

**THE IMPACT OF THE COMMUNITY-BASED REHABILITATION
STRATEGY ON PEOPLE WITH DISABILITIES AND THEIR FAMILIES:
A CASE OF THE ONIIPA CONSTITUENCY, NAMIBIA**

by

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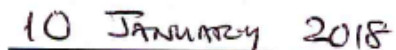
Title: The impact of the community-based rehabilitation strategy on people with disabilities and their families: A case of the Oniipa Constituency, Namibia

I declare that this dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I also declare that this research paper was submitted only to the University of South Africa in partial fulfilment of the requirements to obtain a degree of Master of Public Administration, in the faculty of Management Sciences, Department of Public Administration and Management.



SIGNATURE



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ABSTRACT

Community-based Rehabilitation (CBR) emerged as a response to the failure of the conventional rehabilitation system in developing countries. CBR involves service provision to People with Disabilities (PWDs), changing community attitudes towards disability and transferring knowledge and skills to PWDs, their families and their community.

The study investigated the impact of the CBR strategy on PWDs and their families within the Oniipa Constituency in Namibia. The study used a mixed methods research approach and adopted explorative and descriptive research designs.

It determined that CBR has initiated positive change processes in community attitudes and increased social integration of PWDs. The study recommends reviewing the definition of CBR, providing financial incentives to CBR Volunteer Workers and reviewing the current legislations on disability in Namibia. A final recommendation is that government should formalise disability studies in the country through the provision of accredited training courses to ensure greater assistance to PWDs and their families.

KEY TERMS: People with disabilities, community-based rehabilitation, disability, empowerment, impairment, marginalisation and rehabilitation.

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LIST OF ABBREVIATIONS

CBR	Community-Based Rehabilitation
CBRVWs	Community-Based Rehabilitation Volunteer Workers
CDC	Constituency Development Committee
DPO	Disabled People's Organisation
ERC	ELCIN Rehabilitation Centre
ELCIN	Evangelical Lutheran Church in Namibia
IDDC	International Disability and Development Consortium
ILO	International Labour Organisation
NGO	Non-Governmental Organisation
NSA	Namibia Statistic Agency
PWDs	People with Disabilities
UN	United Nations
UNICEF	United Nations Children's Fund
UNISA	University of South Africa
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UPIAS	Union of the Physically Impaired Against Segregation
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organisation
WRD	World Report on Disability

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CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

People with disabilities (PWDs) are present in every community. Nevertheless, they constantly face multiple barriers because their needs are not always taken into account. They are considered as one of the most marginalised groups in society (Namibia Statistics Agency, 2016:1). According to the Disability Report of 2016, plenty has been done to combat the negative effects of disability on the day-to-day functioning of PWDs. The report indicates that the Namibian government adopted several legislations and policies that have direct relevance to disability issues; the aim of this legislation is to empower PWDs and to facilitate their inclusion in national developmental agendas (NSA, 2016:1).

However, the report also gave evidence that, in practice, PWDs remain sidelined within society. Additionally, in June 2016, the Namibian politician Dr Charles Mubita detailed how, despite these significant legislative developments, the government's understandings of disability issues is that of welfare and/or charity rather than human rights (The Namibian, 2016 online). Mubita then appealed to the government to provide equal work opportunities to PWDs based on their qualifications, abilities and work capabilities rather than simply because of their disabilities.

This study will concentrate on the impact of the community-based rehabilitation (CBR) strategy on PWDs and their families within the Oniipa Constituency of the Oshikoto Region of Namibia. This opening chapter contextualises the research problem by providing the study's background and rationale, its problem statement along with its specific research questions. It does so by explicating the aim and research objectives of the study, definitions of key concepts, as well as offering a discussion of the study's significance. Before concluding with an overview of the rest of the dissertation's contents, brief submissions relating to the delineation of the study and pertinent research methodology are also tendered.

1.2 Background and Rationale

Due to the discriminatory colonial laws and policies that were in force in pre-independence Namibia, the majority of PWDs were restricted to homelands. They were thus marginalised and

prevented from actively participating in decision-making processes concerning issues affecting their daily lives (Republic of Namibia, 2001:1). Namibia became an independent state and made its transition from colonialism to democracy following the first democratic elections in 1989.

In 1997, the democratic government adopted a National Policy on Disability (NPD) informed by the social model of disability (explained below). Through the provision of adequate services, the policy seeks to ensure that all PWDs are able to participate in mainstream contemporary society (The Namibian, 2016 online). This policy further recognises the need for PWDs to have access to sufficient employment and vocational rehabilitation training opportunities. The principles of the 1993 United Nations Standard Rules on the Equalisation of Opportunities for PWDs form the basis of the NPD (Republic of Namibia, 1997:2).

The NPD thus facilitated the Government's adoption of CBR as the main strategy through which to implement programmes on prevention, rehabilitation, integration and equalisation of opportunities for people with disabilities. Since its adoption, CBR is recognised as the National Strategy on Disability (Republic of Namibia, 1997:5). The Joint Position Paper by the ILO, WHO and UNESCO defines CBR as a community development strategy for providing rehabilitation, equalisation of opportunities, poverty reduction and social integration of all people with disabilities (ILO *et al.*, 1994:10). The objectives of CBR are not only to maximise physical and mental ability but also to facilitate access to regular services and opportunities. CBR further aims to assist PWDs with the capacity to contribute actively towards their own communities as well as to encourage community members to promote and respect human rights (ILO *et al.*, 2004:2).

After serving in various portfolios in the Rehabilitation Division between 1994 and 2004, the researcher has personally witnessed the physical and attitudinal challenges that PWDs face in society. This direct experience with PWDs and their families has motivated the emergence of this study that seeks to explore the effectiveness of the implementation of the CBR strategy. The study aims primarily to identify the physical, cultural, institutional and attitudinal barriers experienced by PWDs, and secondarily to explore appropriate ways to remove or reduce these barriers.

1.3 Problem Statement.

During the commemoration of the International Day of PWDs held December 2015 at Henties Bay, the country's Vice President, Dr Nickey Iyambo, revealed that the majority of PWDs are marginalised, disempowered and live in rural areas (Namibian Sun, 2015 online). The Namibian Sun then released figures showing the low levels of PWDs' access to the education system, as well as the absence of proper rehabilitation and vocational training facilities. Unsurprisingly, an unemployment rate among Namibians with disabilities is as high as 90%. Iyambo indicated that the government is mindful of the historical neglect of PWDs and is committed to reverse these conditions urgently.

Mubita confirms that PWDs encounter multiple levels of exclusion and discrimination within society. He states that PWDs face challenges such as social stigmatisation, lack of vocational training facilities and programmes, discrimination in employment, lack of facilities to support their conditions, lack of care, sexual abuse, in addition to insufficient government disability grants (*The Namibian*, 2016 online). Further challenges include attitudinal and environmental barriers, lack of full participation in community activities, as well as in government's decision-making processes.

The research problem confronting this study, therefore, is whether the CBR strategy is successful in addressing the needs of people with disabilities and their families in Namibia. In order to determine this, the researcher will consider the perceptions and expectations of PWDs and their families towards the CBR strategy. It is essential to examine the effectiveness of the CBR strategy in relation to bridging gaps or imbalances in respect of service-delivery, especially since the CBR strategy seeks to alter prevailing negative community attitudes towards disability (Chappell & Johannesmeier, 2009:2). Without critical evaluation, the impact of the CBR remains unexamined, which in turn could affect the integrity and success of a CBR strategy (Hartley, 2002:249)

1.4 Research Questions

The following research questions will form the basis of this research study:

- What are the challenges that PWDs and their families face?
- What is the CBR strategy and what are its potential implementation challenges?

- How do PWDs and their families perceive the CBR strategy in relation to their expectations?
- Is the CBR strategy adequate to address the challenges that PWDs and their families face?

1.5 Aim and Research Objectives

The main aim of this study is to investigate the impact of the CBR strategy on PWDs and their families within the Oniipa Constituency. The specific objectives of this study include:

- To explore the challenges faced by PWDs and their families.
- To unpack what the CBR strategy comprises of along with its potential implementation problems.
- To examine the general perceptions and expectations of PWDs and their families regarding CBR.
- To scrutinise the effectiveness of the CBR approach in addressing the challenges that PWDs and their families face.

1.6 Significance of the Study

While the current study is specific to the Oniipa Constituency, the researcher is optimistic that its findings will inspire others beyond that locality to expand knowledge and awareness of disability issues in general, as well as of the CBR strategy in particular. It will be interesting to learn of findings in different but comparable contexts where efforts are underway to include PWDs and their families in CBR activities. Evaluation of the effectiveness of CBR in improving the quality of life of people with disabilities is essential if progress is to be attained.

The findings should also assist lawmakers when reviewing policies on disability. Some well-meaning laws may not be practical, or may even hinder the achievement of their desirable goals and objectives. Finally, the study should contribute to the efforts of all who are involved in promoting the human rights and dignity of PWDs in Namibia. The study's findings should interest PWDs and their families, their communities and their representatives, government, non-governmental organisations, as well as various interest and/or pressure groups.

1.7 Delineation of the Study

The study focuses on the effectiveness of CBR in improving the quality of life of people with disabilities. Since the Rehabilitation Unit of ELCIN Rehabilitation Centre is responsible for the training and supervision of CBR strategy implementation, the study was confined to the Oniipa Constituency of the Oshikoto Region of Namibia. The study covered a period of five years from June 2011 to June 2017. Due to the research being conducted at the specific locale (ELCIN Rehabilitation Centre) in Namibia, the researcher is aware that its findings cannot automatically be generalised to other centres within Namibia or in other countries.

Another potential limitation is that the interviews were conducted in English with interpretation to the Oshindonga language. This may have affected the quality of the data obtained, notwithstanding the use of a translator throughout the completion of the questionnaires, as well as during the interviews.

1.8 Applicable Research Methodology

The study will be descriptive, adopting a mixed method involving both quantitative and qualitative research techniques. Mixed methods research refers to a separate methodology in which both quantitative and qualitative approaches, methods and procedures are combined to provide a complete picture of the research problem (de Vos *et al.*, 2011:433). The mixed methods research approach enables the researcher to collect both numerical and word-based information, as it adopts both a quantitative and qualitative approach. Chapter 3 provides a detailed discussion of the research approach; however, a brief overview is given here.

Quantitative study is used to test a theory whose variables can be enumerated and analysed with statistics, while qualitative study is concerned with non-statistical methods and small, often purposively selected, samples (Creswell, 1994:1-2). The quantitative research approach tests whether the predictive generalisations of a theory hold true, in this case the extent of impact of the CBR strategy to people with disabilities and their respective families within the Oniipa Constituency. The quantitative approach in the study will involve data collection and capturing, data analysis and interpretation using numerical or percentage expressions.

The qualitative research approach is used in various academic disciplines to gather an in-depth understanding of human behaviour and the reasons behind such behaviour. In this study, the qualitative approach enables the researcher to give adequate attention to the subjective aspects of human experience and behaviour (Bryman *et al.*, 2014:153).

A descriptive research design was adopted. It involves observing and describing the behaviour of subjects without influencing them in any way. As the descriptive design describes events and situations, it enabled the researcher to observe and then describe what was observed, especially during the interview process. It also assists in the general description of the data collected by means of the mixed method outlook which involved the completion of both a questionnaire (quantitative) and personal interviews (qualitative).

Furthermore, the sampling techniques used in this study were purposive sampling and snowball sampling. According to Monette, Sullivan and Dejong (2005:148), respondents chosen in a purposive sample possess the necessary characteristics or information necessary for the study and are accessible to the researcher. Thus, with the purposive sampling model, the researcher used his expertise and practical experience to select the subjects representing the population that is being studied (de Vos *et al.*, 2011:232). Equally, snowball sampling helped the researcher to obtain additional participants from the information provided by the initial participants (Struwig & Stead, 2003:112). The researcher, however, used snowball sampling only until a level of saturation with respect to the data had been achieved.

In conclusion, the participant sample was divided into two groups to effectively answer the research question. The first group comprises the management and employees of ELCIN Rehabilitation Centre (Survey) while the second group consists of PWDs and their families (Interviews). Data was analysed descriptively and restricted to the generation of tables, cross tabulation, categorization and examination.

1.9 Definition of Key Concepts

It is necessary to describe the key terms used throughout this research study in order to ascertain a common understanding and use thereof. Their meaning and significance for this study should also emerge from the definitions offered below.

“People with disabilities (PWDs) include those who have long-term physical, mental, intellectual or sensory impairment resulting from any physical and mental health conditions which, in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (NSA, 2016:1)”

Community-based rehabilitation (CBR) refers to a general community development strategy for providing rehabilitation, equalisation of opportunities, poverty reduction and social integration of all people with disabilities (ILO, UNESCO & WHO, 2004:2).

Disability means the loss or limitation of opportunities to take part in the everyday life of a community on equal footing with others as a result of physical and social barriers (Republic of Namibia, 1997:1). Disability is an umbrella term for impairments, activity limitation and participation restrictions, denoting the negative aspects of the interaction between an individual with a health condition and that individual’s contextual (environmental and personal) factors (WHO, 2011:3).

Empowerment entails the process of affording PWDs access to a variety of opportunities to discover themselves, to understand their environment, to appreciate their rights, as well as to take control of their lives. Empowered PWDs partake in shaping the important decisions that affect their destiny (Helander, 1993:8).

Impairment refers to a functional limitation within an individual caused by physical, mental or sensory weakness (WHO, 2011:3).

Marginalisation involves hidden trends within the society whereby those who are perceived as either lacking certain desirable traits or deviating from group norms are excluded by the wider society and disliked (Barnes & Mercer, 2010:80).

Rehabilitation includes all measures aimed at reducing the impact of disability on an individual. The rehabilitated individual can achieve independence, social integration, a better quality of life, and self-actualisation. *Habilitation* focuses on those who acquired disabilities congenitally or very early on in life, while *Rehabilitation* empowers those who have suffered a loss of function later in life to regain maximum functioning (WHO & World Bank 2011:96).

1.10 Division of Chapters

Having pithily introduced the motivation, rationale, methods and subjects of the study, this chapter concludes by indicating contents of the remaining chapters. *Chapter Two* reviews literature from the field of disability and community-based rehabilitation. It provides the historical background to disability both globally and in Namibia, as well as a synopsis of the evolution of the concept disability. The chapter also discusses the two popular models of disability as part of its theoretical background. Legislative frameworks that guide disability issues are also rehearsed in this chapter. The chapter concludes with a review of the challenges faced by people with disabilities on the one hand and, on the other, a discussion of the community-based rehabilitation strategy.

Chapter Three delves into the methodology employed in the study. The research design, research context, the target population, as well as sampling strategies are discussed. The chapter further unpacks the data collection instruments, procedures as well as reliability and validity tests, without neglecting data analysis techniques. In its turn, *Chapter Four* presents the data analysis and findings of the study in a narrative form supported by tabular documentation.

Chapter Five provides a conclusion, which comprises a summary of the study stressing the study's findings along with possible recommendations in relation to both disability issues and the CBR strategy. Possible research projects that could launch from this study are also suggested.

1.11 Summary

This chapter sought to acquaint the readers with the context of this study. It provided the rationale to the study, problem statement, research questions, research aim and objectives, as well as the significance and limitations of the study. Its chief goal was to introduce the research question and set the tone for the rest of the dissertation. Chapter Two discusses the literature that undergirds the study's theoretical concepts in their historical contexts.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In Chapter 1, the research problem was introduced along with the context surrounding it. Chapter 2 addresses itself to the four objectives identified in the previous chapter. This chapter will start with the provision of a contextual background regarding disability globally, and then go on to focus specifically on disability in Namibia. This will be followed by a discussion of the evolution of the concept ‘disability’, as well as of the theoretical framework and the two most used disability models. This will afford a shared scholarly discourse and theoretical framework of the phenomenon of disability. Armed with this critical idiom, the chapter will then discuss the legislative frameworks that have a direct relevance to disability issues, alongside the challenges that people with disabilities (PWDs) face as well as, in extensive detail, the various aspects of community-based rehabilitation (CBR).

2.2 Contextual Background

The main purpose of contextual information is to provide the necessary background information or context to the research problem. It identifies and describes the history and nature of a well-defined research problem with reference to the existing literature. The following section will provide information on disability as an international phenomenon.

2.2.1 Disability as a Global Phenomenon

Many PWDs do not enjoy decent access to health care, education and employment opportunities. They also do not receive the disability-related services that they require and so they experience exclusion from everyday life activities (WHO, 2011:xxi). Thankfully, the United Nations Convention on the Rights of Persons with Disabilities in 2009 is ensuring that disability is increasingly being understood as a human rights issue.

Disability is an important developmental issue. There is an increasing body of evidence showing that PWDs experience worse economic outcomes and poverty compared to people without disabilities (WHO, 2011:xxi). In response to this dire situation of PWDs, the World Health Organization (WHO) published the World Report on Disability (WRD) in 2011. The aim of the

report was to support the implementation of the Convention on the Rights of Persons with Disabilities (CRPD).

This was the first document to provide an extensive global picture of the situation of PWDs, their needs and the barriers that impede their meaningful participation within their societies. According to the report, more than one billion people in the world have some form of disability. This corresponds to about 15 percent of the world's population (Goodley, 2016:1). The report also shows that approximately 110-190 million people in the world experience significant difficulties in functioning normally on a daily basis. In addition, the World Health Survey of 2010 estimated that 785 million people aged 15 years and older are PWDs, while the Global Burden of Disease estimated a figure to be 975 million (NSA, 2016:1). Understanding the numbers of PWDs and their situations can improve efforts to remove disabling hurdles and provide services to allow PWDs to participate in society (WHO 2011:21). Robust evidence assists in making well-informed decisions about disability policies and programmes. Given this global picture, how does the situation look like in Namibia?

2.2.2 Disability in Namibia

Article 5 of the Constitution of the Republic of Namibia explicitly recognises the inalienable human rights and freedoms of all its citizens, including people with disabilities (Republic of Namibia, 1990:15). The Namibian government also signed the United Nations Convention on the Rights of Persons with Disabilities in April 2007, and ratified the Convention in December 2007. The Namibia Population and Housing census conducted in 2011 collected data on different types of disability and on their impact on participation (NSA, 2016:1).

According to the Disability Report launched in May 2016 by the Namibia Statistics Agency (NSA), disability in Namibia may differ depending on the geographical location and area. For instance, the 2011 Namibia Census indicates that there are twice as many PWDs in rural areas than in urban areas. In terms of the types of disability, physical impairment of the lower limbs was the most common type of disability, affecting about 23 percent of people with disabilities; about 42 percent of PWDs have difficulties engaging in various learning and economic activities. Furthermore, the Disability Report also indicated that 12 172 (approximately 7 percent) of Namibia's PWDs live in the Oshikoto region, where the Oniipa Constituency is found.

In Namibia, the designation “People with Disabilities” applies to all persons with disabilities. This includes those who have long-term physical, mental, intellectual or sensory impairment, which coupled with various barriers hinder their equal, full and effective participation in society (NSA, 2016:1). These can be attitudinal, physical, environmental and communication barriers. The 2011 Census adopted the definition of disability as the condition of loss of physical or mental function resulting in an inability to perform daily activities.

2.3 The Evolution of ‘Disability’

To understand how disability is currently viewed, it is helpful to look at the way the concept of disability has evolved or developed over time. Therefore, in the following section the devolution of disability will be discussed.

2.3.1 Current Understanding of Disability

The World Health Organization (WHO) defines disability as the consequence of an impairment that may be physical, cognitive, intellectual, mental, sensory, and developmental, or a combination of these that results in restrictions on an individual’s ability to participate in what is considered “normal” in their everyday society (Oliver & Barnes, 2012:16-17). The WHO further states that disability is an umbrella term covering impairments, activity limitation, and participation restrictions. Impairment is therefore a problem experienced in the bodily functions or structure, which can lead to limitation in the activity that such an individual can experience in executing a task or action. It can also cause a participation restriction, which is experienced by an individual regarding their involvement in life situations (WHO, 2002:9-10).

In these definitions, the WHO advanced an understanding and measurement of disability that moves away from traditional views of disability. A review of the definitions outlined previously indicates that the current trend is towards a systematic recognition of disability, taking into consideration the pertinent psychosomatic and environmental factors. In other words, overcoming the difficulties faced by PWDs will require interventions to remove the economic, cultural, social and environmental barriers (Oliver *et al.*, 2012:21).

2.3.2 Traditional Views of Disability

Traditionally, disability was considered symbolic of a curse befalling a given family or community. Disability was also often seen as a punishment from God for past wrongdoings by

the person with a disability or by their family members (Albrecht *et al.*, 2001:4). In keeping with this traditional conception of disability, then, PWDs were regarded as a disgrace, to be rejected by the family and/or the community (Bjorn 1990:21-26).

Furthermore, in pre-independence Namibia, disability was seen as a private issue where the responsibility of caring for PWDs fell mainly on the affected family. Interventions were channelled through welfare institutions and there was little or no public commitment to address disability in other areas such a health, education, employment, training and empowerment (Republic of Namibia, 1997:1). These attitudes or beliefs are still present in many traditional societies today. Taken together, they comprise the so-called traditional view of disability.

2.3.3 Challenging the Official Definition of Disability

The Disability Movement, e.g. the Union for the Physically Impaired Against Segregation (UPIAS), identified the role of economic, social, cultural and physical barriers in causation of disability (Oliver *et al.*, 2012:21). The UPIAS was established in Britain in 1974 and consisted of a small group of disabled activists who set out to address the needs of PWDs.

A critical element in the UPIAS approach was their distinguishing between impairment and disability. UPIAS defined *impairment* as lacking a body part or having a defective organ or unreliable body mechanism. It defined *disability* as the disadvantage or restriction of activity caused by a form of social organisation which gives little or no consideration to people with impairments thereby excluding them from participation in mainstream social activities (UPIAS, 1976:14). The UPIAS approach thus led directly to the development of a radical reappraisal of the meaning of disability known as the social model of disability (Oliver 2004:21). In a word, the movement embraced the notion that the barriers which confront PWDs are related less to individual impairment and more to the social attitudes, interpretation of disability, architectural, legal and educational barriers (Albrecht *et al.*, 2001:48-50).

This evolution in the understanding of disability came to be reflected in various models of disability. Models of disability illustrate how disability was perceived in a given time by a given social group, which influenced the sort of action that was considered appropriate in terms of addressing both the causes and effects of disability (Buhalis & Darcy, 2011:5-30). Therefore, for the purposes of this study disability entails an activity limitation created by attitudinal and

environmental barriers that prevent an individual from performing essential daily activities. The following section provides an overview of models of disability.

2.4 Models of Disability

Several models of disability aid understanding of the concept, as well as facilitate working with PWDs (Budd *et al.*, 2017:77-83). Models of disability are tools for defining impairment and ultimately for providing the basis upon which both government and society can devise strategies for meeting the needs of PWDs. The models are often treated with scepticism as it is thought that they do not reflect the real world, are often incomplete, encourage narrow thinking, and seldom offer detailed guidance for action (Brandt & Pope, 1997:62). However, they are a useful framework within which to gain an understanding of disability issues, as well as the perspectives held by those creating and applying the models (Michigan Disability Rights Coalition, 2012 online). The two most popular models of disability will now be discussed.

2.4.1 Medical Model of Disability

By the late nineteenth century, the medical model of disability was widely accepted in Western industrialised countries. The medical model focuses on the individual's bodily impairment and how this causes functional limitation or disability (Barnes & Mercer, 2010:18). There are no environmental conditions considered under this model, and disability is viewed solely as an individual's problem (United Nations, 2014). This model believes that disability results from an individual person's physical or mental limitation and is largely unconnected to their social or geographical environments (Harris & Enfield, 2003:72). It assumes that disability is limited to the individual with the disability and the individual has to be changed, not his society or the environment surrounding him.

In the medical model, disability refers to impairment, a health condition or the inability to perform an activity in a normal way. It restricts disability to an individual phenomenon and focuses on the belief that medical rehabilitation has an important role to play in assisting persons with disabilities in overcoming their disability. In other words, the management of disability is aimed at finding a medical cure, or the individual's adjustment and behavioural change that would lead to an "almost cure" or an effective cure (Buhalis *et al* 2011:35).

In this approach, a person with a disability is considered to be sick and needing to be fixed or treated to reach normality. This tends to push PWDs into the passive role of patients (Harris & Enfield, 2003:172). This model believes that such a person needs continuous sustained medical care provided in the form of individual treatment by professionals (Barnes *et al.*, 2010:18). Harris and Enfield (2002:172) add that the aim of the medical approach is to make people with disabilities normal, which implies that PWDs are in some way abnormal.

Disabled activists contested the medical model of disability during the late twentieth century, in the process developing other models to remove the social barriers faced by PWDs (Barnes *et al.*, 2010:29). The disability rights campaigners crusaded against viewing disability as a biologically based personal tragedy. They supported, instead, a social constructionist view of disability in which the concept disability is rooted in societal discourses of prejudice and exclusion (Best, 2010:98). Increasingly, the medical model of disability and its psychological and social welfare implications became unpopular (Barnes *et al.*, 2010:29). Out of these late twentieth century campaigns emerged what is today known as the social model of disability which focuses on people with disabilities achieving full participation and equalisation of opportunities.

2.4.2 Social Model of Disability

The impetus for the social model came from the publication of the Fundamental Principles of Disability by the Union of the Physically Impaired Against Segregation (UPIAS) in 1976 (referred to above). UPIAS membership was exclusive to people with disabilities (UPIAS, 1976:14). The social model of disability was a reaction to the medical model. Unlike the latter, it presented disability as a social phenomenon caused by social oppression and prejudices (Shakespeare, 2006:266-273).

The social model regards disability to be a result of the way the society is organised, namely, with little or no regard for PWDs who, consequently, must face discrimination and barriers to participation in mainstream social activities (Harris & Enfield, 2003:172). The medical model failed to explain personal experiences of people with disabilities and failed to assist in developing more inclusive ways of living. Thus, the social model represents a consensus from PWDs about the way they prefer to describe themselves (Oliver & Barnes, 2012:21).

Hence, the social model of disability shifted attention away from the medical aspects of disability, focussing instead on the elimination of social barriers and discriminative legislation (Watermeyer *et al.*, 2006:25). It is essential to note that the movement away from the medical model towards the social model does not in any way deny the importance of health care; advice and assistance provided by the medical experts and medical institutions remain irreplaceable. In many cases, PWDs do require medical treatment and care, examination, constant monitoring and medicines (United Nations, 2014; Watermeyer *et al.*, 2006:25).

Since, disability results from the interaction of the individual with an environment that does not accommodate that individual's uniqueness, this lack of accommodation impedes the individual's participation in society. The social model of disability offers a more useful alternative solution to PWDs and their families, which helps societies to focus on what is medically wrong with the person with a disability as well as on what societies can do to promote inclusive communities and accommodate the needs of the PWDs (Harris & Enfield, 2003:172). Attitudinal change, social support, information and physical structures towards PWDs thus become key focus areas of the social model

Despite its development and acceptance by PWDs, the social model of disability has both advantages and disadvantages. A positive aspect is that it clearly emphasises the necessity to introduce changes that increase accessibility to services and participation in society for PWDs. It also promotes the existence of legislation guaranteeing equal opportunities for PWDs.

The passive treatment of PWDs as victims of an inaccessible environment and social neglect is regarded as the weakness of this model, which is thus seen as an insufficient response to the needs of PWDs (Best, 2010:98). Given these perspectives on the phenomenon of disability, what is the state of the relevant legislative framework regarding disability in Namibia?

2.5 Legislative Framework for Disability Implementation

Prior to Namibia's independence, no dedicated policies or programmes existed in the country that aimed to address the challenges faced by the people living with disabilities. This resulted in the stereotyping and stigmatisation of PWDs, causing some family members to hide their disabled relatives from public view in order to avoid social rejection (*Namibian Sun*, 2015 online).

Thankfully, the Namibian Government has since made concerted efforts to create a conducive environment for PWDs through relevant policies and instruments to which we now turn.

2.5.1 The Constitution of the Republic of Namibia

The Constitution of Namibia was enacted in 1990 as the supreme law of the country. This constitution explicitly recognises the inalienable human rights and freedoms of all citizens, including people with disabilities. Article 10 sub-sections 1 and 2 of the Namibian constitution guarantees the equality of all people before the law, explicitly stating that no person should be discriminated against on the grounds of their sex, race, colour, ethnic origin, religion, creed or social and economic status (Republic of Namibia, 1990:9).

2.5.2 National Policy on Disability

In 1997, the Namibian Government then adopted a national policy on disability (NPD). The policy sought to improve the quality of life of PWDs in addition to ensuring that they enjoy the same rights and opportunities enjoyed by all other citizens. It provides a framework for mainstreaming disability into government programmes. The policy considers the rehabilitation of PWDs as a basic right for all who have disabilities and as an important prerequisite to attaining full participation and equally within their societies and communities (Republic of Namibia, 1997:5).

Through this policy, the government adopted the community-based rehabilitation (CBR) as the national strategy for the rehabilitation, social integration, and the provision of equal opportunities to all PWDs in Namibia. Section 2.7 discusses CBR in some detail.

2.5.3 Affirmative Action (Employment) Act of 1998

A further major step towards an inclusive society saw the promulgation of the Affirmative Action (Employment) Act no 29 of 1998. The Act outlines measures that relevant employers are required to implement in order to ensure that people in designated groups enjoy equal employment opportunities and are fairly represented in various positions.

The Act further makes provision for the establishment of Vocational Rehabilitation Training Centres where PWDs can obtain vocational skills for their sustenance. Vocational guidance is also provided at these centres to assist PWDs in choosing appropriate training and subsequently

becoming employed in the occupation for which their abilities qualify them (*The Namibian*, 2016 online).

Additionally, Namibia is one of the few African countries that have social protection programmes for PWDs (Southern Africa Federation of the Disabled, 2014 online). These programmes include social grants for PWDs, orphans, senior citizens and war veterans.

2.5.4 National Disability Council Act

The National Disability Council Act no 26 of 2004 was enacted in 2004. This act aimed at monitoring the implementation of the National Policy on Disability, identifying provisions in any law which may prevent the implementation of the NPD, and subsequently making pertinent recommendations (Republic of Namibia 2004:2). Finally, the National Disability Council Act states in the principle of equal rights that the needs of each individual are of equal importance and that those needs forms the basis for government planning and policy making processes.

2.5.5 United Nations Convention on the Rights of Persons with Disabilities

The Namibian Government signed the Convention on the Rights of Persons with Disabilities (CRPD) on 25 April 2007 and ratified the Convention on 4 December 2007. Following CRPD ratification plus other optional protocols, Namibia then aligned its domestic laws to the provisions of the Convention. The Department of Disability Affairs in the office of the Vice President coordinates the implementation of the Convention throughout the country.

The Convention's purpose is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all PWDs, as well as to promote respect for their inherent dignity (United Nations, 2014:23). The CRPD is important for the human rights of PWDs throughout the world. As an international legally enforceable agreement, the Convention more than confirms that people with disabilities have the same human rights as everyone else (United Nations, 2006:1). Given this theoretical and legal background, what is the actual situation on the ground in relation to PWDs?

2.6 Challenges Faced by People with Disabilities

The Namibian Disability Report identified the following challenges as contributors to the barriers experienced by people with disabilities in their communities:

2.6.1 Health Care Barriers

Health is a state of physical, mental and social well-being and not merely the absence of disease or disability (WHO, 2011:57). The World Report on Disability states that disability is associated with a diverse range of primary health conditions. Some health conditions may cause PWDs to have poor health and subsequently high healthcare needs (WHO, 2011:57-58). For example, a person with cerebral palsy has higher healthcare needs than a person with one amputated arm.

One key challenge that PWDs face in Namibia is having to travel long distances to access health-care facilities; this, among other things, is a financially draining exercise (van Rooy *et al.*, 2012). This is often compounded by unmet needs for rehabilitation due to limited rehabilitation services and facilities within Namibia (NSA, 2016:4).

2.6.2 Educational Barriers

The greatest challenge here is that Namibian schools and classrooms are not adapted to the special needs of children with disabilities (*New Era*, 2017 online). Furthermore, there exists a lack of suitable teaching materials, like Braille, sign language interpreters and larger print textbooks, not to mention the scarcity of teachers trained to deal specifically with the needs of children with disabilities.

The Minister of Education, Arts and Culture, the Honourable Katrina Hanse-Imalwa, recently addressed the nation on the State of Education in Namibia. One of the realities to which she made reference concerns how the majority of PWDs continue to face stigma, as is evident from the 87 percent of children with disabilities aged 0-4 years who have never attended Early Childhood Development (ECD) programmes (*New Era*, 2017 online). Other challenges identified by the Minister include lack of disability knowledge and skills amongst teachers, school principals and hostel staff to teach children with disabilities in an inclusive setting. This situation causes the children with disabilities to develop feelings of frustration, stress, feeling overwhelmed, and demotivation, all of which result in them eventually leaving school.

2.6.3 Employment Barriers

Employment rates for disabled persons are lower than those of able-bodied persons. Global data from the World Health Survey of 2010, illustrates this in its finding of the global employment rates being lower for men with disabilities (53%) than for men without disabilities (65%). This is also the case regarding women with disabilities (20%) compared to women without disabilities (30%) (NSA, 2016:4). People with disabilities' lack of access to education and training, as well as to financial resources perpetuates their exclusion from the labour market (WHO, 2011:239). It could also be the nature of the workplace or employers' perceptions of disability and people with disabilities that result in PWDs being disadvantaged in the labour market.

With regard to unemployment rates in Namibia, the general unemployment rate for PWDs is 39 percent, and the rate is higher for females (43, 5 percent) compared to 34.5 percent for males (NSA, 2016:40). By and large, the unemployment rate is higher for females with disabilities than for males with disabilities across all types of disabilities in the country. In 2002, 8.1 percent of PWDs were employed compared to 20.8 percent of employed people without disability (Eide *et al.*, 2003:63). These figures illustrate that PWDs face challenges in accessing the labour market than able-bodied persons.

2.6.4 Poverty and Disability Barriers

There is a strong correlation between poverty and disability. Disability is both a cause and a consequence of poverty. Disability increases vulnerability to poverty while poverty creates conditions for the increased risk of disability (Watermeyer *et al.*, 2006:208). As a cause, poverty can result in PWDs being deprived of access to essential services, thus causing them to fall into poverty. At the same time, however, poverty places individuals at a much greater risk of acquiring some impairment or disability (Yeo & Moore, 2003:571-590). This vicious cycle between disability and poverty is maintained by a lack of access to rehabilitation services, educational qualifications, employment, appropriate skills and environmental circumstances (WHO, ILO & UNESCO, 2004: 2).

The above assertions are borne out by the reality of PWDs in Namibia; that is, Namibians with disabilities experience higher poverty rates than those without disabilities. On average, PWDs and households that include a person with a disability have higher rates of deprivation than those of

persons and households without disabilities in areas such as food security, housing, access to safe drinking water and sanitation, as well as access to healthcare (NSA, 2016:4). When extra costs for personal support, medical care or assistive devices are factored in, it becomes self-evident that PWDs and their households will remain poorer than households with similar income that lack PWDs (Watermeyer *et al.*, 2006:209).

2.6.5 Inequality in Opportunity

People with disabilities often find their opportunities limited due to social rejection, discriminatory employment practices, architectural barriers, inaccessibility of transport, inaccessibility of information, and lack of self-conceptualisation. Namibia is characterised by high levels of income inequalities associated with high rates of poverty, HIV-prevalence as well as unemployment (John, 2016:2). Many PWDs experience difficulties accessing special facilities, especially those in rural areas; hence their full participation in society remains elusive (NSA, 2016:5). The situation is dire in rural areas where, according to the 2011 Namibia Population and Housing Census, about 5.7 percent of the population are PWDs.

Although the Namibian parliament passed the Affirmative Action (Employment) Act in 1998 with the view to redressing imbalances at workplaces, PWDs are still under-represented at most levels of employment. To illustrate this, the 2015/2016 Employment Equity Commission report revealed that women with disabilities remain under-represented in the top-ranking jobs, with only 0.4% of women with disabilities occupying senior positions. Other obstacles experienced by PWDs, both globally and in Namibia, are environmental, institutional, attitudinal, economic and cultural barriers (Hartley & Okune, 2007:79-80). Now that the challenges that confront people with disabilities have been unpacked, the next section will look into the concept known as Community-Based Rehabilitation (CBR).

2.7 Community-Based Rehabilitation (CBR) in Context

According to the World Disability Report, Community-Based Rehabilitation (CBR) is a strategy devised to effect the implementation of the United Nations Convention on the Rights of Persons with Disabilities, as well as to include disability into inclusive development cooperation (Disability International Development, 2013:3). Since its inception in the 1970s, CBR has been an important strategy to respond to the needs of PWDs, particularly among developing countries such as

Namibia (WHO, 2011:13). It was initially promoted by the World Health Organization (WHO) to deliver rehabilitation services to all PWDs in countries with limited resources, especially among the rural areas thereof.

Since then it developed into a comprehensive strategy, which encompasses all critical areas of life. This is reflected in the CBR Guidelines (2010), which indicate that CBR has shifted from a medically-focused single-sector approach to a strategy for the rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of all PWDs (WHO, 2011:13). However, even though CBR is a strategy for inclusive development cooperation, mainstream development organisations and institutions have hardly embraced it (Disability International Development, 2013:3). Furthermore, evidence of the effectiveness of CBR varies, but research and evaluation are increasingly being conducted, and information sharing is increasing through regional networks such as the CBR Africa Network, the CBR Asia Pacific Network, and the CBR America and Caribbean Network (Velema *et al.*, 2010:7).

2.7.1 The Meaning of Community-Based Rehabilitation

CBR is a strategy within general (inclusive) community development for rehabilitation, equalisation of opportunities and social integration of all PWDs. CBR is implemented through the combined efforts of PWDs themselves, their families, organisations and communities, and various relevant governmental and non-governmental health, education, vocational, social and other services (ILO, UNESCO & WHO, 2004:2).

CBR helps PWDs by establishing community-based programs for social integration, equalization of opportunities, and physical rehabilitation therapy programmes. As O'Toole and Maison-Hall (1994:25) insist, the process can only be truly called community-based rehabilitation when the community takes responsibility for the integration of PWDs into mainstream society.

Beyond the community aspect, CBR also seeks to achieve the integration of the interventions of all relevant sectors so as to arrive at the full representation and empowerment of PWDs within society (Helander, 1993:8). Beside integration, CBR also aims at promoting such interventions at the level of general societal systems, while also facilitating such adaptations of the physical and psychological environment as will facilitate the social integration and self-actualisation of PWDs. CBR is thus a process of transforming the community by changing negative attitudes and

transferring knowledge and skills to enable community members to have a better understanding of disability services, as well as to improve the quality of life of PWDs (Spastic Society of Tamil Nadu, 1993:7).

Finally, increasing emphasis on human rights and community participation helps to clarify the essential elements and approaches for implementing the CBR strategy. Hence, that while CBR focuses on the rights of PWDs, it can clearly also be a strategy that addresses the human rights of all citizens in the community (ILO, UNESCO, UNICEF & WHO, 2002:2).

2.7.2 Background to Community-Based Rehabilitation

The World Health Organization (WHO) initiated CBR in 1978, due to the failure of conventional systems of rehabilitation then prevalent in many developing countries (Helander, 1993:8-9). CBR's focus was on the provision of rehabilitation services for PWDs living in rural areas within developing countries, at affordable cost; its main strategy entailed skills transfer to local communities at large, including PWDs (Thomas, 2011:277-291). In 1994, the ILO, UNESCO and WHO produced a Joint Position Paper on CBR in order to promote a common approach to the development of CBR programmes. In the position paper, CBR was repositioned as a strategy within general community development for the rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of PWDs (ILO, UNESCO & WHO, 2004:1). Although the definition, major objectives and principles of CBR have not changed since 1994, some CBR concepts have evolved.

In Namibia, the past two decades witnessed the emergence and development of CBR as a strategy for the rehabilitation of people with disabilities. In 1997, the Namibian government launched its National Policy on Disability, in which CBR was adopted as a National Strategy on Disability (Republic of Namibia, 1997:5). During the launch, the government declared CBR to be holistic approach that can enable government to achieve equalisation of opportunities for PWDs as well as to implement the National Policy on Disability (Volunteer Service Overseas, 2006:2).

In any CBR programme, volunteers have an important role to play in raising public awareness, as well as in identifying and referring PWDs to relevant service providers and institutions. The Namibian government is already deeply committed to CBR, as a community-based approach to address the plight of PWDs in the country (Volunteer Service Overseas, 2006:1). The Namibian

government has also established offices in 14 regions responsible for CBR implementation. However, the most pressing need in the field of CBR in Namibia is the emergence of data regarding the effectiveness of the CBR strategy.

At the 2003 international consultation to review CBR held in Helsinki, Finland, a number of key recommendations were made concerning CBR. It was recommended that CBR programmes should focus, *inter alia*, on reducing poverty, promoting community involvement and ownership, developing and strengthening multi-disciplinary collaborations, plus involving disabled people's organisations in CBR programmes (WHO, 2003:3-25). In light of the evolution of CBR into a broader multi-sectoral development strategy, the CBR guideline (a matrix) was then developed by the World Health Organisation in 2010 in recognition of CBR's importance as a global movement (Thomas, 2011:277-291). It was a collaborative process that started in poor communities in both low and middle-income countries, involving more than 180 individuals and representatives of nearly 300 organisations.

2.7.3 Community-Based Rehabilitation Guidelines

According to the International Disability and Development Consortium (IDDC, 2012), the CBR guidelines are an attempt to synthesise experiences from across the world in order to provide a unified understanding of the concept and principles of CBR as a comprehensive rights-based approach, based on United Nations Convention on the Rights of Persons with Disabilities (CRPD) principles. By synthesising CBR experiences from different regions of the world, the CBR guidelines help to illustrate existing and new concepts; as such they endorse and build on field level practice (Thomas, 2011:277-291). CBR guidelines are meant to address the concerns and gaps from different stakeholders across different regions in the conceptual understanding, definitions and practices of community based rehabilitation. The developed guidelines seek to provide a basic overview of key concepts, to identify goals and outcomes that the CBR programmes should be working towards, and to provide suggested activities to achieve these goals (WHO, ILO, UNESCO & IDDC, 2010:8).

The CBR matrix presents a framework with five key components of well-being and development; each component has a further five related elements, as is illustrated in Figure 1.

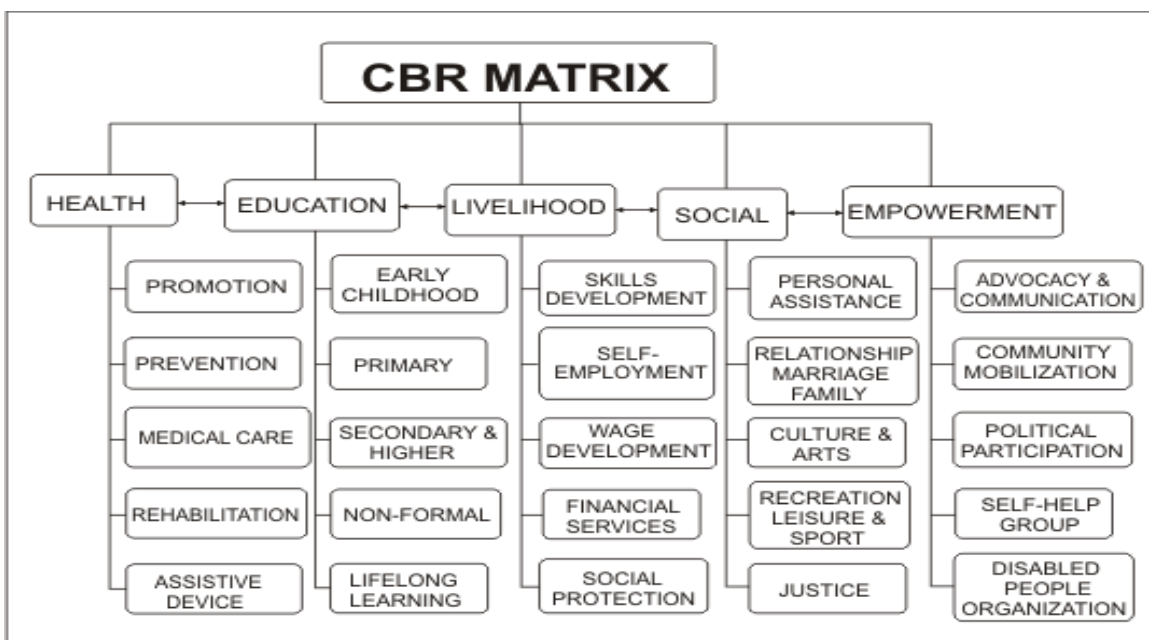


Figure 1: CBR Matrix (Source: IDDC 2012)

The CBR matrix highlights the need to target different aspects of life. Five key components have been identified, namely, health, education, livelihood, social participation and empowerment. The first four components relate to key development sectors, reflecting CBR’s multi-sectoral focus. The final component relates to the empowerment of PWDs, their families and communities; this is fundamental for ensuring access to each development sector, as well as improving the quality of life and enjoyment of human rights by PWDs (WHO, 2010:1). A brief introduction of each of the five components that make up any CBR programme now follows.

2.7.3.1 Health Component

The right to health without discrimination is affirmed in various international documents. For instance, the WHO constitution states that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition (WHO *et al.*, 2010:1). Additionally, Article 25 of the CRPD requires states to recognise that PWDs have the right to the enjoyment of the highest standard of health without discrimination due to disability.

Regrettably, however, present evidence shows that PWDs often experience poorer levels of health than the rest of society and face various hindrances to the enjoyment of their right to health (WHO *et al.*, 2010:1-2). The role of CBR is to remove barriers within the health sector in order to ensure that the needs of PWDs and their family members are addressed in the areas of health promotion, prevention, medical care, rehabilitation and assistive devices (WHO *et al.*, 2010:3).

2.7.3.2 *Education Component*

Education in CBR focuses on all people having opportunity to learn what they need and want throughout their lives, according to their potential. The education component focuses on disability-inclusive education, informed by the notion that education concerns much more than school for children (WHO *et al.*, 2010:1-2). Community based inclusive education covers a wide range of community educational initiatives. It provides dynamic community-based learning environments and opportunities whilst empowering and encouraging the active participation of PWDs.

Article 26 of the Universal Declaration of Human Rights, the Convention on the Rights of the Child, as well as Article 24 of the Convention on the Rights of Persons with Disabilities all assert the universal right to education. It is therefore the responsibility of CBR to work with the education sector to make education inclusive at all levels, and to facilitate access to education and lifelong learning for people with disabilities (WHO *et al.*, 2010:3-4).

2.7.3.3 *Livelihood Component*

People with disabilities in low-income countries, such as Namibia, bear burdens additional to those that are obtained among first world PWDs. For example, children with disabilities face barriers to education; youth with disabilities face barriers to training; adults with disabilities face barriers to proper work (WHO *et al.*, 2010:1). Most damaging of all, affected families and communities may think that people with disabilities are incapable of learning skills and working.

The livelihood component is concerned with improving skills, opportunities for education and work aimed at enabling people to eradicate poverty. The role of CBR is to facilitate access for PWDs and their families to skills acquisition, livelihood opportunities, enhanced participation in community life, and self-fulfilment (WHO *et al.*, 2010:3-5).

2.7.3.4 *Social Component*

The social component is about PWDs achieving full participation in social life in addition to contributing to social change. Pertinent social components include elements such as personal assistance, relationships, marriage and family, culture and arts, recreational, leisure and sport, as well as justice. Being actively included in the social life of family and community is important for personal development. The opportunity to participate in social activities has a strong impact on a person's identity, self-esteem, quality of life, and social status (WHO *et al.*, 2010:1).

Due to various barriers experienced by PWDs within society, they often have fewer opportunities to participate in social activities. PWDs have the same social needs, interests and rights as other persons. However, largely due to stigma and discrimination, PWDs are often denied opportunities for social or community participation. For example, PWDs are often disregarded when it comes to cultural or leisure activities, or information and support about relationships, marriage, sexuality and parenting. This component highlights the importance of these elements in the lives of PWDs and therefore the need for the CBR programme (WHO *et al.*, 2010:1).

The role of CBR in terms of the social component is to work with all relevant stakeholders to render existing social and community services which are PWDs friendly, and to ensure their full participation in the social lives of their families and communities. CBR programmes can provide support and assistance to PWDs to enable them to access social opportunities, and can challenge stigma and discrimination to bring about positive social change (WHO *et al.*, 2010:3).

2.7.3.5 *Empowerment Component*

Empowerment is the final component of the CBR matrix and is a crosscutting theme throughout the framework. While the first four components of the matrix relate to key development sectors such as health, education, livelihood and social sectors, the empowerment component refers to enabling PWDs, their families and communities, to be actively involved in issues affecting their lives. This is achieved through increasing awareness, the provision of information as well as capacity building (WHO *et al.*, 2010:2-3). Empowerment begins when individuals or groups of people recognise that they can change their situation and then go on to do so. Approaches to empowerment could include self-advocacy and communication, community mobilisation, political participation, self-help groups and Disabled People's Organizations (DPOs).

Provision of information and choices about rehabilitation, education and livelihood, plus the provision of choices and opportunities for decision-making enhances the empowerment process. People with disabilities, their families and their communities are central to any CBR programme. Therefore, the starting point of any CBR programme should be to facilitate the empowerment of PWDs, their families and their communities. This will lead to the optimal achievement of CBR goals, outcomes and sustainability. Integrating CBR guidelines can be an effective tool for planning and monitoring, networking and alliance building, and advocacy with policymakers to fulfil the goal of inclusive development (WHO *et al.*, 2012:14). How then might one go about implementing these CBR guidelines?

2.7.4 Community-Based Rehabilitation Implementation Process

The purpose of implementing the CBR strategy is to remove the barriers faced by PWDs, their families and respective communities, as well as to promote the human rights of all people. Many countries adopt their own approaches of implementing the CBR strategy in order to benefit all people in the community regardless of disability (ILO, UNESCO & WHO, 2002:3). These approaches have some elements in common that contribute to the sustainability of a given CBR strategy. The three most important approaches in the CBR implementation process are discussed briefly.

2.7.4.1 National Level

In Namibia, the national government is responsible for formulating policies and regulations relevant to disability and community based rehabilitation. The international instruments relevant to disability, such as the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, the ILO convention 159, and the United Nation Convention on the Rights of Persons with Disabilities may form a basis for national policies (ILO, UNESCO & WHO, 2004:9). Furthermore, national policies may also consider regional proclamations concerning disability, such as the African Decade of Persons with Disabilities and the Inter-American convention on the elimination of All Forms of Discrimination against Person with Disabilities.

However, the implementation of these policies requires adequate national resource allocation. National resources can be allocated to CBR in a variety of ways. One is the direct allocation of

funds to support aspects of the CBR; another method is to include a disability component in all developmental initiatives, especially those aimed at poverty reduction (ILO *et al* 2004:4).

2.7.4.2 *District (Intermediate) Level*

At the district level, the relevant government should provide a network of professional support services. Each country decides how to manage its CBR programme at different levels. However, ILO *et al* (2004:12) maintains that the district level is a key point for coordination of support to communities. It is therefore, particularly important to have CBR managers and district committees responsible for the implementation of the CBR programme.

The CBR programme manager at the district level works with each community to raise awareness about the need for, and benefits of, a CBR programme. During community meetings, the manager will ensure that PWDs, their families, as well as the community at large discuss their needs and decide whether they want to address the needs in a coordinated way through the CBR Programme.

In Namibia, the National Department of Disability leads the implementation of the CBR strategy across the country. It has established offices in each region, which are responsible for implementing disability related activities, including of course the CBR strategy. Rehabilitation Officers' duties at district level include implementing and monitoring the strategy, supporting and supervising the training of community workers, coordinating various community committees within the district, and liaising between the communities and other resources.

2.7.4.3 *Community Level*

Since CBR is ultimately implemented at community level, one approach to implementing and managing the CBR strategy is through the leadership of an existing community committee headed by the headman of the village, a regional councillor, or the mayor of the town. This community development committee then guides the development and affairs of the community (ILO *et al.*, 2004:13-14). Such a committee is well suited to act as coordinator of many governmental and non-governmental sectors that collaborate to sustain a CBR strategy.

Members of the community development committee may decide to establish a special CBR subcommittee linked to the community development committee. The CBR subcommittee will then be responsible for responding to the needs identified by the PWDs in the community, raising

awareness in the community regarding said needs, obtaining and sharing information about services available to PWDs, and working with support service sectors to strengthen and coordinate those services (ILO *et al.*, 2004:14-15).

In the case of Namibia, trained Community Based Rehabilitation Volunteer Workers (CBRVWs) implement the CBR strategy within their respective communities. CBRVWs dedicate their time and energy implementing CBR activities in the community without any incentive. There are also CBR committees established in the community by the government to assist the CBR Volunteer Workers in carrying their duties. These workers provide precise information to PWDs about what they can do to improve their capacities, to take care of themselves, to communicate, or simply to move about. They also provide basic rehabilitation interventions in the community. Rehabilitation officers from government monitor and evaluate the CBR implementation process in the country; in Oniipa Constituency, this task falls on officers from the ELCIN Rehabilitation Centre (ERC).

2.8 Challenges to Community-Based Rehabilitation Implementation

The aforementioned Joint Position Paper (2004) and CBR guidelines (2010) encourage CBR practitioners to address the major challenges that might prevent the successful implementation of the CBR strategy. Notwithstanding evidence indicating remarkable benefits of CBR in different domains, literature also revealed a wide range of challenges in the execution of CBR. According to Jacob (2015:84-86), the successful implementation of CBR faces diverse challenges. Some of the telling challenges will now be discussed.

2.8.1 Misinterpretation of the Concept Community -Based Rehabilitation

Both the concept “community-based” and the meaning of “community participation” present a major challenge to CBR when efforts are made to mobilise communities to accept and include PWDs in the CBR programme. A further challenge here is the understanding of the concept disability as well as acceptance of CBR as a valid intervention. Equally, there are different interpretations that greatly affect the vision of CBR.

Understanding “community-based” to mean simply based in the community, happening at purely community level, or located within the community (Mushoke & Geiser, 2013:26), may result in

CBR interventions being planned as delocalised rehabilitation interventions such as mobile camps and other outreach strategies. There are still disparate interpretations of community-based rehabilitation in Namibia. In many cases, people consider CBR as an outreach programme of the Ministry of Health and Social Services, designated specifically for people with disabilities and their family members. However, the literature review showed that CBR is a sophisticated community development programme that has five interrelated components, namely, health, education, and livelihood, social and empower components (CBR matrix).

2.8.2 Provision of Training to the Community

The second challenge is the provision of effective training to the community. Since the transfer of skills to PWDs, their family members and community members is essential to CBR success, the provision of effective training is a key challenge. For example, in instances where the community-based model depends on intermediate level workers, community workers or family members, appropriate training will be required at multiple levels. This training could include, for example, community development, project management, counselling and rehabilitation.

Furthermore, with a corresponding shift in professional roles, specialised training will be essential to enable the professionals to take on more strategic and more empowering roles in CBR (Lang, 1999:130-149; Hartley & Okune, 2007:81-82). The provision of such specialised training is unfortunately a real test in Namibia. A national training programme which offered a two year course in Medical Rehabilitation was discontinued in 1998 due to lack of technical support. Government budget to train community members to become CBR Volunteer Workers is also deficient. Additionally most of the trained CBR Volunteer Workers leave their work due to the absence of financial incentives. This regular turnover of volunteers then necessitates constant commitment and funding for training and re-training.

2.8.3 Lack of Funding and Resources

CBR implementation also faces diminished funding and resources. Due to the lack of financial, human, material and technical support, some CBR activities have not been holistic enough to be able to address the problems faced by PWDs (Hartley *et al.*, 2007:81). Most donors and development partners are hesitant to fund CBR activities since they prefer the charity approach which is more visible and easy to evaluate; CBR on the other hand involves changing community

attitudes, motivation, knowledge and skills in relation to disability (Hartley *et al.*, 2007:81). The sustainability of the CBR strategy thus remains uncertain due to the lack of funding and resources required for CBR training, as well as the provision of financial incentives to trained community volunteers.

2.8.4 Limited Community Participation

The implementation of CBR requires the involvement of community members, PWDs, their family members, their representatives (disabled people's organisations), as well as support from different government ministries (ILO, UNESCO & WHO, 2004:9). Hartley *et al* (2007:81) state that most CBR programmes have involved communities at one point or another but have not encouraged them to participate fully in order to make the programme relevant to the local situations and therefore more effective. As a result, these programmes have failed to make a genuine impact in improving the quality of life of PWDs. This has led to lack of ownership of the CBR programme by the communities.

2.8.5 Lack of Collaboration

There is a problem of collaboration, sharing and networking among various stakeholders charged with the responsibility of providing CBR. This disjuncture is due to the burden of bureaucracy on the part of those involved in providing rehabilitation services. The effect is that plans to expand CBR are hampered and the needs of PWDs are not effectively met, neither are new ideas aimed at achieving the set objectives of the programme implemented. The challenge of a multi-sectoral approach means that CBR should guarantee PWDs access to mainstream services and opportunities in all sectors and not only to functional rehabilitation.

Namibia experiences a lack of collaboration in the implementation of the CBR strategy. This is evident in the government being solely responsible for the provision of legislative frameworks, as well as the CBR implementation budget. It is necessary, therefore, to conclude this chapter by evaluating the CBR strategy.

2.9 Evaluation of the Community- Based Rehabilitation Strategy

The evaluation of CBR programmes is essential in order to monitor effectiveness and relevance. Without proper reassessments, the impact of CBR is not confirmed which in turn could affect the

integrity and success of the CBR programme. However, it is difficult to find a standard model or approach for assessing the impact of CBR. Furthermore, each individual programme is tailored to the specific needs of a given community and thus involves a unique focus, different components as well as dissimilar client types (Kuipers & Hartley, 2006:27-30). Nevertheless, measurement tools such as surveys, questionnaires and interviews have been used to assess the quality of life of PWDs (SHIA & WHO, 2002:11). Quality of life refers to an individuals' perception of their position in life vis-à-vis their culture and value systems in relation to their goals, expectations, standards and concerns.

Besides, consulted literature revealed that most CBR programme evaluations have been quantitative and have measured changes in service levels as perceived by staff and volunteers in the programme. The CBR studies in other developing countries, such as South Africa and Zimbabwe, reported positive outcomes, namely, that CBR interventions has increased independence, enhanced mobility and effected greater communication skills for people with disabilities. This is evident from the studies conducted in 2009 by Chappell and Johannesmeier in South Africa, as well as by Lagerkvist in Zimbabwe. These studies have found that CBR projects in developing countries are linked to positive social outcomes, enhanced social inclusion and greater adjustments for people with disabilities. Where livelihood interventions were integrated into CBR, this has resulted in increased income for PWDs and their families; secondary consequences included increased self-esteem, as well as greater social inclusion (WHO, UNESCO, ILO & IDDC, 2010).

In a word, then, literature has revealed that CBR activities are not only cost-effective but have delivered encouraging results in augmenting educational or vocational opportunities, influencing community attitudes positively, and in facilitating social inclusion of people with disabilities (Mannan & Turnbull, 2007:29-45).

2.10 Summary

Chapter 2 introduced readers to the literature on disability. The global picture regarding disability was succeeded by a specific focus on disability in Namibia. Whereas statistics of PWDs in Namibia has been increasing since 1991, the evolution of the concept from traditional to more theoretically

nuanced models of disability was also presented, along with the legislative framework that bears a direct relevance to disability issues.

The challenges which PWDs face, the disparate perspectives regarding CBR, as well as the meaning of the concept CBR were also unpacked. The CBR guidelines, implementation process, as well as the challenges to this process were also be discussed, after which the chapter concluded with a look at issues to take into consideration when evaluating community-based rehabilitation strategy. The following chapter will discuss the research methodology used in the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

Chapter 2 undertook a review of the disability literature, along with the models of disability, which provided the theoretical framework for this study. The ensuing chapter will describe the locality where the study was conducted (research case study), research design, as well as the research methodology used in this study. Aspects such as population and sample, reliability and validity of the research design, and measures to ensure trustworthiness in quantitative research are also considered. The chapter concludes with the ethical considerations and limitations of the study.

3.2 Research Approach

A senior government official recently stated that PWDs encounter multiple levels of exclusion and discrimination. He said that PWDs face challenges such as social stigmatisation, lack of vocational training facilities and programmes, discrimination in employment, lack of facilities to support their conditions, lack of care, sexual abuse and insufficient government disability grants (*The Namibian*, 2016 online). Further challenges include attitudinal and environmental barriers, lack of full participation in community activities and in government decision-making processes. This study takes up the challenge and so investigates the effectiveness of the CBR strategy in improving the living conditions of PWDs and their families within the Oniipa Constituency.

The researcher was motivated by his service in various portfolios in the Rehabilitation Division from 1994 to 2004. He thus seeks to bring the experience gained when he worked with PWDs and their families to bear on this investigation. The study aims to identify the physical, cultural, institutional and attitudinal barriers for PWDs, and then to explore appropriate ways to remove or reduce these barriers. The following research questions formed the basis of this research study:

- What are the challenges that PWDs and their families face?
- What is the CBR strategy, and what is its potential implementation challenges in Namibia?
- How do PWDs and their families perceive the CBR strategy and what do they expect from it?
- Is the CBR strategy adequate to address the challenges that PWDs and their families face?

The study was conducted at the ELCIN Rehabilitation Centre (ERC), which falls under the Oniipa Constituency of the Oshikoto region. According to the 2011 Namibian population and housing census, the Oniipa Constituency has 1 805 people with disabilities (PWDs), of which 1 007 are females while 798 are males. The ELCIN Rehabilitation Centre provides training to people with different types of disabilities, their families, as well as to the Community-Based Rehabilitation Volunteer Workers (CBRVWs). The centre also facilitates the formation of local CBR committees in the community to assist the CBRVWs in their work. Committees consist, among others, of PWDs, their families, community members, traditional as well as spiritual leaders.

3.3 Descriptive Design

The study is descriptive, adopting a mixed methods approach involving both quantitative and qualitative research. Descriptive research design is a scientific method that involves observing and describing the behaviour of subjects without influencing it in any way (Bryman, 2014:42). The researcher thus made every effort to observe and subsequently describe what he has observed. Beyond mere description, qualitative research methods investigate the why and how of decision-making, necessitating smaller but focused samples. Good, clear and focused research questions explore the reasons why people do things or believe in something. The function of research design is to ensure that the evidence obtained enables the research to answer the initial question as clearly as possible (Yin, 1989:29).

3.3.1 Exploratory Design

The study used exploratory research design. Mixed methods research refers to a separate methodology in which both quantitative and qualitative approaches, methods and procedures are combined to come up with a complete picture of the research problem (de Vos *et al.*, 2011:433). De Vos *et al* (2011:435-436) identified the following scientific value of mixed methods research:

- a. Mixed methods research enables the researcher to simultaneously address a range of confirmatory and exploratory questions with both the quantitative and qualitative approaches, and therefore verify and generate theory in the same study.
- b. It also provides strength that offsets the weaknesses of both quantitative and qualitative research, meaning that it has the potential to provide better inferences.

- c. Mixed methods research provides more comprehensive evidence for studying a research problem than either quantitative or qualitative alone.
- d. It eliminates different kinds of bias, explains the true nature of a phenomenon under investigation and improves various forms of validity or quality criteria.
- e. Mixed methods research encourages researchers to collaborate across sometimes adversarial relationships between quantitative and qualitative researchers.

3.4 Research Methodology

3.4.1 Sources

The main sources of information for this research included:

- Previous research reports
- Books
- Personal interviews
- Newspaper reports
- Circulars
- Legislation
- Speeches by prominent academics, politicians or organisations for people with disabilities
- Disability reports both local and international
- United Nations Convention on the Rights of Persons with Disabilities and personal visits to the Department of Disability Affairs in the region. The themes of the literature review are the empirical point of departure and explored the real-life experiences of the people.
- Questionnaires

3.4.2 Case Study

A case study is a method used to narrow down a very broad field of research into an easily researchable topic (Yin, 1984:23). The benefit of the case study is that it is done in the subjects' real world context, which gives the researcher a good view of real-life situations. Interviews were used in this study as a source of information. Interviews allow the researcher to obtain detailed information about the participants' personal feelings, perceptions and opinions. A high response

rate becomes achievable as interviews allow the researcher to ask detailed questions as well as record the respondents' own words.

3.4.3 Quantitative Research Methodology

Quantitative study tests a theory composed of variables measured with numbers and analysed with statistical procedures in order to determine whether the predictive generalisations of a theory hold true, whilst qualitative study is concerned with non-statistical methods and a small sample is often purposively selected (Creswell, 1994:1-2).

The quantitative research approach was employed to investigate the impact of the CBR programme to people with disabilities and their respective families within the Oniipa Constituency. Quantitative research is a formal, objective and systematic process that describes and tests relationships between variables in addition to examining cause and effect interactions among variables (de Vos *et al.*, 2011:64).

One of the characteristics of the quantitative study is that it answers questions about relationships among measured variables with the purpose of explaining, predicting and controlling phenomena. The intent is to establish, confirm or validate relationships and develop generalisations (Leedy & Ormrod, 2005:94-97). The quantitative approach in the study involved data collection and capturing, data analysis and interpretation using numerical or percentage expressions.

3.4.4 Qualitative Research Methodology

Qualitative research methodology refers to research that produces descriptive data, generally the participant's own written or spoken words pertaining to their experience or perception. Usually no numbers or counts are assigned to these observations (Brynard *et al.*, 2014:39). The qualitative research approach is concerned with understanding rather than explanation, with naturalistic observation rather than controlled measurement, and with subjective exploration of reality from the perspective of an insider as opposed to that of an outsider so predominant in the quantitative paradigm (de Vos *et al.*, 2011:308). The qualitative approach enabled the researcher to give more attention to the subjective aspects of the human experience and behaviour (Bryman *et al.*, 2014:153).

The qualitative research approach is a method of inquiry used in various academic disciplines to gather an in-depth understanding of human behaviour and the reasons that govern such behaviour. One of its advantages is that it allows the researcher to observe a situation or his subjects without influencing or participating in any way. Brynard *et al* (2014:39-40) state that qualitative research approaches allows the researcher to know people personally, to see them as they are, and to experience their daily struggles when confronted with the real-life situations. This enables the researcher to interpret and describe the people's actions. Case studies, personal interviews, participant observation and questionnaires are used to collect information and knowledge from the participants in qualitative studies.

3.5 Population and Sampling

3.5.1 Population

A population refers to all elements such as objects, events, phenomena and individuals that meet the sample criteria for inclusion in the study and whom the researcher desires to study in order to establish new knowledge (de Vos *et al.*, 2002:199). The study population was divided into two groups to effectively answer the research questions, namely the management (employees) of ELCIN Rehabilitation Centre and the second group consisting of PWDs and their families. Thus, the population for the questionnaires consisted of ELCIN Rehabilitation Centre employees, whilst the interviews were conducted with the second group, namely PWDs and their families.

The first study group consisted of people without disabilities. That is to say, the employees of the ELCIN Rehabilitation Centre within the Oniipa Constituency were people without disabilities. The second group comprised both PWDs (individuals with different types of impairments selected on the basis of having disabilities for more than three years) and their family members who are considered people without disabilities. These participants were selected based on their intimate knowledge about disability.

3.5.2 Sampling Techniques

Sampling is a technique used to select for detailed study a small group (the sample) with the view to determine the characteristics of a larger group (the population) (Bryman *et al.*, 2014:56). Mouton (1996:132) defines a sample as elements selected with the aim of finding out something about the total population from which they are taken.

The sampling techniques used in this study were purposive sampling and snowball sampling. With the purposive sampling model, the researcher uses his expertise to select subjects from the population being studied (de Vos *et al.*, 2011:232). This sampling technique was used for both groups of participants. According to Monette, Sullivan and Dejong (2005:148), respondents chosen in a purposive sample are chosen because they possess the necessary characteristics or information necessary for the study and they are accessible to the researcher.

Similarly, snowball sampling assist the researcher to obtain additional participants from the information provided by the initial participants (Struwig & Stead, 2003:112). The researcher used snowball sampling until a level of saturation with respect to the data was achieved.

3.5.3 Sample Size

The study sample consisted of 34 participants. One hundred percent (100%) of the employees of ELCIN Rehabilitation Centre received the research questionnaires. All fourteen employees of the Centre completed the questionnaire and the researcher personally collected the questionnaires from the participants. Interviews were conducted with 10 people with disabilities and their 10 respective family members until a level of saturation with respect to the data had been achieved. One hundred percent (100%) of both people with disabilities and their respective family members who were approached to participate in the study agreed to be interviewed. The second group of participants' responses are clearly stipulated in section (4.3.2) of this study.

Table 3.1: Employees of ELCIN Rehabilitation Centre at Oniipa

Ref name	Village	Gender	Age group	Type of disability	Education Level
E01	Onando	M	40-59	-	Grade 8-12
E02	Oniipa	F	18-39	-	Grade 12 +
E03	Ondando	F	18-39	-	Grade 12 +
E04	Ondando	F	18-39	-	Grade 12 +
E05	Ondando	F	18-39	-	Grade 8-12
E06	Ondando	F	18-39	-	Grade 12 +
E07	Ondando	M	40-59	-	Grade 8-12
E08	Ondando	M	18-39	-	Grade 8-12
E09	Ondando	F	40-59	-	Grade 12 +

E10	Onamulunga	F	40-59	-	Grade 12 +
E11	Ondando	F	40-59	-	Grade 12 +
E12	Oniipa	M	40-59	-	Grade 8-12
E13	Ondando	M	18-39	-	Grade 8-12
E14	Oniipa	F	40-59	-	Grade 8-12

The following criteria helped to determine eligible ELCIN participants:

- Must be either permanent or contract workers at ELCIN Rehabilitation Centre.
- Must have been in the employ of ELCIN Rehabilitation Centre for at least six months.
- Staff members with less than six months employment at ELCIN Rehabilitation Centre were excluded from the study.

Table 3.2: People with Disabilities

Ref name	Village	Gender	Age group	Type of disability	Education Level
PWD 1	Oniipa	F	18-39	Visual Impairment	-
PWD 2	Oniihandi	F	60 +	Visual impairment	Grade 1-7
PWD 3	Oniihandi	F	60+	Visual impairment	Grade 1-7
PWD 4	Oniihandi	F	18-39	Visual impairment	Grade- 8-12
PWD 5	Oniihandi	F	18-39	Visual impairment	Grade 8-12
PWD 6	Oniihandi	F	18-39	Visual impairment	-
PWD 7	Oniihandi	F	18-39	Visual impairment	-
PWD 8	Oniihandi	F	18-39	Visual impairment	-
PWD 9	Oniihandi	F	40-59	Visual Impairment	Grade 1-7
PWD 10	Oniipa	F	18-39	Physical impairment	Grade 1-7

The following criteria were used to determine eligible PWDs:

- A person with a disability of less than three years was excluded from the study.
- The participant must be mentally sound to be able to consent to participation.
- He/she is willing to participate in the study.
- The person with disability must be 18-65 years old.
- He/she is of either sex, irrespective of the race.

Table 3.3: Family members of PWDs

Ref name	Village	Gender	Age group	Type of disability	Education Level
FM 1	Oniipa	M	40-59	Physical Impairment	Grade 8-12
FM 2	Oniipa	M	60 +	-	Grade -
FM 3	Ondando	F	40-59	-	Grade -
FM 4	Oniihandi	F	18-39	Physical impairment	Grade- 8-12
FM 5	Oniihandi	M	40-59	-	Grade 8-12
FM 6	Oniipa	F	18-39	Hearing impairment	-
FM 7	Oniipa	F	18-39	-	Grade 1-7
FM 8	Oniihandi	F	18-39	-	Grda 8-12
FM 9	Oniihandi	F	40-59	Visual Impairment	Grade 1-7
FM 10	Oniipa	M	18-39	Physical impairment	Grade 1-7

The following criteria were used to determine eligible family members:

- A family member who does not live with the person with disability was excluded.
- He/she is mentally sound to consent to participation in the study.
- A family member who is younger than 18 years was excluded from the study.
- He/she is willing to participate in the study.
- He/she is of either gender or race.

3.6 Data Gathering Instruments and Procedures Followed

The methods for data collection were questionnaires and personal interviews. These data collection instruments helped this researcher to collect adequate and sufficient information in order to achieve the objectives of the research.

3.6.1 The Questionnaire

According to Burns and Grove (1993:368), a questionnaire is a printed self-report form designed to elicit information that can be obtained through the written responses of the research participants. The information obtained through a questionnaire is similar to that obtained by means of an interview, but the questions tend to have less depth. The questionnaire was chosen in this study

because it ensured a high response rate, less time was required to administer it and it offered anonymity since the participants' names were not required on the completed questionnaire.

The questionnaire set out to determine the views and perceptions of the ELCIN Rehabilitation Centre employees regarding the classification of disabilities along with the challenges faced by PWDs and their families. The questionnaire also explored the meaning of the CBR strategy and its practical implementation challenges in Namibia. The participants were allowed to express their personal views and experiences about the challenges faced by PWDs and their families, as well as about the CBR strategy implementation process in the community.

3.6.2 Interviews

Qualitative interviews refer to attempts to understand the world from the participants' point of view, to unfold the meaning of people's experiences and to uncover the 'lived world' prior to scientific explanations (Sewel, 2001:1). Qualitative studies typically use unstructured and semi-structured interviews. In this study, semi-structured interviews were used to collect the necessary data to answer the research questions. Semi-structured interviews are organised around areas of interest, whilst still allowing considerable flexibility in the scope and depth of the actual interview process (Jarbadhan & Schutter, 2006:678).

The interviews set out to determine the expectations and perceptions of PWDs and their families vis-à-vis the CBR strategy, in addition to examining the effectiveness of the CBR strategy in addressing the challenges faced by PWDs and their families.

Guided by an interview schedule, the process involved personal communication between the researcher and the research participants, namely, PWDs and their families. According to Holsten and Gubrium (1995:76), an interview schedule is a questionnaire written to guide the interviews. It provides the researcher with a set of predetermined questions that might be used as an appropriate instrument to engage the participants and designate the narrative terrain.

The interview schedule was divided into three sections. Section A contained the demographic information. Section B consisted of questions related to the general context of the participants as regards disability. Section C comprised questions mainly confined to the understanding of the CBR strategy and how it is implemented in the community.

Interviews allowed the participants to answer questions freely and at the same time enabled the interviewer to explore, probe and examine the research topic in detail. Semi-structured interviews also enabled the researcher to follow up particular interest opportunities that emerged in the interviews and participants were able to give more information.

3.6.3 Data Collection Procedures

Three days were allocated for both the distribution of printed copies of the questionnaires and the collection of completed questionnaires. The researcher personally distributed and collected the self-designed questionnaires. Due to translations and avoiding distracting the workers from their normal duties, the participants completed the questionnaire at their own pace while consulting the researcher or the translator (Field Officer) for clarity. It took approximately two hours on average for participants to complete the questionnaire.

With regard to personal interviews, three weeks were required to collect data from both PWDs and their family members. The researcher conducted the interviews with the assistance of a translator. The researcher introduced topics in English and they were then translated into Oshindonga, the primary language of the participants. Since the researcher understands the language very well, he curtailed loss of meaning by correcting the translator whenever misinterpretation occurred. Each individual interview was of 30-45 minutes duration.

3.6.4 Data Analysis

The study used both quantitative and qualitative methods to analyse the study responses. The term data refers to the rough materials researchers collect from the world they are studying. Data forms the basis for analysis (Bogdan & Biklen, 1998:106). Consequently, data analysis is the process of bringing order, structure and meaning to the mass of collected data (Schwandt, 2007:6).

The researcher used quantitative research analysis to convert data to a numerical form and subject it to statistical analysis (Rubin & Babbie, 2005:552). The purpose of quantitative analysis is thus to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied and tested, as well as conclusions drawn (Schwandt, 2007:7). Here, data analysis involved the process of classification, summarisation and tabulation of the collected information. All the data collected from questionnaires and personal interviews were compared and matched to

determine their relevance and to ascertain the meaning of the participants' views and perceptions regarding CBR. Data was analysed both manually and by means of Microsoft Excel.

Qualitative data analysis is non-numerical examination and interpretation of observations for the purposes of discovering underlying meanings and patterns of relationships (Babbie, 2007:378). A variety of analytical strategies are used, including, interpreting the data by sorting, organising and reducing them to more manageable pieces and then exploring ways to reassemble them (Schwandt, 2007:7). Here, the data was descriptively analysed by means of a Statistics Package for Social sciences (SPSS) and Microsoft Word.

The qualitative data from personal interviews, field visits, available reports, observations and direct experiences of the researcher was analysed as typology and comparison. Typology refers to the conceptual framework whereby phenomena are classified in terms of the characteristics they have in common with other phenomena (de Vos *et al.*, 2011:416). By developing typologies, the researcher was able to make conceptual linkages between seemingly different occurrences.

3.7 Pilot Testing of Data Collection Instruments

Pilot testing refers to a trial administration of a data collection instrument such as a questionnaire to identify mistakes. It is essential that the newly constructed questionnaire is thoroughly pilot-tested before being used in the main investigation (de Vos *et al.*, 2011:195). Pilot testing ensures that the errors of whatever nature are immediately rectified at a minimal cost. The two main objectives of pilot testing are to improve the face and content validity of the instrument, and to estimate the time it takes to complete the questionnaire (de Vos *et al.*, 2011:195).

In February 2016, the researcher pre-tested the six research questions to purposively selected participants. These were one Medical Rehabilitation Worker, one family member of a person with disability, and two PWDs in Tsumeb Constituency. The research questions were also emailed to one Medical Rehabilitation Worker at Swakopmund State Hospital who answered them in writing. The respondents answered all the questions but seemed to have difficulties in the second part of the last question with regard to the existence of the potential alternatives to CBR. As a result of the pre-testing, proper adjustments were made to the questions.

3.8 Reliability and Validity of Research Design

In general, validity is an indication of how sound the presented research is. More specifically, validity applies to both the design and methods used in the research. For, instances, validity in data collection means that the research findings truly represent what the researcher is claiming to measure because valid claims are solid claims (Seliger & Shohamy, 1989:95). However, any research can be affected by different kinds of factors that can compromise its findings. Therefore, a good researcher must anticipate and control all the factors that could threaten the validity of the research study. The following subsection will describe how the researcher guaranteed the validity of this study.

3.8.1 Internal and External Validity of the Research Design

In scientific research, internal validity is the extent to which a causal conclusion based on a study is acceptable, which is determined by the degree to which a study minimises systematic error or bias (Bryma *et al.*, 2014:26). Internal validity is an important measure as it ensures that the research design follows the principle of cause and effect, and that its methods and procedures are implemented in an effective, efficient and economical manner. Data collector bias was minimised by the researcher through earnest endeavour to display similar personal traits to all respondents, for example, friendliness, honesty and supportiveness.

External validity is the legitimacy of generalised (causal) inferences in a scientific research, usually based on experimental validity. In other words, external validity concerns the extent to which the results of a study can be generalised to other situations and people (Mitchell & Jolley, 2001:697). External validity was ensured by one hundred percent (100%) representation of the research population, meaning that all the participants approached agreed to voluntarily participate in the study.

3.8.2 Reliability and Validity of the Research Design

The validity of an instrument is the degree to which an instrument measures what it is intended to measure, whilst content validity refers to the extent to which an instrument represents the factors under study (Polit & Hungler, 1993:448). Content validity was ensured in this study by consistency in the administration of the questionnaires. The questionnaires were formulated in clear simple

language. The researcher personally distributed all the questionnaires to the subjects and provided straightforward instructions to all participants.

Reliability in research refers to the degree of consistency with which an instrument measures the attribute it is designed to measure (Polit & Hungler, 1993:445). Both the questionnaires and personal interviews on the research topic revealed consistency in responses. Therefore, the research results are reliable because this exploratory study was complemented by the empirical research in which primary data was collected directly from ELCIN Rehabilitation Centre. By allowing sufficient time for an in-depth literature review, research and gathering, the researcher collected data in a consistent manner.

Furthermore, the researcher strove to produce findings that are believable and convincing. To maintain the reliability of the research instrument, the researcher disassociated himself from the usage of ambiguous or vague items that are unidentified or that assume too much about the respondents, questions that combine three or more factors in one, negatively phrased questions, too long questionnaires, and posing sensitive or threatening questions. The physical environment where data collection occurred was also rendered conducive by ensuring privacy, confidentiality and general physical comfort free from disturbances such as noise, heat or cold.

3.9 Measures to Ensure Trustworthiness in the Research Presented

The trustworthiness of a qualitative study can be increased by maintaining high credibility and objectivity. In scientific research, trustworthiness entails demonstration that the evidence for the results reported is sound and the argument based on the results strong (Krefting, 1990:214-222). The following measures were taken to ensure valid interpretation of the research data.

- a) **Credibility:** Credibility refers to the believability of the data plus confidence in the truth of the findings. The researcher ensured that the research is done according to the principles of good practices, and subsequently submitted findings to the research participants to confirm that the researcher had correctly understood their social world (member validation).
- b) **Dependability:** Dependability focuses on the stability of the data over time and in different contexts and conditions. It ensures that the research findings are consistent and could be repeated. The researcher ensured dependability by safely keeping complete records of all

phases of the research process such as problem formulation, selection of the research participants, interview transcripts, data analysis and decisions in a safe and accessible manner.

- c) **Conformability:** Conformability deals with objectivity, which is the degree of agreement between two or more people reviewing the findings for accuracy and meaning. It is a process to establish the researcher's bias during the study; this is necessitated by the assumption that qualitative research allows the researcher to bring unique perspective to the study. The researcher ensured conformability by completing the audit trail during the study to demonstrate how each decision was arrived at. An audit is a transparent description of the steps taken from the start of a project to the development and reporting of findings. In other words, these are records are kept regarding what was done during an investigation (Lincoln & Guba, 1985:310-319).
- d) **Transferability:** It refers to the generalisation of the study findings to other situations and contexts. The context in which qualitative data collection occurs defines the data and contributes to the interpretation of the data. The researcher supplied a highly detailed description of the situation and methods in order to allow the readers to be able to apply the findings of the study to their own situation.
- e) **Authenticity:** This notion focuses on the degree to which the researcher faithfully and fairly describes the participants' experiences. The researcher maintained authenticity by fairly and faithfully showing a range of different realities in the analysis and interpretation of his data. Since a qualitative researcher's perspective is naturally biased due to his or her close association with the data, sources and methods, various audit strategies can be used to confirm findings (Bowen, 2009:27-40). Therefore, trustworthiness of interpretation and findings are dependent on being able to demonstrate how they were reached (Mauthner & Doucet, 2003:413-431).

3.10 Ethical Considerations

The following subsection will discuss the ethical considerations for this study. It will explain the process of informed consent adopted in this study, as well as how anonymity and confidentiality was maintained.

3.10.1 *The Process of Informed Consent*

According to Burns and Grove (1993:776) informed consent is the prospective participants' agreement to participate voluntarily in the study. The consent for participation in research is freely given and informed if:

- It is given without direct or indirect coercion or undue inducement.
- Prospective participants have been informed on the details of the intended research.
- Prospective participants have understood the information on the purpose of the study.
- The researcher has answered any question about the research and their participation.
- It is given before the actual research commences.

The researcher wrote a letter to the Rehabilitation Coordinator at ELCIN Rehabilitation Centre requesting permission to conduct the research at the Centre. Written permission was then granted. The Rehabilitation Coordinator arranged all the groups of potential participants. The researcher then informed them about their rights, the purpose of the study, the data collection procedures, as well as assured them of no potential risks and costs involved in their participation in this study. Free and informed consent was obtained from all the participants, their anonymity was protected, and they were free to withdraw at any stage of the study.

Ethical clearance (PAM/2016/021) was also obtained from the University of South Africa, Department of Public Administration and Management Research Review Committee. Finally, the researcher also approached the Oniipa Constituency Office (Regional Councillor) to inform the office about the study and its purpose.

3.10.2 *Anonymity and Confidentiality*

Anonymity was maintained throughout the study by not disclosing the participants' identities. Additionally, confidentiality was ensured by keeping the collected data private, and not revealing the participants' identities when reporting or publishing the study. To further ensure anonymity, a confidentiality agreement with the translator was made.

3.11 Limitations of the Study

Due to the research being conducted at one specific Centre (ELCIN Rehabilitation Centre) in Namibia, it cannot simply be generalised to other rehabilitation centres within Namibia and other countries.

Another constraint was that the conducted personal interviews were in English with translation to Oshindonga language. This might have affected the quality of data obtained. However, the researcher pre-empted this by using a translator throughout the completion of the questionnaires and the interviewing process.

3.12 Summary

The researcher used a mixed methods approach incorporating both quantitative and qualitative research methodology. This consisted of questionnaires and interviews respectively. The sample characteristics comprised of the employees of ELCIN Rehabilitation Centre (first group – questionnaires) and PWDs and their respective family member (second group – interviews). This chapter described the research methodology, population and sample, data collection instruments and procedures, data analysis as well as strategies used to ensure ethical standards, reliability and validity of the study. It concluded with reference to the limitations of the study. The next chapter will describe the actual case study and the research findings.

types of disabilities and provides both Institution Based Rehabilitation and Community Based Rehabilitation services aimed at changing negative beliefs, attitudes and behaviour towards PWDs. Through its Rehabilitation Unity, the Centre provides CBR training to community members, PWDs and their families; it also supervises implementation of the CBR strategy.

According to the 2011 Namibian population and housing census, the Oniipa Constituency has 1 805 people with disabilities (PWDs), of whom 1 007 are females while 798 are males. The ELCIN Rehabilitation Centre provides training to people with different types of disabilities, their families, as well as to Community-Based Rehabilitation Volunteer Workers (CBRVWs). The Centre also facilitates the formation of local CBR committees in the community to assist the CBRVWs in doing their work. The committees consist, among others, of PWDs, their families, community members, traditional and spiritual leaders.

The sites for the case study were purposively selected partially based on the advice of the Coordinator of ELCIN Rehabilitation Centre and partly also based on the researcher's experience with disability and CBR work. The interviews were conducted in English by the principal researcher, and interpreted to Oshindonga language by an appointed translator. Interviews were conducted at times and sites that were convenient for the participants, e.g., their workplace, home and the field. Furthermore, at each case study site, the participants were participating in data gathering process. The following subsection presents the results of the study.

4.3 Findings

The findings section consists of four sub-sections, each presenting the results of a sub-question asked in order to answer the study's four objectives. The first sub-section (4.3.1.1) describes the challenges faced by PWDs and their families, while the second sub-section (4.3.1.2) presents the meaning of the CBR strategy and its potential implementation challenges in Namibia. The third section (4.3.2.1) concerns the perceptions and expectations of PWDs and their families on the CBR strategy, and the fourth and last sub-section (4.3.2.2) describes the adequacy of the CBR strategy in addressing the challenges that PWDs and their families face.

4.3.1 Data from Questionnaire

With regard to data gathered from the questionnaire, the participants of Group 1 completed the questionnaire. Group 1 participants comprised of the 14 employees of ELCIN Rehabilitation Centre. The majority of them are females, with the ratio of two females for every single male. Two participants were visually impaired, one was physically impaired, one was hearing impaired, and the remaining 10 participants are designated people without disabilities. With reference to education, at least half of the participants completed grade 12 whilst the rest have completed grade between 8 and 12.

4.3.1.1 What are the challenges that PWDs and their families face?

The main objective of this question was to explore the challenges that people with disabilities and their families face within the community. The following table shows the attitudinal, physical and social challenges that confront PWDs and their families; the information comes from the study's Group 1 participants.

Table 4.1: Challenges faced by PWDs and their families

	Response Count	Response Percentage
1. Attitudinal challenges		
Discrimination	12	85.7%
Stigmatisation	10	71.4%
Negative attitudes towards disability	9	64.2%
Denial	8	57%
Inferiority	5	35.7%
2. Physical challenges		
Inaccessible buildings or services	13	92,8%
Lack of information	11	75.5%
3. Social challenges		
Unemployment	12	85.7%
Poverty	11	75.5%
Inaccessible education system	10	71.4%

From the responses of the participants presented in Table 4.1, it is clear that PWDs and families frequently face various barriers in their communities. Challenges or barriers are defined as factors in a person's environment that, through their absence or presence, limit the functioning and create disability (WHO, 2001:214).

Nearly 86% of the participants indicated that PWDs and their families endure discrimination in the community, whilst a staggering 71, 4% of the respondents believe that PWDs and their families encounter stigmatisation. The study found that due to discrimination and stigmatisation, the social and economic burden of caring for PWDs remains the sole responsibility of their family members.

Furthermore, two-thirds of the participants also believe that attitudinal barriers, such as negative attitudes towards disability, deny PWDs their dignity and potential, and impacts on accessibility since most of the other barriers are rooted in attitudes as well. To emphasise this point, one respondent stated,

Negative attitudes are also a challenge both in our communities and at institutions, such as hospitals or clinics. For instance, when I visit the hospital, I'm required to stand in the queue like people without disabilities in order to be helped.

With regard to physical barriers, practically all the participants (92.8%) confirmed that PWDs face obstacles in accessing most building or services. Physical barriers are obstacles in the structural environment that impede PWDs from accessing a particular location or service (Wapling & Downie, 2012:21). These barriers can either disable PWDs or foster their participation and inclusion in social, economic, political and cultural life. As stated by another Group 1 respondent,

People with disabilities, especially, the wheelchair users and the visually impaired, are suffering when it comes to access to some buildings which are not disability-friendly. They constantly need help to access needed services; these situations create more dependence on other people.

Additionally, three-quarters of respondents (75.5%) indicated that lack of information is also a major obstacle faced by PWDs and their families. As respondent 8 put it,

The problem is that most of the information is not in braille and this makes it impossible for blind people to access information. Due to a lack of necessary information, PWDs are unable to make informed decisions on matters affecting their lives.

When considering social barriers, 85.7% of participants identified that PWDs confront high unemployment levels. Due to the absence of proper rehabilitation and vocational training, negative attitudes, the misconception of some employers with regard to disability, and inaccessible workplaces, it is difficult for PWDs to secure decent employment in the labour market.

According to 75.5% of the participants, PWDs live in poverty as most of them are unemployed and depend only on social disability grants for their survival. Due to poverty, PWDs and their families have inadequate access to proper housing, nutritious food, clean water, basic sanitation, much-needed healthcare, and reasonable credit facilities. These impediments in turn have adverse effects on the health and quality of life of PWDs.

In addition, 71.4% of responses indicate that the education system is inaccessible to most children with disabilities in Namibia. This is due to two reasons, the first being that since some community members believe that disability is a form of divine punishment, children with disabilities who could be in schools are sometimes not allowed to attend. The second reason is the lack of properly resourced schools (special schools) that can accommodate children with disabilities. The result is that children have to move to far-away locations just to access schools.

4.3.1.2 What is the CBR strategy and what is its potential implementation challenges in Namibia?

The specific objective of this question was to explore what the CBR strategy comprises of, as well as its potential implementation problems. This is necessary to obtain participants' insight on the meaning of the CBR strategy, as well as to have a common understanding on the key stakeholders and the challenges facing the CBR strategy. For the purpose of this study's objectives, Table 4.2 shows the three statements that most closely represents the participants' views about CBR's meaning.

The study found that there are different interpretations about what CBR means, and that this greatly affects CBR's implementation goals. As Table 4.2 indicates, most respondents (71.4%) understand the CBR strategy as a rehabilitation programme that facilitates equal opportunities, poverty reduction and social integration for PWDs.

Table 4.2: Participants’ responses on the meaning of the CBR strategy

		Response Count	Response Percentage
1.	A rehabilitation programme that facilitates equal opportunities, poverty reduction and social integration for PWDs.	10	71.4%
2.	A rehabilitation strategy based in the community offering services such as counselling, information to PWDs and reporting abuse of PWDs to the relevant authority.	8	57.1%
3.	An outreach rehabilitation programme for empowering the community members and the CBRVWs to assist PWDs.	7	50%

At the same time, 57.1% of the participants consider CBR to be a rehabilitation strategy based in the community, and offering services such as counselling and information to PWDs in addition to reporting abuse of PWDs to the relevant authorities. Finally, 50% of participants see CBR as an outreach rehabilitation programme for empowering the community members and the CBR Volunteer Workers to assist PWDs.

Table 4.3: Participants’ responses on the challenges of the CBR strategy

		Response Count	Response Percentage
1.	Insufficient funding for the CBR Strategy implementation	13	92.8%
2.	Lack of financial incentives for CBR Volunteer Workers	12	85.7%
3.	Lack of transport	11	78.5%
4.	Scarcity of CBR Volunteer Workers.	11	78.5%
5.	Recognition and community support barriers	7	50%

Table 4.3 illustrates the challenges which the CBR strategy faces according to the respondents. The majority of the respondents believe that inadequate government funding and lack of resources is a key hindrance to the successful implementation of the CBR strategy in the community. For instance, the study found that the subsidy provided by the government to ELCIN Rehabilitation

Centre is insufficient to facilitate full implementation of CBR activities in the community, thus resulting in fewer CBRVWs trained and fewer PWDs reached.

Another challenge to the CBR strategy implementation was confirmed by 85.7% of the respondents. It concerns the lack of financial incentives for CBRVWs. Due to a lack of financial incentives, it is impossible to retain trained volunteers in the community in order to ensure implementation of the CBR strategy. Trained volunteers use acquired skills in CBR training to look for employment which will enable them to support their families and meet their basic needs.

Lack of transport is reflected by the majority of responses as a major hindrance to the successful CBR strategy implementation in the community. Due to lack of money to pay for transport, the volunteers have to travel long distances on foot to carry out their work for which they receive no compensation whatsoever. This situation leads to the cessation of CBR activities in the community.

It was also found that due to insufficient government funding, the ELCIN Rehabilitation Centre cannot train anymore community members to become CBR volunteers. This situation results in unmanageable workloads for existing volunteers, and further impedes the CBR coverage of the community, not to mention the quality of CBR services provided to PWDs.

Half of the responses noted that while the community fully recognises CBR as a strategy for disability, the CBRVWs still experience problems finding support and recognition from some family members of PWDs. This in part is due to CBRVWs unearthing and reporting to the relevant authorities the ill-treatment of PWDs or the misuse of the social disability grants by family members.

Finally, the results of this part of the questionnaire show that, in order to remove barriers for PWDs and achieve disability-inclusive development, any CBR strategy will require the cooperation of several key stakeholders. These stakeholders play a pivotal role in the development and implementation of the CBR strategy in Namibia.

1. National Government

The Department of Disability Affairs in the Office of the President is there to strengthen and coordinate the implementation of policies and legal framework in relation to disability issues. The

government is also responsible to ensure that both financial and human resources are available to deliver effective and efficient services to PWDs and their families.

2. ELCIN Rehabilitation Centre

The Centre supervises CBR strategy implementation and provides training to community members to become CBRVWs. CBRVWs generously contribute their time each week to carry out CBR activities that assist PWDs. The CBRVWs, in cooperation with community leaders and DPOs, are responsible for implementing CBR activities at the community level, namely, the Oniipa Constituency. They also provide information on any misuse of Social Disability Grants by PWDs or their families, and report such incidence to the relevant authority for intervention.

3. People with disabilities

The participation of PWDs and their representatives at all stages of the development of the CBR is important to ensure ownership and support of the strategy. PWDs or their advocate organisations make decisions about what services they need to reduce limitations in their activities. They view their limited participation in education, work and social activities as primarily caused by societal barriers rather than by their impairment. Therefore, they advocate for the removal of the barriers so that their rights are also recognised and they can have the same opportunities as all other persons in their communities.

4. Family members of PWDs

Family members have the primary responsibility for caring for their PWDs. They are the first line of support and assistance for PWDs at the community level. They also work as CBR volunteer personnel to raise awareness about disability issues, the barriers PWDs and their families face. They are the biggest advocates for the removal of those barriers.

5. Community Members

Community members participate in CBR training opportunities to learn more about disability in order to change their beliefs and attitudes towards disability. They also facilitate the removal of the barriers that prevent PWDs and their families from participating in community activities.

Community members play the important role of contributing resources such as time and labour towards CBR activities.

6. Disabled People's Organizations

DPOs such as the Namibia Association for the Visual Impaired represent the interests of people with visual impairment and provide advice about the needs and rights of people with disabilities. They also advocate and lobby for action to ensure that the government and other service providers are responsive to the needs and rights of people with disabilities.

Does the information gathered from interviewing PWDs and their families support these assertions?

4.3.2 Data from Interviews

Personal interviews were conducted with 20 participants. This number comprised of 10 PWDs and 10 family members (Group 2 participants). The subjects' features are that five (25%) were male and 15 (75%) were female. Of the 10 PWDs' family members, five also had disabilities. With regard to formal schooling, seven participants had completed up to Grade 7, six between Grades 8 and 12, while the remaining seven participants had never attended school at all.

4.3.2.1 Perceptions and expectations of PWDs and their families from the CBR strategy

The objective of this questionnaire item was to examine the general perceptions of PWDs and their families regarding the CBR approach. Table 4.4 presents these perceptions, whilst Table 4.5 captures attendant expectations of the same respondents.

Table 4.4: Perceptions of the participants regarding CBR

	No. of participants	Percentage
1. Community awareness creation	17	85%
2. Social counselling	16	80%
3. Training in mobility and daily living skills	14	70%
4. Training in communication and sign language	13	65%
5. Social mobilisation	10	50%

The study found that 85% of the respondents perceive community awareness about disability as a successful CBR strategy intervention that has a positive effect on the improvement of the quality of life of PWDs and on changing community attitudes towards people with disabilities. Social counselling is also perceived by 80% of the participants as one of the most effective and successful CBR strategy initiatives for achieving an improved quality of life for PWDs and their families, as well as for establishing inclusive communities. The concept inclusive community focuses on all citizens (community members) and their entitlement to equal treatment; it reinforces the fact that the rights of all people, including those of PWDs, must be respected (WHO, 2004:10).

According to 70% of the responses, the CBR strategy provides mobility, braille and orientation training to people with visual impairments. The training has improved PWDs' self-esteem in daily living skills and family household activities. It has also reduced their dependency on other people. In the same breath, 65% of the respondents indicated that the CBR strategy has improved the quality of life of hearing impaired persons through the provision of training in communication and sign language. The study found that the CBR strategy plays a key role in assisting PWDs to improve their ability to express their needs and feelings, to make social contacts and to exchange views.

Furthermore, half of the respondents (50%) perceived social mobilisation as an important way of promoting the inclusion of PWDs into all aspects of societal life. The study found that the CBR strategy advocated for the social integration of all PWDs and persuaded community and church leaders to integrate the disability question into all the development programmes.

The respondents indicated several expectations they have regarding the CBR strategy. They believe that proper meeting of these expectations will improve the CBR strategy coverage as well as service delivery to PWDs and their families in Namibia.

Table 4.5: Expectations of Group 2 respondents from CBR

	No. of participants	Percentage
1. Provision of incentives to CBR Volunteer Workers	18	90%
2. Training of more CBR Volunteer Workers (CBRVWs)	16	80%
3. Permanent employment for CBRVWs	13	65%
4. Initiation of income generation projects for PWDs	11	55%
5. Provision of food to people with disabilities	8	40%

Since the CBRVWs are currently not receiving any incentives for their volunteer work in their respective communities, 90% of the respondents expect the CBR strategy to provide financial incentives to CBRVWs as a matter of urgency. The provision of incentives is necessary to retain the volunteers, to enable them to support their families, as well as motivating them to deliver effective and efficient services to PWDs.

Equally, the study found that about 80% of the participants expect the CBR strategy to train more CBRVWs. This is essential to improve CBR coverage and to reduce the current long distances travelled by the CBRVWs when implementing CBR activities in their communities.

Nearly two-thirds (65%) of respondents expect the CBR strategy to employ the CBRVWs permanently and receive a monthly salary, similar to that of Community Health Workers (CHWs). As one respondent states, “We want the government to relax employment requirements in order to absorb the CBRVWs within the public sector, since they have skills to deal with disability issues in the community”. The permanent employment of the CBRVWs will in all likelihood improve service delivery by ensuring that CBRVWs worry only about the needs of PWDs and their families in their respective communities.

It also emerged that more than half (55%) of the participants expect the CBR strategy to provide food items monthly to PWDs, especially those who are not receiving social disability grants. The participants believe that the provision of food will improve the nutrition of PWDs and so alleviate the economic burden on their families. In line with this, one respondent stated,

I expect the government, through the CBR strategy to provide food to PWDs on monthly basis like it is providing relief food to the San people under the San Development Programme. I'm sure that this will decrease hunger experienced by the majority of PWDs.

According to the data, 40% of the participants expect the CBR strategy to initiate projects such as poultry (chicken) farming, vegetable gardens, basket weaving, or tailoring for PWDs within their respective communities. The successful implementation of these projects will promote financial independence, increase food security, and eradicate poverty among people with disabilities, thereby facilitating the empowerment of PWDs.

4.3.2.2 *Is the CBR strategy adequate to address the challenges PWDs and their families face?*

The objective of this question was to examine the effectiveness of the CBR approach in addressing the challenges which PWDs and their families face. Participants were asked to explain the impact of the CBR strategy in improving the living conditions of PWDs. Their responses demonstrate the many positive features of the CBR strategy. It seems evident that CBR has initiated change processes in community attitudes, self-awareness by PWDs, and increased social integration. The impact on PWDs and their families is as follows:

1. Effects on PWDs

The CBR volunteer workers serve as a link between the PWDs, their families, their community and the ELCIN Rehabilitation Centre (government). The study highlighted how CBRVWs have had a stronger impact on individuals rather than on the entire community, and this notwithstanding the fact that the CBRVWs work with individual PWDs, their families, groups as well as the community.

A. Training in activity of daily living (ADL)

During home visits, CBRVWs train individual PWDs and their families in daily living skills such as bathing, brushing of teeth, dressing, and various other aspects of self-care. Training in daily living skills enables PWDs to take care of themselves and to interact confidently with fellow community members. One PWD respondent stated,

Initially I did not have any personal skills and I found it difficult to even put on shoes. With training received from the community volunteers, I am able to bath, take care of myself and mingle with people in my community.

B. Awareness-raising

The awareness-raising intervention with the most positive impact on PWDs is social counselling to PWDs and their families. Social counselling has improved PWDs' self-esteem, self-confidence in addition to acceptance of own disability. Self-esteem encompasses emotional well-being, personal sense of worth, as well as personal development. Being able to maintain themselves and the possibility of contributing to the development of their communities boosts PWDs' self-esteem immensely.

C. Mobility and orientation training

Through its Rehabilitation Unit, the ELCIN Rehabilitation Centre provides training to visually impaired persons. The training has improved the beneficiaries' self-reliance. Self-reliance denotes perception of independence and the ability to make practical contributions to the community. PWDs increase self-reliance when they are able to manage daily living activities as well as to assist in family household chores (activities). This CBR intervention has led to adaptations of the visually-impaired people's environments (houses, places or surroundings) so as to accommodate their personal interests and needs. One PWD confirms,

CBR made a change in my life because before training I used to call for help to move from one place to another. After training, however, I am able to move independently and join my relatives where they are sitting by following the sound of their voices.

D. Sign language training

Training in sign language is provided to people with hearing impairment. This CBR intervention has led to the enhancement of their self-esteem and self-confidence. For the hearing-impaired, self-esteem is also connected to the ability to communicate. The training has thus improved their ability to express their needs and feelings, to make social contact, and to exchange views.

E. Rehabilitation and support services

CBRVWs provide rehabilitation and support services during home visits to PWDs and their families. Basic rehabilitation activities include physical exercises, advice and counselling, needs identification, information on available rehabilitation services or on assistive devices, referrals to relevant service providers such as hospitals, physiotherapists, occupational and speech therapists. This leads to independence in ADL and improved mobility among PWDs.

F. Health education

The CBRVWs promote health care, conduct identification and assessment of the medical care needs of PWDs in the community, and refer them to relevant health care providers. This has led to the successful treatment of some PWDs and overall improved physical well-being. Physical well-being involves the perception of physical health plus the level of satisfaction with medical treatment, rehabilitation and support services.

2. Effects on family members of PWDs

A. Disability awareness and education

CBRVWs conduct community meetings to disseminate information about disability, its causes and prevention. This has resulted in the changing of negative family attitudes towards PWDs; the result is improved family relationships. It has also led to the awareness of PWDs' needs by their families and the community at large. One family member respondent stated,

Before the CBR strategy came to this village, I considered PWDs to be bad luck, but now I understand that disability can happen to anybody, young, old, educated or not.

B. Counselling and advice

The CBRVWs also provide counselling to family members of PWDs. Counselling and advice have led to acceptance of PWDs by their families and increased social integration of PWDs into the society. It has also increased confidence and trust in the families. Confidence and trust involves awareness of the level of commitment shown by the family or community in relation to its human rights obligations towards PWDs.

CBR is good because it makes us understand that PWDs too have needs, and they need family help not negligence. Our level of understanding disability has improved; however, the degree of improvement varies from person to person. (One family member respondent)

C. Training

During home visits, the CBRVWs train the families of PWDs on caring and handling of PWDs. The volunteers also provide training on how to do exercises to prevent further complication of disability. This has increased knowledge and skills, as well as reduced shame and frustration of not knowing how to handle disability issues experienced by many families of PWDs. Training has also improved social interaction between PWDs, as well as transferred the skills acquired during CBR training to their family members with disabilities.

D. Social Welfare assistance

During home visits, CBRVWs provide information to the families of PWDs on the procedures to follow to register PWDs for social disability grant. Once the grant is obtained, CBRVWs also advice on the use of the social disability grant for the benefit of the recipients. They also caution the families of PWDs regarding the misuse of the grant and possible consequences to culprits. This has led to a reduction in the economic burden experienced by families of PWDs as well as improved the living conditions of PWDs and their families. This CBR intervention has also reduced the misuse of the disability grant by families of PWDs. A family member respondent noted,

While we appreciate the assistance provided, I want the government to give PWDs loans so that we can start our income generating projects and other businesses to earn extra money instead of solely depending on the disability grant.

E. Education

CBRVWs conduct meetings with the parents of children with disabilities. During the meetings, they identify the children's educational needs, assess them and facilitate their enrolment at appropriate schools. After enrolling the children, the CBR volunteers conduct regular visits to schools to ensure that the children continue to attend classes. They also visit the children's homes to assess the progress of children with disabilities.

This CBR intervention has facilitated access to education and increased social integration of children with disabilities in schools. It has positively increased the enrolment and acceptance of children with disabilities at ordinary schools. It has also led to greater acceptance of children with

disabilities by parents who are now more involved in their children's educational journeys. As one family member put it,

In our community, there are parents who still do not see the importance of sending their children with disabilities to school. These parents need counselling to see the importance of education but sometimes it depends on the child's disability. For instance, some children cannot walk long distances to access school.

In general, the responses provided through interviews reflect that the participants perceive the CBR strategy as suitable to address the needs and challenges faced by PWDs and their families. Moreover, there is a clear appeal to the government to increase its financial resource allocation towards the promotion and implementation of the CBR strategy in the country, in general, and ELCIN Rehabilitation Centre in particular.

4.4 Summary

This chapter related the case study findings. Tables helped to illustrate the findings of the study that emerged from both questionnaires and interviews.

Regarding the difficulties that people with disabilities and their families face within their communities, it emerged that PWDs and the families experience attitudinal, physical and social challenges. Attitudinal challenges consist of discrimination, stigmatisation, negative attitudes towards disability, denial, and inferiority. Physical challenges comprise inaccessible buildings or services as well as lack of information. Social challenges include unemployment, poverty and an inaccessible education system.

Concerning the CBR strategy, the majority of respondents consider it a rehabilitation programme that facilitates equal opportunities, poverty reduction and social integration for PWDs. Comparatively fewer respondents understand the CBR strategy as a rehabilitation strategy based in the community offering services such counselling, information to PWDs and reporting abuse of PWDs to the relevant authority. Only half of the respondents see CBR as an outreach rehabilitation programme for empowering the community members and the CBRVWs to assist PWDs.

Regarding CBR's potential challenges in Namibia, respondents indicated, *inter alia*, insufficient funding, lack of financial incentives for CBRVWs, lack of access to reliable transport, scarcity of

CBRVWs due to high turnover, as well as lack of recognition and barriers around community support. The study also found that key stakeholders, such as the Namibian government, ELCIN Rehabilitation Centre, CBRVWs, PWDs and their families, community members and Disabled People's Organizations play an important role in the development and implementation of CBR strategy within the community.

On the question of perceptions and expectations of PWDs and their families regarding the CBR strategy, respondents put forward the following CBR strategy initiatives (in order of priority) as the most useful interventions for achieving a positive impact on the quality of life of PWDs:

- Community awareness creation
- Social counselling
- Training in mobility and daily living skills
- Training in communication and sign language
- Social mobilization

The respondents further expressed their expectations from the CBR strategy. They believe that, if these are properly executed, the CBR strategy coverage as well as service delivery to PWDs and their families in Namibia will improve dramatically.

- Provision of incentives to CBR Volunteer Workers
- Training of more CBR Volunteer Workers
- Permanent employment for CBR Volunteer Workers
- Initiation of income generation projects for PWDs
- Provision of food to people with disabilities

Concerning the effectiveness of the CBR strategy in addressing the challenges that PWDs and their families face, the participants affirmed the many positive aspects of the CBR strategy. CBR seems to have launched change processes in community attitudes, self-awareness by PWDs, and increased social integration. The respondents indicated that the CBR interventions, such as training in ADL, awareness-raising, mobility- and orientation-training, sign language training, rehabilitation and support services, health education and social welfare assistance have positively improved the quality of life of individual PWDs. Finally, disability awareness and education, counselling and advice, training, social welfare assistance and education are the CBR interventions

that have initiated change towards disability among family members of PWDs. The following chapter presents the study's conclusions and recommendations.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This final chapter of the study will provide a synopsis of the chapters explaining how the study developed. Conclusions will then be drawn which are cognisant of the research questions of the study, after which the relevant recommendations of the study will be presented. The chapter will conclude with the identification of areas for further research.

The following research questions formed the basis of this research study:

- What are the challenges that PWDs and their families face?
- What is the CBR strategy, and what are its potential implementation challenges in Namibia?
- How do PWDs and their families perceive the CBR strategy and what do they expect from it?
- Is the CBR strategy adequate to address the challenges that PWDs and their families face?

5.2 Synopsis of the chapters

The first chapter of the dissertation introduced the study in very broad terms. The study's background and rationale (problem contextualisation), the problem statement and research questions, the study's aim and objectives, definitions of key concepts, the significance and delineation of the study, as well as the applicable research methodology, were all briefly touched on in preparation of the subsequent chapters.

Chapter 2 then delved with great focus on the literature from the two fields around which this study revolves, namely, disability and community-based rehabilitation (CBR). It provided the contextual background of disability both globally and in Namibia, alongside the story of the evolution of the concept 'disability'. From a more theoretical perspective, the two popular models of disability were discussed, along with a critical look into the legislative frameworks that inform disability issues. The challenges which people with disabilities face and the issues pertaining to the current community-based rehabilitation strategy concluded the chapter.

Chapter 3 addressed questions relating to the study's methodology. Research design, research context, target population, sampling techniques, data collection instruments and procedure, data

analysis techniques, as well as reliability and validity tests were its focus. In its turn, Chapter 4 presented the data that came out of the study. It proceeded to analyse the study's findings in narrative form supported by tabular documentation.

The present chapter brings everything together by providing a conclusion. Herewith, a summary of the study is presented based on the findings of the study. Recommendations are also made which may augment support for disability issues and the CBR strategy. Finally, possible research projects that could originate from this study are suggested.

5.3 Conclusions

The chief aim of this study, conducted at ELCIN Rehabilitation Centre, was to investigate the impact of CBR on PWDs and their family members within the Oniipa Constituency in Oshikoto.

The contextual background to disability both global and in Namibia was discussed in this study. Globally, 15% of the World's population has some form of disability. The World Report on Disability revealed that 110-190 million people in the World experience significant difficulties in functioning normally on a daily basis. In Namibia, approximately 7% (12172) of PWDs live in the Oshikoto region. PWDs applies to all persons with disabilities in Namibia. Prior to Namibia's independence, disability was seen as a private issue and the responsibility for caring for PWDs would fall mainly upon the family.

The concept disability has evolved over the years. Traditionally, disability was considered a symbol of a curse befalling the family or the community. However, the WHO advanced an understanding and measurement of disability far removed from traditional views of disability. WHO understands disability as the consequences of an impairment that may be physical, cognitive, intellectual, mental, sensory and developmental or a combination of these, which results in restrictions on an individual's ability to participate in what is considered normal in the everyday life of society. This entails a move away from the medical model, where disability refers to impairment, a health condition or the inability to perform an activity in a normal way. It involves a move towards the social model of disability, where disability is a social phenomenon caused by social oppression and prejudices, rather than by an impairment in a person.

The Namibia Disability Report also identified the barriers that contribute to the disadvantages experienced by PWDs in their communities. These barriers include health, education, employment, poverty and disability barriers, as well as inequality in opportunity. Furthermore, Article 10, Subsections 1 and 2 of the Namibian Constitution guarantee equality before the law; it states that no person should be discriminated against on the grounds of their sex, race, colour, ethnic origin, creed or social and economic status. There is therefore no sound reason why PWDs should be disadvantaged within Namibian society.

CBR is defined by ILO, UNESCO and WHO. CBR is understood within the general development community as a strategy for rehabilitation, equalisation of opportunities and social integration of all PWDs. CBR is implemented through the combined efforts of PWDs themselves, their families, organisations and communities, and relevant governmental and non-governmental health, education, vocational, social and other services.

Through CBR, the World Health Organization delivers rehabilitation services to all PWDs in countries with limited resources, especially to those with vast rural areas. CBR is a comprehensive strategy, encompassing all the important areas of life (see CBR Guidelines published in 2010). Despite the availability of evidence indicating remarkable benefits of CBR in different domains, critical literature has nevertheless revealed a wide range of challenges in the execution of CBR.

The present study discovered that CBR has initiated change processes in community attitudes, in self-awareness by PWDs as well as in increased social integration of PWDs. Evidently, CBR interventions such as social counselling, awareness-raising, training in activities of daily living, orientation and mobility training, rehabilitation and support services, sign language training and social welfare assistance all have a positive influence on the lives of PWDs and their families.

5.4 Recommendations

Based on reflections on the study's findings, the following recommendations are put forward:

1. Although the majority of the participants provided the accurate definition of CBR, there are still different interpretations about its meaning which might negatively affect the strategy's goals. There is also lack of clarity on whether to refer to CBR as a strategy or programme since these terms are used interchangeably both in Namibia and internationally. It is therefore

recommended that the Department of Disability Affairs (DDA) in Namibia engages important CBR stakeholders to seek consensus on the terminology to be used when referring to the CBR approach.

2. In order for the CBRVWs to have a greater impact in the communities where they operate, provision of financial incentives to meet their basic needs and support their families is required as a matter of urgency. Since most of the volunteers are not suitably qualified, government may have to relax employment requirements in order to absorb them into the public service. The study recommends that the Namibian government, through the DDA, employs the CBRVWs in their respective communities in the same way as has been done with Community Health Workers under the Ministry of Health and Social Services. Once formally employed, the volunteers can then be known as Community-Based Rehabilitation Workers (CBRWs).
3. Lack of money to pay for transport as well as the vastness of the areas where the CBRVWs work to access PWDs and their families hampers the impact of CBRVWs in the community. It is recommended that the CBRVWs be paid a monthly transport allowance by the government to enable them to reach all PWDs' homes as well as to transport them to group activities when and where necessary.
4. As noted from the results of the study, discrimination, stigmatisation and negative attitudes towards disability are still major challenges confronting PWDs and their families. Therefore, it is recommended that government appraises the effectiveness of the National Policy on Disability, National Council Act, the CBR strategy, and other related legislations in order to enhance their capacity to address the plight of PWDs. In the meantime, government can also consider decentralising the rehabilitation offices to all constituencies to ensure effective and efficient service delivery to PWDs, their families and their communities.
5. The ELCIN Rehabilitation Centre experiences financial constraints for training more community members as CBR volunteers, as well as for fully implementing the CBR strategy in all the eight constituencies of Oshikoto region. It is recommended that government increases the subsidy to the Centre in order to alleviate these constraints. A participatory approach, involving the private sector, the business community and non-governmental

organisations in mobilising resources or funds for rehabilitation services in the country is also much recommended.

6. Lastly, it is recommended that the government institutions formalise disability studies in the country. While efforts are underway to that end, the CBR training offered by ELCIN Rehabilitation Centre could be formalised and accredited. This would require, *inter alia*, developing the training curriculum and clear guidelines on the roles of CBRVWs.

5.5 Areas for Further Research

Future research could include studying the role of the social disability grant in eradicating poverty among PWDs and their families as it requires critical appraisal as a matter of urgency. A potential research question could be whether the phenomenon of public begging by PWDs could be explained by inadequate social disability grants or by the individual misuse of the grants. Much more research work remain in this field, hopefully the present study will encourage it.

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ANNEXURE A



ELCIN Rehabilitation Centre

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Fax to E-mail: 088615736, E-mail: erc@iway.na
Registration Number WO-78, NAMIBIA

12 September 2016

Mr. Chris L. Mukumbuta
P.O.Bx 1601
Tsumeb

Dear Mr. Mukumbuta

RE: REQUEST FOR ORGANIZATIONAL PERMISSION TO CONDUCT A RESEARCH AT ELCIN REHABILITATION CENTRE

Your letter dated 17th August 2016 bear reference. Your request to conducted research at ELCIN Rehabilitation Centre on the topic **"The impact of Community-Based Rehabilitation (CBR) approach to people with disabilities and their families: A case of Oniipa Constituency, Namibia**, has been approved. Therefore, ELCIN Rehabilitation Centre grants you permission to conduct your research with people with disabilities and their respect family members as well as ELCIN Rehabilitation Centre's staff Members. Please contact the Centre two weeks prior to your coming to conduct the research. This will enable the Rehabilitation Coordinator to organize the people with disabilities and their family members, the staff members of ELCIN Rehabilitation Centre, as well as a suitable venue.

I would like also to use this opportunity to appreciate you for choosing our Centre to conduct your research and wish you success in your studies

Waiting to hear from you soon.

Best regards

Lempie Ndatala Mwatala
REHABILITATION COORDINATOR



ANNEXURE B

ANNEXURE B



**DEPARTMENT: PUBLIC ADMINISTRATION AND MANAGEMENT
RESEARCH ETHICS REVIEW COMMITTEE**

Date: 19 August 2016

Ref #: PAM/2016/021 (Mukumbuta)
Name of applicant: Mr CL Mukumbuta
Student #: 39592332

Dear Mr Mukumbuta

Decision: Ethics Clearance Approval

Name: Mr CL Mukumbuta, ccmukumbuta@yahoo.com, tel: 00264 65 289622

[Supervisor: Ms MM Engelbrecht, 012 429 4362, engelmm@unisa.ac.za]

Research project: The impact of community-based rehabilitation approach to people with disabilities and their families: A case of Oniipa Constituency, Namibia : **Qualification:** MPA

Thank you for the application for **research ethics clearance** by the Department: Public Administration and Management: Research Ethics Review Committee for the above mentioned research. Final approval is granted for the duration of the project on the **condition** that a letter from the Oniipa Rehabilitation Centre, Oshikoto, Namibia, in which permission is granted to you to do this research, is submitted to this Ethics Committee within **30 days** of the date of this letter.

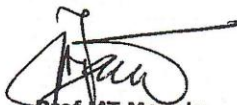
The decision will be tabled at the next College RERC meeting for notification/ratification.

For full approval: The application was **expedited and reviewed** in compliance with the Unisa Policy on Research Ethics by the RERC on 19 August 2016. The proposed research may now commence with the proviso that:

- 1) The researcher will ensure that the research project adheres to the values and principles expressed in the Unisa Policy on Research Ethics.
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to this Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.
- 3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

Kind regards


Prof Mike van Heerden
Chairperson:
Research Ethics Review Committee
vheerm@unisa.ac.za


Prof MT Mogale
Executive Dean: CEMS

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150

ANNEXURE C

QUESTIONNAIRE TO EMPLOYEES OF ELCIN REHABILITATION CENTRE

GENERAL INFORMATION

1. The questionnaire is based on research focusing on the effectiveness of the Community-Based Rehabilitation (CBR) strategy in improving the living conditions of people with disabilities (PWDs) within the Oniipa constituency of Oshikoto Region. It also explores how the CBR strategy is implemented and identifies the barriers that hinder successful implementation of the CBR strategy in the community.
2. The answers to the questions are for the study purposes only.
3. You have been invited to participate in this study because of your extensive experience in CBR in particular and disability in general.
4. The questions have been compiled in a clear and simple language in order to enable you to answer it within the maximum time of 30 minutes.
5. You are kindly requested to answer the questions as honestly and completely as possible.
6. Information is highly confidential: This means that your privacy will be respected and only the researcher or the personnel involved in the study will have access to records/information.
7. Participation is anonymous: You are not requested to disclose your identity and no one will be able to connect you to the answers you give.
8. Participation is voluntary: You have the right to withdraw your participation at any time during the study.
9. Participation is free: You will not receive any payment or reward and you will also not incur unnecessary costs for taking part in the study.
10. A copy of the final dissertation will be available in the library of the University of South Africa (Unisa), Pretoria.
11. **Section A** consists of 11 questions relating to the general demographic profile of the participants.
12. **Section B** consists of 6 questions. This section seeks the participants' contextual understanding on the challenges faced by PWDs, their families and their community. Therefore, precise and honest opinions are required from the participants.
13. **Section C** consists of 12 questions. Section C strives to determine the participants' opinion on how the CBR programme influences the living conditions of PWDs. The participants are required to provide precise and honest answers.

1. SECTION A: DEMOGRAPHIC INFORMATION:

Demographic information refers to the statistics that describe the study population and can be used to divide that population into different groups. Using the demographic information helps the researcher to understand how the data is different for certain groups of the population. Examples of demographic information include age, gender, race, income, marital status, employment status, nationality and political preference.

A1: Date and time		code number:
A	Date of completing the questionnaire:	
B	Start time of completing the questionnaire:	
C	End time of completing the questionnaire:	

A 2: Location of the interview		
A	Name of the Constituency:	
B	Name of the Village:	
C	Name of the Town:	
D	The place of the Interview:	

A3: Gender		
A	Male	
B	Female	

A4: Age Group		
A	18- 39 years	
B	40 – 59 years	
C	60 and more years	

A5: Educational level		
A	Grade 1-7	<input type="checkbox"/>
B	Grade 8-12	<input type="checkbox"/>
C	Grade 12 and more	<input type="checkbox"/>

A6: Are you working?		
A	Yes	<input type="checkbox"/>
B	No	<input type="checkbox"/>

A7: Do you have a disability?		
A	Yes	<input type="checkbox"/>
B	No	<input type="checkbox"/>

A8: If yes, please tell me the type of disability which you have.		
A	Visual impairment	<input type="checkbox"/>
B	Hearing impairment	<input type="checkbox"/>
C	Physical impairment	<input type="checkbox"/>
D	Speech Impairment	<input type="checkbox"/>
E	Other	<input type="checkbox"/>

A9: Do you have a family member who has a disability?		
A	Yes	<input type="checkbox"/>
B	No	<input type="checkbox"/>

A10: Please tell me the type of disability which your family member has.

A	Visual impairment	
B	Hearing impairment	
C	Physical impairment	
D	Speech impairment	
E	Other	

A11: How many years have you been caring for a person with a disability?

A	0- 2 years	
B	3-10 years	
C	10 years and more.	

2. SECTION B: GENERAL INFORMATION/CONTEXT OF THE PARICIPANTS:

This section seeks your contextual understanding on the types of disability, its causes and the type of action taken to address them. The challenges faced by PWDs, their family members and their community as well as how these challenges are managed also need to be provided in this section. **Please provide precise and honest opinions to the questions.**

B1: Which type of disability is prevalent in your community and why do you think that is?

B2: What do you think are the main causes of disability in the community and what actions are taken by the community to prevent them?

B3: What are the main attitudinal, physical and social challenges that people with disabilities and their families face?

B4: How do you attempt to address or solve the challenges which you have just identified?

B5: Among the potential challenges, which ones do you think regularly affect people with disabilities and their families and why do you think so?

B6: Which types of interventions or services are provided to people with disabilities in the community to address their potential challenges?

3. SECTIONC: MAIN QUESTIONS FOR COMMUNITY-BASED REHABILITATION:

This section strives to determine your opinion on how the CBR approach influences the improvement of the living conditions of people with disabilities. It seeks information on the principles of CBR, the CBR implementation process and the challenges that may be encountered in implementing the CBR strategy. **Please provide precise and honest answers to the questions.**

C1: According to you, what does the concept community-based rehabilitation (CBR) mean?

C2: To your knowledge, is the CBR strategy being implemented in your community?

A	Yes	
B	No	

If yes, please explain how the CBR strategy is implemented in the community.

C3: What do you think are the main barriers or challenges, if any, to successful CBR strategy implementation in your community?

C4: In your opinion, what are specific benefits brought to your community by the CBR strategy?

C5: In which manner do people with disabilities, their families and their community participant in the CBR activities?

C6: According to you, who are the key stakeholders, if any, in the CBR strategy implementation?

C7: Have you attended any training organised by the CBR programme?

A	Yes	
B	No	

If yes, please elaborate on which training this was and if it has helped you.

C8: What kinds of functional training does the CBR programme facilitate or provide to people with disabilities and their families?

C9: Has the CBR programme changed or improved your own life?

A	Yes	
B	No	

If yes, please explain how your life have improved or changed as a result of the CBR interventions.

C10: What are your perceptions and expectations for the CBR strategy?

C11: In your opinion, is the CBR strategy adequate to address the challenges that people with disabilities and their families face?

A	Yes	
B	No	

If yes, please, explain the impact (effect) of the CBR strategy on people with disabilities and their families.

If no, please propose potential alternatives, if any, to the CBR strategy

C12: Are there any other comments you would like to make or share?

Thank you for your participation and your effort towards making this study a success. I really appreciate your contributions because it will assist me to understand the impact of the CBR approach on PWDs, their families and their community. It will also enable me to generate recommendations aimed at improving the implementation of the CBR strategy in the community.

Mr. Christopher Lubinda Mukumbuta

Unisa student number : 39592332

Contact numbers : +264 65 2896 22 / 081 2987118

Email : ccmukumbuta@yahoo.com

THANK YOU FOR YOUR COOPERATION

ANNEXURE D

INTERVIEW QUESTIONS FOR PEOPLE WITH DISABILITIES AND THEIR RESPECTIVE FAMILY MEMBERS:

GENERAL INFORMATION

1. The questionnaire is based on research focusing on the effectiveness of the Community-Based Rehabilitation (CBR) strategy in improving the living conditions of people with disabilities (PWDs) within the Oniipa constituency of Oshikoto Region. It also explores how the CBR strategy is implemented and identifies the barriers that hinder successful implementation of the CBR strategy in the community.
2. The answers to the questions are for the study purposes only.
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4. The questions have been compiled in a clear and simple language in order to enable you to answer it within the maximum time of 30 minutes.
5. You are kindly requested to answer the questions as honestly and completely as possible.
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7. Participation is anonymous: You are not requested to disclose your identity and no one will be able to connect you to the answers you give.
8. Participation is voluntary: You have the right to withdraw your participation at any time during the study.
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Demographic information refers to the statistics that describe the study population and can be used to divide that population into different groups. Using the demographic information helps the researcher to understand how the data is different for certain groups of the population. Examples of demographic information include age, gender, race, income, marital status, employment status, nationality and political preference.

A1: Date and time		code number:
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C	End time of completing the questionnaire:	

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A	Name of the Constituency:	
B	Name of the Village:	
C	Name of the Town:	
D	The place of the Interview:	

A3: Gender		
A	Male	
B	Female	

A4: Age Group		
A	18- 39 years	
B	40 – 59 years	
C	60 and more years	

A5: Educational level		
A	Grade 1-7	<input type="checkbox"/>
B	Grade 8-12	<input type="checkbox"/>
C	Grade 12 and more	<input type="checkbox"/>

A6: Are you working?		
A	Yes	<input type="checkbox"/>
B	No	<input type="checkbox"/>

A7: Do you have a disability?		
A	Yes	<input type="checkbox"/>
B	No	<input type="checkbox"/>

A8: If yes, please tell me the type of disability which you have.		
A	Visual impairment	<input type="checkbox"/>
B	Hearing impairment	<input type="checkbox"/>
C	Physical impairment	<input type="checkbox"/>
D	Speech Impairment	<input type="checkbox"/>
E	Other	<input type="checkbox"/>

A9: Do you have a family member who has a disability?		
A	Yes	<input type="checkbox"/>
B	No	<input type="checkbox"/>

A10: Please tell me the type of disability which your family member has.

A	Visual impairment	
B	Hearing impairment	
C	Physical impairment	
D	Speech impairment	
E	Other	

A11: How many years have you been caring for a person with a disability?

A	0- 2 years	
B	3-10 years	
C	10 years and more.	

2. SECTION B: GENERAL INFORMATION/CONTEXT OF THE PARICIPANTS:

This section seeks your contextual understanding on the types of disability, its causes and the type of action taken to address them. The challenges faced by PWDs, their family members and their community as well as how these challenges are managed also need to be provided in this section. **Please provide precise and honest opinions to the questions.**

B1: Which type of disability is prevalent in your community and why do you think that is?

B2: What do you think are the main causes of disability in the community and what actions are taken by the community to prevent them?

B3: What are the main attitudinal, physical and social challenges that people with disabilities and their families face?

B4: How do you attempt to address or solve the challenges which you have just identified?

B5: Among the potential challenges, which ones do you think regularly affect people with disabilities and their families and why do you think so?

B6: Which types of interventions or services are provided to people with disabilities in the community to address their potential challenges?

3. SECTIONC: MAIN QUESTIONS FOR COMMUNITY-BASED REHABILITATION:

This section strives to determine your opinion on how the CBR approach influences the improvement of the living conditions of people with disabilities. It seeks information on the principles of CBR, the CBR implementation process and the challenges that may be encountered in implementing the CBR strategy. **Please provide precise and honest answers to the questions.**

C1: According to you, what does the concept community-based rehabilitation (CBR) mean?

C2: To your knowledge, is the CBR strategy being implemented in your community?

A	Yes	
B	No	

If yes, please explain how the CBR strategy is implemented in the community.

C3: What do you think are the main barriers or challenges, if any, to successful CBR strategy implementation in your community?

C4: In your opinion, what are specific benefits brought to your community by the CBR strategy?

C5: In which manner do people with disabilities, their families and their community participant in the CBR activities?

C6: According to you, who are the key stakeholders, if any, in the CBR strategy implementation?

C7: Have you attended any training organised by the CBR programme?

A	Yes	
B	No	

If yes, please elaborate on which training this was and if it has helped you.

C8: What kinds of functional training does the CBR programme facilitate or provide to people with disabilities and their families?

C9: Has the CBR programme changed or improved your own life?

A	Yes	
B	No	

If yes, please explain how your life have improved or changed as a result of the CBR interventions.

C10: What are your perceptions and expectations for the CBR strategy?

C11: In your opinion, is the CBR strategy adequate to address the challenges that people with disabilities and their families face?

A	Yes		
B	No		

If yes, please, explain the impact (effect) of the CBR strategy on people with disabilities and their families.

If no, please propose potential alternatives, if any, to the CBR strategy

C12: Are there any other comments you would like to make or share?

Thank you for your participation and your effort towards making this study a success. I really appreciate your contributions because it will assist me to understand the impact of the CBR approach on PWDs, their families and their community. It will also enable me to generate recommendations aimed at improving the implementation of the CBR strategy in the community.

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THANK YOU FOR YOUR COOPERATION