

Avoiding misperceptions: classifying rehabilitation projects using letters rather than numbers

HUIB CORNIELJE*, PETER G. NICHOLLS** &
JOHAN P. VELEMA***

**Hogeschool Leiden, Department of Public Health, Leiden, Netherlands*

***Department of Public Health, University of Aberdeen, Scotland*

****Evaluation & Monitoring Service, The Leprosy Mission International, PO Box 902, 7301 BD Apeldoorn, Netherlands*

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Summary A classification system proposed earlier of the many different known rehabilitation approaches and activities used a quantitative scoring system, thus giving the impression that projects with a higher score were better, more correct or more important than projects with a lower score. We therefore propose an alternative classification based on letters, so that a given combination of letters characterizes a particular type of project. The letters are derived from four dimensions: desired outcome of the intervention, participation of the clients in the rehabilitation process, the target group served and the services offered. Some examples are presented. The classification serves to analyse rehabilitation projects, to define policy and as a starting point for evaluation.

Introduction

In the December 2000 issue of *Leprosy Review*, devoted entirely to socio-economic rehabilitation, we published a review¹ of approaches to rehabilitation and proposed a way to classify them based on a quantitative scoring system. Unfortunately, this system had the disadvantage of creating an impression that projects with a higher score were better, more correct or more important than projects with a lower score. This is unfortunate, because it is our opinion that physical rehabilitation is as important as helping people with disabilities to make a living or integrate in society. Indeed, physical rehabilitation may be the entry point for integration and participation in society. Similarly, the value of a programme that offers a single service of high quality is not necessarily less than that of a programme providing referral to any number of other projects providing services suited to the needs or wishes of the clients. We therefore wish to rectify this situation by proposing a classification based on letters rather than on numbers.

Correspondence to: J. P. Velema (e-mail: ems@ems.tlmi.nl)

Objective One — Restoration of Quality of Life		
Objectives expressed in terms of restoration of physical function	Objectives broadened to include social and economic rehabilitation — a holistic approach	Objectives further broadened to include issues of equality of rights and opportunities in society as a whole
P	W	A
Objective Two — Locus of Power		
Objectives envisage minimal involvement of beneficiaries in decision-making	Objectives offer limited choices to beneficiaries	Objectives envisage full participation of beneficiaries, speaking of ownership and sustainability
O	L	E
Objective Three — Commitment to Involve Others		
Objectives focus exclusively on beneficiaries	Objectives recognize the importance of working with family members	Scope of objectives widened to involve community in which beneficiary is to be integrated
B	F	C
Objective Four — Type of Response		
Objectives met through a single programme activity	Objectives met through a variety of programme activities	Objectives include provision of programmes plus referral arrangements to benefit from services made available by others
S	V	R

Figure 1. Four dimensions characterizing rehabilitation projects according to their objectives. P=physical, W=well-being, A=advocacy, O=compliance, L=limited choice, E=empowerment, B=beneficiary, F=family, C=community, S=single, V=variety, R=referral.

Classification

Our classification (Figure 1) was based on four dimensions that permit characterization of rehabilitation projects based on their objectives. First of all, we considered whether the desired outcome of project interventions was defined in terms of physical function, social integration or in terms of the acceptance of disabled people in society. Secondly, we asked how power was distributed between providers and beneficiaries. Thirdly, we considered whether target groups were limited to disabled persons themselves or widened to include relatives and/or the community. Fourthly, we asked what range of services was offered to the beneficiaries, as an indication to what extent solutions could be tailored to their needs.

Applications

Having proposed these four dimensions of rehabilitation, we then moved to describing and illustrating how these may be used to develop a typology of projects. Projects may be classified by assessing their objectives against each of the four dimensions using an agreed marking system. This will involve assessing the level of emphasis placed on the characteristics described above as apparent from the available project documentation. For each characteristic, the marking system assigns a unique letter of the alphabet. A stands for Advocacy, W for well-being, C for community and so on. Besides purely individual POBS models or entirely social ACER models, there are various mixed models that will be labelled, for example, WOBS, CREW or LPFV.

Application of such a classification procedure to a set of project documents will in theory produce 81 types or families of similar projects based on the four dimensions described here. We may expect to identify outliers, project types which rarely occur, and non-existent groups, i.e. potential project types where no such projects exist. Each of these outcomes will be of interest. The existence of some groups may be predicted and confirmed. The absence of certain project types may raise questions of policy and funding decisions. The presence of some unexpected types may lead to analysis of local priorities and decision-making.

In general, projects located at one extreme of one dimension are unlikely to be assigned to the opposite extreme on another dimension. A project or programme aiming at restoration of physical function is unlikely to invest much effort in community involvement. Thus projects of type PEC are much less likely to be found than projects of type POB or PLF. Similarly, a project targeting the community is unlikely to offer only a single intervention or to minimize input of the beneficiaries into decision-making, making a project of type OCS much less likely than a project of type CER or LCV.

Where classification is based on the information presented in project documentation, there is a necessary assumption that this is a complete and accurate reflection of project objectives. The following case studies illustrate the result of applying this classification method to selected rehabilitation projects.

1. *Project amongst disabled children of the Winterveld community, South Africa*

The aims of this project² are to assess the extent of the problem, build the capacity of those providing care (mothers) and enable carers to fulfil a leadership role in providing advocacy in the community on behalf of those with disabilities. The project will also work directly for the development of appropriate facilities for severely disabled children. The classification of this project is given in Table 1.

2. *Community-based rehabilitation (CBR) in 45 villages of Tamil Nadu, India*

This project addresses needs of children and adults with many different forms of disability in 45 villages, providing appliances and aids, scholarships for schooling and vocational training.³ The resulting classification is presented in Table 2.

3. *CBR in five rural areas of Bangladesh*

This project⁴ aims to make the disabled independent, to create awareness in the community, to transfer rehabilitation skills to the community, to raise level of community participation and to mobilize all available resources. The classification is given in Table 3.

Table 1. Classification of Winterveld community project

Dimension	Comment from project outline	Class
Restoration of quality of life	Advocacy for rights	A
Locus of power	Limited mention of shared decision-making	L
Commitment to involve others	Focus on mothers of disabled children	F
Type of response	Work with mothers, plus direct advocacy role	V

Table 2. Classification of Tamil Nadu project

Dimension	Comment from project outline	Class
Restoration of quality of life	Provide aids and appliances, health education and vocational training	W
Locus of power	Some involvement in planning of activities	L
Commitment to involve others	Focus on disabled children and their parents but as beneficiaries rather than partners	B
Type of response	Variety of activities targeted at people with a variety of disabilities	V

Analysis of case studies

From these three case studies, some interesting contrasts emerge. For example, only the Winterveld project has a specifically stated objective of advocacy. Both the Indian and Bangladeshi projects define the desired outcome in social and economic terms (W) and agree that a variety of services should be made available (V). None of the projects puts the power to make decisions firmly in the hands of the beneficiaries (all are assigned an L). The three projects are all different in their commitment to involve others.

Application in the context of leprosy

The following example (Table 4) of a rehabilitation project focusing on the needs of people affected by leprosy further illustrates the use of the proposed classification method.

In India, TLM is planning to open a series of information centres for people with disabilities, to be known as New Life Centres. The centres will act as meeting places and resource centres for people with any form of disability. Activities will include family support, an information centre, occupational therapy and physiotherapy, counselling and vocational guidance, job and training placements. There will eventually also be an advocacy role.

The focus is the centre where beneficiaries and their relatives meet and are stimulated to make use of the wide range of possibilities presented to them. The involvement of the community is currently limited but may grow from this work as it becomes more firmly established.

Table 3. Classification of Bangladesh project

Dimension	Comment from project outline	Class
Restoration of quality of life	To make disabled independent and self-reliant	W
Locus of power	To provide services with intention to raise levels of community participation	L
Commitment to involve others	To transfer rehabilitation skills to community and withdraw services subsequently	C
Type of response	To provide required services, to make programme sustainable	V

Table 4. Proposals for a rehabilitation project focusing on needs of those affected by leprosy

Dimension	Comment from project outline	Class
Restoration of quality of life	Counselling , building self-confidence, vocational guidance, some advocacy	W
Locus of power	Offering options, making information available; interaction between beneficiaries	L
Commitment to involve others	Focus on beneficiary; family support	F
Type of response	Information about and referral to other services	R

Discussion

Although we may have different opinions about the exact classification of given projects, we believe this method is a useful tool to analyse rehabilitation projects and discuss their strengths and weaknesses. It may be used to help define policy or to guide debates in the project planning stage. For us, it provides a starting point for evaluation, as it will guide the formulation of questions relevant to the type of project that is being evaluated.

References

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