

Review

# **Efficacy of Training Community Level fieldworkers: Prospects for Effective Planning and Implementation of Community Based Rehabilitation**

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Accepted 14 May 2022

## **Abstract**

The demand and need for rehabilitation is much higher than what is provided by available rehabilitation workers as well as services especially in low and middle income countries such as Nigeria. It is expected that adequate training will address some issues in the training of community level personnel to effectively carry out Community Based Rehabilitation (CBR) services. This paper seeks to examine efficacy of training community level field workers and its prospects for effective planning and implementation of CBR. The concept of CBR was discussed. In addition, training programmes for CBR field workers were presented. The paper also highlighted the principles and practices of training CBR personnel. Similarly, challenges of training CBR field workers were outlined and suggestions were proffered in terms of funding CBR training programmes, enactment of policies and legislations and also the active participation of persons with special needs and their families, community members, volunteers, caregivers etc.

**Keywords:** Community Based Rehabilitation (CBR), Field Workers, Persons with Disabilities.

**Cite This Article As: Amwe, R.A. (2022). Efficacy of Training Community Level fieldworkers: Prospects for Effective Planning and Implementation of Community Based Rehabilitation. Inter. J. Acad. Res. Educ. Rev. 10(3): 77-82**

## **INTRODUCTION**

The effective planning and implementation of Community Based Rehabilitation (CBR) programme requires resource personnel that are equipped and competent to provide qualitative rehabilitation services to persons with special needs. Community based field workers or Community-level workers are a strong base of workers in CBR personnel that are trained to provide community based rehabilitation services. Personnel under this level according to Economic and Social Commission for Asia and the Pacific (ESCAP, 2014, 1985) include nongovernmental agents, health and community workers, extension agents, school teachers, community service personnel, members of the community, families of persons with special needs and persons with special needs themselves. They are trained on how to apply simple rehabilitation techniques and also coordinate simple referral services as a basis for achieving the goal of CBR programmes.

CBR is referred to as a strategy within the general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. It represents an effort to entrust members of the family and community with the task to perform rehabilitation process in a simplified way that illiterate community members are able to carry out therapeutic exercises, produce and use simple aids and services (International Labour Organization, United Nations Economic, Social and Cultural Organization, World Health Organization, 2004). It provides support and assistance to persons with disabilities, reduces stigma and also enables them to get equal access as persons without disabilities.

Similarly, according to Wirz (1996) asserts that a prime area for research in CBR is in the area of training needs for CBR workers. Community or mid- level rehabilitation workers often require specialized training if CBR is to become an effective strategy for service delivery for the huge and largely unmet needs for persons with special needs. More so, there is dissatisfaction with most of the CBR training programmes whose outcomes presents radical changes in the training needs of CBR field workers.

Therefore, there is need to design a CBR programme and its effectiveness proven. This is due to the fact that the key strength of the CBR model according to Kuiper and Doig (2013) is that enhanced opportunity for provision of training and education of others; family, support workers and also skill sharing among members of the immediate social network surrounding the client. It is necessary that special CBR training programme be organized and designed for CBR workers especially in instances where the community based model relies on community workers as well as family members. More so, the CBR training manuals available and used in training personnel in CBR often lay more emphasis on the transference of technical knowledge unrelated to the practical use of this knowledge and which concentrates rather on technical skills than creativity and problem solving skills (Wirz & Chalker, ud). These training manuals need to be broken down into a language (local language eg. Hausa, Igbo, Yoruba etc.) to ease understanding among community and family members. Over the years, emphasis has been laid on personnel who are already overburdened with their existing responsibilities and have no time providing rehabilitation services for persons with special needs. There have been so many CBR programmes mushrooming in various countries including Nigeria but with a lot of differences on areas of emphasis, approaches and models. Such programmes have not been able to address the problems faced by persons with special needs. These problems are attributed to lack of financial human and material capacity/support as well as technical support (Ngoma, Davies & Seifert, 2008). More so, CBR personnel training curriculum in most instances is prepared based on the experience of the institutional instructors, who teach trainees to work in an institutional set up rather than in the community. According to Thomas, T. & Thomas, J. (2012), they are loaded with technical skills training and lack the essential prerequisites to be successful in the community, namely, the ability to be innovative and to organize the families and the community for CBR work. This results in the CBR workers functioning as institutional extension workers, rather than as community level workers. Similarly, there is actually very little published formal CBR research and the under-theorized field of CBR is a problem since it is accepted for implementation in Nigeria on the pilot basis. Therefore, subsequent studies will serve as headway in establishing CBR training programmes for community-level CBR field workers Nigeria.

This argument is based on the assertion by O'Toole and McConkey (1997) who argued that the CBR approach has remained in its infancy stage in most countries in the world and a major reason for this, they believe, is the lack of attention given to the development of human resources in the current models of CBR. They also opined that a new model of training is required which incorporates the following characteristics: training curricula derived out of the needs of persons with special needs and their careers; information and skills conveyed should be culturally valid and directly applicable to home and community settings; the primary recipients should be family support workers, family members and, where possible, people with disabilities and the training should be available in the locality.

### **Concept of Community Based Rehabilitation(CBR)**

CBR is defined as a strategy within community development for the rehabilitation, equalization and social integration of persons with disabilities (World Health Organization, 2004). This is achieved through the collaborative and combined efforts of persons with disabilities, their families and communities. It also involves the appropriate health, education, vocational and social services provided. According to World Health Organization (2007), there are five key elements/components that present the different components of CBR for community development, skills training and building capacity for persons with special needs these are presents in the CBR matrix presented below:

HEALTH	EDUCATION	LIVELIHOOD	SOCIAL	EMPOWERMENT
Promotion	Early Childhood	Skills Development	Personal Assistance	Advocacy and Communication
Prevention	Primary	Self-Employment	Relationship, Marriage and Family	Community Mobilization
Medical Care	Secondary and Higher	Wage Employment	Culture and arts	Political Participation
Rehabilitation	Non-formal	Financial Services	Recreation, Leisure and Sports	Self-Help Groups
Assistive Devices	Life-long Learning	Social Protection	Justice	Disabled Peoples Groups

**Figure 1:** The CBR Matrix. Source: World Health Organization, (2010b)

As presented in Figure 1 above, the health component is one of the important components of the CBR matrix and its aim is to help persons with disabilities achieve their higher attainable standard of living by addressing five elements (promotion, prevention, medical care, rehabilitation and assistive devices). This is aimed at providing health promoting activities, prevention of disabilities through early detection, treatment and limiting reversing impact of already existing impairment, access to medical care, undertake rehabilitation activities, proper knowledge and use of appropriate assistive devices. Secondly, the educational component includes the early childhood care and education, primary education, secondary and higher education, non-formal education, and lifelong education. According to United Nations International Children's Education Fund (2020), all children, irrespective of where they live or their circumstances (including those living with special needs) have the right to quality education since education starts at birth and is actually broader than just school but to equip individuals with basic skills for independent living. Therefore, there is need to ensure that irrespective of the nature of impairment, no child should be discriminated against (or denied education) on the basis of impairment. As opined by WHO (2010a, 2021), education is the right of every child including children living with impairments (sensory, physical, intellectual/cognitive). This would ensure that no child is left behind as a principle of Education For All (EFA) globally.

A major goal of CBR is to ensure that a child from period from birth acquires early childhood care and education to promote easy transition, creating a welcoming and inclusive primary education system, increased participation and enrollment in secondary and higher education, promoting accessible inclusive higher education programmes, enable persons with special needs develop adequate knowledge and skills that will improve their quality of life and participate in non-formal schooling as a preparation for formal schooling or an alternative to formal schooling. In addition, individuals with disabilities have access to lifelong learning opportunities and also a variety of learning experiences. Thirdly, CBR seeks to enable persons with special needs gain livelihood by developing skills for work opportunities and decent work, gain self-employment, access wage employment, have access to financial services, to develop their economic activities, attain social protection and be allowed to attain and sustain employment. This is in line with the assertion by Ngoma, Davies, & Seifert (2008) which states that persons with special needs should be given all the necessary assistance they require to acquire and sustain employment. Therefore, vocational guidance, training, job placement and post-employment services are inevitable for improving livelihood and quality of life of persons with disabilities.

Moreso, as outlined in the CBR matrix social rehabilitation ensures that persons with disabilities get personal assistance to live with self-determination and dignity, participate in building lasting relationships, marriage and family life, contribute to cultural and artistic lives of family and community life, participate actively in recreation, leisure and sports, and also have access to justice on equal basis as their counterparts without disabilities. Finally, figure one above indicates that empowerment is the last component of the CBR matrix and outlines its components to include empowering persons with special needs through advocacy and communication to enable them express their needs and desires effectively, work together with stakeholders in community mobilization to achieve common goals, create opportunities for active participation in politics, provide assistance through self-help groups and also encourage persons with special needs to work in partnership with disability peoples groups or organizations to plan, monitor and implement CBR programs (World Health Organization, 2010b).

## Training Programmes for CBR Field Workers

Globally, there is a low number of well-trained rehabilitation practitioners required for delivery of adequate services (WHO, 2019). The few available in most cases do not possess the required competencies and skills to meet the diverse needs of persons with disabilities. Over the years families and community members have taken up the responsibility of health and social workers who have been relied on or used in providing CBR services in several countries; an option which is rather negative and uncalled for. CBR field workers are trained to meet specific needs of persons with disabilities in their respective communities which may differ due to cultural and religious practices amongst others factors.

A study by Vuuren and Aldersy (2018) on the training needs of CBR workers for the effective implementation of CBR programmes revealed that CBR workers represent a diverse group requiring a broad range of skills. More so, there is currently no standardized training for CBR and training varies widely depending on context. However, education and training programmes are developed on the basis of the need of groups of people to acquire new knowledge and skills, or to increase their knowledge and improve their skills, in given areas of human endeavor. These perceived training needs would inform the contents of any training programme which is identified after needs assessment in order to ensure the credibility of the training programme and also meet the training needs. There are recognized public and private institutions which offer education and training programmes in which the body of knowledge and skills are determined nationally as in the case of universities and institutes.

Specialized training is required to meet the training needs of CBR workers to enable them take on more strategic and more empowering roles in CBR especially with the corresponding shift in professional roles (Lang, 2011). This roles where hitherto were coordinated by specialists or technicians based on highly skilled expertise. The specific roles of CBR field workers are expected to be clearly spelt out in order to strengthen the workforce. In addition, new courses and programmes in CBR are developed on the basis of felt, observed and/or expressed needs in the society. These needs are expected to be documented and curricula are developed in order to meet the training needs (Nganwa, Mirembe & Kisanji, 2003).

Training programmes need to be regularly or periodically reviewed and the aim is to ensure that the specific training needs of personnel are met by institutions, parastatals or communities that provide these training programmes. The scope of CBR programmes listed in majority of programmes include: advocacy, disability inclusion, clinical skills, health promotion, disability and diversity, community participation, cultural awareness, social justice, capacity building, CBR guidelines, networking and referral, legislation and disability research amongst others (Ned, Tiwari, Hess-April, Lorenzo and Chikte (2020).

## Principles and Practices of Training CBR Personnel

Several CBR trainers have opined that there are several distinct principles that must be adopted in providing training to CBR personnel. According to Kuipers, and Doig (2013), the training of community-level workers is a key challenge as the transfer of skills to clients, family and community members central to CBR and cannot be taken for granted. The following are principles and practices in training CBR personnel:

1. An adult learning approach to presentation of materials must be used rather than relying solely on the traditional pedagogical approach.
2. Interactive or experiential learning is much more successful and promotes thinking and reasoning rather than rote learning.
3. Training of CBR workers should be based on acquiring competence and skills across the spectrum of CBR matrix. Further research is required to determine the competencies of CBR workers as well as define roles of various personnel at the community level (Ned, Tiwari, Hess-April, Lorenzo and Chikte, 2020).
3. A functional approach to assessment and intervention is essential, rather than the traditional 'medical model' to diagnosis and treatment. A functional approach is more meaningful to the client and caregivers and provides greater motivation to improve, as clients can see that the interventions affect their ability to perform normal activities of daily living.
4. Theoretical sessions must be interspersed with practical sessions whereby participants can practice their skills and acquisition of knowledge on each other, before exposure to clients with disabilities.
5. Fieldwork practice sessions are essential, from the very beginning of any training programme (including CBR) so that participants can put into practice what they have learned in the classroom.
6. Regular review of knowledge and skills, with concurrent feedback is highly recommended (evaluation is necessary to

allow for meaningful comparison across context in order to ensure service provision).

7. Level and complexity of knowledge and skills presentation must be tailored to the needs and educational standards of the participants.

8. Training in documentation is essential. It provides an objective baseline assessment for the functional status of the client, from which realistic, measurable treatment goals can be established. Therapists can therefore evaluate efficacy of interventions and progression of therapy. It is essential that measurable outcomes be introduced. Such documentation can also be of value to CBR coordinators, in that they can measure effectiveness of their CBR programmes; they can also discover deficits in CBR workers' knowledge and abilities, thereby identifying continuing education needs.

### **Challenges of training CBR field workers**

Training and retraining of CBR workers can be a challenge CBR trainers, managers and facilitators. The under-theorized field of CBR (because its full implementation relies on it) is a major challenge in CBR training in Nigeria amongst other challenges. These challenges are outlined below:

*Funding:* it is often assumed that that CBR is a cheaper intervention option in the rehabilitation of persons with special needs generally (Ngoma, Davies and Seifert (2008). The cost of training and retraining rehabilitation workers or volunteers, supervision, procurement of equipment and materials etc. involves a lot of money. Inadequate funding is a major challenge in the implementation and sustenance of all programmes. Funding rehabilitation programs is inevitable in sustaining and maintaining such programmes and the lack of funding structure at all levels is a major challenge affecting rehabilitation programmes.

*Policies and Legislation:* The lack of policies to reinforce the rights of persons with special needs has affected the provision of rehabilitation in Nigeria. The lack of policies and laws to support the provision of rehabilitation services has affected its implementation. Policies and legislation are mandatory to ensure quality of service provision, monitoring and supervision, accountability and successful implementation.

Other challenges include the lack existence of rehabilitation centers in rural areas, lack of adequate guidance for parents of children with visual impairment on facilities and resources for their children, inadequate personnel (rehabilitation workers, field supervisors programme coordinators etc.) for existing rehabilitation programmes, lack of sustaining existing rehabilitation programmes and lack of adequate training institutions for the training and re-training of rehabilitation officers for effective service provision.

### **Suggestions**

The following suggestions are thereby proffered:

1. Funding of existing CBR programmes should be prioritized because of the role it plays in improving the quality of lives of persons with special needs and also required by training programmes.
2. Policies and legislation should be enacted and passed into law to ensure the effective implementation, monitoring, supervision and sustenance of existing pilot CBR programmes for persons with special needs generally.
3. Rehabilitation centres should be established (and also ensure their sustainability) in rural areas to improve accessibility: parents, caregivers, special educators, volunteers and community members should be encouraged to be actively involved (and willing to be trained as community level field workers) in the rehabilitation programmes.
4. The Disability Rights Commission, Ministries in charge of employment, Governmental Organizations, Non-Governmental Organizations etc. should employ CBR field workers into the mainstream and ensure that personnel for CBR should be enlightened on the competencies, capabilities and potentials of CBR community level personnel.
5. The enactment of policies and legislations will serve as headway in establishing CBR training programmes for community-level CBR field workers in Nigeria.
6. Persons with special needs and their families, community members, volunteers, caregivers should be encouraged to serve as community level CBR workers. Community members should be encouraged to become more actively involved in the provision of services to persons with special needs.
7. CBR programme facilitators, managers, trainers, curriculum developers should be in the forefront of developing and designing new curricula for community-level personnel in Nigeria based on the CBR matrix. More so, educational researchers should carry out studies on training of CBR personnel as the most important area of CBR which also poses a key challenge in the provision of rehabilitation services to persons with special needs.
8. A standardized approach to Training CBR workers at the community level should be provided eg. training manuals and materials can be produced in local language ie. Hausa, Yoruba, Igbo, etc.

## CONCLUSION

CBR is a sustainable programme aimed at providing comprehensive rehabilitation programmes and services for persons with visual impairment as well as persons with various sensory, physical and cognitive/intellectual disabilities in Nigeria. All relevant stakeholders must be actively involved in realizing this goal.

## REFERENCES

- Economic and Social Commission for Asia and the Pacific (2014). *Guide on disability indicators for the incheon strategy*. Bangkok: United Nations Publication. Retrieved from [www.unescap.org](http://www.unescap.org).
- Economic and Social Commission for Asia and the Pacific (1985). *Community based disability prevention and rehabilitation: guidelines for planning and management*. Bangkok: United Nations Publication
- International Labour Organization. United Nations Economic, Social and Cultural Organization, World Health Organization (ILO, UNESCO, WHO) (2004). *CBR: A strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities*. Joint position paper in CBR. Geneva, 2004.
- Kuipers, P. & Doig, E. (2013). Community-based rehabilitation. In J. H. Stone, M. Blouin, (eds). *International Encyclopedia of Rehabilitation*. Retrieved from <http://cirrie.bufalo.edu/encyclopedia/en/article/362/>
- Lang, R. (2011). Community-based rehabilitation and health professional practice: developmental opportunities and challenges in global North and South. *Disability and Rehabilitation*. 33(2), 165-173.
- Nganwa, A. Mirembe, J. & Kisanji, J. (2003). *An evaluation of CBR training programmes in Uganda*. Community Based African Network (CAN). Consultancy Report. Kampala April, 2003.
- Ned, L., Tiwari, R., Hess-April, L., Lorenzo, T.&Chikte, U. (2020). A situational mapping overview of training programmes for CBR workers in Southern Africa: Strategies for strengthening accessible rural rehabilitation practice. *Front. Public Health*. 8:569279 doi10.3389/fpubh.2020.569279.
- Nganwa, A., Mirembe, J. & Kisanji, J. (2003). *An evaluation of CBR training programmes in Uganda*. Community Based African Network (CAN). Consultancy Report, Kampala April, 2003.
- Ngoma, P., Davies, M. and Seifert, H. (2008). *Global partnerships and CBR*. In *CBR: Inclusive policy development and implementation*. In Hartley, S. & Okune J. (Eds). University of East Anglia Norwich, U.K.
- O'Toole, B. & McConkey, R. (1997). *Innovations in Developing Countries for People with Disability*. Lisieux Hall Publications, Chorley, Lancashire, 1997.
- Thomas, M. & Thomas M. J. (2012). Training of personnel for CBR. *Asia Pacific Disability Rehabilitation Journal*. 5 (3), 34-43.
- United Nations International Children's Education Fund (2020). *The Challenge: one in five every of the worlds out –of-school children is in Nigeria*. Abuja Nigeria: UNICEF Press Centre.
- Vuuren, J. M. & Aldersey, H. M. (2018). Training needs of CBR workers for the effective implementation of CBR programmes. *Disability CBR and Inclusive Development*. Retrieved from [www.infondt.org/resource](http://www.infondt.org/resource).
- Wirz, S. (1996). Where should research into CBR be directed in the next 10 years? *Action Aid Disability News*. Vol 7, 1.
- Wirz, S. & Chalker, P. (ud). Training Issues in Community Based Rehabilitation in South Asia. *Asia Pacific Disability Rehabilitation Journal*.
- World Health Organization (2021). *Disability and Rehabilitation*. Community Based Rehabilitation. CBR retrieved from <https://who.int/disabilities/cbr/matrix/en>.
- World Health Organization (2010a). Introductory booklet. *Community based rehabilitation CBR guidelines*. Switzerland: WHO press Retrieved from <http://whqlibdoc.who.int/publications/2010/9789241548052-introductory-engine.pdf>.
- World Health Organization (2010b). *CBR guidelines Health component*. Geneva: World Health Organization. Retrieved from <http://whqlibdoc.who.int/publications/2010/9789241548052-health-eng-pdf>.
- World Health Organization (2019). WHO Rehabilitation 2030: A call for action. Retrieved online from <http://www.who.int/disabilities/care/rehab-2030> on 12th September 2022.
- World Health Organization(2007). Disability and rehabilitation status. Review of disability issues and rehabilitation services in 29 African countries. Geneva: WHO.
- World Health Organization (2004). *CBR: a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities*. Joint position paper in CBR. Geneva, 2004.