communities there are lots of groups, but people with disabilities are not enrolled. As a human right they have to be enrolled as a human being. They are not different: first they are human, then they are disabled. So as a human they have to enroll.” (AM2, West).

The empowerment domain
In at least four of the programmes, the field staff is involved in organizing and supporting self-help groups. In which people are empowered to: “… know about the rights and laws and rights of the state, and how to help themselves, and help to share their problems like: intercultural sharing and understanding each other’s problems.” (M8, West). Advocating for the rights of people with disabilities was recalled by many of the field staff and managers as task, to “ensure the implementation of the policies made by Nepal government for the people with disability and advocating for new policies.” (M9, Mid-West). This is done by empowering persons from the receiver side and through advocating these rights at the “provider” side.

Conclusion
This results section examined the first sub-question, which was as follows: What are the expectations concerning the roles of CBR field staff?

The expected activities of the CBR field staff are diverse and complex, covering activities on multiple levels and in multiple domains. For almost all programmes evidence was found that field staff is expected to address all domains of the CBR framework: health, education, livelihood, social and empowerment. Within these domains there were a large variety of expected tasks identified. Prior to providing the services within these domains, the identifying of people with disabilities and identifying rehabilitation opportunities are expected tasks of the field staff. Also the needs assessment and referring to other organizations when needed, are responsibilities of the field staff. Furthermore, most programmes are aimed at providing services to all types of disabilities, requiring the field staff to have the knowledge and the ability to work with the various types of disabilities.
3.2 Challenges faced by CBR field staff

This section will describe the challenges that CBR field staff face in performing their tasks for the CBR programme. This section consists of two parts that support the field staff in their work: recognition and support (non-material support) and resources (material support).

3.2.1 Recognition and support barriers

Support from people with disabilities and their family
Many field staff expressed that they experienced problems in finding recognition and support from the families of people with disabilities. Poverty and illiteracy were mentioned by 9 interviewees as challenging factors in finding cooperation: “In some parts people are willing and convinced easily while in some parts due to illiteracy and poverty it is very difficult to make people understand” (M11, Mid-West). The most often (7) described problem is that families have other expectations, compared to what CBR field staff are able to provide: “Families tend to ask for direct support. ... They are less interested in developing skills and empowerment. They want direct support and expectations are sky high.” (M6, West). The mis-match in expectations may also cause families to get angry at the field staff: “Some children who are multiple disabled take a long time to show improvements. Families of those children blame us and get angry with us as they think we waste their time.” (F5, Central). Next to other expectations also the attitude of families towards people with disabilities challenges CBR field staff to perform their activities. “Family of the disabled children regard them as the second level people. They say that their child with disability can offer them nothing in future thus they don’t want to spend any money on that child.” (F3, Central). People living in the Madhesi area were in specific mentioned as difficult to cooperate with, by all (five) field staff working in the Mid-Western region. “It is a matter of thinking that despite all awareness creating campaigns in Madhesi areas we haven’t experienced much change. It is difficult to make Madhesi people understand. They say disabled child is due to sin of previous life. They don’t care to even listen about people with disabilities” (F16, Mid-West).

Support from the community
Next to good cooperation with the families of people with disabilities, also recognition and support from the community enables the field staff to perform their tasks. One field worker mentioned community support as a prerequisite for effective programmes: “They must have a responsible feeling that they need to work for their people who are suffering. Until and unless they feel the work done by us is for them, than no positive change can take place.” (F11, West).
Changing the attitude of the community is sometimes difficult, especially in the rural areas, with in particular the Madhesi area: “Thinking of people has changed a lot. In hilly areas and urban areas people are very positive while in the Madhesi areas it remains the same. They still discard their children.” (F15, Mid-West). However, Nepal wide, small differences in attitude are noticed: “Every community has good and bad families but at present the community people have become more positive than in the past.” (F5, Central) and “Due to rights issues and awareness programmes society don't openly show hatred towards people with disability. They may not help but they don't harm disabled people as well.”(F17, Far-West).

**Support from the VDC**

Support from the VDC enhances the ability to perform the responsibilities of the field staff. There was a large variety in satisfaction about the collaboration with VDCs. “Most of them are helping us but still some of them are not.”(F6, West). Three field workers recalled the support sufficient, six as insufficient, others did not express a clear opinion. Recalled problems were mainly attributable to a lack of coordination and understanding between the CBR programmes and the VDCs: “So called social workers are getting money from VDCs and they are misusing the money and power they have.”(F13, Mid-West) and “They treat us as if we are earning black money from the NGO’s. Their attitude is negative towards us. They don't agree with us even if we have right ideas and planning.” (F17, Far-West). To increase the awareness about rights of people with disabilities, one field worker reported that: “We have created a network of disabled people whom we train and push to ask the VDC officials for their right” (F8, West). There were also signs of improvement noticed in support from VDCs: “At the past I had to toil a lot to get a disability card for the people with disability but at present they are easily convinced to provide them with disability cards. Things have changed.” (F13, Mid-West).

**Programme support**

The last component within this results section is the programmes recognition and support. No issues in recognition and support from the programmes were expressed by the interviewees. When the field workers have questions, face challenges or have ideas, they can share it in meetings, ask colleagues and often also directly contact the manager. As one of the managers said: “We don't want to make them in frustration, we don't want to make them uncomfortable or getting frustration. We support them, and sit together and talk about the problem how we can solve the problem jointly.” (M6, West). In addition, some of the managers also go into the field themselves, to get to know the faced challenges themselves.
3.2.2 Available resource barriers

Human resources
The workload of field staff is high according to the vast majority of managers (10/11) and field staff (14/19). Two field workers reported that their workload was alright, but that more staff was needed. The human resource shortage was identified as a cause of the high workload: “Workload is high. The working area is large yet the number of field workers here is just [...]. Thus sometimes it gets very tough.” (F13, Mid-West). Participants also reported the complexity of the work as determining component of workload: “workload depends on the people whom we work with. It depends on the level of understanding of the person of disability and their family who we deal with. In some places it might be very difficult to make people understand.” (F10, West). As most field staff do field visits, also environmental challenges arise: “Geographically Terai region is large and extreme weather. Transportation facility is not available in the rural areas. Thus the workload for them is high (M11, Mid-West). One of the programmes specifically mentioned that they set targets for each field worker about the number of visits that he/she is expected to do within a certain period, based on geography, climate and transportation difficulties. When needed, the target was reviewed for the next period, based on the perceived workload and faced challenges. With this system the workload can be regulated, nevertheless, all field staff of this programme (3) reported a high workload. One of the managers mentioned that the shortage in human resources negatively influences the quality of provided CBR services. “If we provide intense very good work, maybe 100 (people with disabilities) for one field worker would be sufficient. But here we have 200 (people with disabilities) for one field worker. It means the people with disabilities are getting less support from us.” (M5, West).

Resources and infrastructure

Health care
Possibilities of referral were regarded sufficiently available by most of the field staff (17/19), though they were sometimes inaccessible (14/19). As most health care referral facilities are in urban areas, there are accessibility concerns to these centers for people living further away, in the rural areas. Many of the organizations have a (mobile) center (8/12), to increase the reach of referral services to rural areas, e.g.: health care, physiotherapy and/or assistive devices. One field worker recalled that his programme also distributed disability identity cards in the mobile camps.

When there is a referral opportunity available it does not mean that it is also utilized. Several factors, both attitudinal and financial were mentioned in the interviews as barriers to access care: “They say climate, financial situation to be hindrances to reach the referred place.” (F13, Mid-West) and “This may be due to cultural issues, distance, time to travel and financial issues. We are not sure what the
reasons behind this attitude are.” (M10, Mid-West). Another identified constraint is that government hospitals are not disability friendly, as two managers explained: “The government health care centers are not disability friendly, so referring to such centers is not good.”(M7, West) and “… in the regional hospitals, there are more than 200 beds, out of the 200 beds there are only 4 for disabled people”(M5, West). Furthermore, referral opportunities for mental, intellectual, blind and deaf children seem scarce, as a field worker from an urban area reported: “There is nowhere to refer the children with autism and mental disability. The main problem is for deaf blind children. There is no center for them where we can refer.” (F4, Central).

Education
The availability of schools was by no one mentioned as a problem, however, sustained enrolment in these schools and the availability and accessibility of specialized schools seem to be relevant topics for Nepal. Education is free for children with disabilities, however, children also need stationary materials and food during school time for which finances are needed. One of the field staff recalled that sometimes illegitimate tuition fees were asked for tuition of children with disabilities. At least one organization provides sanitary pads to girls, so the girls can continue school education during their period. Two of the organizations have own educational programmes running for children with disabilities. The availability of special schools seem to vary per region. One of the managers recalled that special schools are not available in Nepal: “Maybe in foreign countries there are some special schools, but here the concept is not there” (M6, West), whereas another manager recalled that there are three special schools in the Far-East.

Financial incentives and non-financial incentives
The last component within this results section are (non) financial incentives. All of the included organizations work with paid field staff. Though one of the field staff mentioned: “Frankly, with the benefits I receive I consider my work to be voluntary work.” (F9, West). The majority of the field staff (14/18) and managers (9/12) reported that the field staff should receive more salary for their work. Several times it was mentioned that the salary was too little to provide for the family. “The money is not enough for me, how can it be enough for a whole family” (F4, Central). Furthermore, the workload in combination with the received payments is perceived as out of balance: “The amount of work we do in the field and the pressure we take is very high. But the benefits we are receiving for our work is insufficient. Though we raise voices against this there is no one to listen to our voices.” (F7, West). Seven interviewees reported a relation between the motivation/performance and the amount of incentives that were given. “Incentives and salary must be increased because if I am tensed than surely I cannot serve other people.”(F14, Mid-West).
The chance to receive training is seen as a very important non-financial benefit, increasing the capacity and skills of CBR field staff. However, retaining trained CBR field staff poses problems for most of the organizations. As one manager reported: “We provide trainings to field staff and after training most of them leave the job and work somewhere else where they get more opportunity.” (M6, West). Also retaining field staff in the long-run is difficult for most organizations: “We have very high workload. So after 2-3-1 years, they feel they can get a job in another place, and then they leave. ... (We are) like a training institute.” (M8, West). So, the training of CBR field staff is seen as an important (non) financial benefit, though it also increases the opportunities for CBR field staff to work somewhere else. For such complex programmes, low retention is detrimental for the continuity and sustainability, and negatively influences the quality of the programmes. Furthermore, the investments that the programme made in training field staff may not be sufficiently paid back in terms of a better skilled work force, when their field staff leave for another job.

**Conclusion**

*This results section examined the second sub-question, which was as follows: What challenges are faced by the CBR field staff? This question was divided into two domains: recognition and support and resource challenges.*

Though the situation seems to be slowly improving, finding support and recognition of family members and the community can be challenging, due to incorrect expectations of the CBR services and negative attitudes towards people with disabilities. Challenges seem to be more often faced in a context of poverty and illiteracy. Support and recognition from the VDCs varies, due to a lack of coordination and understanding, though it seems to get better over the years.

The workload of the field staff is perceived as high by most managers and field staff, possibly affecting the quality of the provided services as field staff may have more people to provide services to, than would be optimal. The referral opportunities to health care facilities were mostly recalled as sufficient, though there were many accessibility constraints, especially for people from the rural areas. The availability of special schools seem to vary per region and no problems in accessibility of regular schools were mentioned in any of the interviews. The vast majority regarded the provided financial incentives as too little, possibly affecting the motivation/performance and therefore quality of the CBR services. The ability of receiving training as field staff, and with that development of own skills and knowledge is a major incentive for the field staff.
3.3 Required competencies of field staff

This section describes the competencies that CBR field staff need for effectively performing their tasks. The information is obtained from the interviews, on the question about the important competencies of field staff, and they are deduced from the previous results sections.

Positive Attitude

“The first and foremost competency to be a CBR field worker is: they must have the willingness to serve the person with a disability.” (F8, West)

Attitudinal factors were often mentioned as important competencies, by the interviewees. It was suggested that the field staff need to be committed (6), dedicated (1) and/or have the willingness (8) to work in the field. Also being honest (9), friendly (4), hardworking (4), patience/endurance (4), humble (2), respectful (2), soft spoken (2) and polite (1), were mentioned as important competencies. Other attitudinal characteristics were: not being money centered (2), having a high moral and social values (1) and be strong (1) and have the guts (1) to face the challenges that come along with the work as CBR field staff.

Cultural Sensitive

“They should understand the thinking of the people with disability and their family” (F14, Mid-West)

To promote the inclusion and rehabilitation of people with disabilities, it is important that the field staff understands the people where he or she is working with, as mentioned by nine interviewees. This includes understanding the culture, the beliefs and values. Also wearing appropriate clothes was mentioned to be important, by four of the interviewees (2 Central, 2 M-W).

Cultural understanding can also be literally, as some ethnic minorities speak a minority language which may pose problems for the field staff to communicate. As one field worker shared in the interview: “A person who works on the field base must know how to make a nice relation with the people in the community. They must know the cultural belief of that place. In ethnic communities, language is also a barrier. I experienced that I couldn’t work fast because I didn’t know the language and it was really tough to work.” (F11, Mid-West).
Communication Skills

“The major skill is to develop relation to the people with disabilities, their parents and to the community.” (AM2, West)

Next to literally being able to communicate in the language of the persons the field staff is working with, proper communication skills are important. This was recalled by eight interviewees. Through clear communication about what the field staff can offer, misunderstandings can be avoided. This is beneficial for the understanding of the CBR services and the cooperation of the field staff with the persons they are working with.

“All the parents do not have same level of understanding. They expect their physically disabled children to walk easily when we give them physiotherapy. Later when their expectations do not match our work then raises the major problem. They then blame us for earning dollars by doing no work. They want us to take their child with disabilities to our centers. Thus, our CBR field staff face various difficulties.” (M4, Central).

Network skills

“Advocacy is the pillar to the overall empowerment of the people with disability.” (M9, Mid-West)

As CBR is about multi-sectoral collaboration to achieve inclusion of people with disability in the whole society, the field staff need the capability of networking, to work effectively together with communities, other organizations, VDCs and the government. Advocating is also a type of networking. Networking was mentioned twice as an important responsibility. Advocacy, however, nine times.

Identify disability and opportunities

“The most important responsibilities of CBR field staff are to firstly identify the disabled person, then assess their physical, social and economic condition.” (M9, Mid-West)

At most (11/12) organizations the field staff is involved in identifying people with disabilities. Most organizations address all types of disabilities (10/12). The field staff from these organizations, require sufficient knowledge about all types of disabilities to identify accurately. Furthermore, for identifying the problems and opportunities for intervention, the field staff need to have the ability to see and understand what challenges and opportunities there are for rehabilitation, within the specific context.
Assess needs and reflect

Needs assessment is a core task of field staff in all programmes. Field staff need the capability to assess the need of the people with disabilities, their family and the community to determine what their approach will be. "We need to assess the need of that place and also the aspects where we can improve. We should see the difficulties and easiness of the work" (F11, West). The needs assessment requires the field staff to translate the challenges and barriers into needs, reflect on these needs and see the opportunities for rehabilitation, all done in good collaboration with the involved persons. This requires the field staff to have knowledge and understanding about the CBR approach with all domains and levels, and reflect on the opportunities and challenges of the CBR approach in that specific context, to plan an appropriate intervention.

Counsel and transfer skills

This competency is about enhancing the rehabilitation of persons with disability through counselling and skill transfer of themselves, their caretakers and other people involved. Though the importance of the counselling competence was only mentioned one time: “To the point counselling ability is very essential.” (M1, Far-East), the word: counsel, was mentioned 74 times, which is more than twice in each interview. Also skills transfer is important in CBR, which is most often directed at improving the ability to perform daily living activities by teaching skills to the person himself or the parents: “… make their life easier by teaching them daily living activities.” (F4, Central).

Conclusion

This results section examined the third sub-question, which was as follows: What competencies do field staff require for effectively performing their tasks?

Several competencies were identified that are important for optimal functioning of the field staff. Some competencies were mentioned as important competencies by the interviewees themselves, and some competencies emerged from the data. The defined competencies are: 1- a positive attitude, 2- cultural sensitive, 3- communication skills, 4- network skills, 5- be able to identify the types of disabilities and see the rehabilitation opportunities, 6- assess the needs and reflect on these needs, and lastly, 7- be able to counsel and transfer skills.
3.4 Ability and training needs

This results section consists of three parts: the first part is about the actual demonstrated ability of the field staff – derived from the case studies – the second part presents results about the perceived ability and training needs as mentioned by the managers and field staff in the interviews. The third part concerns training and education of the field staff.

3.4.1 Actual ability

To gain insight in the capability of CBR field staff to perform their responsibilities effectively, a case-study part was added to the interview guideline (See Appendix 3). In this section, the findings will be presented on the ability to identify and assess the needs and reflect on these needs, which can be inferred from the case-studies that were done.

Identify

The field staff were often able to give a diagnosis that made sense to the presented case, however, the mentioned diagnoses had a large variety. To illustrate the variety in diagnoses: about the same case (case 1, see Fig 6) it was mentioned that it could be: cerebral palsy (3), spine/nervous system injury (4), polio (2), back problems (1), physical disability (1) or paralysis (2).

One third of the field staff (5/15) mentioned a disability category (e.g.: physical disability, intellectual disability) as an actual diagnosis. Whereas a wrong diagnosis can be caused by insufficient context to accurately diagnose, the fact that disability categories were mentioned as an actual diagnosis does suggest that some field workers have insufficient knowledge about disabilities.

Problem analysis should also be part of the identification process, to identify opportunities for intervention in the various rehabilitation domains. Of the 15 field workers that participated in the case-study, 15 expressed perceived problems in the health domain, 10 in the education domain, 10 in livelihood and 13 in the social component: “Her family will have to invest money and time in this disabled child. They will always be sad to see the disabled child.” (F16, Mid-West). No one specifically mentioned empowerment. As many field workers mentioned problems in various domains, this implies
that most of the field staff see the connectedness between the condition itself and its influence on the various domains, where CBR interventions could aim at.

As analysis of the problem in case one (see Fig 6, and Appendix 3) it was three times mentioned as first answer, that the tree was blocking easy access to the parallel bar for the young male on the picture. Three persons did identify the tree as a problem after hints, and ten did not recall the tree as a problem at all, of whom three persons also received hints. This implies suboptimal problem analyzing skills of most of the field staff. However, 10 of the 15 participants suggested that they would use a standing frame (8), walker (1) or crutches (1) instead of the parallel bars. This, however, shows that most of the field staff were able to analyze the situation, reflect on the situation and create a solution to the faced problem. Albeit another solution to the problem than foreseen, which would have been to move the parallel bars or less favorable: to cut down the tree.

Assess needs and reflect

Only seven of the fifteen participants in the case studies mentioned that they would have to assess the needs of the people with disabilities and/or their family before determining what they would do. Four of them aim at determining the strategy for rehabilitation within the health domain, whereas three interviewees also may include other domains of rehabilitation: “After cleaning her I will sit with her family and assess their situation. Only after knowing her exact condition I would take the needed steps” (F3, Central). All (15/15) of the interviewees suggested tasks to do in the health domain in at least one of the cases. Seven of the interviewees did not mention any tasks in other domains than health, throughout the whole case study. Five persons recalled tasks in the education domain, three in the livelihood domain, one in the social domain an no one in the empowerment domain. The fact that only half of the field staff mentioned that they would first need to assess the needs, prior to planning the intervention implies that interventions might be planned based on the perceived needs, rather than analyzing and reflecting on the actual needs of the people with disability and their family. In addition, the field staff seem to mainly focus on the health care domain rather than the whole CBR approach with the various domains, whereas the expected roles of the field staff encompass the multiple domains of the framework.

Furthermore, only three of the fifteen field workers suggested the community as persons who are able to play a role in improving the life of any or all persons described in the cases. The other groups that were mentioned as being able to influence the life of the persons in the cases are: the family (15/15), the CBR field staff (14/15), neighbors (12/15), service organizations (8/15), VDC (6/15), friends (5/15), teachers (4/15), government (4/15) and anyone who walks by (1/15).

4 One of them did recall the tree as a problem without any hints.
3.4.2 Perceived ability

This section presents the results on the questions from the interview guideline, concerning the perceived ability of field staff to perform their tasks effectively and the perceived training needs.

Managers

The majority (7) of the managers see the CBR field staff as competent in performing their tasks, four mention that some are to be competent and one manager regards the competence of the field staff as insufficient. The determining factors for perceiving the field workers as competent seem to be: training and experience: “Yes, CBR field staff are competent to their job as we give them trainings.” (M12, Far-West), “Yes, in my view in our field our CBR field staff are very competent because they are well trained and experienced.” (M4, Central).

Out of the twelve managers, four did not mention a need for improvement of the training and education of the field staff. The other eight managers recalled a need for: longer term and higher level training (3), more regular training (3), specialized/practical training per disability (3), training to identify and assess needs properly (2), training about new technologies/updates in CBR (1), knowledge about the CBR approach (1), working with deaf and blind people (2), exposure (2) and conferences (1).

Some knowledge gaps were reported: “In physical disability there are so many types within. ... As they don’t have knowledge about all these [types], thus they are less competent in performing their job.” (M9, Mid-West). One of the managers was clear about whether the CBR field staff should address all types of disabilities: “Most of the CBRF cannot identify the types of disabilities. Intellectual disability and autism cannot be distinguished. Children with cerebral palsy are being treated as if they are suffering from intellectual disability.” Later in the same interview the manager mentioned: “I believe an organization must be one disability oriented rather than trying to work and help people with all kinds of disabilities. Specific work may lead to good results rather than dispersed work.” (M1, Far-East).

Field staff

Almost all (17/19) field staff reported training needs. Eleven persons mentioned that more and better training should be given, in six of these interviews there was no further elaboration. The need for exposure training was mentioned four times, other perceived training needs were: physiotherapy (6), new skills development training (2), CBR training (1), and vocational skills, counselling, psychology, and personality development were all one time mentioned. Also the willingness to attend seminars was expressed (2) by the field staff.
3.4.3 Background of training and education

To provide additional context, the received education and training are described in this section.

All programmes have entry requirements for their field staff. For eight programmes this is having a school leaving certificate (equal to have passed 10th grade), for the other four programmes the entry requirement is having passed intermediate level (12th grade).

As basic training to become a field worker, most field staff have received CBR training, either from 3 months or 1 month. Though 1-3 months physiotherapy training was also more often mentioned as basic training. One CBR programme has their own system of training their field staff by providing short specialized courses. For some organizations the field staff are after the basic training accompanied by another field worker before they start working on their own: “Then for 3 months we watch the work done by our trained field staff. After that trained field staff watched our job for another 3 months.” (F8, West).

Most field staff receive yearly refresher trainings. The need for refresher trainings was metaphorically explained by one interviewee: “You can compare it to a grass scythe: if you use it a lot it becomes blunt. It is the same with field staff, so they need to be sharpened through trainings. We all people need to be sharpened from time to time...” (AM3, West). It was also mentioned that trainings are required to keep up with the latest developments.

Many training courses are available at other organizations, or are provided by the programmes themselves. Various additional courses were followed by the field staff. It seems that additional trainings are very popular and widely used: “If other organizations organize relevant training courses then we send our CBR field workers there.” (M2, Far-East), “I have received about 12 several trainings on disability”(F6, West). Though some field staff mentioned that they had not received trainings in the last years.

There is a large variety in the type of trainings that the field staff have received. The following training courses were given to at least one of the interviewed field staff: speech therapy training, management training, counselling training, local resource mobilization training, personal development training, report writing, vocational skills, assistive daily living trainings, behavioral aspects, intellectual disability, physiotherapy/PRT, care for care giver, awareness generating ideas training, cerebral palsy (1-3rd level), orthopedic therapy, training for mental disability, autism, advocacy, social mobilization, communication skills, low vision, sign language and training about human rights. In addition to the trainings, some managers send field staff to relevant seminars, conferences and workshops.
Conclusion

This results section examined the fourth sub-question, which was as follows: What is the current ability of the field staff to perform the expected tasks?

Based on the fact that disability categories were recalled as actual diagnosis suggests that the knowledge about disabilities is insufficient for some. The understanding of disability affecting multiple domains in life seems to be clear, however, tasks that would be done by the field staff seem to be mainly focused on the health domain without taken into account to other domains. So, the implementation of CBR as a multidimensional approach may be less than envisioned by the CBR programmes. Furthermore, it could be that the needs assessment of the people with disabilities more represents the perceived need of the field staff, rather than the assessed need in collaboration with the persons with disability themselves and their family.

The majority of the managers regard the CBR field staff as competent. However, two third of the managers identified training or education needs of the field staff. These needs have a large variety, including knowledge about disabilities and the ability to assess needs properly. Also the field staff expressed training and education needs of a large variety, although the need for physiotherapy was expressed by many. It seems that the field staff are eager to attend trainings and most field workers have received multiple trainings of a large variety. Furthermore, not all field staff have attended a training in CBR. Thus the training programmes of field staff is scattered, as are the training and education needs.
4.0 Discussion

The purpose of this research was: to explore the gap between the expected roles of CBR field staff and the ability to perform these roles, in the field of CBR in Nepal. In this chapter, the results on the four sub-questions will be discussed. First the roles of the field staff will be addressed. This is followed by the faced challenges. Then the required competencies of CBR field staff will be discussed. Lastly, the ability of the field staff to perform their tasks will be addressed. After the discussion the limitations of the study will be given, followed by the conclusion and recommendations for future research.

4.1 The roles of CBR field staff

The included CBR programmes implement CBR as a multi-sectoral approach as it was designed by the WHO to promote disability inclusive development in the various domains of rehabilitation in the various aspects of life (38). Although it is not obligatory for CBR programmes to address all of the domains of the CBR framework (4,7) most field staff have responsibilities in all five domains of rehabilitation, which are: health, education, social life, livelihood and empowerment. This was also found in a multi-country study on the activities of CBR field staff by Deepak et al. (2011) (16). The field workers are also involved in identifying and assessing the needs of people with disabilities. They need to work with a variety of persons, including people with disabilities, their family, caretakers, the community, other organizations and the governmental levels including the VDCs. Field staff provide rehabilitation services themselves e.g.: physiotherapy, but they also counsel and train people with disabilities and their family in rehabilitation. The field staff are the facilitators between the people with disabilities and their family and services in and outside the community. Furthermore, they are involved in promoting an inclusive society, and are advocates for the rights of people with disabilities. These activities are in concordance with the envisioned roles of CBR workers by the WHO (5). In addition, in most programmes the field staff are expected to work with all types of disabilities. Thus the roles and responsibilities of the CBR field staff in Nepal are diverse, covering activities on multiple levels of persons to work with, in multiple domains of rehabilitation and most field staff provide CBR services to people with various types of disabilities.

4.2 The challenges faced by field staff

The field staff face various challenges in performing their roles, both material and non-material of origin. Firstly, a high workload of field workers was reported by many managers and field staff. The identified causes are the shortage in human resources and the – at times complex – roles of the field staff, with societal challenges and geographical challenges (14,57). Because a high workload among community
health workers is associated with less job satisfaction, performance motivation (58) and suboptimal performance (45), the human resource shortage is likely not only influencing the number of persons who are supported, but also the quality of provided support (6).

The availability of rehabilitation services was mostly regarded as sufficient. However, the utilization of medical services poses problems, especially for people from the rural areas as most services are located in the urban areas (59). Promoting access to medical and surgical care and access to specialized therapy (physiotherapy, occupational therapy, speech and language therapy) and assistive device centers should be a priority in CBR programmes in Nepal (13). In addition to geographical constraints, attitudinal and financial constraints were found to influence service utilization. This is in concordance with the findings of Byrne et al. who identified that health care utilization is influenced by the costs of care seeking, traditional attitudes and practices, limited health knowledge and caste prejudice. In addition, they found that health worker attitudes and dissatisfaction with the health care services influence health care utilization (60). They suggested that these factors would be most prevalent in the mountain area, but would apply throughout Nepal (60).

The CBR programmes included in this research pay their field staff for their work. However, the payment of field staff was perceived by most managers and field staff as too little. This influences the motivation to perform, performance, and retention of the CBR field staff (49,61,62), as was also suggested by participants of this research. Other important incentives that promote motivation and retention are the opportunities for education and training (61). This builds the ability to perform, self-efficacy of field staff and with that job satisfaction (63). Previous articles suggested that it is especially important to keep the health workers motivated for retention in the rural areas, to sustain the accessibility, quality and continuity of the health care services (64,65).

The results show that most field staff face challenges in establishing collaboration with people with disabilities and their family, the community and VDCs. Identified reasons for the challenges in finding support and recognition from the family were different expectations and a negative attitude. Poverty and illiteracy came up as a challenging mediator, in finding support by the field staff. The belief that disability is caused by bad faith, spirits or sins, could be an underlying factor, as this is still prevalent in some families and communities, especially in remote areas (27,66).

That community participation can be challenging, is supported by the study of Boyce (67), especially when it comes to changing the attitudes to respond to the needs of the members of the community with a disability. However, as suggested by Vanneste, it is not surprising that there are difficulties found in cooperation with the communities, as it is exactly the “lack of community” feeling that caused the problems of including people with disabilities in the first place (68). Furthermore, some of the field staff
reported problems in finding support from the VDCs. The lack of coordination and understanding between the CBR programmes and the VDCs was identified as a cause for this. This may cause field staff to not be able to provide the optimal services, e.g. helping to receive a disability card that allows for financial benefits or privileges as subsidized transportation.

Though the promotion of a disability inclusive society is inherent to the goals of the CBR programmes, the feeling of not being recognized and supported can have a negative effect on motivation and performance of the field workers (49,53). Fortunately, the society seems to be changing slowly in favor of a more positive attitude towards people with disabilities.

4.3 The required competencies

A positive attitude of the field staff towards the persons they work with and to the work itself, is one of the identified required competencies in this research. A motivated work force is essential for successful CBR programmes (5). A low motivation with subsequently low retention, was also found as a key-issue in the human resource crisis in the health sector of Nepal, especially in the rural areas (64). To ensure optimal CBR services it is important to have motivated field staff that is able to build positive relations in the community in which they work (14).

Cultural sensitivity is another important competence, as health and cultural perceptions about well-being are intertwined (69). For effective and efficient programmes it is important that the programmes meets the local needs, priorities and resources (7), therefore, it is essential that the people and the society are understood and engaged in the CBR programme by the CBR field worker (67,70). Cultural competence is especially important in when beliefs, attitudes and values of the community are addressed (69).

Effective and clear communication skills help to build a positive and fruitful relation between the field staff and the people they work with (71,72). Both verbal and non-verbal behaviors are important for communication. Communication skills are needed to acquire the needed information to develop an optimal intervention, but also to avoid misunderstandings between rehabilitation opportunities and expectations (71,72). However, it is important to keep in mind that misunderstandings in rehabilitation outcomes are not always noticed by community health workers (73).

As CBR is a multi-sectorial and multilevel approach it is essential that the field staff are able to build and strengthen networks. Network skills of CBR field staff are required for mobilization of resources for rehabilitation, but also for promoting an inclusive society and advocating for the rights of people with disabilities (13).
The ability of identifying people with disabilities and the situation in which they are in is another important competency. Since interventions should be based on the local needs, priorities and resources, it is important to assess the situation prior to planning an intervention (1). The situation analysis should encompass the identification of the people with disabilities, the recognition of issues in rehabilitation and well-being and identification of the available resources in the community.

Being able to assess the needs of people with a disability, their family and the community is another identified competency. CBR programmes are highly context depended, therefore, the needs, concerns, and assets of the various parties involved in rehabilitation should be taken into account in the development of the intervention (17). As CBR is a multi-sectorial approach for rehabilitation (7), the needs assessment ideally encompasses the various domains of the CBR framework. However, whether this is expected from the field staff is also determined by the vision and mission of the programme (7).

The ability to counsel and transfer skills is another important competency of field staff working in Nepal. Counselling is to make people understand the situation and give advices about rehabilitation. Transfer of skills refers to functional empowerment to perform the daily living activities. Providing therapy was an important task for the field staff in this study, however, rehabilitation skills should also be transferred to people with disabilities and/or their caregivers to empower them to be less depended (13).

In addition to the identified competencies, the ability to evaluate and reflect should be added. Evaluation and reflection are needed to ensure that interventions are designed and implemented in line with the needs and context, and to be able adapt accordingly if this would lead to better results (74). Evaluation requires the ability to reflect on the situation and sufficient insight to see where improvements could be made. In addition, reflective practice also enables the field worker to learn from own experiences (75).

4.4 The ability and training needs identified

Most managers regarded the field staff as competent to perform their activities, however, the majority of these managers also reported training needs of the field staff in multiple fields of education and training. A large variety in training needs was identified in this research. However, the most pressing training and education needs seem to be: knowledge about disabilities (e.g. to accurately diagnose, understand disability and understand rehabilitation opportunities) and the ability to identify and assess the needs taking into account all five domains of the CBR framework and by actively involving the various stakeholders. As CBR is about inclusive development with a central role for the community (5), the finding that only a few field staff regarded the community as able to influence the situation of a person with a disability, suggests community mobilization as another training need. Furthermore,
Physiotherapy training was the most frequently mentioned training need among the field staff. Though this was not mentioned by any of the managers.

According to the joint position paper (2004): “CBR workers need to learn the skills used in training people with disabilities, and the need to learn how to provide this training in a competent manner. They also require training for their role in facilitating contact between people with disabilities and their families on the one hand, and the community leaders and specialized service providers on the other” (5). In Nepal, there are CBR trainings available for CBR field staff, of a duration from one month or three months. However, it was found that not all CBR field staff have received CBR training that educates and trains them about the CBR approach. This may attribute to suboptimal performance on the expected roles of the CBR field workers.

The work of CBR field staff requires some specific competencies that can be addressed in trainings: skills transfer and counselling, networking, communication, evaluation, identifying people with disabilities and opportunities for rehabilitation, and assess the needs in all life domains. Also cultural sensitivity can be effectively addressed in trainings (69). These competencies enable the field staff to effectively and efficiently perform their roles. Evidently, the field staff working in the CBR programmes should also be able to attend such CBR training. Findings of this research suggest that most field staff have attended a variety of trainings. However, as suggested in the research from Cancedda a “disorderly patchwork” of trainings is not effective in building the health care workforce (12). Given the many and varying training needs, this seems also the case in the CBR programmes in Nepal.

Various authors advocate for ongoing competency based training, supervision and support in training the field staff, rather than short-term training, to better address the training needs (19,76,77). Next to providing a strong basis that addresses the required competencies of field staff in CBR, providing needs based training that includes supervision and support of the field staff may also be beneficial for the field staff in Nepal, considering the large variety in perceived training needs and the complex and context depended work.

Some papers suggest a need for training in reflective reasoning and critical thinking to enable the field staff to work within the complex reality in diverse contexts (78) and to enable them to learn from experience (75,79). These competencies are ideally expected from the field staff, but could not reliable be assessed in this study, as such training needs require more insight than this research provided. However, through supervision and monitoring of the field staff such complex training needs can be assessed and enhanced when needed. This has also been demonstrated in previous studies with enhancing problem solving skills, which also enhanced performance (77), motivation and retention (54,77).
Limitations of the research

Though this research was carefully designed, there are some limitations. The researcher did not have a background as health care provider, nor was she familiar with the Nepali culture. Therefore, the researcher was largely dependent on external information concerning the research topic and the Nepali context. In addition, the researcher did not speak Nepali. Therefore, the interviews in Nepali were done by an interpreter, which may have caused translational bias.

Furthermore, the case studies in this research might not represent the whole ability of the field staff, due to a lack of context – and therefore understanding – of the described situation. This may cause an underrepresentation of the ability of the field workers in this research, which is taken into account in the interpretation of the data.

Conclusion

Field staff in Nepal have a wide variety of expected roles to perform, covering the multiple domains of rehabilitation. Also, they work with a large variety of persons: people with disabilities themselves, their family and caregivers, the community and VDCs. Most field staff address multiple types of disabilities. The activities of the field staff are highly context dependent. The field staff face a variety of challenges in performing their roles, which can compromise the quality and the effectiveness of the CBR services. These challenges arise through competency gaps in performing their roles, or not being able to complete these roles by challenges in resources, support and recognition. The identified competencies that are required to overcome the barriers as much as possible are: a positive attitude, cultural sensitivity, communication skills, network skills, be able to identify people with disabilities and identify opportunities for intervention, be able to assess the needs and choose the appropriate intervention, be able to counsel and transfer skills and be able to evaluate and reflect. Training and education can enhance these competencies. The current training of the field staff is quite scattered. The CBR field staff would probably benefit from a CBR training, that trains and educates in the identified competencies. However, as the roles and the complexity of the work is highly context depended, there should also be attention for training and education that fits the needs of the field staff within the working context. This could be ensured by providing need based training and education, through supervision and support of the field staff in their work.
Recommendations

- Training should be based on the needs of the field staff to optimal perform their roles within the working context. Instead of multiple short-term trainings of a large variety, a CBR training that builds the identified competencies, with in addition supervision and support of the field staff may result in more effective CBR programmes.

- Promotion of the understanding of disability, CBR programmes and promoting the distribution of the Disability Identity Card, by the VDCs.

- Verify the schools that ask – against law – tuition fees for education of children with disabilities, and take appropriate actions. Also other barriers to enrollment and sustained enrollment in schools should be reviewed, as should be the availability and accessibility of special education for people with disabilities.

- Further research is required to identify the extent to which the field workers have and use the identified competencies. As CBR is complex and context depended, such study is ideally done in the field itself, by persons familiar with the CBR approach and the Nepali context.

- It would be good to investigate whether the received financial incentives of the field staff are competitive with comparable work.

- Further research may be indicated to find out if specialist CBR workers with expertise in certain conditions could lead to more effective and efficient CBR programmes.

- Further research may be indicated to review whether CBR field workers with expertise in certain areas of rehabilitation may lead to more effective and efficient CBR programmes.

- It would be interesting to review the opportunities for the development of reference guides where the field staff can search for information, which includes an overview of referral centers in Nepal, information about various disabilities and rehabilitation opportunities. By making such a reference guide digital, the guide can continuously be adapted and updated.

- Lastly, it would be good to review the feasibility of using technology in training and education, as this might be a cost-effective method to provide ongoing support and training of the field staff.
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Jelske Rozing

December 2015
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Appendices

Appendix 1. Blooms taxonomy, cognitive domain

The Blooms taxonomy for cognitive thinking describes the stages towards higher order thinking skills. It provides a framework for the education programmes, aimed at enhancing cognitive thinking (42,80).

The consecutive stages of cognitive learning.

1- Remembering: Recall previous learned information
2- Understanding: Comprehend the meaning, being able to restate in own words
3- Applying: Use existing knowledge in a new situation.
4- Analyzing: Be able to break information into parts to explore understandings and relationships, being logical.
5- Evaluating: Examine information and make judgements, reflective reasoning.
6- Creating: Use the information to make decisions, generate new ideas, and solve problems.

Blooms Taxonomy for Cognitive Thinking (42). Figure is adapted.
Appendix 2. Participant characteristics

Appendix 2. Overview of the interviewed participants of this research.

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Appendix 3. The interview guidelines

Interview guide CBR manager

Date of interview: ………………………….

Name of organization: ………………………….

Number of CBR facilitators in programme: ……………….

Ethical clearance: ☐ ☐  Confidentiality: ☐ ☐

Years in function as CBR manager: ………………….

Previously worked as CBR facilitator: Yes/No

If yes, years worked as facilitator: ………………….

Age: ……………………….

Sex: ………………………….

Goals CBR programme

1- What are the main goals of this CBR programme?
2- In your eyes, is the work done sufficient to meet these goals?

Work facilitators

3- Could you tell me what people are usually visited by CBR facilitators?
4- Could you tell me the qualifications, training and competencies for CBR facilitators to be employed?
5- What are the most important responsibilities of CBR facilitators in your programme?
6- Do you perceive the CBR facilitators competent in performing their job?
7- How does your organization assist CBR facilitators to perform their job well?

Probes:

- Training & supervision/meetings
  e.g.: What training and education did and do CBR facilitators receive?
  e.g.: How do you get to know what challenges CBR facilitators face?
e.g.: Are there meetings organized where CBR facilitators can exchange experiences and knowledge?

- **(non-) financial incentives,**
  
e.g.: What kind of benefits are obtained by CBR facilitators? What do you think of that? Is that sufficient?

8- **What challenges do you hear of, that CBR facilitators face in performing their job?**

   **Probes:**
   
   - **Social support**
     
e.g.: Does it happen that CBR facilitators face difficulties in finding cooperation of people with disabilities? And their family? The community? Other organizations?
   
   - **Resources**
     
     o **Human resources**
       
e.g.: How do you perceive the work load of CBR facilitators? What do you think of the number of CBR facilitators working for this programme?
     
     o **Facilities available & accessible**
       
e.g. What do you think about the availability of adequate referral opportunities for people with disabilities? Are they accessible?

9- **What improvements could be made to enable CBR facilitators to better do their work?**

**Interview evaluation**

10- **Is there anything you would like to add to this interview?**
  
e.g.: Are there any topics uncovered?

11- **Do you have any recommendations for future interviews?**

Thank you very much for your time.
Interview guide CBR facilitator

Date of interview: ……………………………

Name of organization: ………………………

Ethical clearance: ☐ Confidentiality: ☐

Age: ………………………… Educational level: …………………………

Sex: ………………………… Years experience: …………………………

Goals CBR programme

1- What are the main goals of this CBR programme?
2- In your eyes, is the work done sufficient to meet these goals?

Job CBR facilitator

3- Could you tell me something about the type of people you visit?
   • Person: persons alone, whole family, community
   • Type of disability: physical, cognitive, mental, sensory, emotional, developmental

4- Could you describe a normal working day?

5- What are the most important responsibilities of CBR facilitators?

6- How does the organization help you in performing your job?

Probes:

• Training & supervision
e.g. What training and education have you received? Do you still receive training?
e.g.: What do you do if you have queries in performing your job?
e.g.: Are there meetings organized with other CBR facilitators?

• (non-)financial incentives
e.g.: What kind of benefits do you receive for your work as CBR facilitator?
e.g.: With how many persons are you at home? Is the payment you receive sufficient to feed all people in your family?

7- What challenges do you face in performing your job?

Probes:
• **Social support,**
e.g.: Does it happen that you face difficulties in finding cooperation from people with disabilities? And their family? The community? Other organizations?

• **Resources,**
  - Human resources
e.g.: What do you think of your workload? What do you think of the number of CBR facilitators working for this programme?
  - Facilities available & accessible
e.g. What do you think about the availability of referral opportunities for people with disabilities? Are they accessible?

8- What competencies do you find important for CBR facilitators to have?

9- Is there anything that could be done that would help you in performing your job even better?

10- Of all your work done as CBR facilitator, what is your most cherishable experience?

*Continue with the second part of the interview: case-studies.*
Case-studies

Case 1
This spastic boy of 11 years of age has been identified by CBR fieldworkers and was given a wheelchair. His father who loved his son built – on advise of the CBR field workers – a parallel bar in order to help the boy to stand and learn to walk. It, however, was not very easy for the boy to walk in the parallel bars. It took the boy several minutes before he was standing in the parallel bars.

1. What do you see on the picture?
2. What possible problems or challenges do you think this boy is having?
3. Why do you think it took such a long time (not less than 13 minutes) for the boy to stand up from his wheelchair? What is the cause?
4. What could be the effects/results in terms of rehabilitation development?
5. What could you do to ensure that the boy is able to stand up in a much easier way?
6. Which persons are involved who could influence the situation?
7. What intervention(s) will you choose? Please explain.
Case 2

During a field visit the neighbor of the girl in the photo called you. She was concerned with the girl who is left alone outside the home for entire days when her mother is working in the fields or going to town. When her younger sibling is free from school she brings her sister some food. Otherwise she just sits in her wheelchair for full days, having only contact with neighbors who have a chat with her or give her some sweets at times.

1. What possible challenges do you think this girl is having?
2. What possible challenges do you think her family is having?
3. What do you know about this type of disability?
4. What future challenges will she face?
5. Who do you think can play a role in improving her life?
6. Which problem will you address first? Which one not (if any)?
7. As a CBR Facilitator what would you do for her?
Case 3
You meet a mother who is concerned with her spastic granddaughter. She seems to be chronically in ill health. She doesn’t meet any milestones in length and weight and is always coughing, often having fever. When you sit together with the family you observe the woman feeding the child in a lying position whereby she is often choking. When the child has difficulty swallowing she adds water to make swallowing easier.

1. What possible challenges do you think this girl is having?
2. What possible challenges do you think her family is having?
3. What do you know about this type of disability?
4. What future challenges will she face?
5. Who do you think can play a role in improving her life?
6. Which problem will you address first? Which one not (if any)?
7. As a CBR Facilitator what would you do for her?
Is there anything you would like to add to this interview?
   e.g.: Are there any topics uncovered?
Do you have any recommendations for future interviews?

Thank you very much for your time.
Appendix 4. Coding scheme

Goals and activities

- Health
- Education
- Livelihood
- Social
- Empowerment

Ability and competencies

- By managers
- By field staff
- Received training
- Training needs

Resource challenges

- Human resources
- Available resources and infrastructure
- (Non) Financial Incentives

Recognition and support challenges

- People with disabilities and family
- Community
- Programmes
- Authorities – VDC

Cases

- Diagnosis
- Problem analysis
- Needs assessment
- Persons that can influence the situation
Appendix 5. Informed consent forms

Research permission letter

I grant Jelske Rozing permission to conduct research at (name organization):____________________

The research entitles Community Based Rehabilitation: An assessment of the role and competencies of CBR workers in Nepal. This research is registered at the NHRC under registration number: 2313.

This research is part of the Master’s Thesis of Jelske Rozing, student from the VU University, The Netherlands. The research is supervised by Enablement and the VU University. The final report will be send to the participating programmes, and possibly be published.

I approve the following research methods to be used:

- [ ] Interview with CBR manager
- [ ] Interview with CBR facilitators
- [ ] Observation of fieldwork
- [ ] Desk study with written job descriptions

Name: ___________________________ Date: ___________________________

Position: ___________________________ Signature: ___________________________
Informed consent form for CBR managers

Concerning the study: “Community Based Rehabilitation (CBR) in Nepal; Determine whether the CBR facilitators are sufficiently enabled to effectively perform their roles and responsibilities in the field of Community Based Rehabilitation.”

Dear participant,

In this interview I would like to talk with you about the roles and responsibilities of CBR facilitators in the CBR programme in which you are working. This interview will be part of a study which reviews the ability of CBR facilitators to perform their roles and responsibilities in various programmes. The end goal of this research is to identify possible improvements in the training of CBR facilitators.

The interview will take approximately 30 minutes, and will be conducted in Nepali or in English. During the interview Mr Kshitij Wagle (interpreter) and Ms Jelske Rozing (principal researcher) will be present. Your involvement in this research is voluntarily. You may withdraw from this research project at any time by giving a written or spoken notice to either Mr Wagle or Ms Rozing. You are not obliged to give any reason for wanting to be left out of this research project. With your permission, the interview will be audio recorded. The audio recording is to accurately record the information you provide, and will only be used for transcription. The audio tape will be erased after transcription. We will not provide any incentive for your participation in this interview. All your provided information will be treated confidentially.

I hereby declare that:

- I have understood everything from this consent form.
- I am willing to participate in this interview on roles and responsibilities of CBR facilitators.

Name participant:  

Name interviewer:  

---------------------------------  -----------------------------------
Signature participant:  

Signature interviewer:  

---------------------------------  -----------------------------------

Date:  

---------------------------------
Informed consent form for CBR field staff

Concerning the study: “Community Based Rehabilitation (CBR) in Nepal; Determine whether the CBR facilitators are sufficiently enabled to effectively perform their roles and responsibilities in the field of Community Based Rehabilitation.”

Dear participant,

In this interview I would like to talk with you about your roles and responsibilities as CBR facilitator in the CBR programme in which you are working. This interview will be part of a study which reviews the ability of CBR facilitators to perform their roles and responsibilities in various programmes. The end goal of this research is to identify possible improvements in the training of CBR facilitators.

The interview will take approximately 45-60 minutes, and will be conducted in Nepali or in English. During the interview Mr Kshitij Wagle (interpreter) and Ms Jelske Rozing (principal researcher) will be present. Your involvement in this research is voluntarily. You may withdraw from this research project at any time by giving a written or spoken notice to either Mr Wagle or Ms Rozing. You are not obliged to give any reason for wanting to be left out of this research project. With your permission, the interview will be audio recorded. The audio recording is to accurately record the information you provide, and will only be used for transcription. The audio tape will be erased after transcription. We will not provide any incentive for your participation in this interview. All your provided information will be treated confidentially.

I hereby declare that:

- I have understood everything from this consent form.
- I am willing to participate in this interview on roles and responsibilities of CBR facilitators.

Name participant: __________________________  Name interviewer: __________________________

...........................................................  ...........................................................

Signature participant: ________________________  Signature interviewer: ________________________

...........................................................  ...........................................................

Date: .......................................................

...........................................................
Explanation informed consent form

Concerning the study: “Community Based Rehabilitation (CBR) in Nepal; Determine whether the CBR facilitators are sufficiently enabled to effectively perform their roles and responsibilities in the field of Community Based Rehabilitation.”

The informed consent will be obtained verbally by the principal researcher or the interpreter. The informed consent form is available in English and Nepali. Since all participants are adults, an adult informed consent will be used.

Before starting the audio recording, the participant is asked if there are objections against audio recording the interview. In case of objections, written notes will be taken instead of the audio recording. The participants can withdraw from this research project at any time by giving a written or spoken notice to the interpreter or principal researcher. The participant is not obliged to give any reason for wanting to be left out of this research project.

The principal researcher guarantees confidentiality of all gathered information. The data will be stored on a computer with a password, which only can be used by the principal investigator. The audio-recordings will be deleted after transcription.
Appendix 6. Result tables

The information is derived from the interviews.

Table 1. Characteristics included organizations

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<th>Education</th>
<th>Livelihood</th>
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Note. * Uncertain

Table 2. Target groups of each included organization

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Notes. * Mainly leprosy. **Uncertain, difference between manager and field staff.