Gap assessment between the perceived and felt needs among the care givers of persons with disability and the service provider in a rural area, South India

Dr Deepthi N Shanbhag
Department of Community Health,
St John’s Medical College,
Bangalore, India
INTRODUCTION

• Needs assessment as an initial step in rehabilitation activities is useful in identifying, prioritizing and determining the goals and priorities in rehabilitation.

• It has always been the needs of service provider than PWDs which is considered for rehabilitation

• The study was aimed to see if there is any difference between the needs of the PWDs and the service provider
Care giver

• An individual, such as a physician, nurse, or social worker, who assists in the identification, prevention, or treatment of an illness or disability.

• An individual, such as a parent, foster parent, or head of a household, who attends to the needs of a child or dependent adult.
Needs

- Perceived needs: the need for health services as experienced by the individual and which he/she is prepared to acknowledge; perceived need may or may not coincide with professionally defined or scientifically confirmed need.

- Felt (confirmed) needs: the need for any services as recognized by professionals from the point of view of the benefit obtainable from advice, preventive measures, management or specific therapy.
Maslow's hierarchy of needs

- **Physiological**
  - Breathing, food, water, sex, sleep, homeostasis, excretion

- **Safety**
  - Security of body, of employment, of resources, of morality, of the family, of health, of property

- **Love/Belonging**
  - Friendship, family, sexual intimacy

- **Esteem**
  - Self-esteem, confidence, achievement, respect of others, respect by others

- **Self-actualization**
  - Morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
CARE GIVER AND DISABILITY
• The birth of a baby in the family is usually met with great excitement and expectations filled with happiness and success.

• This may become muted with the birth of a baby with special needs.

• Having a child with special needs born into a family and grow into adulthood is one of the most stressful experiences for a family.
• Parental reactions when they realize that their child is exceptional usually include shock, depression, guilt, anger, sadness, and anxiety.

• Some parents perceive the child with special needs as an extension of themselves and may feel shame, social rejection, ridicule or embarrassment.
• The family may find it difficult to entertain friends at home or to visit others.

• Transportation may become difficult as special aids must be transported with the child which becomes may difficult with higher weight of the child.

• Providing better care for children with cerebral palsy and their caregivers require an understanding of their problems, needs and
• Parental care for a child with a developmental disability is an enormous responsibility, one that can far exceed that of typical parental care.

• While most parents adapt well to the situation of caring for a child with a disability, some do not.

• To understand parents' adaptations to their
• The planning process for a rehabilitation program should involve people in defining their needs and priorities, which may change with time.

• Thus, understanding the needs and planning of activities should be seen as an ongoing
• Needs for rehabilitation services and resources for disabled people are perceived differently by disabled people and professionals.

• Until we know who is right about rehabilitation needs, it is important to determine both users’ and service providers’
• To assess how a population perceives its needs, some of the methods used are workshops or focus groups for those involved in needs assessment, such as representatives from the population and providers, interview of key people, (participatory rapid appraisal) and questionnaires (surveys) analysis of routinely held data.
• Needs of a population are defined differently depending on the stake holder expressing the need. In health needs assessment in the UK, perceptions and expectations of the profiled population are the felt and expressed needs.

• Normative needs are the perceptions of managers of commissioners, provider organizations, based on available data about
• Corporate needs are the priorities of organizations commissioning and managing services for the profiled population, linked to national, regional or local priorities.

• A rights-based approach is based on empowerment, equality of entitlement, dignity, justice and respect for all people.

• It encourages poor people to demand services actively, according to their own priorities, and
• It implies obligations by society to enable people to enjoy their rights, but requires mechanisms for redress if things go wrong.

• Needs-based approaches rely on external comparisons between the situation of ‘haves’ and ‘have nots’.

• Because needs differ between people and contexts, it is difficult to arrive at a universally agreed definition. Policies and...
Objectives

1. To identify Persons with Disability in the study area.

2. To assess the rehabilitation needs of the Persons with Disability with respect to Health, Education, Social, Empowerment and Livelihood from the individuals’, caregivers’ and community’s perspective.

3. To assess the existing facilities and resources.
METHODOLOGY

• This is population based cross sectional study conducted in Lakkur village of Kolar District.
• A field tested questionnaire was used to identify PWDs and establish the socio-demographic details by house to house survey.
• Presence of disability was confirmed using clinical criteria.
• Needs were assessed using the elements of CBR matrix.
• Questions were scored in the order of importance by the PWD/caregivers and interviewer.
COMMUNITY BASED REHABILITATION (CBR)

PRINCIPLES: PARTICIPATION- INCLUSION-SUSTAINABILITY-SELF ADVOCACY

HEALTH
- PROMOTIVE
- PREVENTIVE
- CURATIVE
- REHABILITATIVE
- ASSISTIVE DEVICES

EDUCATION
- EARLY CHILDHOOD DEVELOPMENT
- NON-FORMAL
- FORMAL SCHOOL
- HIGHER
- SPECIAL TRANSITORY

LIVELIHOODS
- SKILLS DEVELOPMENT
- INCOME GENERATING ACTIVITIES
- ACCESS TO FINANCIAL SERVICES
- OPEN EMPLOYMENT
- ECONOMIC CONTRIBUTION AND SOCIAL PROTECTION

EMPOWERMENT
- SELF HELP GROUPS
- DISABLED PEOPLES ORGANIZATIONS
- SOCIAL MOBILIZATION
- POLITICAL EMPOWERMENT
- LANGUAGE & COMMUNICATION

SOCIAL
- LEGAL PROTECTION
- CULTURE & RELIGION
- SPORTS & LEISURE
- RELATIONSHIP MARRIAGE & FAMILY
- PERSONAL ASSISTANCE
<table>
<thead>
<tr>
<th>Sl no</th>
<th>Components</th>
<th>PWD</th>
<th>Care giver</th>
<th>Interviewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is it for you to get information that will help you/ your child to stay healthy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>For your surroundings to be good and healthy Eg clean water, good housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Is it to prevent health problems that can occur due to your/ your child’s disability. For example</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Is it for a disability like yours/ your child’s to be detected and treated as early as possible?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is it for a disability like yours/ your child’s to be prevented in the community? Eg Polio drops to prevent paralysis due to polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Curative Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Is it for you to have better care at the health facilities you visit to take care of your/ your child’s Health? For example better care art the PHC in your area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Is it for you to have access to Surgical/ Medical facilities to take care of your/ your child’s disability? Surgery for hearing Impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Assessment of Severity of Disability

**20 point Barthel Index of Activities of Daily Living**

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Activities of Daily Living</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bowel: 0-incontinent, 1- occasional accident (1 per week), 2-continent</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Bladder: 0-incontinent, 1- occasional accident, 2-continent</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Toilet use: 0- dependent, 1- needs some help, 2- independent</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Grooming: 0- needs help, 1- independent</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Feeding: 0- unable, 1- needs help, 2- independent</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Dressing: 0- dependent, 1- needs some help, 2- independent</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Transfer(bed to chair and back) 0- unable, 1- major assistance(1-2 people), 2- minor help(verbal/ little physical)3-independent</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Mobility: 0-immobile, 1- wheelchair dependent, 2- walks with help from one person, 3- independent</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Stairs: 0- unable to climb, 1- needs help, 2- independently able</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Bathing: 0- dependent, 1- independent</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total Score out of 20</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>0-12: severe disability 13-16 moderate disability 17-20: mild disability</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Evaluation of communication ability

Scoring: Easily - 2 With difficulty - 1 Not at all – 0

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Ability to</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Express Needs</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Understand Movement or Sign</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Communication with movement or sign</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Lip read</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Speak</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

Interpretation of Communication Ability score
0-6 – severe disability; 7-8 - moderate disability;
9-10 – Mild Disability
A score of 12 or below on the ADL score and or 6 and below in communication ability shows severe disability. An ADL score of 13-16 and or Communication score of 7-8 shows moderate disability. The remainder are considered to have mild disability.
Topic Guide for Focus Group Discussion:

*School teachers*

- Educational needs of persons with disability
- Inclusive Education
- Livelihoods- vocational Training
- Personal Assistance
- Identification of disability
Staff of Primary Health Center

• Early identification of disability
• Prevention of disability
• Curative and Rehabilitative services for persons with disability
• Assistive devices
• Certification of disability
• Personal Assistance
• Training needs for identification of disability and rehabilitation
• Transport availability- public or private transport frequently used to commute

• Details of presently functional Educational Facilities accessed by the villagers

• Details of Health Facilities available near the village and utilized routinely

• Availability of services of Village Functionaries

• Non-Governmental Organizations/ formal and non-formal groups in the village

• Number of Public gathering places

• Occupations with potential for vocational
RESULTS
## Age and gender distribution of the population

<table>
<thead>
<tr>
<th>Age Intervals in Years</th>
<th>Male</th>
<th>Percentage</th>
<th>Female</th>
<th>Percentage</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>104</td>
<td>3.33</td>
<td>106</td>
<td>3.40</td>
<td>210</td>
<td>6.73</td>
</tr>
<tr>
<td>5-14</td>
<td>286</td>
<td>9.16</td>
<td>297</td>
<td>9.52</td>
<td>583</td>
<td>18.68</td>
</tr>
<tr>
<td>15-44</td>
<td>808</td>
<td>25.89</td>
<td>787</td>
<td>25.22</td>
<td>1595</td>
<td>51.11</td>
</tr>
<tr>
<td>45-59</td>
<td>201</td>
<td>6.44</td>
<td>191</td>
<td>6.12</td>
<td>392</td>
<td>12.56</td>
</tr>
<tr>
<td>60=&lt;</td>
<td>154</td>
<td>4.93</td>
<td>187</td>
<td>5.99</td>
<td>341</td>
<td>10.93</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1553</strong></td>
<td><strong>49.76</strong></td>
<td><strong>1568</strong></td>
<td><strong>50.24</strong></td>
<td><strong>3121</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>
## Socio-economic status of the households

<table>
<thead>
<tr>
<th>Socio Economic Status</th>
<th>SLI Score</th>
<th>Number of Households</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>0-14</td>
<td>167</td>
<td>24.89</td>
</tr>
<tr>
<td>Medium</td>
<td>15-24</td>
<td>202</td>
<td>30.10</td>
</tr>
<tr>
<td>High</td>
<td>25-67</td>
<td>277</td>
<td>41.28</td>
</tr>
<tr>
<td>Not Assessed</td>
<td>-</td>
<td>25</td>
<td>3.73</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>671</td>
<td>100.0</td>
</tr>
</tbody>
</table>
• The prevalence of clinically confirmed was 7.27% for a total population of 3121.
• The gender specific prevalence of disability was higher in Males (7.53%) as compared to Females (7.02%).
Health Gap

- Promotive: 8
- Preventive: 11.11
- Curative: 7.96
- Rehabilitative: 10.46
- Assistive Devices: 6.43

PWD/Caregivers vs Investigator
• Persons who had received some form of intervention for health are more likely to stress the importance of health than those who did not receive any intervention.

• In the Health component, the preventive element was scored as most important.

• There was a significant gap in the interviewer needs than that of the persons with disability/ caregivers for all elements of health.
Education Gap

![Graph showing education gap across different stages of education: Early Childhood Development, Non Formal Education, Formal School Education, Higher Education, Special and Transitory. The graph compares PWD/Caregivers and Investigator data points.]

- Early Childhood Development: 11.30
- Non Formal Education: 8.00
- Formal School Education: 8.00
- Higher Education: 8.00
- Special and Transitory: 11.89

PWD/Caregivers
Investigator
• The PWDs or their caregivers scored Higher education as most important compared with the other elements of the matrix.

• The interviewer scored Non formal education, higher education, and formal school education as more important than the other elements of the Education component.

• The interviewer scoring was significantly higher than the PWD/ Caregiver Scoring.
Empowerment Gap

<table>
<thead>
<tr>
<th></th>
<th>PWD/Caregivers</th>
<th>Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Help Groups</td>
<td>3.63</td>
<td>6.78</td>
</tr>
<tr>
<td>Disabled Persons</td>
<td>6.72</td>
<td>7.04</td>
</tr>
<tr>
<td>Organizations</td>
<td>7.07</td>
<td>7.07</td>
</tr>
<tr>
<td>Social Mobilization</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Political Empowerment</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Language and Communication</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

12/21/2012
• There are no activities in Lakkur for the empowerment of the PWDs or their caregivers. Self Help Groups were rated to be the most important among the elements of the Empowerment component by the PWDs/ Caregivers.

• The interviewer found all elements of the Empowerment component to be equally important
Livelihood Gap

<table>
<thead>
<tr>
<th>Skills Development</th>
<th>Income Generating Activity</th>
<th>Access to Financial Services</th>
<th>Open Employment</th>
<th>Social Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.89</td>
<td>7.89</td>
<td>8</td>
<td>8</td>
<td>7.85</td>
</tr>
<tr>
<td>6.76</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>6.67</td>
<td>7.24</td>
<td>8</td>
<td>8</td>
<td>7.2</td>
</tr>
</tbody>
</table>

*Legend: PWD/Caregivers (Blue Square), Investigator (Red Square)*
• Open Employment and Social Protection obtained high importance scores in the livelihood component of the CBR matrix by the PWDs/ Caregivers.

• The interviewer scored income generating activity, access to financial services and open employment as the more important elements of the Livelihood component.

• There is a lack of awareness regarding the vocational opportunities and schemes available for the PWDs and caregivers resulting in inadequate importance given to access financial services and income generating activities.
• Legal protection was scored as the most important element of the Social Component of the CBR matrix by both.

• Personal assistance for communication was scored the least by both.

• There was a gap in Personal assistance for activities of daily between the PWDs/Caregivers and the investigator.

• The other four elements showed a significant gap by the interviewer with that of the caregiver.
Scoring of the PWDs with respect to severity of disability by the PWDs / caregivers

<table>
<thead>
<tr>
<th>Components of CBR Matrix</th>
<th>PWD/ Caregiver Mean Scores for PWDs with</th>
<th>p value (Independent sample t test)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Moderate to severe disability (n=21)</td>
<td>Mild disability (n=25)</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>SD</td>
</tr>
<tr>
<td>Health</td>
<td>39.71</td>
<td>35.92</td>
</tr>
<tr>
<td></td>
<td>6.1</td>
<td>6.3</td>
</tr>
<tr>
<td>Education</td>
<td>44.57</td>
<td>41.80</td>
</tr>
<tr>
<td></td>
<td>3.8</td>
<td>5.2</td>
</tr>
<tr>
<td>Livelihood</td>
<td>35.57</td>
<td>34.08</td>
</tr>
<tr>
<td></td>
<td>4.8</td>
<td>5.8</td>
</tr>
<tr>
<td>Empowerment</td>
<td>32.14</td>
<td>30.48</td>
</tr>
<tr>
<td></td>
<td>4.5</td>
<td>4.6</td>
</tr>
<tr>
<td>Social</td>
<td>32.71</td>
<td>29.88</td>
</tr>
<tr>
<td></td>
<td>5.7</td>
<td>5.5</td>
</tr>
<tr>
<td>Total</td>
<td>184.71</td>
<td>172.16</td>
</tr>
<tr>
<td></td>
<td>20.2</td>
<td>22.6</td>
</tr>
</tbody>
</table>
• The PWDs/ Caregivers scored persons with moderate to severe disability significantly higher than those with mild disability in the **Health and Education** components of the CBR matrix.

• The interviewer scored the persons with moderate to severe disability significantly higher than the persons with mild disability in the **Health and Social** component and the overall total of the CBR matrix. The empowerment component was scored equal for both groups.
Scoring by PWDs/ caregivers of PWDs with Multiple disability versus single disability

<table>
<thead>
<tr>
<th>Components of CBR Matrix</th>
<th>PWD/ Caregiver Mean Scores for PWDs with Multiple disability (n=20)</th>
<th></th>
<th>PWD/ Caregiver Mean Scores for PWDs with Single disability (n=26)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Mean Scores</strong></td>
<td><strong>SD</strong></td>
<td><strong>Mean Scores</strong></td>
<td><strong>SD</strong></td>
</tr>
<tr>
<td>Health</td>
<td>38.85</td>
<td>6.7</td>
<td>36.73</td>
<td>6.4</td>
</tr>
<tr>
<td>Education</td>
<td>43.55</td>
<td>4.2</td>
<td>42.69</td>
<td>5.3</td>
</tr>
<tr>
<td>Livelihood</td>
<td>35.70</td>
<td>4.1</td>
<td>34.04</td>
<td>6.1</td>
</tr>
<tr>
<td>Empowerment</td>
<td>32.00</td>
<td>3.6</td>
<td>30.65</td>
<td>5.3</td>
</tr>
<tr>
<td>Social</td>
<td><strong>34.05</strong></td>
<td><strong>3.7</strong></td>
<td><strong>28.96</strong></td>
<td><strong>6.0</strong></td>
</tr>
<tr>
<td>Total</td>
<td><strong>184.15</strong></td>
<td><strong>17.0</strong></td>
<td><strong>173.08</strong></td>
<td><strong>24.8</strong></td>
</tr>
</tbody>
</table>
• The PWDs/ Care givers scored the persons with multiple disabilities significantly higher than those with single disability in the Social component of the CBR matrix.

• The interviewer scored the persons with multiple disabilities significantly higher in the Health, Education and Social components of the CBR matrix.

• The overall score was also significantly higher in the group with multiple disabilities.
The most pressing needs expressed by the persons with disability and their care givers were

- Employment,
- Housing,
- Financial support,
- Knowledge regarding schemes available for PWDs
## Overall Gap

<table>
<thead>
<tr>
<th>Components</th>
<th>Maximum Scores</th>
<th>PWD/Caregiver (n=46)</th>
<th>Interviewer (n=46)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>48</td>
<td>37.65</td>
<td>44.61</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Education</td>
<td>48</td>
<td>43.07</td>
<td>47.20</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Livelihood</td>
<td>40</td>
<td>34.76</td>
<td>39.74</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Empowerment</td>
<td>36</td>
<td>31.24</td>
<td>36.00</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Social</td>
<td>40</td>
<td>31.17</td>
<td>35.39</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Total</td>
<td>212</td>
<td>177.89</td>
<td>202.93</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
NEEDS ASSESSMENT OF THE COMMUNITY AND RESOURCE ASSESSMENT FOR CBR
• Health

– Anganwadi worker of Lakkur village conducts surveys to identify persons with disability

– The school teachers said that they were capable of identifying children with disability

– They refer persons with obvious disability or deformity to higher centers

– The PHC staff said that there were many activities conducted by the PHC towards health promotion and prevention of disability

– The school teachers, PHC staff and the political leader stated the need for PWDs to go to the nearest referral center to avail assistive devices
Education

- The school teachers said that the education of children with disability was important.
- Children with disability should be educated along with other children.
- Would help these children learn from their peers, build healthy competition, may even lessen handicap, and promote equality amongst all children they said.
- The disadvantages of inclusive education stated by the teachers were that it could cater to only children with less than 40% disability.
• Home based education they felt would improve access to education.

• The teachers expressed the need for training of special educators as well as other school teachers.

• They said that a special school in every taluk would be useful for children with severe disability.
Livelihoods

The Anganwadi worker of Lakkur village said that there were schemes under the ICDS for PWDs to avail loans at low interest rates at the local bank to start small businesses like a petty shop.

She also said that there was a scheme under the ICDS to provide employment to persons with disability at Rs 750.00 per month.

The teachers felt that vocational training for PWDs is important and is currently not adequate in Lakkur village.

The political leader said that income generation activities were amongst the most pressing needs.
Certification of disability was critical to avail pension and local certification of disability was required they said.

An alternate solution they said would be to introduce of mobile vans for certification of disability.

The political leader said that certification of disability was being facilitated by the panchayat members.

She said that the panchayat has made provisions for income generation amongst persons with disabilities in the past and cited
Empowerment

• The school teachers felt that awareness needs regarding schemes available to persons with disability needed to be created.
• The political leader, the vice president of the panchayath said that awareness creation campaigns were conducted in the village periodically, regarding the various schemes available to the people of the village.
• The PHC staff felt that awareness in the community regarding disability needs to be created by the PWDs themselves.
Social

• The school teachers expressed that community and family support were important in order to include persons with disability in mainstream society.

• The political leader expressed the most pressing needs of the community to be housing, income generating activities, and poverty elimination.

• The panchayat’s actions so far include special benefit cards, housing schemes for the poor, lighting along the streets, and provision of...
Conclusions

- There was a gap in the needs as perceived by the provider and the PWDs/caregivers in all the components of the CBR Matrix.
- The education component was scored as most the important and health as the least important component in the CBR matrix by the PWDs/caregivers.
- Persons who had received some form of intervention for health are more likely to stress the importance of health than those who did not receive any intervention.
- Higher education was considered very important by the PWDs, caregivers.
- Educational Rehabilitation of most persons with
• There is a lack of awareness regarding the vocational opportunities and schemes available for the PWDs and caregivers resulting in inadequate importance given to access financial services and income generating activities.

• There are no activities currently in Lakkur for the empowerment of the PWDs or their caregivers.

• Inclusion of PWDs in mainstream society is not seen as an important need in the community currently.

• The resources present in Lakkur village
Recommendations

• Utilization of locally available resources for curative and rehabilitative services to be promoted.

• Promotion of inclusive education with training of teachers and provision of special educators.

• Home based education for children with severe disability.
• Adaptation of local occupations to suit the type and degree of disability of the Persons with Disability.

• Formation of self help groups for persons with disability and caregivers followed by advocacy groups consisting of Persons with Disability and caregivers to take ownership of the CBR program.

• Promotion of social inclusion of PWDs by self
Care Giver Interventions

- A concerted effort must be made to prepare and train mothers of children with cerebral palsy in handling the needs of their children.
- This efforts should start from the stage of identification of the disability of the children.
- Formulation of small mothers’ groups in the special schools, will provide the mothers a needed platform for expressing their difficulties, sharing their experiences, solving their problems and more importantly, to develop a mutual help system.

The services of professionally qualified counselors should be essential in teaching mothers how to deal with the daily challenges of caring for their children.