



Mongolia Community-Based Rehabilitation Programme With co-funding by the European Union



Research for strengthening Community-Based Rehabilitation in Mongolia

Final Report
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Executive Summary

This report presents the main results of a study carried out in three eastern provinces of Mongolia between August 23rd and September 3rd 2010 (namely Hentii, Dornod, and Suhbataar Aimag) where a Community-Based Rehabilitation (CBR) programme was introduced in 2008 with the support of AIFO – Italy and the co-funding from the European Union, and in collaboration with the Ministry of Health of Mongolia.

The aim of the study was to investigate the work of the local community health workers, called *bag feldshers*, in the rural areas of the three provinces. In particular, the study aimed to understand the roles, responsibilities and main challenges faced by the rural bag feldshers in the general fulfilling of their role and in the implementation of the CBR programme.

The report is made up of four different sections.

Section 1 illustrates the context of the research by giving some background information on Community-Based Rehabilitation (CBR) and its implementation in Mongolia. CBR is a strategy for the promotion of the rights and social inclusion of people with disabilities (PWDs). It is based on an integrated approach which focuses on rehabilitation and access to services and equal opportunities in five areas (health, education, livelihood, social, empowerment). In Mongolia, CBR has been introduced with the support of AIFO-Italy since the 1990s, but the full coverage of the country has been achieved only recently thanks to a project co-funded by the European Union, which made it possible to cover the Eastern provinces of the country. The programme uses the existing public structures and personnel to reach people with its activities, and is therefore articulated into three different levels: the national, provincial (Aimag), and district (Somon) level. At community (bag) level, direct contact with PWDs is the responsibility of the local primary health workers, that is, the bag feldshers.

Section 2 presents the research objectives and methodology, including a profile of the study area, an illustration of the target group, and a brief explanation of the methods used for data collection. The research objective, as has been recalled above, is to understand the roles, responsibilities and main challenges faced by the bag feldshers in the rural areas, in particular in relation to the implementation of the CBR programme. The methodology consisted of a series of semi-structured interviews carried out with a sample of bag feldshers from 16 rural bags of 3 out of 9 Aimags (provinces) covered by the programme since 2008. The distance of the selected bags from their respective Somon (district) centres varied, as varied also the distance of the Somon centres from their respective Aimag centres. However, it is likely that the Somons included in the study sample do not represent the most isolated ones, which could not be reached in the context of this field trip. In each of the 3 Aimags, the provincial CBR

coordinator was also interviewed in order to collect some general information on the Aimag and to get their views about the issues under investigation. After completion of all the planned interviews, a workshop was held with 5 CBR coordinators of Ulaanbataar districts, in order to share the provisional results of the study and to discuss them together.

Section 3 presents the findings of the study. In the first part, the profile of the bag feldshers interviewed is presented. These were found to be quite heterogenous in relation to their age; however, all except one were women, and at the time of the interview most of them had worked as feldshers for over 10-15 years, in some cases even more than 25 years.

In the second part of the section, the general duties and the main tasks performed by the bag feldshers are illustrated and the main challenges are discussed. The feldshers have been found to perform a broad number of tasks in primary health care; moreover, due to the general lack of human resources they are often expected to replace and support other health staff in the local hospital. They are also expected to support the bag governors in getting better contact with and information about the rural population, and some of them are volunteers in local and international projects and organisations, or cover political roles in the community. Their job as community health workers role implies a number of challenges, mainly due to the distance separating the families from each other, and the organisation of primary care, which sees the feldsher reaching all the population with periodic home visits, and with exceptional visits in case that an emergency occurs.

In the third part of this section, the role and responsibilities of the bag feldshers in the CBR programme are presented. Here the specific challenges are discussed by looking at their direct experience and by comparing it with the results that the programme is expected to achieve. The feldshers are expected to promote the access of all PWDs to services and opportunities in all the five areas of the CBR programme: health, education, livelihood, social and empowerment. However, from the study it emerged that the areas of social inclusion and empowerment are only weakly implemented in the rural areas, and that the livelihood area is also suffering from some limitations in these rural areas. On the one hand, some contextual factors and possibly a weak structure of the programme at peripheral level may be at the roots of this problem. On the other hand, it also seems that the feldshers are finding some difficulties in understanding, implementing and communicating these parts of the programme, that represent a completely new area of work for them. The areas of health and education, on the other hand, are more easily understood and promoted by the feldshers. However, their experience shows that changing approach in health care (from medication to broader health care and health promotion, including prevention and rehabilitation) may take time. Similarly, the inclusion of all children in schools is meeting some practical difficulties that the feldshers alone are not able to overcome.

In general terms, the feldshers seem to find more difficulties with those disabilities – such as mental, hearing and speaking, and visual disabilities – that require particular communication skills, which the feldshers generally feel they lack.

Section 4 presents the conclusions of the research. Here the results are briefly summed up and translated into general suggestions for the CBR programme. Considered that it is beyond the possibility of the programme to remove major contextual challenges, such as the geographical and social structures that characterise these rural areas, or the general lack of resources of the health care and social systems, the main suggestions for the programme that arise from the study concern the training of the feldshers, that could be reinforced in relation to the parts that present the biggest challenges. In particular, it seems recommendable to strengthen feldshers' understanding of the livelihood area of the programme, so that even in the rural areas PWDs are aware of the opportunities offered by the programme and are encouraged to be economically active. In order to strengthen the social inclusion and empowerment of PWDs in the context studied, a stronger understanding of the concepts of social inclusion and empowerment themselves is necessary on the part of the feldshers; then possibly it will be possible to find the best tools to promote them in a way that suits the local social and cultural environment. Specific training on how to communicate with people with hearing and speaking disabilities, and on how to deal with people with mental disabilities would also be necessary if equal opportunities and attention from the programme are to be guaranteed to them. Finally, the study suggests that feldshers may upgrade their work in CBR if the degree and quality of their communication and collaboration with CBR committees (and with other people trained and involved in CBR) were improved.

1. Background

1.1. *The Community-Based Rehabilitation (CBR) approach*

Community-based Rehabilitation (CBR) was first proposed in the late 1970s by the World Health Organisation (WHO) as a strategy for improving the lives of people with disabilities through the provision of basic rehabilitation services at community level. Over the past 30 years the concept has evolved significantly and today CBR has become a more holistic and multi-sectoral approach, based on a human rights model of disability and broadly aimed at empowerment of people with disabilities. Indeed, in a Joint Position Paper adopted by WHO, ILO and UNESCO in 2004, CBR is defined as “a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities”,¹ and more specifically as a strategy that “promotes the rights of people with disabilities to live as equal citizens within the community, to enjoy health and well being, to participate fully in educational, social, cultural, religious, economic and political activities”.²

To guide strategic action under this multi-sectoral approach, the WHO has recently elaborated a *CBR Matrix* in which 5 main areas of support are identified; these are the areas of health, education, livelihood, social and empowerment (see Annex A – CBR matrix).³ For each and every area of the matrix, a CBR programme should work at all levels advocating in for the rights of people with disabilities (PWDs), promoting inter-sectoral coordination and collaboration, promoting community awareness and mobilisation around the issue of disability, and directly supporting people with disabilities in accessing services and opportunities.

At community level, where people with disabilities are to be directly reached and involved, CBR programmes rely significantly on the work of community CBR workers. Their main role is to provide information to PWDs and their families, including advice and training on carrying out simple tasks of daily living, doing basic rehabilitative exercise, and making simple assistive devices to improve independence. Community CBR workers should also support PWDs in accessing schools, training centres, work places and other opportunities in their community.

¹ ILO, UNESCO, WHO, *CBR. A strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People With Disabilities. Joint Position Paper 2004*, 2004, p.2.

² Ibidem, p.4.

³ In 2007-08, the Disability & Rehabilitation team of the WHO (WHO/DAR), in collaboration with other UN agencies including ILO and UNESCO, has initiated the elaboration of CBR Guidelines which will become a point of reference for actions in each different area of the Matrix.

Lastly, they should provide information about other services available outside the community, acting as a liaison with such services.⁴

1.2. The introduction of CBR in Mongolia

In Mongolia, the CBR Programme has been introduced in the early 1990s, following a discussion between the Ministry of Health, WHO/DAR and AIFO/Italy and a joint feasibility study. Since then, AIFO, in collaboration with the Mongolian Ministry of Health, Ministry of Labour and Social Welfare, and other Governmental and non-Governmental partners, has continued to support and expand the Mongolian CBR programme, locally called *Teghs Duuren*. The programme, which was first introduced in the Western Provinces of Mongolia and in the capital city Ulaanbataar, achieved full coverage of the country with the support of a CBR project co-funded by the European Union, which started in 2007 and made it possible to introduce Community-Based Rehabilitation in 9 Eastern provinces (Aimags) of Mongolia which were still uncovered by the programme.

1.3. Mongolia administrative structure and health system

Mongolia is a large and scarcely populated country. From an administrative point of view, its territory is divided into 21 Aimags (provinces), which are further divided into Somons (rural districts), and bags (villages or communities). Ulaanbataar, the capital city, is divided into 9 districts which in turn are subdivided into smaller sub-districts.

From a health system point of view, tertiary health care is available only in Ulaanbataar and in few Regional Diagnostic and Treatment Centres, while secondary care is provided by United Hospitals present in Ulaanbataar districts and Aimag centres. At sub-district and Somon level, only primary care facilities are available; these are the Family Doctors Groups (FDG, practices of 4-5 doctors) in Ulaanbataar's sub-districts, and the Somon Hospitals (staffed with 1-2 doctors and 3-4 among nurses and midwives) in the Somon centres. At bag level, primary care is directly provided to the population by community health workers called *bag feldshers*, who work in close collaboration with (and under the direct supervision of) the local Somon Hospital. Usually there is one bag feldsher serving the area of the Somon centre (which is also called a bag),⁵ and one bag feldsher covering each of the rural bags of the area surrounding the Somon Centre. While the feldsher covering the Somon centre is generally based in the Somon Hospital, those covering the rural areas are expected to move around the bag to reach out to the nomadic and semi-nomadic population, although they should also have a room (a *bag unit*) in their respective bag centres.

⁴ See the above mentioned Joint Position Paper 2004 adopted by ILO, UNESCO, and WHO (ibid.). See also the CBR Manual by Helander, P. Mendis, G. Nelson, A. Goerdts, *Training in the Community for People With Disabilities*, WHO, 1989, Geneva.

⁵ Large Somon Centres may be divided into more than 1 bag.

Basic training to become a bag feldsher consists of a 4 years degree at Nursing College,⁶ after which feldshers can start service and access additional training, provided by the Mongolian Government, NGOs or other partners under specific health care programmes.

1.4. Territorial articulation of the Mongolian CBR Programme

In Mongolia, the CBR program is being implemented through the existing structures and administrative units (Government, Aimags, Somons, Bags) described above.

At **national level**, the programme is coordinated by a National CBR Coordinator, who is the officer in charge of Rehabilitation, sanatorium, traditional medicine, elder people and people with disabilities of the Coordination Department of the Medical Care Policy Implementation of the Ministry of Health. The implementing agency for the programme under the Ministry of Health is the National Rehabilitation Center, which responds directly to the Ministry of Social Welfare and Labour. Moreover, in the Community Development Department of the National Rehabilitation Center, a National CBR team has been established.

At **Aimag level**, CBR committees have been established. These include officers working in different sectors of the public administration, such as health, education, sports and leisure, statistics, and others, and have their own Aimag CBR coordinator. Similarly, at **Somon level**, a CBR sub-committee is responsible for supervising and coordinating CBR activities.

At **community level**, the programme reaches people with disabilities and their families through the work of bag feldshers. These, in addition to providing primary health care and rehabilitation to people with disabilities and acting as a liaison with more specialist services, are responsible for promoting also all the other non health-related activities of the CBR programme, and therefore become a key element for the successful implementation of the programme as a whole.

2. Research objectives and methodology

2.1. Research objectives

The field research focused on the eastern part of Mongolia, where the CBR programme was introduced after 2007, and looked in particular at the role played by rural bag feldshers. Given their position in the Mongolian health system, and given the specific challenges posed by the local context, the study had the following objectives:

- To gain a general understanding about roles and responsibilities of feldshers and the challenges they face in this role;

⁶ The curriculum for bag feldsher is different from the curriculum for nurse. While the nurse will only provide care according to the Somon doctor's directions, the feldsher will also make diagnosis and give basic medication.

- To understand the specific roles, responsibilities and training of feldshers in relation to the CBR programme, and the challenges they face in this role.

The research consisted of a 2 weeks field study, carried out by a research consultant (Ms Elena Como from *LAMA Development and Cooperatin Agency* and *ARCO – Action Research for CO-development – PIN S.c.r.l.*) with the support of the staff of the AIFO Representative Office for Mongolia. The study took place between August 23rd and September 3rd 2010.

2.2. Study area

The study focused on the Eastern part of Mongolia where the CBR programme was introduced since 2007 with the support of AIFO Italy and the European Union.

In order to have enough experience to review and discuss, it was decided to focus on the first 3 Aimags of the 9 that introduced CBR through the EU-funded project. These are **Hentii Aimag**, **Dornod Aimag**, and **Suhbataar Aimag**, and they started the first CBR activities in 2008. Table 1 reports general information on the three Aimags selected.

Table 1 – Sample of Aimags

Aimag	No. of Somons	No. of Bags (of which rural)	Total population	PWDs	PWDs as % of total pop.	Start date of CBR ⁷
Hentii	21	83 (54)	70.179	3.182	4,53%	July 2008
Dornod	14	63 (38)	74.500	3.252	4,36%	April 2008
Suhbataar	13	67 (48)	54.363	2.257	4,15%	May 2008

Source: Data collected from CBR Aimag Coordinators by the National CBR Coordinator (August 2010).

For each of the three Aimags chosen, a sample of **10 Somons** was selected with the help of the local AIFO staff and the Aimag CBR coordinators. The choice of the Somons to be included in the field study had to take into account their geographical accessibility and the actual availability of rural bag feldshers for interview in the Somon centre. The distance of the Somons included in the sample from their respective Aimags Centres ranged between 11 Km and 225 Km, and was on average 99 Km. Additional information on the Somons is provided in ANNEX B - Table 1.

Table 2 – Distance of Somons from Aimag centres

Distance from Aimag Centre	Up to 50 Km	50 to 100 Km	100 to 150 Km	150 to 200 Km	Over 200 Km
N. of Somons (Tot=10)	3	3	1	2	1

Source: Data collected from CBR Aimag Coordinators by the National CBR Coordinator (August 2010).

⁷ Start date of CBR is intended here as the date when training for feldshers was completed. Dates are as reported by the feldshers interviewed in the field study.

In each of the Somons visited, the number of rural bags included in the research depended on the actual availability a feldsher. In each Somon all the rural bags which had a feldsher in service and available for interview were included. Table 2 in Annex B shows the number of rural bag feldshers working in each of the Somons visited at the time of the research, and the number of feldshers which were found available for interview.

In total, **16 rural bags** were included in the study. These represented 41% of the total number of rural bags (39) of the selected Somons. In the remaining 23 rural bags, the local feldsher was either not available (for vacation of family reasons, 7 feldshers) or there was no feldsher at all in the bag (16 bags, 41% of rural bags in the selected Somons).

The **distance** of the 16 rural bags from their respective Somon Centres ranged between 13 Km and 64 Km, and was on average 29 Km.

Table 3 – Bags

Distance from Somon Centre	Up to 20 Km	20 to 30 Km	30 to 40 Km	40 to 50 Km	Over 40 Km
N. of bags (Tot=16)	5	7	1	1	2

Source: Data collected from CBR Aimag Coordinators by the National CBR Coordinator (August 2010).

As regards the **total population**, the smallest bag had a total population of 218, while the biggest bag had a population of 926, and was on average 477. The **number of households** living in the bag ranged between 55 and 234, and was on average 129.⁸

Table 4 - Bag population

Total population of the bag	Up to 350 people	350 to 450 people	450 to 550 people	550 to 650 people	650 or more people
N. of bags (Tot=16)	3	6	2	2	2

Source: Interviews with bag feldshers (August 2010).

Table 5 – Number of households

N. of householdds living in the bag	Up to 100 households	100 to 125 households	125 to 150 households	150 to 175 households	175 or more households
N. of bags (Tot=16)	3	5	3	2	2

Source: Interviews with bag feldshers (August 2010).

More information on the bags included in the study is provided in Annex B – Table 3.

⁸ Here we are not considering one of the bags in the sample, because the feldsher could not provide the data separately from that referring to the Somon Centre (she covered both). Her bag plus the Somon centre had a total population of 1107 and a total number of households of 303.

2.3. Target group

The main target of the research are the **bag feldshers** working in the **rural bags** of the study area.

As was said before, the rural bags which formed the study sample were those with a feldsher in service and available for interview; therefore the sample of feldshers interviewed is made up of 16 people.

In addition to the rural bag feldshers, in each Aimag the **local CBR coordinator** was involved in the research. Moreover, **5 district CBR coordinators** from Ulaanbatar were consulted. These have been identified by the local AIFO staff as people having relevant experience and important views to share; in fact the district coordinators are among the people with longer experience in CBR in Mongolia (since the early 1990s) and play an important role in CBR training courses carried out at Aimag Centres.

Lastly, the research could count on the continuous contribution of the **local AIFO staff** Tuki (Ms Tulgamaa Damdinsuren) and Ebe (Mr Enhbuyant Lakhagvajav) and of the **National CBR coordinator** (Dr Batdulam).

2.4. Methods for data finding

The main method for data collection was that of **individual semi-structured interviews with rural bag feldshers**. The outline for interview questions was previously shared with the local AIFO staff and the National CBR coordinator. Interviews were carried out with the help and translation of AIFO's Country Coordinator.⁹

Additionally, in each Aimag, an introductory **meeting and short interview** was carried out with the local **Aimag CBR coordinator** before starting the interviews with feldshers. The aim of the interview with the coordinators was to share the research objectives, to collect background data on the Aimag, and to record the expectations, views and opinions of the Coordinator about the issues explored in the research.

Lastly, after completion of all field visits and interviews, a **final workshop** was held in Ulaanbataar where the provisional results of the research were shared and discussed with **key stakeholders** of the CBR programme, identified by AIFO local staff in the **District CBR**

⁹ The outline used for the interviews with the feldshers is provided in Annex G.

Coordinators and the **National CBR coordinator**. The local AIFO staff also took part and actively participated to the workshop.¹⁰

In addition to formal data collection illustrated above, the research could count on **continuous exchange of information and ideas** with local **AIFO staff** and with the **National CBR Coordinator** during 12 days of field visits.

The main **limitations of the methodology** used are that it did not allow for direct observation of the work of the feldshers, nor it allowed for consultation of PWDs and CBR committee and sub-committee members, or other programme stakeholders. Moreover, we should to take into account the possibility that some feldshers may not have brought up all their potential criticism about the CBR programme, or been able to effectively explain their opinions and experience.

3. Findings

In the following sections we report our findings from the interviews with feldshers. Contributions from CBR coordinators and AIFO staff have been used to clarify major contextual factors and to better interpret the answers provided by feldshers, therefore they are not treated separately but rather they are inserted throughout the discussion of the various issues.

3.1. General profile of bag feldshers interviewed

In Mongolia bag feldshers are usually women. Of the 16 feldshers interviewed for this study, 15 were women and 1 was a man. Their age ranged between 25 and 57 years, and was on average 43.

Table 6 – Age of feldshers interviewed

Age of the feldsher	Up to 35 years	35 to 40 years	40 to 45 years	45 to 50 years	Over 50 years
N. of feldshers (tot=16)	1	3	6	4	2

Source: Interviews with bag feldshers (August 2010).

All the feldshers interviewed graduated from Nursing College in Dorngobi Aimag, but their years of graduation varied significantly: the oldest feldsher in the sample (57 years of age) graduated in 1973, the youngest (25 years) graduated in 2008. Except for this latter feldsher, all the other 15 feldshers graduated over years ago. On average, the years passed since graduation were 22.

¹⁰ The presentation discussed in the workshop is provided in Annex F.

Table 7 – Years since feldshers' graduation

Years since graduation	Up to 10 years	10 to 15 years	15 to 20 years	20 to 25 years	Over 25 Years
N. of feldshers (Tot=16)	1	1	4	4	6

Source: Interviews with bag feldshers (August 2010).

Not all the people interviewed had worked as feldshers ever since graduation. Six of them reported having worked also in different positions, usually as midwives in the Somon Hospital (4 of them). One feldsher (the only man in the sample) also reported having work experience as a Somon Doctor and traditional medicine practitioner, and 1 reported that she had worked as a Social Policy Officer and nurse in the Somon.

Years of experience in the position of bag feldsher are reported in the Table below.

Table 8 – Years of service as bag feldsher

Years of service as bag feldsher	Up to 10 years	10 to 15 years	15 to 20 years	20 to 25 years	Over 25 years
N. of feldshers (Tot=16)	1	4	4	3	4

Source: Interviews with bag feldshers (August 2010).

Lastly, we can notice that 6 feldshers out of 16 interviewed changed bag during their career, while 10 have always been working in the same bag.

3.2. Roles and responsibilities of rural bag feldshers, main challenges

In the Mongolian health system, the bag feldshers is the primary health worker. An official job description has been adopted in 2004 by the Ministry of Health (Annex 21, Order of the Minister of Health no. 138, 31 May 2004) and is provided in Annex C.¹¹ This description, however, is quite broad and does not fully reflect the role that feldshers have in practice, nor it takes into account the actual work conditions and equipment they have. In the following sections, we use the information provided by the rural bag feldshers interviewed in order to describe their main duties and the challenges they face in fulfilling their role.

3.2.1. Health-related duties of the bag feldsher

The rural bag feldshers interviewed for this study identified the following main duties of the feldshers:

¹¹ Translation of selected parts of the document by local AIFO staff.

- To oversee the health of the bag population by paying regular visits to each and every family of the bag;
- To identify people needing special assistance (pregnant women, children under 5 years of age, elderly people);
- To keep records of children needing vaccination and to accompany the “vaccinator” to their houses;¹²
- To provide primary health care (including prevention, early diagnosis, basic medication) to all the bag population, and to implement all primary care activities foreseen by the different health programmes validated by the Government of Mongolia;¹³
- To refer people who need specialist care to higher level facilities;
- To be always available in case of an emergency call;
- To keep records of patients and activities, and report to the Somon Doctor.¹⁴

It remained unclear whether the feldsher is supposed to be always available at the feldsher unit for receiving patients when he/she is not visiting them at home. Feldshers generally omitted this duty but if asked confirmed that they should, and CBR coordinators as well confirmed.¹⁵

As regards the allocation of the feldshers’ time among different health programmes, it was not possible to gain a clear understanding from the interviews. The feldshers pointed out that all activities are carried out in an “integrated” way, so they cannot estimate workloads separately for the different health programmes. Nonetheless, they identified the following groups as requiring particular attention and therefore taking the most of their working time:

- Pregnant women;
- Children under 5 years of age;
- Elderly people.

These are generally the groups that they call “under control” and therefore visit more often. People with disabilities were generally not mentioned among these, and were not seen as adding significant workload; although feldshers pointed out that people needing physical exercise (people who had a stroke, children with CP) would require more attention.

¹² Feldshers are not expected to give vaccinations. This is the responsibility of a “vaccinator” (usually a nurse) who covers the whole Somon. Feldshers are nonetheless expected to identify children needing vaccination or boosters and to accompany the “vaccinator” to their house.

¹³ A list of health programmes is provided in Annex D.

¹⁴ In the Hospital, the Somon doctor is responsible for final reporting of all different health programmes, while feldshers are only expected to record data on their patients and activities, and to pass them to the Somon Doctor.

¹⁵ This issue will be discussed later on in the report.

In addition to the duties listed above, feldshers may be charged by the Somon Hospital with some extra responsibilities. This was the case for at least one third of the feldshers interviewed (5 people). Roles in the Somon Hospital included:¹⁶

- Responsibility over one specific health programme: in this case the feldsher is responsible for gathering all the data needed for reporting on one specific health programme from all the feldshers working in the Somon and to pass it to the Somon Doctor;
- Vaccination of all children of the Somon according to needs and schedules identified by the feldshers of each different bag;
- Responsibilities such as keeping statistics for the Somon;
- Covering vacancies or replacing other hospital staff (nurses, midwives, other bag feldshers).

It is also possible that the feldshers did not report all their roles, which therefore may result underestimated.

Generally, given the lack of human resources at Somon level, feldshers seem to be key resources for Somon Hospitals, which need to spread a number of duties and responsibilities (vaccination, data gathering, etc.) among very few available staff. The possibility that the feldsher will be required to replace other feldshers (temporarily or on a permanent basis) is also foreseen by their official job description (see Annex C).

This study suggests that it is not very uncommon to find 1 feldsher covering 2 bags; this was the case for ¼ (4 out 16) of the feldshers interviewed.

3.2.2. Non health-related duties of the bag feldsher

In addition to their duties as health workers, bag feldshers are also expected to assist the bag governor and the Somon authorities. In particular they are expected:

- To keep an updated profile of all the families of the bag;
- To accompany the bag governor in his regular visits to all the families of the bag;
- To help in the yearly counting of the animals;
- To support the communication of the bag governor towards the population and vice versa;
- To support the bag governor with paperwork or other assistance that is required.

¹⁶ These tasks may also be assigned to nurses and midwives.

The study showed that the degree of collaboration between bag feldsher and bag governor may vary from case to case, but at the very least the two will collaborate for the counting of the animals in december and will visit to the households together around once in a quarter. The presence of the feldsher during the visits of the bag governor to the families is considered very important, because during such visits people tend to show their health needs and ask for assistance or support.¹⁷

The close collaboration between the two figures of the bag feldsher and the bag governor emerged clearly as a key element to the life and administration of the community. In fact, in a context where most of the population lives scattered throughout large rural areas, and has very limited opportunities to visit the Somon centre, the feldsher becomes the only person who has the opportunity – and the duty – to meet regularly all the families.

As a consequence, bag feldshers become the natural link between the community and its local administration and services. The support to and collaboration with bag governors was considered by the feldshers like some sort of “volunteer” work, as it does not earn them any extra salary; nonetheless they also pointed out that such volunteer work is required and in some way “compulsory”, and anyhow it is part of their social role and therefore undoubtedly appropriate.

While bag feldshers work in closer contact with the bag governor, it seems that they also play a similar role in relation to Somon authorities.

3.2.3. Additional occupation of the bag feldshers

None of the feldshers interviewed reported having other formal (paid) jobs in addition to that as a feldsher (which includes their volunteer work supporting bag and Somon authorities).

Nonetheless, half of them (8 people) had other formal roles in the community. These were of two kinds:

- Role as members of the bag council, and in some cases role of representatives of the bag to the Somon parliament;
- Role as activists or coordinators (at bag or Somon level) in non-governmental organisations (Red Cross Society, Women’s Council, CBR sub-committee); and specific projects (the World Bank’s Sustainable Livelihood Project, Traditional Medicine Mobile Pharmacy).

¹⁷ Moreover, as will be shown in the next sections of the report, the governor’s visits may prove an important opportunity for the very under-resourced feldshers to meet all the families of the bag without having to pay personally for transportation to reach them.

Overall, it seems that the duties implied by the job of bag feldsher take most of the time of the person, and that they are very committed to it.

3.2.4. Area and population covered, work modalities and workload of rural bag feldshers

Availability of a feldsher unit

According to the Order of the Minister of Health n. 138 (see Annex C), each feldsher should be provided with a working room (*feldsher unit*) and some equipment in the bag centre. As was said, from the study it emerged that when he/she is not busy with home visits or emergency calls, the feldsher should stay in the feldsher unit, where people from the bag can turn up in case they need assistance or advice. However, from the study it also emerged that this does not necessarily happen in practice. Among the 16 feldshers interviewed, only 7 had been provided with a feldsher unit, which was generally attached to the room used by the bag governor. The remaining 9 feldshers claimed that in their bags there was no room available for the feldsher, or that the room could not be used unless some basic renovation and equipping were done.

The feldshers who were left without a room in the bag said that they worked from their gher, except for 2 who worked also in the Somon Hospital and had a room there (the latter also admitted that this led them to visit the bag very seldom).

In any case, it is not totally clear whether feldshers, even in the case they are provided with a feldsher unit, actually spend time there and receive visits from patients. None of the feldshers interviewed for this study mentioned receiving patients in the feldsher unit among their work activities. Discussing this point with AIFO staff and other local stakeholders it emerged that very rarely feldshers would be found in the feldsher unit and very rarely bag people would visit the feldsher unit, because once they decided to travel they would go directly to the Aimag Centre, irrespective of the type of care they need.

Geographical area covered by the feldsher

As was said before, each bag feldsher should cover the area of one bag, although in some cases it was found that due to lack of human resources a feldsher had to cover 2 different bags.

In the context of Mongolia, rural bags do not resemble villages found in other countries; rather they correspond to large areas populated by a small and scattered population of nomadic herders. The herders live in tents with their family, and the distance between two families can be very large. The distance between families may increase during certain months of the year

(usually in winter) when the herders move further apart from each other in search for pastures for their cattle.

Therefore, in order to understand work of feldshers and the related challenges, it is important to first look at the size of the areas they cover and the distances they have to travel to reach all the families of bag.

To give an idea of how scattered the population of the bags can be, we took the bag centre (intended as its administrative centre, that is, the room of the bag governor) as a reference point and looked at the distance from this of the nearest and the furthest family belonging to the bag.

In most of the rural bags included in the study sample, the nearest family lived within 10 Km from the bag centre (9 bags out of 16). In the some other cases the first family could be up to 25 Km or 35 Km away from the bag centre. The furthest family, on the other hand, was in most cases (all except one) at least 40 Km away from the bag centre. On average, it was 60-64 Km from the bag centre, and in the most extreme cases it could reach 85, 90 or even 120 Km from the centre. As the feldshers noticed, these distances referred to the locations where the families usually have their tents, but many times in winter the families spread even further, to the point that many of them become impossible to reach for the feldsher.

Size of the population covered by the bag feldsher

The size of the population covered by each feldsher varied significantly. The smallest bag (from a demographic point of view) had a population of only 218 people, while the biggest bag was composed of 926 people; the average had a population of around 470 people (see also Table 3 in Annex B).

Given the aggregation of the population in household units scattered throughout the territory, the number of households is also very important, maybe even more than the total population, because it corresponds to the number of different places that the feldsher will have to visit. The number of households living in the bag ranged between 55 and 234, and was on average 129 (see Table 3 in Annex B).

Work modalities and total workload of the feldshers

In order to reach the rural bag population with primary health care services (including prevention, early diagnosis, and primary care) bag feldshers should visit regularly all the families of the bag, and in particular those families in which there is a pregnant woman, a child under 5, or an elderly person; these families should receive extra visits in addition to those done to all the families. In addition, feldshers should be always available to respond to emergency calls and reach immediately the person or family in need.

The frequency of home visits that the feldshers do is heavily constrained by the lack of resources; while the workload deriving from the emergency calls is not easy to estimate.

Below we report the frequency of contact with the families as reported in the interviews by the rural bag feldshers. The specific challenges and constraints to their work are discussed in the next paragraph.

- Each bag feldsher leaves for a round of home visits no more than 2-3 times in a year, generally not in winter.¹⁸ The round of visits lasts for 3-5 days, during which it is unclear whether the feldsher actually manages to visit all the families;
- Feldshers have very limited resources (especially for transportation), so many of them visit all the families only when the authorities go, instead of carrying out their own rounds if visits;¹⁹
- Feldshers try as much as possible to visit people under control more often, ideally once per month;
- Feldshers take part to bag and Somon meetings, and use these opportunities to meet the population and provide primary care; these are also ideal opportunities to provide health education taking advantage of the fact that people are gathering all in one place;
- All the feldshers take part to the yearly counting of the animals (December) together with the bag governor, and use this chance to provide primary health care services;
- Emergency calls happen very irregularly and cannot be estimated; throughout the week, a feldsher may receive a few but not evenly distributed. Emergency calls imply a lot of work for the feldsher, who has to reach the person in need, provide primary care, and if needed take the patient to the Somon Hospital or wait for the Somon Doctor to come.

During the general round of home visits, the bag feldshers usually spend between 30 minutes and 1 hour and a half with the family, depending on the health problems involved. Ideally, the feldshers should do a check up of all family members; however due to time constraints they usually focus on people under control: children, pregnant women, elderly persons, people with a known health problem and people clearly showing symptoms of disease). Nonetheless, the feldshers also commented that when they visit a ger everyone in the family asks for a check up, so as far as possible they try to satisfy this request. During home visits the feldsher also gives some general advice and health education to the family, usually focusing on nutrition and reproductive health.

¹⁸ According to some of the feldshers interviewed, ideally home visits to all families should take place once per month, while visits to people under control should take place twice per month.

¹⁹ Ideally rural bag feldshers should carry out their own periodic rounds of home visits specifically aimed at assessing health needs and providing primary care. The visits of the bag governor should therefore be an additional opportunity to see all the families, and a way to support the governor. They should not replace the other visits of the bag feldsher.

As was said above, feldshers reported that a full round of visits to all families in the bag lasts for around 3 to 5 days; feldshers do not usually stay overnight. If we take into account the average number of households that the feldshers are supposed to visit and the local travel conditions, this data suggests that feldshers do not actually visit all the families of the bag at every "round". It seems more likely that they visit only some families and skip those where there are no (known) major health needs.

This is an issue that requires attention since it may pose an obstacle to their role in prevention and early identification of disease, pregnancy, disability or other conditions.

Overall, the total workload of the feldshers is difficult to estimate. Some feldshers and at least one CBR coordinator (who had been feldsher in the past) claimed their workload is excessive and hard to manage, but the majority did not feel overburdened. It has to be noted that while in theory the job of the feldshers is a 24/7 job, when resources are very scarce the feldsher may not be able to work fully.

Means of transportation

Transportation is the main challenge according to the feldshers. In Annex to the Order of the Minister of Health, n.26 (2008) (see Annex C), it is written that each feldsher should be provided with 1 motorbike and 4 hours.

Among the feldshers interviewed, none had received any hours, and anyhow these are not seen as appropriate, by the CBR coordinators nor the feldshers themselves. As for the motorbike, the majority of the feldshers said they had received one in use either by the Hospital or by some international projects, or said they could borrow one from the authorities in case of need. The feldshers who could not use a motorbike or car made available by the Somon Hospital would use their own, borrow it from relatives, or ask the relatives of the patient themselves to pick her up and bring her to their place.

When they use the Somon Hospital's vehicles, feldshers are entitled to a reimbursement of up to 20 lt of fuel per month (which often was less, around 5 or 10 lt, and only in 1 case was 40 lt). However, in practice the cost of fuel is seldom reimbursed and in any case insufficient. The consequence is that feldshers reduce the number of home visits to the bag population (generally by going only when the bag governor visits by joining his car) and pay for the fuel needed in case of emergency calls.

In winter, travelling to reach the families becomes harder and motorbikes cannot be used. As was mentioned before, feldshers visit very seldom the families in winter unless there is an emergency.

3.2.5. Main challenges

As it clearly emerges from the previous paragraph, the main challenges are:

- the lack of adequate means of transportation;
- the cost of transportation.

In addition to these, few other challenges were brought up by the feldshers interviewed. These included:

- The weather conditions;
- The seasonal shifting of the nomadic population;
- The general lack of material resources, and in particular the non-availability of IEC materials, computers, and working uniforms.

Weather conditions have been already commented on. As for the seasonal shifting of the population, feldshers explained that depending on the time of the year the families spread or gather closer to each other. The extent of this migration and the specific modalities varied from case to case, depending on the characteristics of the geographical area. In any case, feldshers pointed out the fact that when families come closer (for example they gather near a river for the summertime) their work becomes easier, while when they spread (for example when they look for pastures in wintertime) they may become impossible to reach, both because of the distance and because of the weather conditions.

Among the material resources that are lacking, it is worth highlighting that the lack of IEC materials was seen by the feldshers as an important limitation to the effectiveness of the health education they provide, and was brought up often when talking about disability. In fact, feldshers claimed that people tend to forget very easily what they are told and some simple written support (such as flyers with images, for example) would help them refresh their knowledge periodically. The lack of computers was brought up but not clearly explained; some feldshers claimed that computers and other electronic equipment are needed for data recording and for projecting health educational messages, although this met the objection of higher level staff and authorities as well as AIFO staff, as it was interpreted as a sort of caprice, a will of the feldshers to own and use modern equipment. The lack of uniforms was mentioned as a condition implying additional costs to the feldsher, who wears out her own clothes.

3.3. Roles, responsibilities, main strenghts and weaknesses of rural bag feldshers in relation to the CBR programme

As was said, the bag feldsher is a key resource for the CBR programme, which relies entirely on him/her to reach out to people with disabilities in the rural bags. In this section, the findings from the discussion on CBR with the feldshers are reported and discussed.

3.3.1. Feldsher's understanding of disability before CBR and new elements

introduced

Before their involvement in CBR, none of the feldshers interviewed in this study had ever had experience supporting people with disabilities beyond the provision of standard primary care and eventually the use of traditional medicine and massage. One feldsher made an exception because she had a person with an hearing and speaking disability in her own family, so she had learned sign language, and this facilitated her work with other PWDs.

Among the 16 feldshers interviewed, 14 had regularly attended CBR training in their respective Aimag centres; such training took place between April and November 2008 (depending on the Aimag).²⁰ The 2 remaining feldshers started working as feldshers only in 2009 so they missed the initial CBR training; they learned the job by themselves with the help of the CBR manual and the Somon doctor and the previous feldsher.

Feldshers reported that **before attending CBR training, they had no understanding of the concept of disability**, and they understood people with disabilities to be only those receiving an invalidity pension from the State. This view, they pointed out, was limited because it did not acknowledge all the types of disability, and because it did not acknowledge the condition of disability when this was found in someone who is not entitled to benefit from state pensions, for example a child under 16 years of age.

The first merit of CBR training according to the feldshers is therefore that it introduced and clarified a broader concept and definition of disability.

Feldshers further explained that, **before CBR training**, their knowledge of those that later came to be labelled "disabilities" was **limited to mere knowledge of the diseases** at their roots **and the medical symptoms** that they showed. Therefore, their role as feldshers was limited to the provision of primary health care (medication) and referral to specialist services,

²⁰ The contents of the 10 days CBR training course attended by feldshers is provided in Annex E.

as in the classical medical model of disability. Some feldshers used massage and techniques from traditional medicine to reduce the suffering of people with physical disability.

Therefore, a second important change introduced by the CBR programme concerned the general approach to supporting PWDs, which now went beyond the sole provision of medical care.

3.3.2. Feldsher's understanding of Community-Based Rehabilitation

The feldshers described CBR as an approach and strategy which focuses on:

- **Identification of PWDs** living in the community according to the new and broad definition of disability;
- **Social integration** of people with disabilities;
- Promotion of **inclusive education** for children with disabilities;
- Promotion of PWDs' access to **social welfare benefits**, such as pensions and discounts on medication and medical apparatus (glasses, hearing aids, etc);
- Promotion of **economic opportunities** for PWDs;
- Provision of **physical exercise**, aimed at physical rehabilitation and recovery of body functions;
- Involvement of **family members** of PWDs (through training on home based rehabilitation, awareness raising about the right to education of children with disabilities);
- Broad **promotion of PWDs**, in all areas that help their happiness and personal fulfillment.

As can be easily noted, the main point that feldshers stressed is the multidimensional and integrated approach at the heart of the CBR strategy, and the need to seek opportunities for PWDs in all aspects of life. Some feldshers further underlined that the CBR approach brought about a significant change also under the health care perspective itself, because it shed light on the importance of prevention and early identification of disability, and revalued the possibility of gradual rehabilitation even in cases that before were seen as totally hopeless. However, as will be discussed in the following paragraphs, feldshers met some difficulties in implementing such an approach in their bags.

In any case, overall all the feldshers showed **great appreciation for the new approach**, which marked a significant change with the past in a direction that they now considered good and unavoidable.

3.3.3. Role of the feldsher in the implementation of CBR

The role of bag feldshers in CBR is closely linked with their role in the community and in the health care system at large. As was explained before, in the context of rural Mongolia, where the population lives scattered across the territory and very rarely visits the Somon or the Aimag centre, the feldsher is the only link between the population on the one side and the authorities and services on the other side. Due to this strategic position, **feldshers are involved in all aspects and activities of the CBR programme which imply direct contact with PWDs.**

In practical terms, this means that any flows of information, resources or services directed to the person with a disability and his/her family will be necessarily channelled through the bag feldsher. Similarly, any flows of information, any specific requests, or any needs of the PWDs will be brought to the attention of the authorities and the different health and social services by the bag feldsher.

The **responsibilities of the feldsher in CBR** can be broadly divided into:

- Duties related to identifying and mapping PWDs, keeping records of health care provided and of any evolution observed in their conditions, and reporting to the Somon Hospital;
- Duties related to supporting PWDs according to the multi-sectoral approach expressed in the CBR matrix (focus on the areas of health, education, livelihood, social, and empowerment).

*All the feldshers interviewed believed that their **role in CBR fits perfectly** with their general role as primary health workers and of de facto community volunteers.* They further claimed that this role **does not place an excessive additional burden of work** on them.

However, our study suggests that they may not be working fully and effectively in all the areas of the CBR matrix, both because of the material constraints discussed above, and both because their own incomplete understanding of all the components of CBR.

3.3.4. Identification surveys, location mapping of PWDs, and reporting to the Somon Doctor

This first “group” of duties are directly supervised by the Somon Hospital.

Identification and mapping of PWDs mark the start of CBR in the bag. Feldshers carry out

house-to-house surveys in which they are supposed to test the abilities of all members of the family following the instructions shown in the CBR Manual; then they draw maps of the bag in which they place colored marks to indicate the presence of a PWDs.

The bag feldshers felt that they are the most appropriate people to carry out the surveys, and said that they did not find any particular difficulties in following the instructions contained in the CBR Manual.

However, some **issues** emerged in relation to identification surveys:

- Most feldshers had not covered all the families of the bag because of time and transportation constraints, so they had visited only those where they knew they would find a PWDs. However, some of them also pointed out that as soon as they had a chance, they had completed the survey by visiting the families left out in the first round, and this had led to the identification of some more PWDs;
- In each family visited, the feldshers had not tested the abilities of all the members one by one, but rather they had focused only on those who were already known to have a condition that could be possibly be classified as a disability under the new approach.

As for the reasons why some (or possibly all) feldshers had not tested all the family members, it emerged that:

- the feldshers knew all the bag population very well so they did not think it necessary to carry out a complete survey, they would already know who has a disability and who does not have one;
- the feldshers felt uncomfortable “testing” the abilities of people they had known for so long, so they preferred to avoid it.

While the arguments of the feldshers are understandable, the risk of some disabilities going undetected should be considered, especially disabilities that are less “visible” (intellectual disabilities, for example) or possibly stigmatised and therefore hidden by the family.

As for drawing the location maps and keeping records on PWDs, feldshers did not report any difficulty or particular issue.²¹ However, one of 3 aimag CBR coordinators saw reporting as a weak part of feldshers’ work in CBR, and the National CBR Coordinator and AIFO staff as well observed that the maps and records shown by the feldshers revealed dishomogeneous capacities in this sense.

²¹ As was said before, feldshers are not responsible for final reporting to higher levels of the CBR programme. Somon Doctors collect data from them and put it in the right reporting formats for CBR.

3.3.5. Implementation of CBR activities in the five areas of the CBR matrix

The rural bag feldshers interviewed described their role working with PWDs. It emerged that they may provide all or some of the following forms of support:

- Directly provide primary health care services and basic physical rehabilitation;
- Connect people with other services (specialist health care services, non-health related services);
- Provide information needed by PWDs or refer them to places and people who will provide such information;
- Bring PWDs' needs and resources/potentials to the attention of authorities and others that may offer opportunities;
- Involve families, communities and social services in the rehabilitation of PWDs;
- Supervise and channel the involvement of PWDs in specific opportunities and projects offered by the CBR programme;
- Promote social integration and fight discrimination of PWDs.

From the interviews it emerged that all the feldshers performed the first tasks in this list, while the other tasks were only mentioned but not put in practice. Other duties may not have been mentioned at all. We will show in the next section what is actually done and what could be improved.

According to the multi-dimensional and integrated approach expressed in the CBR matrix, support should be guaranteed in all of the following areas:

- Health
- Education
- Livelihood
- Social
- Empowerment

Below we look at the contribution made by feldshers in each area, and highlight the main challenges that emerged from the experience of the feldshers, as was reported by them in the interviews. What will emerge is that feldshers are supporting PWDs mainly in the areas of health and education. Indeed, their work appears weaker in the area of livelihood, with significant differences between the experience of different feldshers, while the areas of social integration and empowerment pose important challenges due partly to contextual factors and partly to the feldshers' background and little experience in these fields.

The work of feldshers in the area of health and the related challenges

The area of health was the considered the easiest one by most of the feldshers interviewed. This seems reasonable if we think that they are health workers; nonetheless, it also emerged that feldshers may find it difficult to complement the usual medical care with new the elements of prevention, rehabilitation and promotion of PWD's independence.

In their 2 years experience in CBR, feldshers had provided the following support in the area of health:

- Provision of primary health care;
- Referral to specialist services;
- Support in obtaining glasses, hearing aids and other devices/apparathus;
- Support in obtaining social welfare benefits such as invalidity pensions or discounts on medication and supporting devices;
- Support in obtaining orthopaedic aids;
- Massage and physical exercise for people with physical disabilities, and training of family members on these;
- Little advice to improve PWDs' conditions.

What they found most difficult was:

- To follow up people who needed to do rehabilitative exercise at home, and convince family members that such exercise is needed and can bring about significant improvement;
- To support rehabilitation of people with disabilities other than physical ones, for example people with speaking difficulties, blind people, people with mental health problems.

Rarely feldshers mentioned giving advice for prevention of disabilities (including secondary and tertiary disability) and promotion of PWDs' independence (for example advice on how to move around or carry out daily simple tasks). However, it was evident in the interviews that feldshers found it difficult to explain their work in this sense. Generally, the feldshers with political or activist roles in the community were more able to explain their work and put more emphasis on prevention and rehabilitation compared to the others. Therefore, we should not assume that the other feldshers were less active in this sense. CBR coordinators as well suggested that many feldshers may be doing many little things they are not able to explain, especially in the area of advice.

In conclusion, the study suggests that feldshers are paying great attention to improving the health conditions of PWDs through medical health care and increased use of assistive devices. On the other hand, their work in health promotion, prevention, and rehabilitation may be a little weaker and probably more dishomogenous, although there are elements suggesting that feldshers may be working in this sense more than they actually manage to show.

The work of feldshers in the area of education and the related challenges

Education was the second area (after health) in which feldshers put their efforts to support PWDs. They were very active promoting access to general education for children with disabilities, although their experience and the comments of the CBR coordinators also point to the existence of some relevant challenges.

Feldshers did not report any cases of support to uneducated adults with disabilities, or promotion of life-long learning; these seemed to be considered unimportant in the socio-economic context of rural Mongolia.

The experience of the rural bag feldshers in the area of education consisted of:

- Communication towards parents of children with disabilities, aimed at raising awareness about the need to send them to school;
- Contact with schools for the inclusion of the children with disabilities;
- Promotion of informal education (very few cases);
- Referral to special schools in urban centres (very few cases);

Feldshers found the following difficulties in this area:

- To convince parents of the importance of educating children with disabilities, especially since sending the child to school implied significant costs and difficulties for the family;
- To motivate teachers to include children with disabilities in their classes, this however was not very common;
- To follow up children (especially children with intellectually disabilities) who did start school but dropped out shortly after because of lack of interest and weak support from parents;
- To promote access to education for children with severe disabilities such as mental disabilities, fits, congenital hearing and speaking difficulties. Children on a wheelchair were also mentioned by the feldshers among those who could not be included in schools because of the many obstacles and the need for continuous support;
- To find and promote opportunities for informal education.

Overall, it seems that many children with disabilities are still left out of schools. This issue was discussed with the district CBR coordinators, who had some specific comments to make.

First of all, they clarified that the initial CBR training focused on the inclusion in normal schools of children with light disabilities, so they did not think it appropriate for feldshers to insist on children with more severe disabilities. They claimed that sending the latter to school would imply too many costs and difficulties for parents. Obstacles are still too high and families cannot send the child alone to school, so at least one member of the family would have to move to the Somon or Aimag with him/her, with important (economic) consequences on the entire family.

On the other hand, the District CBR Coordinators claimed that the use of informal education for PWDs (including far distance learning and home education) could be strengthened, at least in the Somons where this is actually implemented.²² According to them, the degree of collaboration between feldshers and teachers may vary significantly from Somon to Somon, and since the two workers are on the same hierarchical level, in case of scarcely motivated teachers feldshers may find it difficult to promote informal education, and may need very strong communication skills to achieve good results in this sense.

Lastly, district CBR coordinators also advanced the hypothesis that feldshers, being used to working as health care providers, unconsciously shared the same deep prejudices about the education of children with disabilities (that it is not possible or it is not useful) of the children's parents. Consequently, although they understood and appreciated the message conveyed during CBR training, they may not yet be fully ready to promote inclusive education.

In conclusion, the study suggests that feldshers are doing their best to promote access to education for children with disabilities, although they are also facing challenges due to practical obstacles as well as lack of collaboration on the part of families and school personnel. Overall, efforts are focusing on children with light disabilities, while children with more severe disabilities and adults are receiving a smaller degree of attention.

The work of feldshers in the area of livelihood and the related challenges

Experience supporting PWDs in the livelihood area was disomogeneous among the bag feldshers interviewed. Most of them seemed to focus mainly on promoting access to social protection (state pensions), and only seldom on promotion of skills development and opportunities for income generation.

²² In each Somon there should be one teacher in charge of informal education; however the CBR district coordinators observed that in many Somons this was not actually the case.

So far, feldshers reported that they had offered the following support to PWDs:

- Support in obtaining and renewing invalidity pensions (through information, referral to doctors for necessary documentation, support for preparation of paperwork);
- Support in finding jobs for PWDs who showed interest in this sense (very few), by connecting them with bag and Somon authorities, potential employers, or potential buyers of their products;
- Feldshers whose bag belonged to a Somon selected for the cattle fund by the CBR Aimag Committee (few cases) helped in the selection and supervision of beneficiary families;
- Support in accessing other opportunities outside the CBR programme, such as projects or loans offered by the Social Welfare services or international donors (especially a well known World Bank project implemented in the area);
- In very few cases, the feldsher tried to promote skills development and encouraged efforts for income generation (for example, production and marketing of dairy products).

Feldshers reported some difficulties in supporting PWDs in relation to the livelihood area:

- Lack of opportunities for economic promotion of PWDs;
- Lack of information about opportunities offered by the CBR programme. Often they remembered having heard about such opportunities at CBR training, but did not understand or remember much about their content, the selection criteria and the procedures;
- Lack of interest on the part of PWDs about opportunities in this field, unless the family has insufficient cattle to satisfy the needs of all its members;
- Focus of PWDs only on pensions and cattle.

Discussing the experience and observations of the feldshers together with the CBR coordinators, it was confirmed that the lack of interest for economic independence on the part of PWDs and their families is a key factor limiting the development of the livelihood area of CBR in rural areas.

On the one hand, it seems that families living in rural bags do not expect every member to have a specific occupation. They expect everyone to help in cattle breeding and if a person is unable to contribute like others – or even is unable to contribute at all – the family will provide for that person's needs. Therefore, salaried jobs or income generating activities are not sought, nor are skills development and financial services: if the family does not have enough animals to feed all the members, their interest will be for a loan in cattle (to the benefit of the entire family) or in social protection and assistance.

On the other hand, it should be noted that until people are informed about other opportunities, it is not possible to tell what their interest is. Most feldshers had no experience in this field and did not get enough information during CBR training, so they did not offer such opportunities to PWDs. Moreover, livelihood support under the CBR programme is organised and managed at higher levels (Aimag, Somon) and therefore rural bags are easily cut out if their feldshers do not seek them actively and with the support of Somon authorities and the CBR sub-committees.

However, it should also be noted that some more active feldshers, with stronger experience in social work, managed to involve PWDs in professional skills development and economic opportunities.

In conclusion, the study highlighted that feldshers working in rural bags may need more information and active involvement in CBR activities for the livelihood area. The weak experience that, as health workers, they have in the area of economic support, and the distance from the sections of the CBR programme managing activities in this field leads them to limit their role to personally seeking jobs for PWDs or supporting people in relation to pensions. While the appropriateness of some mechanisms for livelihood promotion under CBR in rural areas may need to be assessed with the help of local stakeholders, better and equal access to cattle funds can already be improved by reinforcing feldshers' skills and their connections with CBR committees and sub-committees.

The work of feldshers in the area of social promotion and the related challenges

Most feldshers interviewed understood that social integration of PWDs is an objective of the CBR programme, and even made it the first element of their definition of the approach and the programme. However, it also emerged that most of them did not actually understand deeply the concept of social integration and could not explain what they could personally do in this respect.

The majority of the rural bag feldshers interviewed were unable to mention any activities or forms of support that they had tried to contribute to PWDs' social integration and promotion. However, when the concept was better clarified, some examples did come up. Some feldshers reported they had implemented the social area of CBR through:

- Involvement of PWDs in social events, such as bag meetings and small festivals of culture and sports at Somon level. Here people with light disabilities were sometimes encouraged to participate in games and competitions, while people with severe disabilities were invited to come along as public;

- Organisation of events for the International Day on Disabilities;
- Encouragement of talented PWDs to study and perform arts (music, for example) in public.

According to them, the main challenge is that in rural bags the opportunities for social life are very limited. This was also confirmed by the CBR district coordinators during the final workshop; nonetheless, the latter further commented that in a context like that social integration starts at home and feldshers could play an important role in this, for example they could ensure that PWDs are not hidden or discriminated by other family members.

As we already underlined, it is not easy to assess feldshers' work terms of general support and promotion of PWDs' independence, because often they find it difficult to express clearly what they do in terms of general advice and communication. In any case, most of the feldshers themselves acknowledged they could have done better if only they had understood better the meaning of social integration and promotion, so we can assume that there is indeed room for significant improvements in this area.

In conclusion, the study suggests that support to PWDs in the social area may be a weak part of the CBR programme in rural areas, although this is at least partly linked to the general lack of opportunities for social life that characterises the rural bags. Nonetheless, the work of bag feldshers in this sense can be strengthened if more training and practical hints are provided to them.

The work of feldshers in the area of empowerment and the related challenges

The study highlighted that the feldshers did not understand the concept of empowerment. Therefore, when they were asked about this part they could not provide any examples of specific support provided to PWDs.

Nonetheless, as happened for the social area of the CBR matrix, after an initial introduction the concept become at least partly clearer and some feldshers could say something about their experience in this sense.

The experience of feldshers in empowerment of PWDs was limited:

- Only 2 feldshers (out of 16 interviewed, 12,5%) knew about the existence of Disabled People Organisations (DPOs), and 1 of them tried to involve PWDs from her bag;
- Very few mentioned efforts aimed at awareness raising about disability and rights of PWDs on occasion of the International Day on Disability;

- None mentioned self-help groups;
- None mentioned talking about empowerment to PWDs;
- None mentioned any other issues concerning empowerment of PWDs.

According to the feldshers, the reasons for such limited application of the concept of empowerment were:

- The limited knowledge and understanding of the concept of empowerment on the part of feldshers themselves. They claimed they could not understand it during CBR training or forgot it while focusing on implementing more “practical” and everyday parts of the programme;
- The lack of knowledge about DPOs and self-help groups on the part of the feldshers;
- The lack of interest and the fatalism of PWDs;
- The weak communication skills of the feldshers;

In general terms, it should be noted that the concepts of empowerment, human rights, self-determination and other similar concepts are completely new to feldshers and their initial 10 days on CBR was surely not enough to fix them in their minds.

However, as in the case of social integration, the “right” way to present the idea of empowerment and to effectively promote it depends on the specific socio-economic, political and cultural context. Therefore, it may also be possible that the same tools used in other contexts (self-help groups, DPOs) are not easily implemented in rural areas where people live scattered and meet only occasionally.

Moreover, we should notice that during the interviews, the feldshers mentioned other forms of support and promotion of PWDs that they did not associate with the idea of empowerment but somehow demonstrate their will and commitment to promoting PWDs in a broad sense.

For example, a few feldshers mentioned the importance of:

- Bringing PWDs’ needs and conditions to the attention of authorities, and make them more “visible”;
- Promoting PWD’s activeness;
- Supporting PWDs with advice and psychological support, in order to give them confidence and reduce their fatalism.

In conclusion, the study suggests that the area of empowerment may be the weakest of the CBR programme. This is mainly due to the fact that the concept of empowerment itself is completely new to the bag feldshers (who, as was said, have a health care background), and to the dispersion and limited social interaction of the population of rural bags. More training for

feldshers and a focus on the empowerment "techniques" that fit best the social and cultural context may be a way to strengthen this area of CBR.

3.3.6. Most challenging disability types according to the feldshers

According to the bag feldshers interviewed, some types of disabilities are particularly challenging. These are:

- Mental disabilities;
- Hearing and speaking disabilities (especially when congenital);
- Visual disabilities.

The main difficulties of the feldshers in dealing with such disabilities concerned **communication** and uncertainty about what could be offered to the person and his/her family.

In the case of **mental disabilities**, feldshers reported difficulties in establishing a relationship based on confidence and trust with the person, and in managing critical situations and episodes. They did not know what additional support they could offer in addition to provision of appropriate medication and some general advice to the family.

As for people with **congenital hearing and speaking problems**, feldshers felt there was almost nothing that they could do, because they did not know sign language (only 1 did) and therefore they could not communicate with the person nor help the family members to do so. They also claimed that it was impossible to include deaf children at school or promote activeness of adults with this kind of problem. In case of less severe hearing problems, however, hearing aids were provided and the feldsher would try to promote the person also in the other areas of CBR (education, livelihood, possibly social or empowerment).

Lastly, **visual disabilities** also posed a challenge to feldshers, because they did not feel confident about their communication skills in these cases.

3.3.7. Other potential challenges in the work of rural bag feldshers for the CBR programme

We have presented some general challenges posed by the work of bag feldshers in rural bags and some specific problems related to the implementation of specific CBR activities. To

conclude, we can now bring the attention to one last cross-cutting issue: the **quality of the connection between rural bag feldshers and the rest of the CBR programme**.

In general terms, the interviews with feldshers suggest that there may be a certain disconnection, or at least limited communication, between rural bag feldshers and Somon level CBR sub-committees and Aimag level CBR Committees. Except for 2 cases, CBR committees were not mentioned by the feldshers interviewed, as if these had no role in their work. Of the 2 feldshers who mentioned the Committees, 1 complained that the CBR Sub-Committee in her Somon was inactive and non-supportive, while the other 1 was a member of the Sub-Committee herself. Another feldsher showed that she was not informed about the presence of other people trained on CBR in her Somon. Overall, the feldshers showed that they implemented CBR by themselves or sought support from the Somon doctor and bag Governor, who are the people they generally collaborate with outside the CBR programme.

While our methodology does not allow for an assessment of CBR Committees and Sub-Committees (which was not part of the study objectives), the findings suggest at least that such committees may not be expressing their full potential as supporting structures for the rural bag feldshers, who showed limited understanding of the structure and functioning of the programme as a whole. If confirmed, this lack of information, support, and supervision of the rural bag feldshers may explain some of the weaknesses found in the areas of livelihood (for example the lack of information on opportunities) and empowerment (the poor understanding of the concept itself, the lack of information on DPOs).

As for other general challenges, we have already discussed the role of the **geographical context** and **lack of material resources** in relation to the work of the feldshers; these challenges were also mentioned as major difficulties also in relation to the CBR programme.

The **total workload** imposed on the rural bag feldshers by the CBR programme could potentially be a critical factor for the programme. However, as already noticed, most of the feldshers interviewed did not feel overburdened and anyhow did not see CBR as a major part of their work. However, some of them and at least 1 CBR coordinator (with experience as a bag feldsher) claimed that feldshers are actually overburdened, suggesting that this issue may deserve more attention and dedicated research.

Lastly, we can observe that most of the feldshers interviewed had been working in the same bag for many years. This suggests that their **turnover** may not be a major issue in the implementation of CBR: feldshers who are trained are likely to remain in their position, and the relationship they build with PWDs living in the bag as well is maintained if they stay the same. Periodic **skills assessment** and **refresher training** may nonetheless prove very useful,

especially in relation to the areas of activities where the feldshers are showing the greatest difficulties.

4. Conclusions

This study focused on bag feldshers in rural areas of Eastern Mongolia, and aimed to clarify their general roles and responsibilities both in general terms and in relation to the CBR programme, as well as to identify the main challenges to their work.

In the Mongolian health system and society at large, **rural bag feldshers** play a very important role. They are the community health workers, and are expected to reach the nomadic population living in the bag with outreach preventive and curative primary health care. Being the only government paid workers who come in regular contact with the population, and certainly those who have a deeper and more up-to-date knowledge about the lives of the members of the community, feldshers are considered a key resource also by the local authorities, who expect them to support and channel their contact with the entire population of the bag. In addition to this, some bag feldshers are directly involved in political life as members of local councils, or practice other forms of activism.

In the **CBR programme**, feldshers are responsible for the implementation of all the activities that imply direct contact with the beneficiaries: identification of PWDs, provision of primary health care, and support in favour of PWDs' access to other opportunities and services, such as specialist health care and opportunities in the areas of education, livelihood, social integration and empowerment, as foreseen by the CBR programme.

The general role of the feldshers does not imply working times nor a job description with well defined and limited responsibilities. The CBR programme, if fully and correctly implemented, adds a significant amount of workload to them. However, the study found that the feldshers are willing to work on it as much as it is needed, because they see it as an essential part of their role. In other words, the CBR programme is not seen by them as extra work but rather as a way to do better something that they already supposed to do: contributing to the well-being of all the bag population, paying special attention to the most "vulnerable" people.

However, the study showed that the rural bag feldshers work under significant resource **constraints** and face **challenges** of various nature, and consequently some of them may not be implementing the entire programme fully and correctly. These challenges can be broadly divided into the three groups illustrated below.

First of all, the bag feldshers working in rural areas face **challenges due to the geographical context and the lack of material resources**. Rural bags are aggregations of families living in tents scattered across large and isolated areas, usually spreading further during the winter in search for good pastures for their cattle. Each bag feldsher is expected to visit regularly all the families of the bag; people under control such as pregnant women, children, elderly people, people with specific conditions including PWDs should be visited more often. However, physical distance, weather conditions, and lack of means of transportation make this job particularly hard. Moreover, emergency calls can come at any time and force the feldsher into a long trip to reach the person in need.

In practice, opportunities for the feldsher to provide support to PWDs are limited to 2, maximum 3 home visits per year. People needing physical rehabilitation cannot be directly supervised and followed up by the feldsher, and chances are very limited also to train family members and provide extra information and support. The promotion of social integration of PWDs is particularly challenging, since the opportunities for social gatherings and communication initiatives are very limited in the bag.

Secondly, there are **challenges related to the introduction of new multi-sectoral duties among the responsibilities of the bag feldshers**. As was said, the bag feldsher are health workers. They may have some understanding of social and economic issues thanks to their experience supporting local authorities – and in some cases volunteering for local or international projects and organisations –, but most of them have very little experience providing support in this sense. Although they are not expected to directly perform any complicated tasks, they nonetheless need a broad understanding of the services available and their general organisation, in order to be able to promote them among PWDs. Opportunities in relation to the livelihood area of CBR are particularly new to the feldshers, as are the concepts and opportunities concerning social promotion and empowerment of PWDs. Promotion of inclusive education for children with disabilities is relatively easier for them to understand, but success in this area depends also on the degree of collaboration showed by school teachers and parents, therefore it requires significant communication skills and motivation on the part of the feldsher.

Thirdly, there are some **challenges related to the level of training of the feldshers and their connection with other peripheral structures of the CBR programme**. On the one hand, feldshers demonstrated to have a weak understanding of the meaning and practical implications of some areas of the CBR programme, such as economic promotion, social integration, and empowerment of PWDs. These topics were seen during CBR training, but their understanding remained too general for those feldshers that were coming totally new into social work. On the other hand, some feldshers also lacked specific knowledge of programme

activities (such as the possibility to involve PWDs into micro-projects, self-help groups, etc.) and related procedures.

Moreover, some feldshers showed that they were not totally aware of the structure and general functioning of the CBR programme, for example they did not know what other people in the Somon or Aimag had been trained on CBR and where therefore unable to build fruitful collaborations with them.

All the three groups of challenges mentioned above, and possibly others that did not emerge in the course of the study, are likely to pose **limitations** to the complete and correct **implementation** of the CBR programme in the areas studied.

First of all, it emerged that some feldshers may not have carried out complete identification surveys in their bag, possibly leading to some cases of disability going undetected. Secondly, some of them seemed to prove slow in moving from an approach based mainly on medication and general assistance to one based on rehabilitation and promotion of independence, which means that an important potential of the CBR programme is not fully put in practice. Thirdly, it emerged that some feldshers are not succeeding in promoting inclusion of PWDs in schools, partly because of the existence of practical obstacles and partly because of a limited interest and collaboration on the part of the institutions or the parents of the child. Lastly, it emerged that not all feldshers are adequately supporting PWDs in the livelihood, social, and empowerment areas of the CBR Matrix. This seems to be so partly because of the weak understanding (on the part of the feldshers) of the three concepts and the related forms of support envisaged by the programme, and partly because the concepts themselves and the related forms of support foreseen by the CBR programme may find limited applicability in the context of the rural bags of Eastern Mongolia.

Despite the existence in the CBR programme of challenges and limitations as shown above, the findings from this study suggest that the bag feldsher is the best and probably the only community worker in a position to bring the benefits of Community-Based Rehabilitation to PWDs living in rural areas. CBR work fits perfectly into the role of the bag feldshers, as it does not consist of a totally new role but rather it is a means for upgrading their work in support of the population of their bags. However, this process poses many challenges on the feldshers, who already work in hard conditions and are used to take care only of people's health.

Given the challenges highlighted in this study, it is possible to give some **general suggestions** for strengthening the CBR programme.

First of all, it seems recommendable that training of rural bag feldshers is repeated and reinforced, in particular in relation to the non-health areas of the programme and the related forms of support that they are expected to provide to PWDs. This would allow them to inform

PWDs in the bag about the existence of opportunities for vocational training, micro-projects, participation to DPOs, informal education, and other opportunities and services, and to fulfill their role of connectors between people, services and the CBR programme at different levels. Secondly, the study suggests that feldshers could improve their ability to act as connectors between people and services if they were better informed about the broader structure of the CBR programme, and if they were better connected with and supported by other levels and positions of the CBR programme.

Thirdly, in terms of specific skills needed by the feldshers to work in CBR, those that emerged as most needed are the communication skills. In particular, feldshers need better training on how to talk, communicate and generally feel confident when dealing with people with mental disabilities and people with hearing, speaking or visual disabilities. Some feldshers may also need general communication skills to deal with family members of PWDs, with school teachers or others, so that they can better promote the CBR approach and find together the best way to overcome any practical obstacles that may arise.

To conclude, we can briefly recall a short list of **issues** that emerged as requiring **further attention or investigation**, and that were not investigated in detail in the context of the present study because they were not directly related to the role of rural bag feldshers. These are:

- the issues concerning transportation and material resources needed by rural bag feldshers for a correct implementation of their work;
- the role of other people and structures in the CBR programme and their effectiveness in linking the bags with higher level structures and opportunities;
- the role of bag governors, community volunteers or other people in the bag who may play an important role in CBR due to their connection with the bag feldsher and their commitment to social work;
- the state of implementation of informal education and other services at Somon level that may be required for correct implementation of CBR;
- the appropriatedness of the present strategies for the promotion of social integration and empowerment of PWDs in the context of rural Mongolia, and eventually the possibility to develop tools that better fit such context.

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6. List of Annexes

- Annex A: CBR matrix
- Annex B: additional data on the sample of Aimags, Somons, and Bags
- Annex C – Annex 21, Order of Minister of Health No.138, May 31, 2004 and Annex of Order of Minister of Health, No. 26, 2008
- Annex D – List of health programs validated by the Resolution of Government of Mongolia
- Annex E – 10 days training module on CBR for bag fieldshers (provided by National CBR Coordinator)
- Annex F – Presentation Ulaanbataar 3 September 2010
- Annex G – Outline of questions used for semi-structured interviews with rural bag fieldshers
- Annex H – Research time plan (planned schedule and changes incurred)