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Community Based Rehabilitation: An Assessment of Community Based Rehabilitation Workers' and Trainers' Perception of the Training Experience in Rural South India

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Background: Community-based Rehabilitation (CBR) is a multi-sectorial approach to provide services and promote empowerment, participation and inclusion for people with disabilities. In rural South India, the Village-Based Rehabilitation program at Amar Seva Sangam Ayikudi (ASSA) uses CBR, and employs Community Rehabilitation Workers (CRW), lay-people who are trained by rehabilitation professionals ('specialists') at ASSA. CRWs and specialists provide rehabilitation to over 400 children with disability and their families. Currently, there are no standardized training models for CRWs, or validated tools to evaluate program effectiveness.

Objective: To explore the strengths and challenges for CRW training based on feedback and recommendations by ASSA's CRWs, and the specialists who train them. Participants and methods: Cross-sectional mixed-method study: 33 CRWs completed a survey with Likert-based, binary, and open-ended questions, and responses were analyzed using descriptive statistics. Eleven specialists participated in semi-structured interviews, and transcripts coded and underwent thematic analysis.

Results: Most CRWs felt ready to work after training. Practical training was deemed an effective teaching method and engaged CRWs' more than lecture-based training; both specialists and CRWs called for more practical training. In the field, CRWs perform well, but face challenges providing treatment and interacting with parents, due to lack of in-depth knowledge and social stigma around disability. CRW training that uses varied teaching methods and includes orientation, initial and refresher training with on-going support, promotes CRWs readiness for service. Specialists should receive training on how to teach and prioritize interactive learning. CRW training should include areas beyond physical rehabilitation and provide education about social domains of disability to better empower people with disability. In line with CBR Guidelines, programs should strive to involve CRWs, trainers, family members and people with disability in development and implementation of CRW Training.

As a follow-up to the results of these surveys and focus groups, a new CRW curriculum was implemented taking into account the recommendations made. In addition, a train the trainer

program was implemented, resource materials were developed and joint visit teaching from specialists to CRWs was strengthened.

Conclusion: Stakeholder feedback and assessment of a training program can lead to improvements that strengthen training and thus improve community-based workers' ability to provide therapy in a CBR setting.