ORIGINAL RESEARCH

The Role of Community Health Workers in the Mongolian CBR Programme

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ABSTRACT

Purpose: *This article aims to present the role of community health workers in the implementation of a comprehensive CBR Programme in rural Mongolia, and to explore the main challenges that arise in this specific geographical and socio-economic context.*

Methods: *Qualitative data were collected through semi-structured interviews with CBR workers from three selected provinces; short meetings and interviews with respective provincial level CBR coordinators complemented the information acquired. Additionally, a workshop with national level CBR stakeholders was carried out in order to review and discuss the findings.*

Results: *The study highlighted a number of practical barriers (including long distances and lack of transportation, low population density, and harsh climate conditions) which constrain the work of community health workers in the areas studied. In relation to disability, the study shed light on the difficulties found by community workers in shifting from a medical approach to disability to a new approach that emphasizes prevention and rehabilitation. Exploring interviewees' experience in the five areas of CBR (health, education, livelihood, social, empowerment) the authors found that working in the areas other than health is perceived as difficult due to insufficient training as well as objective contextual barriers.*

Conclusions: *Despite many challenges, CBR represents a significant improvement for disability action in rural Mongolia. In this context, the local community health workers are well suited and willing to act as CBR workers; nonetheless, more training and some tailoring work to adapt the Programme to the context is needed if all potential results are to be achieved.*

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Limitations: *This study did not include direct observation of CBR activities or consultation of beneficiaries and other stakeholders. Their involvement and consultation would certainly improve the understanding of all the issues raised.*

Key words: *CBR workers, CBR Matrix, Challenges, Training*

INTRODUCTION

Community Based Rehabilitation (CBR) was first proposed by the WHO in the late 1970s, as a strategy for improving the lives of people with disabilities through the provision of basic rehabilitation services at the community level (Helander et al, 1989). In the following decades, however, the concept has evolved significantly and CBR has broadened its scope, while also embracing a new perspective on disability and a different strategic approach to action in this field.

Indeed, in 2004, taking into consideration the recommendations made by the International Consultation to review Community Based Rehabilitation (held in Helsinki the previous year), a Joint Position Paper adopted by ILO, UNESCO and WHO provided a new definition of CBR, repositioning it as "a strategy within general community development for the rehabilitation, equalisation of opportunities and social inclusion of all people with disabilities" (ILO, UNESCO, WHO, 2004).

The new definition reflects the changes that CBR has gone through since its birth and up to the present day. Initially seen as a strategy to "rehabilitate" the impaired individuals through mainly medical services (individual/medical model), it was then seen as a strategy to "rehabilitate" or "adapt" society to the special needs of persons with disability (social model), and finally as a strategy that promotes their human rights (human rights model). The latest development in the concept of CBR has been the explicit recognition of the link existing between the promotion of persons with disabilities and the process of "community development". The underlying idea is that any policies and actions that promote the rights, participation, and inclusion of persons with disabilities are not just to their benefit, but contribute also to the wider cultural, organisational, and economic development of the community as a whole (Coleridge, 2006). As a consequence, community involvement has become a key element of CBR, which can now be seen as having two major objectives (ILO, UNESCO, WHO, 2004, p.2):

1. To ensure that persons with disabilities are able to maximise their physical and mental abilities, to access regular services and

opportunities, and to become active contributors to their community and to society at large.

2. To activate communities to promote and protect the human rights of people with disabilities through changes within the community, for example, by removing barriers to participation.

Along with this change of perspective, there has been a change in the intervention approach recommended for the implementation of CBR programmes, which now need to reflect a more holistic and multi-sectoral approach, and to make the best use of all resources available in the community.

To support this strategy, a CBR Matrix was elaborated by WHO to identify five main areas in which a comprehensive CBR Programme should be articulated: health, education, livelihood, social and empowerment. The Matrix provided the framework for the development, in the following years, of international CBR Guidelines, which were finally adopted and disseminated by the WHO in May 2010.

As a community-based approach and strategy, CBR requires for its implementation the combined efforts of people with disabilities themselves, their families, organisations and communities. A key role is played by community volunteers (the CBR workers), who are responsible for providing basic assistance to persons with disabilities in the five areas of the Matrix, training them and their family members in basic rehabilitation and management of daily life activities, facilitating contact with specialised services, and more generally, promoting their equal access to all opportunities. Moreover, CBR workers are the main agents for the promotion of community awareness, involvement, and mobilisation around disability.

In this context, the workers' skills, motivation, and understanding of CBR are absolutely central to the success of the strategy, as highlighted by some studies that have tried to examine their role, attitudes, and training needs in order to produce useful programme recommendations (Deepak et al., 2011; Paterson, 1999; Sharma and Deepak, 2003; Johnson et al., 2004; Finkenflügel, 2006; Narayan and Reddy, 2008).

STUDY SETTING AND OBJECTIVES

This article presents the results of a qualitative and descriptive field study on the work of CBR workers in the rural communities of Eastern Mongolia. Before

describing the objectives of the study in more detail, the Mongolian context is briefly introduced.

Mongolia is a very large country, with an extreme continental climate and a small, dispersed population. These conditions make the implementation of decentralised health and social services particularly challenging, especially in the rural areas, where most of the population practises semi-nomadic herding and lives in tents scattered across a large territory covered by few, and often inadequate road connections. Here, Primary Health Care is delivered by community health workers (called *feldshers*) through periodic visits to each and every tent of the village (called *bag*).

CBR was introduced in Mongolia in the 1990s, with external support from WHO and the Italian NGO AIFO-Associazione Italiana Amici di Raoul Follereau. The programme was first introduced in the Western Provinces (*Aimags*) and the capital city Ulan Bator. It was only in 2007 that a new EU-funded project made it possible to extend it to 9 new *Aimags* and the respective Districts (*Somons*) in the Eastern part of the country. With the inception of the programme, the *feldshers* (community health workers) have been trained to function as CBR workers also, and hence undertake new tasks and responsibilities. This poses the question as to how their new, multi-sectoral duties fit with the previous ones, and whether they have sufficient knowledge and training in CBR to effectively fulfil their new role.

Taking into consideration the issues mentioned above, this study looked at the role of *feldshers* as CBR workers in the rural communities of Eastern Mongolia, with the aim of describing their specific duties and responsibilities in the community, and of shedding light on the major challenges they face when implementing their required tasks, in particular the new CBR activities.

It was decided to focus on the first 3 *Aimags* that have been covered by the CBR Programme since 2007, namely Hentii, Dornod, and Suhbataar, and to focus only on rural bags, in order to highlight the issues that specifically concern them. A brief overview of these three *Aimags* is given in Table 1.

Table 1: Aimags included in the study

Aimag	No. of Somons	No. of Bags	No. of Rural Bags	Total Popul-ation	PWDs	PWDs as % of Total Pop.	Start date of CBR*
Hentii	21	83	54	70.179	3.182	4,53%	July 2008
Dornod	14	63	38	74.500	3.252	4,36%	April 2008
Suhbataar	13	67	48	54.363	2.257	4,15%	May 2008
Total	48	213	140	199.042	8.691	4,37%	April-July 2008

Source: Aimag CBR Coordinators (August 2010)

*Start date of CBR is intended here as the date when training for *feldshers* was completed.

The study objectives were:

1. To gain a general understanding of the profile of the bag feldshers, and of their work and challenges as primary health workers in the rural areas of Eastern Mongolia;
2. To gain an in-depth understanding of their specific duties and challenges in the implementation of a comprehensive CBR programme in their geographical areas of competence.

It is important to point out that the study focused only on the work of feldshers, and does not claim to be an assessment of the Mongolian CBR Programme as a whole. Nonetheless, some of the issues and reflections that emerged here may provide useful inputs for future and broader studies on the Mongolian CBR Programme.

METHOD

The main method used for data collection was the individual semi-structured interview with *feldshers* working in rural *bags*. All the interviews were carried out with the help of a local translator and assistant (AIFO staff), between August 23rd and September 3rd, 2010. Responses were recorded on questionnaire sheets in English, and relevant issues that emerged were discussed by the external researcher, the assistant and other AIFO staff at the end of each day of data collection work.

The *feldshers* were selected as follows: a group of 10 districts (*Somons*) was selected, taking into account their geographical accessibility and the availability of *feldshers* for interview; these represented one-fifth (21%) of the *Somons* belonging to the three *Aimags* considered. In each of these *Somons* were included all the rural *bag feldshers* who were available for interview; in total, 16 *feldshers* were interviewed, each covering one rural *bag*. Totally, the *feldshers* interviewed covered 41% of the rural *bags* belonging to the selected *Somons*. Further details on the *Somons* and *bags* included in this study are provided in the annexures.

Additionally, in each *Aimag* involved, an introductory meeting and open interview with the local CBR Coordinator was carried out. This took place before the interviews with *feldshers,* with the aim of sharing the research objectives, collecting background data about the *Aimag,* and recording the expectations, views, and opinions of the Coordinator about the issues under consideration. Again, translation from Mongolian to English and vice-versa was provided by the local assistant.

After completion of all field visits and interviews with CBR *Aimag* Coordinators and rural *bag feldshers*, a final workshop was held in Ulan Bator. Here, the provisional results of the research were shared and discussed with key stakeholders of the National CBR Programme, identified by AIFO local staff in the District, CBR Coordinators and the National CBR Coordinator. The local AIFO staff attended the workshop and provided support with the necessary translation.

This study was carried out as part of a project on CBR in Mongolia, co-funded by the European Union and managed by AIFO-Associazione Italiana Amici di Raoul Follereau. The study was carried out in accordance with AIFO's guidelines for ethics in field research.

The main limitations of the methodology used are that it did not allow for direct observation of the work of *feldshers* in their communities, or for direct consultation of people with disabilities. Moreover, due to time and distance constraints, it was not possible to include structured consultations with CBR Committees and Sub-committee members at *Aimag* and *Somon* levels respectively. These consultations could have been useful for discussing the issues raised by the *feldshers* during the interviews. Other programme stakeholders – such as *Somon* doctors and school teachers – were not consulted; their contribution could also have helped in the interpretation of some statements made by the *feldshers*.

RESULTS

Profile of the *Feldshers* Interviewed

Of the 16 *feldshers* interviewed for this study, there were 15 females and 1 male. Their ages ranged between 25 and 57 years, but most of them (10 out of the 16) were between 40 and 50 years old. All except the youngest one had graduated from the same Nursing School located in south eastern part of Mongolia at least 10 years earlier, and had over 10 years of experience working as *feldshers*. Most of them had always worked in the same *bag*, though some (6 of them) had changed to other bags in the course of their careers. Though most of the interviewees had worked only as *feldshers*, some had also been midwives in *Somon* Hospitals. Additionally, one interviewee had worked as a *Somon* doctor and traditional medicine practitioner, and another had been a Social Policy Officer and nurse in her *Somon*.

Duties of the *Feldsher* in the Mongolian Health and Social System, and Related Challenges

In Mongolia, the *feldsher* is responsible for all Primary Health Care (PHC) activities at community level, including health promotion and prevention, early identification of health conditions, primary and emergency care, and referral to higher level facilities. Moreover, the *feldshers* reported that they are often required by the *Somon* Hospital to carry out some additional tasks, such as periodic collection of data on specific health programmes from other *bags* of the *Somon* (through their respective *feldshers*), replacement of nurses and other hospital staff, sometimes even filling up persisting vacancies of other *bag feldshers* on a quasi-permanent basis. In addition, *feldshers* are responsible for collecting and updating demographic and socio-economic data at *bag* level.

Furthermore, because of their periodic contact with all the families, *feldshers* are generally required by the *Bag* Governor to channel all communication between the local administration and the community, to accompany and assist the Governor during his visits to the families, and to support other activities in the community, such as the organisation of events and festivals, taking the yearly head count of animals (every year in December), and anything else that may require their support. As "connectors" between the population and the administration, *feldshers* play an important social role. This is further demonstrated by the fact that half of the interviewees are also members of political councils – at *bag* or *Somon* level – or activists and coordinators in non-governmental organisations.

In this context, the *feldshers* faced several challenges in the daily fulfilment of their role. According to those interviewed, the most important challenge is the size of the geographical area to be covered and the distances that they need to travel to reach all the families. Officially, each *feldsher* should carry out periodical home visits to each and every family of the *bag*. The *Somon* Hospital should provide them with suitable means of transportation, but from the interviews it emerged that this is rarely the case. Consequently, *feldshers* tend to make few visits and spend little time with each family, especially in winter when herders move further apart from the *bag* centre and travelling to reach them becomes particularly hard due to climatic conditions. Due to time and distance contraints, the *feldshers* generally visit each family 2-3 times per year, while ideally they should visit every 1-2 months. Families with pregnant women, children and elderly people are visited more often, but still less than required. Moreover, some *feldshers* complained about the lack of equipment, such as IEC materials, personal computers, and working uniforms.

Duties of the *Feldsher* in relation to CBR

The role of *feldshers* in CBR is closely linked with their role in the community and in the Mongolian health and social system at large.

Due to their strategic position, indeed, *feldshers* become key resources in all aspects and activities of CBR which involve direct contact with persons with disabilities. These activities are:

- Identifying persons with disabilities living in the community, and subsequently keeping records of services provided to them, of progress made in the rehabilitation process, and of any new needs or opportunities that may emerge.
- Providing support in all five areas of the CBR Matrix (health, education, livelihood, social, and empowerment), through the direct provision of care and through other forms of support such as training, information, and referral to other services.

Moreover, the *feldshers* should raise awareness about disability and promote the involvement of the community in CBR. However, this last point (very important in the internationally accepted CBR strategy) was very rarely mentioned when the *feldshers* described their role in CBR.

Feldshers' understanding of Disability before and after CBR Training

Before their involvement in CBR, none of the interviewed *feldshers* had ever had experience in supporting people with disabilities beyond the provision of standard primary care, and eventually, the use of traditional medicine and massage, with the exception of one *feldsher* who had a person with disability in her family. They used to have a very restrictive concept of disability, and generally used the term "disabled" only for those persons who received a State invalidity pension. As a consequence, they were not used to considering as 'disabled' those people who, despite having an impairment, were not entitled to receive an invalidity pension according to the national legislation (children under 16, for example).Their understanding of the condition of persons with disabilities was limited to the medical aspects, and consequently their actions consisted simply of providing primary health care and referral to specialist services, as in the old medical model of disability.

With the introduction of CBR in the *Aimags*, a 10-day CBR training course was organised for all *feldshers* in their respective *Aimag* centres. These courses were held between April and November 2008. Of the 16 *feldshers* interviewed, 14 had regularly attended such training; the other 2 *feldshers* had joined service only in 2009, so they had to learn the job on their own, with the help of the CBR Manual, the *Somon* doctor, or the other *feldshers*.

According to the *feldshers*, CBR training radically changed their understanding of disability, introducing them to a new, multi-dimensional, and integrated intervention approach which they now strongly supported. They understood that persons with disabilities need assistance in all the five areas of the CBR Matrix (and not just in health). They also understood the importance of prevention and rehabilitation, and the need to promote PWDs' access to equal opportunities in the community. On the other hand, they hardly (if at all) mentioned any broader concept of community involvement and development in relation to CBR. Lastly, the *feldshers* claimed that CBR fits perfectly into their general role and, in principle, they did not feel it added to their earlier workload.

Following is a more detailed look at the work undertaken by the *feldshers* in each of the five areas of CBR. The main challenges that emerged are highlighted. Before starting with the area of health, however, a brief glimpse is provided of the duties and challenges of *feldshers* in relation to the activities of identification and monitoring of disability.

Duties in the areas of Identification, Recording and Reporting, and Related Challenges

At the start of CBR, *feldshers* are expected to carry out house-to-house surveys and follow the instructions of the CBR Manual to test the **abilities** of each family member. Based on the disabilities found, they draw a "disability map" of the *bag* and start providing the relevant support and assistance. In order to monitor the situation and report to higher levels, they keep records of services provided, of progress made by PWDs, and of any new needs identified.

The main challenge highlighted by the *feldshers* in relation to these activities is the difficulty in reaching all the families living in the steppe. Moreover, some *feldshers* revealed that they felt uncomfortable testing the abilities of their fellow community members – whom they had known personally for many years – and therefore preferred to survey only those whom they "knew" or "suspected" may have a disability. However, this carries the risk of some disabilities going undetected, especially those that are not immediately evident or the ones that families hide because of the associated social stigma. In terms of recording and reporting, on the other hand, the *feldshers* claimed that they had no particular difficulties, although according to the CBR *Aimag* Coordinators and the National CBR Coordinator their records still needed improvement.

Challenges in the area of Health

Being health workers, the *feldshers* found this area generally less challenging than the other areas of the CBR Matrix, and consequently there was the tendency to concentrate most of their efforts here. Nonetheless, most of them found it difficult to complement the usual medical care with new elements of prevention, rehabilitation and promotion of independence of persons with disabilities, as expected by the CBR programme. When it came to physical disabilities, *feldshers* felt relatively confident that they could support persons with disabilities with massage, physical exercise or provision of assistive devices (such as wheelchairs and crutches), although they found it difficult to train and motivate persons with disabilities and their families to continue rehabilitation at home and improve independence. With other types of disabilities (hearing and speaking, visual, intellectual, and mental disabilities), the *feldshers* believed there was little they could do, that they lacked specific skills, and therefore they tended to limit their intervention to referring people to specialist services and helping them get discounts. Overall, they hardly mentioned prevention of

impairments (including secondary and tertiary disability) and training for day-to-day independence.

Challenges in the area of Education

Education emerged as the second main area, after health, in which the *feldshers* were concentrating their efforts to support persons with disabilities. However, challenges were also reported. In fact, while there were relatively good results in the promotion of access to general education for children with mild disabilities, they commented that they had done very little for children with severe disabilities and for uneducated adults. The latter, they claimed, were too challenging, and educating them is generally considered unnecessary by their families. On the other hand, some of the *feldshers* who participated in the workshop held in Ulan Bator (3rd September, 2010) confirmed the authors' impression that they themselves were unsure about what the benefits of educating people with severe disabilities would be, a fact that may explain why their advocacy in this regard was rather weak. The *feldshers* further noted that when families do show interest in the education of their members with a disability, practical barriers (such as distance and inaccessibility of school infrastructures) emerge. They also reported difficulties in motivating schoolteachers to include children with disabilities in their classes, and in persuading children themselves to stay in school. Informal education, foreseen by the *Master Plan to Develop Education of Mongolia in 2006-2015* (Government of Mongolia, 2006) was not really considered an option for persons with disabilities, as *feldshers* claimed this is currently not accessible in rural areas. Although these observations are made by the *feldshers* interviewed in this study and reflect their perceptions and past experience, the issues that they raised seem to be consistent with what has been found in other studies (Gundelbal and Salmon, 2011). In consequence, the *feldshers* suggested that children with disabilities could go to the nearest special needs school (in the *Aimag* Centre or Ulan Bator), if their mothers could afford to accompany them.

Challenges in the area of Livelihood

In the area of livelihood, the experience of supporting persons with disabilities was generally low and varied among the group of *feldshers*. The ones who appeared to be most active were those who also played a role in other social development projects.

Most *feldshers* claimed they did not know what they were expected to do to support persons with disabilities in terms of economic empowerment. They were aware that some opportunities for skills development and income generation were offered directly by the CBR programme, but claimed they had not received enough information to be able to promote them among potential beneficiaries.

According to them, in the rural *bags*, where the main economic activity is herding (managed by the family as a whole), persons with disabilities and their relatives were not interested in increasing employment opportunities and economic independence for the individual. Persons with disabilities do not express the need to find an occupation. Only in very few cases had the *feldsher* supported them in the development of an additional economic activity (for example, production of dairy products), and when they showed interest in a salaried job, they had been supported in the search. Families, on the other hand, are interested in the rotating cattle funds made available by the CBR programme, because these constitute an opportunity for the family as a whole. However, two issues emerged: first of all, rotating cattle funds are available only in few bags (selected at higher programme levels) and therefore this opportunity cannot not be seen as the only option for supporting livelihoods for persons with disabilities. Secondly, some *feldshers* observed that persons with disabilities tend to be excluded from herding, which is generally seen as unsuitable or even dangerous for those with mobility, visual or hearing impairments, and for those with severe intellectual disability. As a result, it is possible that persons with disabilities would remain inactive even if their families benefited from participation in a rotating fund.

Overall, *feldshers'* experiences in the livelihood area of CBR consisted mainly of helping persons with disabilities to access and renew their State invalidity pensions, without actually promoting their economic activeness.

Challenges in the area of Social Promotion and Inclusion

Most *feldshers* interviewed for this study understood that social promotion and inclusion of persons with disabilities was a key objective of the CBR programme. However, hardly any of them could explain what this means in practice, or mention any examples of action taken in this area. When the concept was clarified, some relevant examples did come up.

Some *feldshers* reported that they had tried to bring persons with disabilities "out of their homes" and to involve them in social events, such as *bag* meetings and

small festivals of culture and sports. A few had tried to encourage them to play music or perform other forms of art. Most *feldshers* had made at least one attempt to raise awareness about disability on the International Day on Disabilities or on other occasions when the *bag* population gathered. Overall, however, it emerged that since opportunities for social contact and gatherings are very limited in the rural *bags*, there are few chances to promote such awareness-raising campaigns and to involve persons with disabilities in the community's social life.

Challenges in the area of Empowerment

The *feldshers* were not familiar with the term and concept of empowerment, and initially could not provide any examples of specific actions taken in this regard. After some clarification, a few inputs were received.

Only 2 of them had heard about Disabled People Organisations (DPOs), and 1 had tried to involve persons with disabilities in their local branch. None mentioned self-help groups or of having spoken explicitly about "empowerment" issues to persons with disabilities, their families, and/or communities. However, some *feldshers* explained in their own words the importance of bringing disability issues to the attention of the authorities and advocating for them. They mentioned the importance of making persons with disabilities more active, and of providing them with psychological support, in order to give them confidence and reduce fatalism. Despite this, they claimed that their work in this area had been rather weak. According to them, the main reasons were that CBR training had not been clear about this topic, and that they lacked practical skills to deal with existing family and community attitudes towards disability, which they described as largely influenced by fatalism and prejudice. Lastly, the *feldshers* claimed they had not been trained to communicate directly and effectively with persons with severe sensory (visual, hearing) or intellectual disabilities, and therefore could not fully understand their needs and support them effectively.

DISCUSSION

On the whole, the rural *bag feldshers* interviewed for this study supported the new approach to disability promoted by the CBR programme. They appreciated the new definition and classification of disability, as well as the emphasis laid on prevention and rehabilitation, and the multi-dimensional intervention strategy. Moreover, they perceived themselves as the people who enjoyed the most strategic

position in the *bag* (close both to the population and the institutions/services) to act as CBR workers, so they were very willing to play this role.

At the same time, it emerged that during their first 2 years of association with the CBR programme, the *feldshers* had not managed to ensure its full and satisfactory implementation, in all thematic areas and in relation to all types of disabilities. For example, it seemed that they had been disproportionally more active in the health area compared to the other areas of CBR. Moreover, while they had worked relatively well in the rehabilitation of people with mild disabilities, they had encountered difficulties in dealing with more severe and challenging cases. Lastly, it appeared that often their assistance had been predominantly welfare-oriented: the provision of health care (PHC and referral to specialist services), invalidity pensions, and other social welfare measures had been effective, but complementing them with the new elements of rehabilitation, and with the promotion of opportunities, self-advocacy, and inclusion of persons with disabilities, had been rather slow and incomplete. The work of *feldshers* in the area of advocacy and community involvement too had been weak, according to the interviewees.

There are several explanations for the incomplete implementation of CBR on the part of *bag feldshers*. The main groups of issues and challenges that were identified in this study are summarised below.

Firstly, some physical features of the Mongolian territory, such as the large distances, lack of roads and means of transportation, and harsh climatic conditions may have played an important role in constraining the activities and results of the CBR workers. In the study area, these barriers were said to strongly influence all aspects of community life and local service delivery, and had made it particularly difficult for *feldshers* to maintain regular contact with the *bag* population, including persons with disabilities and their families.

Secondly, it is worth noting that at the time of the interviews, the CBR programme was still relatively new in the study area. As a consequence, there may not have been enough time to develop and consolidate *feldshers'* skills, or to produce significant changes in the local environment and community.

Nonetheless, contextual factors such as physical barriers and the short life of the programme are not sufficient to explain programme limitations. Indeed, the following issues also emerged.

The authors found that some key concepts of CBR, such as social inclusion, empowerment, and promotion of livelihhods for persons with disabilities had not been fully understood by the *feldshers*, and some of them did not know what exactly was expected from them in this regard. Moreover, they often had difficulties in finding suitable applications of some elements of CBR to the local context of rural Mongolia. To quote one example, the local economy, based on family herding, did not necessarily require the active contribution of all individual members to generate family income; therefore, families showed little interest in the productive potential of their members with a disability, and in *feldshers'* support to develop such potential. Another example is the high dispersion of the *bag* population, which was said to imply a somehow "rarefied" social life in which inclusion of persons with disabilities is difficult to promote.

Secondly, the study highlighted a perceived weakness of the *feldshers* in relation to communication with (and support to) people with severe, sensory or intellectual disabilities. The *feldshers* attributed this to a lack of specific, professional communication skills on their part, which prevented them from talking directly to these groups and providing them with quality, holistic support tailored to their needs.

Additionally, the *feldshers* felt they were deficient in terms of communication skills towards families and communities. This was responsible for slow progress in the promotion of positive attitudes and behaviours, especially in the family and school settings. For example, they felt they had little success in motivating families of persons with disabilities to assist in rehabilitation exercises at home, or to promote their education and active participation. Similarly, the *feldshers* felt their relationship with schoolteachers was weak when it came to promoting the inclusion of children with disabilities at school. Some of them also expressed a feeling of isolation within the CBR programme, claiming that they had had little interaction with *Aimag* and *Somon* Committees, and were not certain which other institutions and people were involved in the Programme.

Lastly, some *feldshers* also mentioned practical difficulties in carrying out specific rehabilitation exercises, and argued that more training should be given in future.

CONCLUSIONS

Despite some limitations and incomplete implementation in the areas visited, the authors believe that CBR, with essential levels of support and involvement, has the potential for growth as an effective and suitable strategy to reach persons with disabilities living in rural Mongolia.

Bag feldshers, who were already implementing PHC services based on an outreach model, seem to provide a route for the much needed shift from the old medical approach towards disability to the new, internationally shared approach based on the lines of rehabilitation and prevention of impairment. Moreover, their informal though widely acknowledged social role as connectors between the population and the local institutions and services, seems to provide the best opportunity to support the full implementation of a comprehensive, multi-sectoral, and integrated CBR programme that will align Mongolia with the internationally agreed strategy on disability.

However, all the issues highlighted in this study suggest that there are still many weaknesses, two years after the launch of the programme in these areas, and a lot of work has to be done to strengthen and develop CBR to its full potential.

In particular, the authors believe that more efforts have to be made to improve *feldshers'* training on disability, in order to strengthen their work in prevention and rehabilitation, and to achieve a full implementation of the multi-dimensional CBR strategy. The experiences reported by the *feldshers,* and the doubts that they expressed, suggest that the 10-day CBR training courses organised for them at the beginning of the programme may not have been sufficient; therefore, it is suggested that a high level comprehensive training module – covering background concepts on disability and specific instructions on how to use effectively the CBR Matrix – should be introduced as part of the curricula taught in the Nursing Schools, where *bag feldshers* receive their general training. The training should also cover some important soft skills (in the areas of communication, advocacy, motivation, etc.) that, according to their own perceptions, the *feldshers* still lack. Moreover, special attention should be paid to those skills that are urgently needed to support persons with sensory or intellectual disabilities, the group that emerged as the most challenging to deal with from the *feldshers'* point of view.

It is also worth drawing attention to the need for further investigation into the socio-economic, cultural and physical features of rural Mongolia, in order to better understand and tackle the challenges that they raise in the implementation of CBR.

Lastly, further research into the role and abilities of other actors in the local CBR network and communities at large (CBR committees, schoolteachers, etc.) might also help clarify and tackle the weaknesses revealed by the *bag feldshers*, in order to further reinforce their position and empower them to promote more effective and sustainable community-based rehabilitation networks.

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Annexure 1 - Additional information on the Somons and Bags included in the study

Table 1: Somons included in the study

Aimag	Somon	Distance from Aimag centre	Total population	No. of Bags (of which rural)	PWDs	PWDs as % of total population
Hentii	Tshenhermandal	225 Km	1.703	5 (4)	115	6,75%
	Jargalthaan	180 Km	1.964	5 (4)	97	5,73%
	Murun	20 Km	1.904	5 (4)	99	5,20%
Dornod	Hulumbuir	130 Km	1.777	3 (2)	158	8,89%
	Bulgan	60 Km	1.775	3 (2)	153	8,62%
	Bayan Uul	200 Km	4.508	6 (4)	337	7,48%
	Bayantumen	11 Km	2.006	4 (3)	134	6,68%
	Choibalsan	60 Km	2.615	3 (2)	232	8,87%
Suhbataar	Suhbataar	57 Km	3.197	5 (4)	153	4,79%
	Asgat	45 Km	1.806	4 (3)	81	4,49%

Source: Data provided by Aimag CBR Coordinators (August 2010)

Table 2: Bags included in the study

Aimag	Somon	Bag	Distance from Somon Centre	No. of House-holds	Total popu-lation	PWDs	PWDs as % of total popul-ation
Hentii	Thsenher-mandal	Hujan bag	15 Km	107	368	16	4,35%
		Sogoot bag	25 Km	138	369	29	7,86%
	Jargalthaan	Chuluut bag	13 Km	55	426	18	4,23%
	Murun	Bag no.3	19 Km	128	417	23	5,52%
		Bag no.5	25 Km	72	218	10	4,59%
Dornod	Hulumbuir	Bag n.2	25 Km	159	564	46	8,16%
	Bulgan	Bag n.1	16 Km	303	1107	118	10,66%
	Bayan Uul	Bag n.6	25 Km	120	310	29	9,35%
		Bag n.3	30 Km	136	480	41	8,54%
	Bayantumen	Bag n. 4	60 Km	102	314	4	1,27%
	Choibalsan	Sumber bag	15 Km	178	605	20	3,31%
Suhbataar	Suhbataar	Hulgar bag	28 Km	170	926	97	10,48%
		Bag n.1 Bajangol	45 Km	234	793	37	4,67%
		Bag n.5 Shine Bilag	64 Km	125	515	7	1,36%
	Asgat	Bag n.3	25 Km	95	416	25	6,01%
		Bag n.2	32 Km	113	433	35	4,35%

Source: Data provided by bag *feldshers* (August 2010)

Table 3: Human resources gap (bag *feldshers* only)

Aimag	Somon	No. of rural Bags	No. of rural Bag feldshers actually in service (August 2010)	No. of rural Bags without an assigned feldsher (post is vacant)
Hentii	Tshenhermandal	4	3	1
Hentii	Jargalthaan	4	1	3
Hentii	Murun	4	2	2
Dornod	Hulumbuir	2	2	0
Dornod	Bulgan	2	2	0
Dornod	Bayan Uul	4	2	2
Dornod	Bayantumen	3	3	0
Dornod	Choibalsan	2	2	0
Suhbataar	Suhbataar	4	3	1
Suhbataar	Asgat	3	3	0

Source: Aimag CBR Coordinators (August 2010)