Letter to the Editor

CLASSIFICATION BY OBJECTIVES: A REJOINDER

This letter is further to the papers by Cornielje et al.1,2 in which the authors have classified rehabilitation projects on different dimensions. ‘Common themes’ are identified from ‘objectives’ of rehabilitation projects by Cornielje et al. and grouped into underlying ‘dimensions’. These dimensions are then assessed using information collected from projects. The authors suggest that rehabilitation projects can be classified into valid groups by ascertaining where their objectives fall on the continua: ‘Restoration of quality of life’, ‘Locus of power’, ‘Commitment to involve others’ and ‘Type of response’.

This method of classification was tested during an evaluation assignment of 36 projects by the authors of this letter. The third author was also involved in developing the classification system earlier. The projects evaluated aimed at assisting persons and families affected by leprosy to improve their socio-economic position by providing material inputs such as tools, animals, a loan etc.

In order to arrive at a common opinion about the objectives, the dimensions were initially described and organized into a table (see Table 1), giving three options for each. Projects were then asked to choose options appropriate to them, state if it was easy for them to respond and explain why if it was difficult. Staff involved in the programme activities carried out this exercise.

Thirty projects responded to the questionnaire mailed to them, 11(36%) answered them correctly, the remaining 19 (64%) either answered them incorrectly or gave no answers. The reasons cited for not answering were ‘lack of clarity of concepts because they overlap’ and ‘confusion created because of the indirect nature of questions’. When contacted by the authors for further explanation, respondents from the five projects visited by the authors remarked that the concept of dimensions was difficult to understand and that they had rated the questions based on what they aspired for the future rather than where they were at present. In the initial stages of a project, prevailing ideologies influenced statement of objectives. Subsequently, the objectives were modified during the implementation stage to relate to local needs.

The first two authors visited five sample projects and carried out a classification exercise using the same format. The authors found that the staff had different goals for different clients related to rehabilitation outcome. In the case of severely disabled clients, the staff did not aim for economic independence, which was the aim for many other clients. Likewise, in some cases, families were involved in the business started with the help of the loan, whereas in others they were not. In some cases, the project staff decided on the trade for which the loan was given whereas in others the clients also had a say in the decision.

Clearly, attempting to force classification into one or another category would have been counter-productive. Staff expressed that they felt the project was in transition moving, for example, from clients being ‘passive beneficiaries’ to ‘clients make limited choices’.

The authors therefore conclude that:

• The classification system is not suitable for use in a self-administered questionnaire but requires the user to familiarize him/herself thoroughly with it beforehand.
• Categorization should not be rigid but the user should recognize that categories are defined points on a continuum.
Table 1. Self-administered questionnaire sent to the project leaders

The table below is a classification of CBR projects based on dimensions derived from objectives of the projects. Dimensions are described on four continua as follows. ‘Restoration of quality of life of people with disabilities’, ‘Locus of power, relating to participation of clients in management and decision making’, ‘Commitment to involve others, relating to involvement of family and community in the project apart from clients’ and ‘Range of activities in the programme’. Please go through the different columns for each objective and delete what is not applicable to your project.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Restoration of quality of life of people with disabilities</th>
<th>Restoring physical functioning</th>
<th>Providing social and economic rehabilitation</th>
<th>Promoting equality of rights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locus of power</td>
<td>Clients are passive beneficiaries</td>
<td>Clients make limited choices regarding their rehabilitation</td>
<td>Clients have full ownership of the programme</td>
<td></td>
</tr>
<tr>
<td>Commitment to involve others in the services</td>
<td>The programme focuses only on people with disabilities</td>
<td>The programme involves families of people with disabilities</td>
<td>The programme also works with the community in general</td>
<td></td>
</tr>
<tr>
<td>Range of activities</td>
<td>Only single sector activity, e.g. medical, economic rehabilitation</td>
<td>Range of activities and services under different sectors</td>
<td>Also includes services from other organizations for their clients</td>
<td></td>
</tr>
</tbody>
</table>

Was it easy to respond? If your answer is ‘No’ please comment

- Use of this classification creates awareness in field-level practitioners about the approaches used and possible directions for change. As such, it is a helpful tool to inform project planning.

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