


Health Sector Transition and Recovery Programme

Vocational Training to 30 Patients

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स्पाइनल इन्जरी पुनर्स्थापना केन्द्र
Spinal Injury Rehabilitation Centre
A Project of Spinal Injury Sangh Nepal

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1 Introduction

1.1 Background

The 7.8 magnitude earthquake that hit Nepal on 25 April 2015 and the multiple after-shocks that followed claimed more than 9,000 lives, left more than 23,000 people injured and destroyed over half a million homes. Fourteen districts have been identified as those most severely affected.

The DFID funded Nepal Health Sector Support Program (NHSSP) has been providing technical assistance (TA) to the Ministry of Health (MoH) and the Department of Health Services (DoHS) since 2010 to help implement the second National Health Sector Programmer (2010-15). In the aftermath of the quakes, DFID contracted Options to build on its existing program of TA support and provide further TA to support the Health Sector Recovery and Transition Programme. This programme runs until September 2016 and aims to restore essential health services, including obstetric care, family planning, and support the provision of physical rehabilitation and psychosocial support across the 14 most affected districts with a particular focus on Ramechhap, Dolakha and Sindhupalchowk districts.

1.2 Specific Background

Life after spinal cord injury (SCI) is usually painful for most victims in Nepal since many of them live below the poverty line and have poor access to quality health care services. Among the many challenges that people with SCIs face, one of the biggest is finding a reliable source of income and livelihood. In this context, people with SCIs are a very vulnerable group. It is very important that institutes and individuals working for people with disabilities make efforts to include larger numbers of women with disabilities in educational and employment-related training programmes.

The Spinal Injury Rehabilitation Centre (SIRC, Sanga, Kavre, Nepal) provides a comprehensive rehabilitation programme to people who suffer SCIs. It not only provides expert medical and therapeutic treatment but also help patients earn a living post-spinal cord injury. Through its vocational training department, training has been provided for people with spinal injuries since 2004. Sewing training, candle making, basic computer training and making handicrafts are the main types of training that have benefitted more than 500 people with disabilities.

The deliverable being reported on here supported SIRC to provide sewing training to 30 patients to make them self-dependent and learn skills for income generation. The activity aimed to build confidence among the patients that there is life even after suffering SCI. It also aimed to ultimately benefit people with SCIs to gain exposure in their communities through their skills and sales of their products.

1.3 Rationale

The vocational training here refers to the three months' basic tailoring course for 30 SCI patients. The tailoring business is a sustainable business in Nepal as it requires minimum start-up expenses and good potential for earning. Considering this, the patients who received the tailoring course at SIRC also received a package of sewing equipment upon completion of the training. This package generally included all the basic materials required to assist them to start up a tailoring business on returning home after discharge from SIRC.

1.4 Purpose and Objectives of the Assignment

The major objective of this assignment was to teach basic tailoring skills to SCI patients to enable them to live an independent life after their spinal cord injuries.

One of the main purposes of the assignment was to provide seed funding for their income generation activity.

The objectives were as follows:

- The aim of the seed funding, i.e. the vocational training package, was to enable participants to begin their businesses soon after returning home. The resulting patients' involvement and ability to support their families financially, will give them higher self-esteem. They will then tend to realize that life does not end after a spinal cord injury and they will be able to contribute to their family's income.
- Their confidence will be built and they can set an example by proving themselves to lead an independent life by earning their own incomes.
- Similarly, the family will be assured with regard to the health of the patients and income being generated.

1.5 Activities

- Train patients to stitch and sew clothes within the three months period.
- Provide a sewing package to the patients and motivate them to start a business on their own.
- Document capacity development of training participants by measuring improvements in their knowledge, skill and confidence at the start and end of the vocational training programme.
- Develop ways for community based rehabilitation (CBR) workers to assess the trained patients' capacities to generate incomes and support challenges that arise where possible.
- Collect feedback from trainees regarding the usefulness of the training.
- Document lessons learned by training facilitators to improve the delivery of future training programmes for SCI patients that offer viable methods of income generation in their communities.

1.6 Intended Outcomes

a) To provide training facilities that can be accessed by people with disabilities.
b) To promote the independence and self-esteem of people with SCIs through income generation activities.
c) To translate their training into economic activities thereby promoting reintegration into their communities and uplifting their living standards.
d) To improve post-discharge acceptance by family and financial support to their families.
e) To motivate SCI patients towards living a better life.
f) To help people with an SCI to contribute to their families and society.

2 Training Process

2.1 Selection of SCI Patients for Sewing Training

The training began with the identification of SCI patients to take part in the sewing training and subsequently open a related business. Such patients needed to be capable of physically operating a sewing machine. Basic educational qualifications were an added advantage for training participants. The financial condition of potential participants was also examined, and above all patients' motivation levels on taking the training were taken into account.

2.2 Sewing Training

At first, the patient trainees were provided with an introduction to sewing. An explanation was made on the wonderful feeling of pride while creating something yourself and the fact that sewing opens up a world of opportunities to express one's creative side and involve oneself in a regular way. Likewise, having good sewing equipment makes a big difference to the sewing experience. So, the trainees were given knowledge regarding the sewing equipment and tools and how to use them. They were taught about the mechanics of using a sewing machine and how to handle it properly. A basic sewing training manual was used to train the trainees.

During the initial sessions, the patients were trained to do hand-related works like putting on buttons, making button holes and stitching by hand. Once they reached a good standard of hand work, they were trained to use a sewing machine. They were taught to sew straight and in curved lines. Once they learned to sew confidently, they were given various patterns to follow. Initially, they practiced on paper, and as they got more confident in cutting and sewing the paper drafts; the coach

helped them sew cloth pieces. During the training period the trainees learned to sew baby diapers, baby aprons, baby caps, baby shirts, petticoats, vests, simple frocks, baby frocks, maxis, Nepali bhotos (vests), trousers, kurtas, pant shape trousers, Punjabi shape trousers, Chudidaar trousers, blouses, ladies shirts, gents shirts and gents pants.

2.3 Distribution of Sewing Packages

Once the trainees completed their training sessions and were able to sew the above clothes, they were given a training certificate and sewing package. The package generally consisted of all the materials required for the start-up business of sewing. It basically included a sewing machine, scissors, iron, ironing table, cupboard, and unstitched clothes and sewing accessories like threads, sewing machine oil and needles.

3 Analysis

3.1 Course Details and Trainee Profiles

The training was run between April 2015 and June 2016.

The three month packages were delivered at SIRC during working hours and after patient therapies were completed. This meant that more than three hours of knowledge and skills transfer took place each day between trainers and trainees.

A total of 30 patients (63% female and 37% males) took part in the vocational training. These individuals ranged from 18 to 69 years old.

The majority of patients had a lumbar level injury (63%), followed by thoracic injury (20%).

3.2 Employment History

The previous employment of patients provided a contextual background to their experience and skill sets. Fifty percent of the trainees had earned their incomes from agriculture. Others were engaged in a range of different occupations such as tailoring, labouring and the law while several had been students.

3.3 Caretaker Involvement

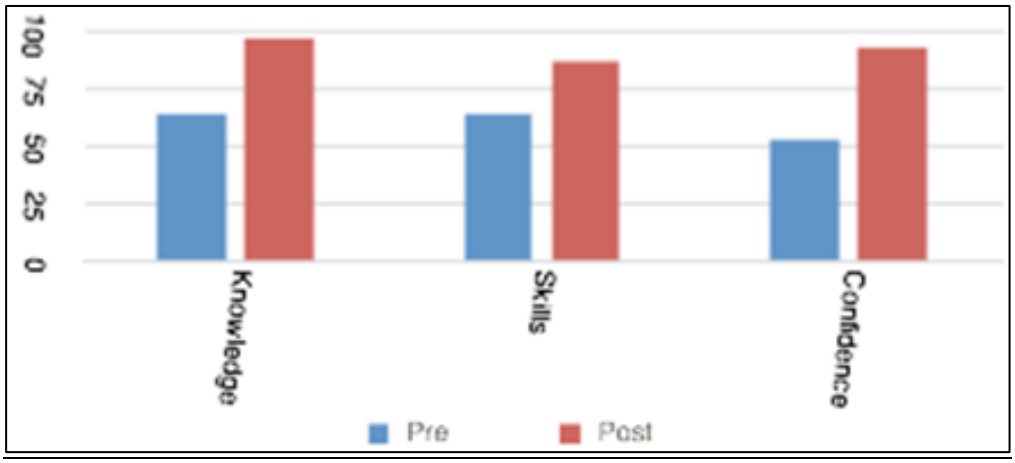
As a result of the serious injuries suffered by some of the trainees, five caretakers undertook the training on their behalf. This included three daughters and two wives of patients who had lesions that prevented them from completing the training and the intricacies associated with cutting and sewing. The intention to include caretakers for this type of patient was to improve the financial status of families with a person with a SCI.

3.4 Pre and Post Training Findings

Three indicators were selected for use in the monitoring and evaluation to track outcomes and changes resulting from participation in the vocational training programme. These were trainee knowledge, skill and confidence in sewing and sewing-related activities. Figure 1 illustrates the improvements recorded after training. This data was collected from pre and post self-rated tests on these indicators.

Percentage comparisons between each indicator show that participants reported the greatest improvement in terms of confidence in sewing (50%) by the end of the training. This was followed by 33% saying they had increased their knowledge and a 23% improvement in skills from the start of the training. This was further confirmed by trainers who stated that 90% of participants showed a keen interest throughout the training, 93% had improved their skills in sewing and that the majority of participants (87%) would be able to carry out this type of business after discharge.

Figure 1: Pre and post knowledge, skills and confidence



3.5 Follow up Findings

Follow up interviews were carried out in order to explore the impact of the vocational training package provided to patients and caretakers at SIRC between July 2015 and July 2016. This was conducted by phone in 74% of cases and through home visits for the other cases (26%). Questions were asked to assess the degree of viability of implementing their sewing skills and using them to generate an income for themselves and their families. The following questions were asked:

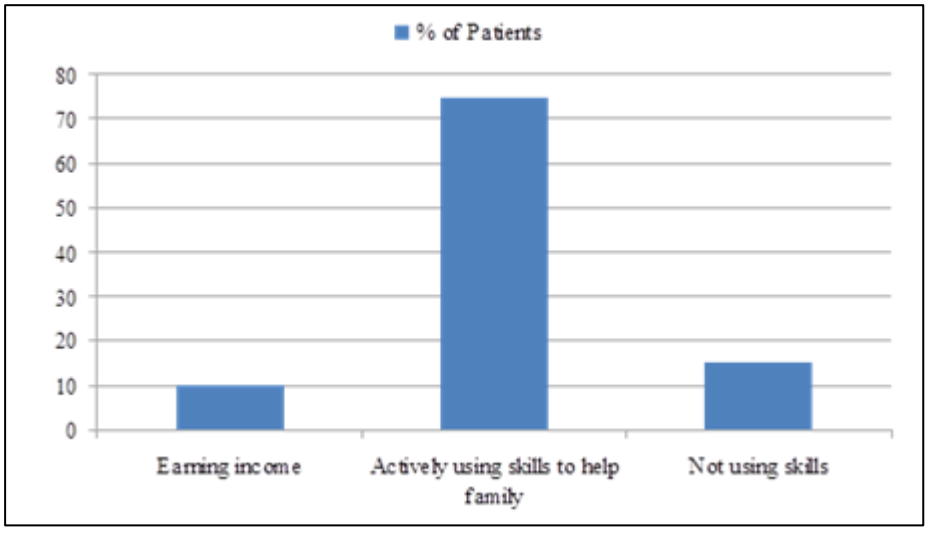
1. What have you been doing in terms of work since leaving SIRC?
2. To what extent was has sewing training and vocational training package provided been useful in helping you get work and how are you using it?
3. If not (to the above question), why not? What were the major barriers and challenges?
4. If you have been able to get a job or make income from sewing-related activities, what have been the challenges and what have been the easier parts?
5. Can you give us an approximate idea of how much you earn from this work on a monthly basis In Nepali rupees.
6. If you earn income from other activities that are nothing to do with sewing, can you say what this job or activities are and approximately how much you earn monthly from these other activities?
7. What is the main source of income of your family?
8. Who is the main income earner in your family?
9. If you are in a tailoring business, what kinds of customers generally come to you?
10. In your viewpoint, what are the requirements for making good earnings from the tailoring business?
11. Provide your suggestions to improve future SIRC sewing training programmes?
12. How much support do you receive from your family?
13. Does your family motivate you to work independently and become active in your community?
14. What other types of training do you feel would increase the chance of patients getting jobs or earning an income to live independently in their communities?

3.6 Application of Vocational Training Packages

3.6.1 Job types

While participants predominantly cited 'household duties' as their main type of activity since leaving SIRC, there were three patients who had directly engaged in tailoring services from which they were generating an income. Figure 2 illustrates the use of their sewing skills either for direct income earning, indirect income earning (by reducing family bills through mending and making clothes for family members) and those who were not able to use the skills in any way. The making and repairing of clothes for relatives and family members means reduced expenditure on these items that would normally have to be sent out of the house to a tailor. This is an indirect method of income earning for families through reduced spending on new clothes and clothing repairs.

Figure 2: Utilisation of sewing skills after discharge



3.6.2 Utilization of skills

When asked in follow up interviews how they had used the skills they acquired at the SIRC vocational training in sewing and tailoring, 90% reported not having the confidence or opportunity to meaningfully apply this knowledge to obtain work or initiate their own businesses. Individual reasons related to lack of confidence and efficacy in sewing were seen as barriers by patient trainees who reported lack of self-assurance to be able to publicly offer a tailoring service to people in their communities. There was a reticence to set up tailoring businesses as they can be affected by a lack of market demand, the geographical dispersion of villages, low population densities in rural areas and limited accessibility to local markets for selecting and purchasing materials.

Participants reported the need for more advanced training to provide a greater spectrum of the capacities required for running a tailoring business. The trainers believed this is true and is linked to concerns around the stigma attached to disability in communities. They suggested that the reluctance of patients and the lack of confidence to offer services to the general public might be explained by any complaints about their work being blamed on their disability rather than their tailoring skills. The trainers believed that if a member of a community got a piece of clothing made by a 'disabled' tailor and it was not high enough quality, it would compound the negative perceptions associated with persons with a disability. This explains how trainees could be reluctant to start this kind of tailoring work and could well explain why many trainees reported low levels of confidence pursuing sewing as a business.

3.6.3 **Income generation**

Ten percent of trainees said that they were currently engaged in a tailoring business that was generating income ranging from 2000–7000 Nepali rupees per month. For the remaining participants, the main source of income was reported to be from farming through the activities of other family members and not themselves. This meant that husbands, brothers, fathers, wives and other family members were providing financial support through agriculture or other types of work.

3.6.4 **Driving forces for tailoring businesses**

The participants said that the following things were necessary for a tailoring business to get established and be successful:

- Marketing skills
- Advanced sewing skills
- Quality materials
- Confidence in measuring and sewing
- Quality sewing machines
- Good market opportunities
- Strong financial background
- Experience tailoring and sewing.

3.7 Suggestions for future training

The trainees considered what might increase their chances of getting work or living independently in their communities.

Trainees' main suggestions were:

- provide an advanced tailoring course up to diploma level
- longer duration of basic training course up to 6 months.

A number of different vocational pathways were suggested for people living with SCIs including:

- electronic repairs
- computer training
- secretariat skills.

4 REFLECTIONS AND LESSONS LEARNED

4.1 Trainer Reflections

Although trainees were directly supervised for the essential components of tailoring such as measuring, cutting and sewing, they encountered some challenges which were beyond their control. For example, the sewing machines' reliance on electricity was hampered by the extensive power cuts. This punctuated the training schedules and interrupted a consistent learning environment.

Individual barriers were based around the numeracy levels of some trainees. This translated into difficulties when calculating measurements of garments to suit different shapes and sizes of garments. This entailed trainers having to direct time and efforts into supporting participants on basic numeracy skills so they would have the capacity to apply to tailoring.

Upon receipt of the follow up information from patients who took vocational training, the trainers reflected on the challenges and successes reported at these interviews. In the main, trainers were confident that participants had gained the correct skill set to work on sewing and tailoring. The greatest concerns they had was the sparse populations of potential customers in some trainees' home areas, especially for patients living in very rural settings. This would make a tailoring business non-viable. However, the trainers recognized the value of sewing skills for household use for making and mending family clothes, which reduces spending for these purposes.

Looking forward, the trainers suggested it would be very beneficial for participants if apprenticeships or internships were offered following completion of the training. This could coincide with the time of discharge, or if their health status permitted it, an allotted time to leave SIRC during the day to attend such an opportunity nearby. By doing so, the gap between knowledge, practice and confidence could be bridged and supported to improve the likelihood of setting up a business or working as an employee in a similar context. This would also offer the opportunity to acquire business knowledge about the day-to-day requirements for business operations and sustainability, which is beyond the boundaries of a sewing skill set.

4.2 Lessons Learned

The following lessons learned have been learned from the perspectives of trainers and trainees:

1. The duration of the training programme should be extended to afford participants the opportunity to further develop basic and advanced skills necessary for income generation from sewing and tailoring.
2. Apprenticeships or internships should be made a formal part of such training programmes to build the confidence and experience of trainees through practice at an established workplace.
3. Business skills, including marketing and financial management, should be taught alongside practical sewing techniques.
4. The geographical location of trainees' home areas should be considered when offering patients a vocational pathway that is likely to offer a realistic route to income generation.

ANNEX 1: CASE STUDIES OF PATIENTS WHO TOOK SEWING TRAINING AT SIRC

Case 1: Kamala Timilsina

Address – Sindhupalchok
Mode of Injury – Earthquake
Diagnosis – L3

Ms Kamala Timilsina is a 31 year old woman. She was injured at the time of the massive earthquake while she was praying at church on 25 April 2015. After some hours, she was taken to Dhulikhel Hospital and after getting primary treatment there she was referred to SIRC. After a week SIRC referred Ms Timilsina to Kathmandu Medical College (KMC) for surgical management. After her surgical management she came back to SIRC for rehabilitation. She stayed at SIRC for 166 days. In between she was involved in physiotherapy and occupational therapy sessions with regular medication and psychological counselling. Beside that she was provided with a wheelchair, walker, knee ankle foot orthotic (KAFO) and a toilet chair. After getting all these facilities, she went back home.

Her case was followed-up by CBR staff. She was a little depressed at the time of follow-up so she was referred for tailoring training in SIRC's vocational department. After some session of tailoring training she was discharged with the vocational tailoring package.

Nowadays she is using her new skills and is tailoring. She is earning some money from her new skills. She is doing tailoring and household chores and hence is no longer depressed as she is keeping herself busy. She is living happily with her family and is glad she is able to support her family financially.

	
Kamala during follow up with CBR worker	Kamala with vocational package at her home

Case 2: Hari Kumar Nepali
Mode of injury: Earthquake
Address: Sindhupalchowk
Diagnosis: # T11-12

Mr Hari Kumar Nepali was worker as a tailor. Life was going well for him and his family until he sustained a spinal cord injury during the massive earthquake that took place on 25 April 2016. Mr. Nepali was carried to a hospital and his case was conservatively managed. Then he was referred to SIRC for comprehensive rehabilitation. He stayed at SIRC for three months receiving comprehensive rehabilitation and then went back home.

At the time of follow up by the CBR, he was not living successfully in financial terms. He had tailoring knowledge but he didn't have a tailoring machine as it was buried under his house that had collapsed during the earthquakes. He was doing nothing which was the main cause of his depression.

He was followed up by SIRC's community-based rehabilitation staff. The CBR staff referred him for vocational rehabilitation at SIRC. He came to SIRC and after admission at SIRC received further vocational training and vocational package of tailoring.

Nowadays, he and his wife are engaged in a small tailoring business. They are happy and dreaming of further success. Their income has increased and they are able to maintain their living standard from their tailoring business.

	
Mr Nepali with CBR worker at the time of home visit.	Mr Nepali sewing clothes with machine provided by SIRC