Community Mobilisation in a CBR Programme in a Rural Area of Sri Lanka

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ABSTRACT

Purpose: *This article examines community mobilisation in a model administrative division of the national community-based rehabilitation (CBR) programme in Sri Lanka.*

Method: *After comprehensively analysing local human resources related to the CBR programme at the study site, the focus of the study was on volunteers (n = 17), youth club members (n = 7), and local government officers from multiple sectors (n = 33). A semi-structured interview, focus group discussion and case information provided data, which was collected through social work practice in line with a previously developed one-year action plan. Narrative data was analysed using a qualitative procedure.*

Results: *The findings suggest that the local supporters, including people with disability, made a positive contribution to the CBR programme, and felt satisfied with the activities. Although the local resources and opportunities for people with disability are limited, the analysis points to the importance of coordination, attitudes, and mutual support rituals by villagers, in promoting community mobilisation.*

Conclusions: *Although it is an exploratory study with a limited sample of stakeholders at one study site in Sri Lanka, the study contributes to a growing body of literature that suggests the significance of community mobilisation in CBR. Future studies could explore some of the issues identified here, such as promotion of community-based inclusive development (CBID). However, since a limited sample of stakeholders was involved, findings can be generalised only to a similar context and setting.*

Key words: *community-based rehabilitation, community mobilisation, social work, qualitative research*

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INTRODUCTION

Community-based rehabilitation (CBR) has been adopted in more than 90 countries, including many in South Asia. In the guidelines presented by the World Health Organisation (WHO, 2010), the CBR Matrix shows 5 main components: health, education, livelihood, social, and empowerment. Community mobilisation is placed in one of the five elements of empowerment on the Matrix.

The World Health Organisation (2010) defines community mobilisation as 'the process of bringing together as many stakeholders as possible to raise people's awareness of, and demand for, a particular programme to assist in the delivery of resources and services, and to strengthen community participation for sustainability and self-reliance'. The WHO shows the four steps of community mobilisation: (1) bringing people together, (2) raising people's awareness, (3) assisting in the delivery of resources and services, and (4) facilitating and strengthening community participation.

According to a literature review of CBR, only a few papers are available on community mobilisation and participation of stakeholders that have been researched comprehensively (Finkenflügel et al, 2005). The actual number of papers whose titles include 'mobilisation' and 'community-based rehabilitation (or CBR)' could not be found on the electronic database PubMed (accessed on 1st October, 2014), although some research studies, such as the evaluation of CBR (for example, by Biggeri et al, 2013), examine community mobilisation and participation.

In Sri Lanka, CBR was launched as a national programme in 1994. As of 2012, the programme had covered all of the administrative divisions in Sri Lanka (Ministry of Social Services, 2013). The Ministry made a draft of the five-year plan on the national CBR programme in line with the CBR guidelines. The Ministry (2012a) mentions the goal of community mobilisation as 'local communities (that) are empowered to remove barriers for people with disabilities and their families, and play an active role in facilitating the inclusion of people with disabilities and their families'. In particular, indicators such as a situation analysis of divisional secretariat (DS) divisions, different stakeholders within the community who participated in awareness-raising programmes, key stakeholders who participated in different aspects of CBR activities and other community work, are shown in the action plan.

Although Peiris-John et al (2013) reviewed published literature relating to disability issues in Sri Lanka and pointed to gaps in existing studies on the living conditions of people with disabilities, the practice and effectiveness of CBR in Sri Lanka has rarely been studied.

The aim of this study is to examine community mobilisation in a model administrative division in Sri Lanka, while focussing on the impact made by key stakeholders on the CBR programme.

METHOD

For this study a triangulation method, using mostly qualitative and some quantitative research, was applied. The reason is that qualitative data allows for clear and in-depth insights into contexts, which enables one to extract more comprehensive and holistic data in CBR (Sharma, 2004).

After commencing work in a local government office as a social worker in February 2013, the author applied action research to social work practice (Higashida, 2014). The duration of the research period was from 1st September, 2013 to 15th October, 2014.

This study attempted to answer two research questions:

1) Which factors promote stakeholders' mobilisation? (Entry and promotional factors)

2) What is the impact of stakeholders' mobilisation on the programme? (Impact)

Study Site

The target study site was the R-division (name changed), the model administrative division of the national CBR programme, located in Anuradhapura district. Consisting of 21 villages, the population of the R-division was estimated at 32,684, as of December 2013. The Sinhalese people, who are mostly Theravada Buddhists, constitute more than 99% of the population. The proportion of people with disability registered at the divisional secretariat office was around 1.1% of the total population in 2013. The CBR programme began here in 1998, and long-term overseas volunteers commenced support activities in 2007.

In Table 1, information on human resources in the R-division, as summarised by the author and the social services officer (SSO) is shown. Although the situation

analysis reveals a wide range of stakeholders in the community, the focus is on 3 human resources who actively participate in the CBR programme: CBR volunteers, youth club members, and local government officers.

Some of the core CBR personnel in the R-division are the group of community volunteers (CBR volunteers). Under the national CBR programme, 9,321 volunteers were officially registered within the country as of 2012 (Ministry of Social Services, 2013). The main role of a CBR volunteer is to connect people with disability to local resources, in order to improve their quality of life (Ministry of Social Services and Social Welfare, 2008), and to provide personal assistance and guidance to people with disabilities and their families (Ministry of Social Services, 2012b). In the R-division, 17 CBR volunteers are registered by the SSO. Their allowance is Rs. 250 for three months. The average duration of their work in the division is a period of approximately 6.7 years (SD=6.6).

Youth club members are also active supporters in the community. As of September 2014, around 100 youth, including 25 with disability, have registered as youth club members in the R-division.

Local government officers such as Grama officers (village officers), development officers, zonal education officers, the Medical Officer of Health (MOH), Samrudhi officers (poverty reduction sector), and the officer of the Technology and Science sector, have been important stakeholders who collaboratively conduct inclusive activities in the R-division.

Table 1: List of Human Resources related to the CBR Programme in the R-division

Human Resources	Element of CBR Matrix[a]	Placement	Public/ Private
People with disability	-	-	-
Family	-	-	-
CBR volunteer	Social Empowerment	Social services sector	Public
Doctor	Health	Medical institution	Public/ Private
Midwife	Health	Medical Officer of Health (MOH)	Public
Nursery teacher	Education	Montessori (Pre-school)	Private

Teacher	Education	School (including special needs class)	Public
Local government officer	Livelihood	Samrudhi (poverty reduction)	Public
	Livelihood	Sector of Technology and Science	Public
	Livelihood/ Social/ Empowerment	DS sector of Social Services	Public
	Livelihood/ Social	Other sectors	Public
Buddhist priest	Social	Temples	Religion
Youth club member	Social/ Empowerment	Residents/ Local government	Public

ᵃThe applicable elements of the CBR Matrix: health, education, livelihood, social, and empowerment

Logical Framework of Action Plan

In September 2013, the SSO and the author wrote a one-year action plan, which included indicators aimed at challenging the issues that were found out in the previous research (Higashida, 2014). The logical framework focuses on community mobilisation of the main stakeholders: CBR volunteers, youth club members, local government officers and local institution staff (Appendix). Activities with the youth services sector were commenced prior to the action plan.

Data Collection

Table 2 shows the methods of data collection for 3 key stakeholders, in line with the research questions of this study.

Semi-structured interviews were held with CBR volunteers (n=10) and youth club members (n=7; Table 3). Two interviewers conducted all the interviews in Sinhalese, which is the native language of the study site. Interviews were guided by semi-structured questions to stimulate dialogue. Free-flowing narrative was encouraged to gain unrestricted opinions on the topic of interest. Participants were briefed about the ground rules to ensure confidentiality and the objectives of the study.

Focus group discussions were carried out with CBR volunteers (n=13; groups of 6 and 7). Two facilitators promoted discussions in line with questions, and probes for discussions were developed based on the aim of the study. Multi-sector meetings, usually organised by the divisional secretary, were held at the divisional secretariat in the R-division.

Data from field notes in social work practice was also used to analyse the realities in the study. In particular, the case information and narrative data from interviews with local government officers (n=33) was utilised in the process of interpretation and analysis. Statistical data was collected from documented sources such as local government documents.

Table 2: Data Collection Methods

Key Stakeholders	Interview	Focus Group Discussion/ Meeting	Field Work/ Field Notes	Statistical Data/ Questionnaire
CBR volunteer	Q.1	Q.1, Q.2	Q.1, Q.2	Q.2
Youth club member	Q.1, Q.2	-	Q.1, Q.2	-
Local government officer	-	Q.1, Q.2	Q.1, Q.2	Q.2

Notes: The 'Q' numbers correspond to those of the research question

Table 3: Characteristics of Interviewees (youth club members)

No.	Sex	Age	Enrolment year in Youth Club	Period of Participation in CBR (years)	Remarks
1	M	32	1995	5	Former member. Assistant in the National Youth Services Council.
2	M	22	2005	5	Current member
3	M	19	2006	5	Current member
4	M	24	2007	5	Current member
5	M	35	2012	2	Current member. Person with disability
6	F	21	2013	1	Current member
7	F	18	2013	1	Current member

Data Analysis

Quantitative data was analysed by descriptive statistics.

The data from the interview and focus group discussion was analysed with reference to the KJ method (Kawakita, 1967). This approach emphasises the significance of context in analysing and understanding data. Two raters analysed the narrative data in 6 steps: carefully transcribing and reading interviews; putting transcribed data onto sticky notes; putting sticky notes on a white board; positioning and grouping similar sticky notes; naming each group; and, drawing lines between groups in accordance with relevance.

Data from the other methods was chronologically and descriptively summarised with the assistance of study participants.

Ethical Consideration

This research was conducted on the basis of the ethical guidelines of the Japanese Society for the Study of Social Welfare. The study was approved by the Department of Social Services, the local government office, and the Japan International Cooperation Agency (JICA) office in Sri Lanka.

RESULTS

CBR Volunteers

1) Entry and promotional factors

Table 4 shows the proportion and main activities of the CBR volunteers, who consisted of 4 people with disabilities, 5 family members and 8 other stakeholders. The CBR volunteers, comprising people with disabilities and their families, were appointed by SSOs after consulting them. Others were found at the village meetings, such as elderly associations which the SSOs supported as part of their duties, and were appointed as CBR volunteers. The meetings of CBR volunteers were held bi-monthly to report the progress of supports and share necessary information in the R-division. Training for CBR volunteers was held once, in 2013, by the SSO and chief SSO in Anuradhapura district.

Reporting on the method of introduction and guidance, the SSO stated, "*The new CBR volunteers go to the field with me to find non-registered disabled people because they have more information on disabled people in their living area. Additionally, I recommend*

holding the CBR village committees to gather disabled people in order to share the community situation and discuss disabled people's needs". The SSO also recognised the importance of management and capacity building of CBR volunteers *"because they don't tend to work actively alone by themselves"*.

All the CBR volunteers reported positive feelings about working with disability issues. The main contents are categorised into 3 areas: 'As a peer volunteer', 'Happy to make contributions', and 'Religious well-being'. 'As a peer volunteer', interviewee no. 1 stated, "*Because I have spent a long time with them, I enjoy working with them. At the beginning, I felt resistance to support them. But, after being familiar with it, I felt a sense of fulfilment*". He continued, "*I needed somebody's assistance and help in the past, but … now it is possible for me to help someone, because I have participated in CBR for many years*". Under the second category, all interviewees said that they were satisfied with their activities because they could make a positive contribution. Interviewee no. 5 said, "*I'm very happy to support other disabled people. Because they can develop their capability through various activities, although I think more disabled people should take part in such activities*".

Finally, regarding 'Religious well-being', interviewee no. 9 stated, "*One of the reasons for working as a volunteer is the action of accumulating many virtuous deeds*".

However, the interviewees revealed barriers which restrict their commitment to grassroots activities. Among the personal reasons given, interviewee no.10 said that she was required to take care of her mother whose health condition was severe, and interviewee no. 6 stated that she needed to take care of her cows every day. In addition, during the focus group discussion, interviewee no.12 mentioned, "*Some community people don't show respect to us, so that it is difficult for us to do assertive home visits*".

Table 4: Activities of CBR Volunteers in 2013–2014

No.	Age	Sex	Years	Position before CBR Volunteer	Village Committee	Community Workshop	Events	Home Visits
1	25	M	5	DP		✔	✔	
2	19	F	2	DP		✔	✔	
3	36	M	1	DP	✔	✔	✔	
4	61	F	5	DP			✔	

5	49	F	1	Family			✔	✔	
6	51	F	1	Family			✔	✔	
7	56	F	3	Family	✔			✔	
8	55	F	15	Family	✔	T			
9	61	M	16	Family	✔			✔	A
10	43	F	16	Montessori	✔	✔		✔	A
11	35	F	1	SA	T				✔
12	69	F	16	EA	T				✔
13	61	F	2	EA	T				✔
14	66	F	3	EA	T				✔
15	65	F	1	EA	T				✔
16	60	F	16	Other				✔	A
17	57	F	16	Other	T				

Note: ✔ = continually conducted; T = temporarily conducted; A = visited all households in the area; DP = people with disability; SA = Samrudhi association; EA = elderly association; Montessori = teachers in Montessori.

Though not an official CBR volunteer, No. 3 is included in the list due to his activities as a 'building relationship officer'.

2) Impact

Case data registered by CBR volunteers and the SSO are compared by the presence or absence of placement of CBR volunteers. The number of children with disability under 18 years of age, registered in the presence areas (3.22 per 1,000 population), is significantly higher than in the absence areas (1.39 per 1,000 population) in the R-division (p=.04).

Nevertheless, at the focus group discussion the CBR volunteers placed more importance on other activities. Only one participant (interviewee no.10) mentioned personal assistance and the home visit programme in the target area to find hidden people with disability. Other volunteers pointed to a higher impact from group and community activities, such as religious events for people with disability, community workshops, and CBR village committees. Interviewee no.6 said, "*I believe that it is important for us to involve disabled people in many opportunities. Thanks to CBR and our community workshops, our 'families'* (people with disability) *have chances to go outside, to interact with their friends, and to develop their skills*".

Youth Club Members

1) Entry and promotional factors

According to the youth services officer (YSO) who was interviewed, she did not have a substantial relationship with social services, including disability issues, prior to 2008. The YSO said, "*The previous SSO didn't recognise disabled people in this division due to the lack of home visits, and I didn't have a chance to collaboratively conduct any activities with them*".

Youth club members commenced participation in disability issues after the present SSO was assigned to the local government office in 2008. About 10 members regularly take part in the inclusive events mainly considered by the SSO and the YSO. The first event held by people with disability and youth club members was the New Year (on lunar calendar) Festival of people with disability in April 2009. Youth club members participated in the event to support and liven it up.

All interviewees mentioned the change in their attitudes regarding disability issues, while being satisfied with inclusive activities. Interviewee no.1 said, "*I knew some disabled people, but …I used to consider them as they are just innocent poor people who were born according to 'karma'.* (After participation in the CBR programme) *I realised that disabled people are also human beings same as us ... So, they should have rights same as ordinary people*". Interviewee no. 6 found people with disability were accomplished, "*Now, I realise they are very talented people because they have many talents; some people can sing very well*".

2) Impact

The members regularly take part in the events for people with disability, such as cultural events and Disabled People's Day Festival (3rd of December), while inviting people with disability to the events held by youth clubs, such as sports festivals, leisure camps, and leadership camps. In 2014, for example, 83 youth with disabilities from 3 divisions participated in a 3-day camp that the youth club members coordinated in the R-division. In addition, 7 youth with disabilities took part in a Youth Sports Festival in 2013. Moreover, since 2013 one of the persons with disability (interviewee no. 5) has become an officer of the club through the recommendation of the YSO. Interviewee no. 5 said, "*I am very happy to participate in youth club activities, because I can invite my peers (*other people with disabilities*) to great opportunities*".

Apart from change in personal attitudes, the impact of participation by youth club members was also demonstrated. Stating the need for change in the attitudes of other community people, interviewee no. 3 said, "*They have the ability to do something, they have their own skills, we have to identify what their skills are, and they need somebody's help to sharpen their abilities, like CBR volunteer services. And, it is worth it if people like us also give our support too*".

Interviewee no. 1 mentioned the desire to take action in the community in the future by stating, "*I want to be a YSO and to support disabled people as well as people without disability in the area, in order to empower them. I consider it as a meritorious act*". Interviewee no. 3 stated, *"I want to be a divisional secretary who can develop the community. For example, if accessibility in the community is improved, many disabled people would be able to participate in local activities"*.

Local Government Officers and Local Institution Staff

1) Entry and promotional factors

While multi-sector collaborative activities and programmes were limited, some officers had contact with the SSO in the field of coordinating services such as poverty reduction and support for livelihood of people with disability. The interview with the SSO and other officers revealed that absolutely no collaborative project was implemented before 2008.

The turning point came when the SSO and overseas volunteers began to organise these collaborative projects. Holding meetings to share ideas and giving reasons for the activities were significant developments, although official letters were sometimes required to invite other sectors. Table 5 gives examples of the meetings held to involve stakeholders.

For example, in 2014, when a new project was begun for dropout pupils including children with disability, the conference on child development and CBR played an important role in building a working network with development officers, child-related officers, zonal education officers and school teachers, among others.

At the same time, the involvement of stakeholders to build networks between the social services sector and other sectors was fundamental. Involving community stakeholders - such as the midwives at the Medical Office of Health (MOH), the Grama officers (village officers), and co-medical staff at the community psychiatric

unit - was necessary for sharing information, for liaison, and for reference in order to provide accurate support for people with disability and their families.

Table 5: Multi-Sector Meetings (examples)

Meeting	Purpose	Stakeholders	Frequency
Child development and CBR	To discuss child issues such as dropout pupils, including children with disability	Child- related officers, SSO, officers of the educational sector, Medical Officer of Health, police, overseas volunteers, etc.	Twice a year
CBR progress meeting	To manage progress of the CBR programme based on the action plan	Divisional secretariat, SSO, Samrudhi officers, youth services officer, officers of the educational sector, overseas volunteers	Monthly or bimonthly

2) Impact

In the process of building networks between multi-sectors, a wide range of programmes have been implemented in the R-division.

Firstly, as shown in Table 6, referrals to appropriate sectors were carried out by multi-sectors. The interview with the SSO did not reveal any cases referred between the social services sector and health and educational sectors, as of 2012. When action was taken on the basis of the one-year plan, the number of referring cases increased in each area. For instance, a person with psychiatric disability, isolated in the community, was referred to a training opportunity which the local government implemented.

Secondly, the project on dropouts and non-attending children under 18 (including children with disability) was started. After making plans to collect and integrate information on all villages with the development officers and Grama officers, the survey identified dropout children, including children with disability and one borderline child. The overseas volunteers have collaboratively implemented home visits to refer the children to appropriate existing resources and to develop alternative local resources.

Thirdly, awareness-raising events were conducted. For instance, people with disability, their families, local government officers and other stakeholders implemented an awareness-raising demonstration. The aim was to advocate for women's rights, including women with disability in society. The event was publicised in the national newspaper in September 2014.

Table 6: Referring to Other Stakeholders

Case Information	Human Resources	Before Intervention	After Intervention
Infants with disability and children under 5	Medical Officer of Health (MOH)	0 cases	11 cases
Dropout pupils including people with disability	Teachers (two schools)	0 cases	9 cases
	Development officers/ Grama officers	0 cases	13 cases
People with a psychiatric disability	Officers at a community psychiatric unit (Anuradhapura)	0 cases	6 cases

DISCUSSION

To sum up, this study found strong support for community mobilisation in the CBR programme. The promotional factors and the impacts of community mobilisation, which are the research questions, are discussed in the following sections.

Entry and Promotional Factors of Community Mobilisation

The opportunities for participation in the CBR programme vary for stakeholders. The analysis reveals, however, the importance of coordination, attitudes, and community inclusive development for the promotion of community mobilisation.

Coordinators to connect stakeholders with the programme, and meetings with stakeholders are essential to effectively promote community mobilisation. In this study, the SSO took the main responsibility of managing CBR volunteers and activating a multi-sector approach. However, there are limitations to be considered. The number of CBR-related officers, such as SSOs, is limited to only 2 - 3 in each division in Anuradhapura district.

Attitudes are also a fundamental factor in promoting continual participation. All CBR volunteers had positive feelings about their work in the programme; however, the type of attitude depended on individual volunteers. Although the youth club members initially felt confused, through mutual participation they had gradually become accustomed to collaborating with people with disability. Interviews with youth club members revealed a change in their attitudes towards disability issues, which led to further participation.

Finally, multi-sector practices were implemented, such as the programme for school dropouts and non-attending children (including children with disability). This is one of the examples of community-inclusive development. Multi-sector meetings are very necessary to make decisions and take action related to community-inclusive development. In addition to promoting dialogue at meetings and with the coordinators, sharing positive achievements and rewards would foster a win-win relationship between all the sectors.

The results of the study support the 4 steps that the WHO (2010) describes in the CBR guidelines, while showing the promotional factors with the micro project at the grassroots level.

Impact of Community Mobilisation

The analysis reveals that local supporters, including people with disability, make positive contributions to the CBR programme. Using the concept of the 'Twin-Track Approach' (Kuno, 2003), which emphasises a simultaneous process of empowerment and inclusion in CBR, the impact is divided into 2 aspects: empowerment and community development.

Firstly, community mobilisation influenced the practice of empowerment. For example, CBR volunteers took on the responsibility of identifying people with disability in the community and of promoting social participation in local activities. In addition, multi-sectors undertook a supportive role to identify children with disability less than 18 years of age and people with psychiatric disability, and to refer them to appropriate sectors.

Secondly, mutual support rituals by villagers in the community have developed through the CBR programme. For instance, by collaborating with the youth services sector, mutual participation in youth activities has been developed since 2009. Youth club members have participated in disability issues, and youth with

disability have taken part in youth club events on a regular basis. Furthermore, programmes related to inclusive development have been conducted at the grassroots level. One such example is the women's rights awareness-raising event organised by various stakeholders, which included women with disability.

Limitations

There are several limitations to this study. As the sample consisted of key stakeholders in only 1 division, the study findings can be generalised only to a similar context and setting. Another limitation is the use of imprecise measures for the impact of community mobilisation. The findings therefore need to be carefully interpreted with these limitations in mind.

In future, community mobilisation should be evaluated more comprehensively and an accurate tool for assessment and evaluation should be developed.

However, despite the preliminary nature of this study, it will contribute to a better understanding of the impact of community mobilisation on the lives of people with disability and on community development, as well as the promotional factors.

CONCLUSION and RECOMMENDATIONS

Although it is an exploratory study with a limited sample of stakeholders at one study site in Sri Lanka, the study contributes to a growing body of literature that suggests the significance of community mobilisation in CBR.

Future research related to other CBR practices is recommended because the progress and condition of the programmes would vary according to the different communities in the country. Furthermore, it is important for practitioners and policy makers to assess, plan, act, and evaluate community mobilisation. Future studies could also explore some of the issues identified in this research, such as promoting community-based inclusive development (CBID), while using a larger and more representative sample of all stakeholders in the CBR programme.

ACKNOWLEDGEMENT

APPENDIX

One-Year Action Plan

Project Summary	Indicators	Verification Sources	Assumptions
GOALS Inclusive development and empowerment in Anuradhapura district.	Empowerment and inclusion of people with disability in the prefecture is promoted by 2017.	-Department of Social Services -Divisional Secretariat	Positive political environment will develop further.
PURPOSE Multi-sector practices are promoted in the R-division and accessibility to local resources is improved in target divisions in Anuradhapura district.	By December 2014: -Performance of multi-sector practices increases by 20% or more. -Number of participants in local resources increases by 10% or more.	-Divisional Secretariat -Self research including participatory evaluation	Government will allocate the same level or higher budget to national CBR programme.
OUTPUTS 1. Networking between multi-sectors is strengthened. 2. Quality of support by stakeholders is improved.	By September 2014: 1-1. The number of cases within the health sectors and psychiatric clinics increases. 1-2. The number of cases within the education sectors increases (dropout pupils including children with disability). 1-3. The number of inclusive events held with multi-sectors increases. 2-1. The number of registered children with disability, less than 18 years old, significantly increases. 2-2. Quality of support methods is improved.	Baseline as of April 2013: 1-1. 0 cases 1-2. 0 cases 1-3. Unclear 2-1. No official data 2-2. None	Anuradhapura district will conduct CBR programme.

ACTIVITIES	INPUTS		Cooperation
1. To share information with multi-sectors and hold inclusive events. 2. To hold workshops for CBR volunteers and SSOs, conduct outreach activities (home visits).	1. Overseas volunteers		with the Department of Social Services and Divisional Secretariats will be maintained

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