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Haq, Z., & Hafeez, A. (2009). Knowledge and communication needs assessment of community health workers in a developing country: a qualitative study. *Human Resources for Health*, 7(1), 59.

Hartley, S., Nganwa, A., & Kisanji, J. (2002). Professionals' participation in CBR programmes. *Community-Based Rehabilitation (CBR) as a Participatory Strategy in Africa*.

Hartley, S., Finkenflugel, H., Kuipers, P., Thomas, M. (2009). Community-based rehabilitation: opportunity or challenge, *The Lancet*, 374 (3704):1803-1804.

Harvey, S. A., Jennings, L., Chinyama, M., Masaninga, F., Mulholland, K., & Bell, D. R. (2008). Improving community health worker use of malaria rapid diagnostic tests in Zambia: package instructions, job aid and job aid-plus-training. *Malaria Journal*, 7(1), 160.

Hill, Z., Dumbaugh, M., Benton, L., Källander, K., Strachan, D., Ten Asbroek, A., & Meek, S. (2014). Supervising community health workers in low-income countries—a review of impact and implementation issues. *Global Health Action*, 7.

Hugo, J. (2005). Mid-level health workers in South Africa: not an easy option: human resources. *South African Health Review*, p-148.

International consultation to review community-based rehabilitation (CBR). Geneva, World Health Organization, 2003. Retrieved on August 9, 2014, from [http://whqlibdoc.who.int/hq/2003/who\\_dar\\_03.2.pdf](http://whqlibdoc.who.int/hq/2003/who_dar_03.2.pdf)

International Labour Organisation, United Nations Educational, Scientific and Cultural Organisation, World Health Organization. CBR: A strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities. Joint Position Paper 2004. Geneva, World Health Organization, 2004. Retrieved on August 18, 2014, from [www.who.int/disabilities/publications/cbr/en/index.html](http://www.who.int/disabilities/publications/cbr/en/index.html)

Jaskiewicz, W., & Tulenko, K. (2012). Increasing community health worker productivity and effectiveness: a review of the influence of the work environment. *Human Resources for Health*, 10(1), 38.

Jenkins, R., Othieno, C., Okeyo, S., Aruwa, J., Kingora, J., & Jenkins, B. (2013). Health system challenges to integration of mental health delivery in primary care in Kenya-perspectives of primary care health workers. *BMC Health Services Research*, 13(1), 368.

Jenkins, R., Othieno, C., Okeyo, S., Aruwa, J., Wallcraft, J., & Jenkins, B. (2012). Exploring the perspectives and experiences of health workers at primary health facilities in Kenya following training. *Int J Mental Health Syst*, 7(1), 6.

Johnson, G. J., & Foster, A. (1990). Training in community ophthalmology. *International Ophthalmology*, 14(3), 221-226.

Johnson, D., Saavedra, P., Sun, E., Stageman, A., Grovet, D., Alfero, C., Maynes, C., Skipper, B., Powell, W., Kaufman, A. (2011). Community Health Workers and Medicaid Managed Care in *New Mexico Journal of Community Health*, 2012 Jun; 37 (3): 563-71.

Kane, S. S., Gerretsen, B., Scherpbier, R., Dal Poz, M., & Dieleman, M. (2010). A realist synthesis of randomised control trials involving use of community health workers for delivering child health interventions in low and middle income countries. *BMC Health Services Research*, 10(1), 286.

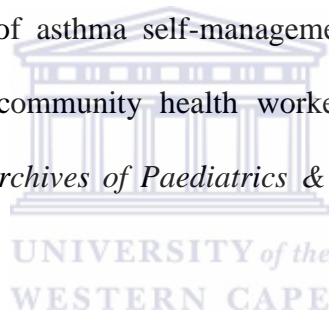
Khasnabis, C., Heinicke, M. K., Achu, K., Al Jubah, K., Brodtkorb, S., Chervin, P., & Lander, T. (2010). Community-based rehabilitation: CBR guidelines. World Health Organization. Retrieved on October 12, 2014, from <http://www.ncbi.nlm.nih.gov/pubmed/26290927>

Kok, M. C., & Muula, S. (2013). Motivation and job satisfaction of health surveillance assistants in Mwanza, Malawi: an explorative study. *Malawi Medical Journal*, 25(1), 5-11.

Kolb, A. Y., & Kolb, D. A. (2005). Learning styles and learning spaces: Enhancing experiential learning in higher education. *Academy of Management Learning and Education*, 4(2), 193-212.

Kolb, D. A., & Boyatzis, R. E., & Mainemelis, C. (1999). Experiential learning theory: Previous research and new directions. In R. J. Sternberg and L. F. Zhang (Eds.), *Perspectives on Cognitive Learning, and Thinking Styles*. New Jersey: Lawrence Erlbaum.

Krieger, J., Takaro, T. K., Song, L., Beudet, N., & Edwards, K. (2009). A randomized controlled trial of asthma self-management support comparing clinic-based nurses and in-home community health workers: the Seattle–King County Healthy Homes II Project. *Archives of Paediatrics & Adolescent Medicine*, 163(2), 141-149.



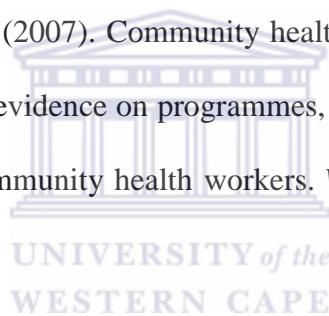
Lassi, Z. S., Cometto, G., Huicho, L., & Bhutta, Z. A. (2013). Quality of care provided by mid-level health workers: systematic review and meta-analysis. *Bulletin of the World Health Organization*, 91(11), 824-833.

Latham, M. (1965). Human Nutrition in Tropical Africa. A Textbook for Health Workers with special reference to Community Health Problems in East Africa. Human Nutrition in Tropical Africa. A Textbook for Health Workers with special reference to Community Health Problems in East Africa.

Lehmann, U. (2008). Mid-level health workers. The state of the evidence on programmes, activities, costs and impact on health outcomes. A literature review. *Department of Human Resources for Health: Geneva*. Retrieved on September 13, 2013, from [http://www.who.int/hrh/MLHW\\_review\\_2008.pdf](http://www.who.int/hrh/MLHW_review_2008.pdf)

Lehmann, U., Friedman, I., & Sanders, D. (2004). Review of the utilisation and effectiveness of community-based health workers in Africa. *Global Health Trust, Joint Learning Initiative on Human Resources for Health and Development (JLI), JLI Working Paper, 4-1*.

Lehmann, U., & Sanders, D. (2007). Community health workers: What do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using community health workers. *World Health Organization, 2, 1-42*.



Lehmann, U., Van Damme, W., Barten, F., & Sanders, D. (2009). Task Shifting: the answer to the human resources crisis in Africa?. *Human Resources for Health, 7(1), 49*.

Lemmi, V., Kuper, H., Blanchet, K., Kumar, S., Hartley, S., Murthy, G. V. S., & Weber, J. (2013). Community Based Rehabilitation for People With Disabilities in Low and Middle Income Countries.

Lewin, S. A., Babigumira, S. M., Bosch-Capblanch, X., Aja, G., Van Wyk, B., Glenton, C., & Daniels, K. (2006). Lay health workers in primary and community health care: A systematic review of trials. Geneva: World Health Organization.

Lincoln, Y. S., & Guba, E. G. (1985). Establishing trustworthiness. *Naturalistic inquiry*, 289, 331.

Lorenzo, T. (1994). The identification of continuing education needs for community rehabilitation workers in a rural health district in the Republic of South Africa in *International Journal of Rehabilitation Research* 17, 241-250.

Lorenzo, T. (1996). Winds of Change-What has happened to the National Rehab Policy? Paper presented at National CBR Conference, 21-23 November 1996. Pretoria.



Lorenzo, T. (2012). Marrying the Community Development and Rehabilitation: Reality or Aspiration for Disabled People.

Lund, F. (2010). Hierarchies of care work in South Africa: Nurses, social workers and home-based care workers. *International Labour Review*, 149(4), 495-509.

Lundgren-Lindquist, B., & Nordholm, L. A. (1996). The impact of community-based rehabilitation as perceived by disabled people in a village in Botswana. *Disability & Rehabilitation*, 18(7), 329-334.

Lysack, C., & Krefting, L. (1993). Community-based rehabilitation cadres: their motivation for volunteerism. *International Journal of Rehabilitation Research*, 16(2), 133-142.

MacLachlan, M., Khasnabis, C., & Mannan, H. (2012). Inclusive health. *Tropical Medicine & International Health*, 17(1), 139-141.

MacLachlan, M., Mannan, H., & McAuliffe, E. (2011). Staff skills not staff types for community-based rehabilitation. *The Lancet*, 377(9782), 1988-1989.

Mannan, H., Boostrom, C., MacLachlan, M., McAuliffe, E., Khasnabis, C., & Gupta, N. (2012). A systematic review of the effectiveness of alternative cadres in community based rehabilitation. *Human Resources for Health*, 10(1), 20.

Mannan, H., & Turnbull, A. P. (2007). A review of community based rehabilitation evaluations: quality of life as an outcome measure for future evaluations. *Asia Pacific Disability Rehabilitation Journal*, 18(1), 29-45.

Marquez, L., & Kean, L. (2002). Making supervision supportive and sustainable: new approaches to old problems.

Martin, G. P., Peet, S. M., Hewitt, G. J., & Parker, H. (2004). Diversity in intermediate care. *Health & Social Care in the Community*, 12(2), 150-154.

Martinez, J., Ro, M., Villa, N. W., Powell, W., & Knickman, J. R. (2011). Transforming the Delivery of Care in the Post-Health Reform Era: What Role Will Community Health Workers Play?. *American Journal of Public Health, 101*(12).

Mathews, C., & Barron, P. (1994). A shotgun marriage—community health workers. *South African Medical Journal, 84*, 659-663.

Mauro, V., Biggeri, M., & Grilli, L. (2015). Does Community-based Rehabilitation Enhance the Multidimensional Well-Being of Deprived Persons With Disabilities? A Multilevel Impact Evaluation. *World Development, 76*, 190-202.

Mauro, V., Biggeri, M., Deepak, S., & Trani, J. F. (2014). The effectiveness of community-based rehabilitation programmes: an impact evaluation of a quasi-randomised trial. *Journal of Epidemiology and Community Health, 68*(11), 1102-1108.

Mckenzie, J., Braswell, B. (2010). Q Method Workshop, July 13-14. University of Cape Town, School of Health and Rehabilitation Sciences: Division of Physiotherapy.

Mckenzie, J., Braswell, B., Jelsma, J., & Naidoo, N. (2011). A case for the use of Q-methodology in disability research: lessons learned from a training workshop. *Disability and Rehabilitation, 33*(21-22), 2134-2141.

McKeown, B. F., & Thomas, D. B. (1988). Q methodology Quantitative applications in the *Social Sciences Series*, vol. 66.

McKeown, B., & Thomas, D. B. (2013). Q methodology (Vol. 66). *Sage Publications*.

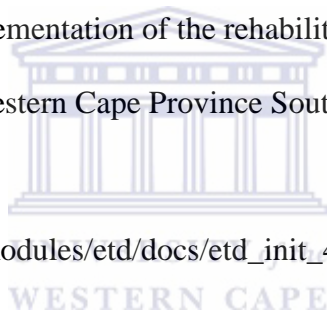
Merriam, S. B. (2002). Introduction to qualitative research. *Qualitative research in practice: Examples for discussion and analysis, 1*, 1-17.

Merriam, S. B. (2014). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.

Milner, P., & Kelly, B. (2009). Community participation and inclusion: people with disabilities defining their place. *Disability & Society, 24*(1), 47-62.

Misbach, S. (2004). The implementation of the rehabilitation service package in the Metropole Health District, Western Cape Province South Africa. Retrieved on April 20, 2014, from

[http://etd.uwc.ac.za/usrfiles/modules/etd/docs/etd\\_init\\_4624\\_1176816743.pdf](http://etd.uwc.ac.za/usrfiles/modules/etd/docs/etd_init_4624_1176816743.pdf)



Mitchell, R. (1999). The research base of community-based rehabilitation. *Disability & Rehabilitation, 21*(10-11), 459-468.

Mitchell, R. (1999). Community-based rehabilitation: the generalized model. *Disability & Rehabilitation, 21*(10-11), 522-528.

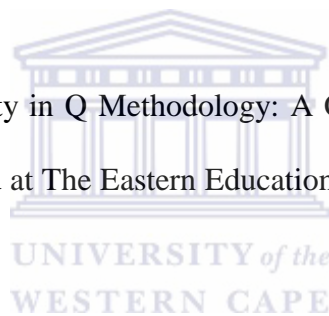
Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250.

Motsch, H. (2008). The participatory development of international guidelines for CBR. *Leprosy Review*, 79, 17-29.

Mukanga, D., Babirye, R., Peterson, S., Pariyo, G. W., Ojiambo, G., Tibenderana, J. K., & Kallander, K. (2011). Can lay community health workers be trained to use diagnostics to distinguish and treat malaria and pneumonia in children? Lessons from rural Uganda. *Tropical Medicine & International Health*, 16(10), 1234-1242.

Mullan, F., Frehywot, S., (2007) Non-physician clinicians in 47 sub-Saharan African countries. *The Lancet*, 370(9605).

Nicholas, J. (2011). Reliability in Q Methodology: A Case Study. The University of Akron Akron, Ohio Presented at The Eastern Education Research Association Annual Conference Sarasota.



Newman, I., & Ramlo, S. (2010). Using Q methodology and Q factor analysis in mixed methods research. *Sage Handbook of Mixed Methods in Social and Behavioural Research*, 505-530.

Nkonki, L., Cliff, J., & Sanders, D. (2011). Lay health worker attrition: important but often ignored. *Bulletin of the World Health Organization*, 89(12), 919-923.

Othieno, C., Jenkins, R., Okeyo, S., Aruwa, J., Wallcraft, J., & Jenkins, B. (2013). Perspectives and concerns of clients at primary health care facilities involved in

evaluation of a national mental health training programme for primary care in Kenya. *International journal of mental health systems*, 7, 5.

O'Toole, B. (1988). A community-based rehabilitation programme for preschool disabled children in Guyana. *International Journal of Rehabilitation Research*, 11(4), 323-334.

Patel, S., Alavi, Y., Lindfield, R., & Kuper, H. (2013). The impact of rehabilitative services in the lives of adults and children with disabilities, in low-income and middle-income countries: an assessment of the quality of the evidence. *Disability and Rehabilitation*, 35(9), 703-712.

Paterson, J., Boyce, W., & Jamieson, M. (1999). The attitudes of community based rehabilitation workers towards people with disabilities in south India. *International Journal of Rehabilitation Research*, 22(2), 85-92.

Perez, F., Ba, H., Dastagire, S. G., & Altmann, M. (2009). The role of community health workers in improving child health programmes in Mali. *BMC International Health and Human Rights*, 9(1), 28.

Pérez, L. M., & Martinez, J. (2008). Community health workers: social justice and policy advocates for community health and well-being. *American Journal of Public Health*, 98(1), 11.

Perry, H., & Zulliger, R. (2012). How effective are community health workers. An overview of current evidence with recommendations for strengthening community health worker programs to accelerate progress in achieving the health-related Millennium Development Goals.

Perry, H. B., Zulliger, R., & Rogers, M. M. (2014). Community health workers in low-, middle-, and high-income countries: an overview of their history, recent evolution, and current effectiveness. *Annual review of public health*, 35, 399-421.

Popovich, K., & Popovich, M. (2000). Use of Q methodology for hospital strategic planning: a case study. *Journal of Healthcare Management / American College of Healthcare Executives*, 45(6), 405-414.

Powell, B. A., Mercer, S. W., & Harte, C. (2002). Measuring the impact of rehabilitation services on the quality of life of disabled people in Cambodia. *Disasters*, 26(2), 175-191.

Risdon, A., Eccleston, C., Crombez, G., & McCracken, L. (2003). How can we learn to live with pain? A Q-methodological analysis of the diverse understandings of acceptance of chronic pain. *Social Science & Medicine*, 56(2), 375-386.

Rosenbaum, P., & Stewart, D. (2004, March). The World Health Organization International Classification of Functioning, Disability, and Health: a model to guide clinical thinking, practice and research in the field of cerebral palsy. In *Seminars in Paediatric Neurology* (Vol. 11, No. 1, pp. 5-10). WB Saunders.

Rule, S. (2008). Towards a critical curriculum for mid-level community-based rehabilitation training in South Africa. Unpublished PhD thesis University of Kwazulu Natal.

Rule, S. (2013). Training CBR Personnel in South Africa to contribute to the Empowerment of Persons with Disabilities. *Disability, CBR & Inclusive Development*, 24(2), 6-21.

Rule, S., Lorenzo, T., Wolmarans, M., Watermeyer, B., Swartz, L., Lorenzo, T., and Priestley, M. (2006). Community-based rehabilitation: new challenges. *Disability and Social Change: A South African Agenda*, 273-290.

Saha, P. C., & Habib, M. M. (2013). Community based rehabilitation: Does it really improve the level of productivity among persons with physical disabilities?. Work (Reading, Mass.).

Schmolck, P., & Atkinson, J. (2002). PQMethod (version 2.11). Computer software]. Retrieved on November 5, 2014, from <http://schmolck.userweb.mwn.de/qmethod>.

Schmolck, P., & Atkinson, J. (2010). PQMethod software and manual. Retrieved on November 5, 2014, from <http://schmolck.userweb.mwn.de/qmethod/pqmanual.htm>

Schmolck, P. (2002). PQMethod Manual. Location of most recent version: Retrieved on November 6, 2014, from <http://www.rz.unibw-muenchen.de/~p41bsmk/qmethod/pqmanual.htm>.

Schmolck, P., & Atkinson, J. (2002). PQMethod 2.11. Retrieved on 12 November, 2014, from <http://schmolck.userweb.mwn.de/qmethod/>

School of Public Health Faculty of Community and Health Sciences Report of Activities 2005-2006. Retrieved on March 2, 2014, from <https://www.uwc.ac.za/Faculties/CHS/soph/Pages/Resources.aspx>

Schneider, M. (2009). The difference a word makes: responding to questions on 'disability' and 'difficulty' in South Africa. *Disability and Rehabilitation*, 31(1), 42-50.

Sharma, M. (2007). Community participation in community-based rehabilitation programmes. *Asia Pacific Disability Rehabilitation Journal*, 18(2), 146-157.

Sharma, M., Deepak, S. (2001). A participatory evaluation of community-based rehabilitation programme in North Central Vietnam. *Disability and Rehabilitation*. 23(8), 252-258.

Sharma, M., & Deepak, S. (2002). A case study of the Community Based Rehabilitation Programme in Mongolia. *Asia Pacific Disability and Rehabilitation Journal*, 13(1).

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.

Standing, H., & Chowdhury, A. M. R. (2008). Producing effective knowledge agents in a pluralistic environment: What future for community health workers?. *Social Science & Medicine*, 66(10), 2096-2107.

Statistics, S. A. (2003). Labour force survey. *Pretoria: Statistics SA*.

Steiner, A. (2001). Intermediate care—a good thing?. *Age and Ageing*, 30(suppl 3), 33-39.

Stekelenburg, J., Kyanamina, S. S., & Wolffers, I. (2003). Poor performance of community health workers in Kalabo District, Zambia. *Health Policy*, 65(2), 109-118.

Stenner, P., Cooper, D. & Skevington, S.M. (2003). Putting the Q into quality of life; the identification of subjective constructions of health-related quality of life using Q methodology. [Electronic Version]. *Social Science and Medicine*, 57, 2161 – 2172.

Stenner, P. & Watts, S. (2005). The subjective experience of partnership love: A Q Methodology study. *British Journal of Psychological Society* (5) 44, 85-107

Stenner, P., Watts, S., Worrell, M. (2007). Q Methodology. In: *The Sage Handbook of Qualitative Research in Psychology* 213-239.

Strachan, D. L., Källander, K., Asbroek, A. H., Kirkwood, B., Meek, S. R., Benton, L., & Hill, Z. (2012). Interventions to improve motivation and retention of community health workers delivering integrated community case management (ICCM):

stakeholder perceptions and priorities. *The American Journal of Tropical Medicine and Hygiene*, 87(5 Suppl), 111-119.

Swider, S.M. (2002). Outcome Effectiveness of Community Health Workers: An Integrative Literature Review in *Public Health Nursing*, 19(1):11-20.

Taukobong, N. (1999). The role of the community based rehabilitation worker within the primary health care service of the Odi District. *South African Journal of Physiotherapy*, 55(1), 19-22.

The relevance of the International Classification of Functioning, Disability and Health (ICF) in monitoring and evaluating Community-based Rehabilitation (CBR) (PDF)  
Retrieved on November 1, 2015 from  
[https://www.researchgate.net/publication/255953767\\_The\\_relevance\\_of\\_the\\_International\\_Classification\\_of\\_Functioning\\_Disability\\_and\\_Health\\_%28ICF%29\\_in\\_monitoring\\_and\\_evaluating\\_Community-based\\_Rehabilitation\\_%28CBR%29](https://www.researchgate.net/publication/255953767_The_relevance_of_the_International_Classification_of_Functioning_Disability_and_Health_%28ICF%29_in_monitoring_and_evaluating_Community-based_Rehabilitation_%28CBR%29)

Thompson, M. J., Huntington, M. K., Hunt, D. D., Pinsky, L. E., & Brodie, J. J. (2003). Educational effects of international health electives on US and Canadian medical students and residents: a literature review. *Academic Medicine*, 78(3), 342-347.

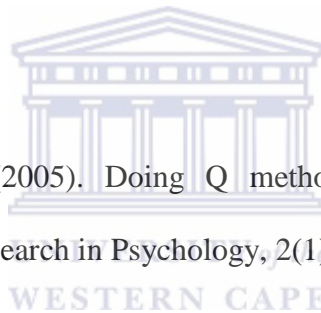
Thomas, M., Thomas, M.J. (1999). A discussion on the shifts and changes in community-based rehabilitation in the last decade in *Neurorehabilitation and Neural Repair* 13: 185-189.

Tulenko, K., Mgedal, S., Afzal, M. M., Frymus, D., Oshin, A., Pate, M., & Zodpey, S. (2013). Community health workers for universal health-care coverage: from fragmentation to synergy. *Bulletin of the World Health Organization*, 91(11), 847-852.

Van Exel, J., De Graaf, G. (2005). Q methodology: A sneak preview. Retrieved on February 3, 2014, from <http://qmethod.org/articles/vanExel.pdf>

Viswanathan, M., Kraschnewski, J., Nishikawa, B., Morgan, L. C., Thieda, P., Honeycutt, A., & Jonas, D. (2009). Outcomes of community health worker interventions.

Watts, S., & Stenner, P. (2005). Doing Q methodology: theory, method and interpretation. *Qualitative Research in Psychology*, 2(1), 67-91.



Webler, T., Danielson, S., & Tuler, S. (2009). Using Q method to reveal social perspectives in environmental research. *Greenfield MA: Social and Environmental Research Institute*. Retrieved on November 22, 2014, from <http://www.serius.org/sites/default/files/Qprimer.pdf>

Werner, D. (1995). Strengthening the role of disabled people in community based rehabilitation programmes. *Innovations in developing countries for people with disabilities*, 15-28.

Wilson, R. D., Lewis, S. A. and Murray, P. K. (2009). Trends in the Rehabilitation Therapist Workforce in Underserved Areas: 1980-2000. *The Journal of Rural Health*, 25: 26–32.

Winch, P. J., Gilroy, K. E., Wolfheim, C., Starbuck, E. S., Young, M. W., Walker, L. D., & Black, R. E. (2005). Intervention models for the management of children with signs of pneumonia or malaria by community health workers. *Health Policy and Planning*, 20(4), 199-212.

Wirz, S. (2000). ‘Training of CBR personnel. CBR in transition: Selected reading in community based rehabilitation’ in *Asia Pacific Disability Rehabilitation Journal*, Series 1, January: 96-108.



Wirz, S., & Thomas, M. (2002). Evaluation of community-based rehabilitation programmes: a search for appropriate indicators. *International Journal of Rehabilitation Research*, 25(3), 163-171.

Witmer, A., Seifer, SD., Finocchio, L., O’Neil, E.H. (1995). Community health workers: integral members of the health care workforce in *AM J Public Health*, 85(8): 1055-8.

World Confederation for Physical Therapy. (2003). Primary Health Care and Community-based Rehabilitation: Implications for Physical Therapy based on a Survey of WCPT’s Member Organisations and a Literature Review. WCPT Briefing Paper 1: London.

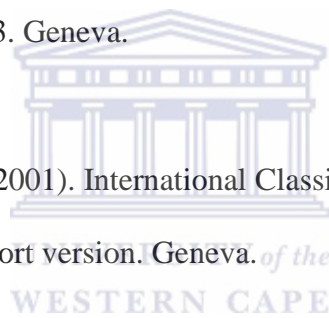
World Federation of Occupational Therapists. (2003). Position Paper on Community-based Rehabilitation (CBR) for the International Consultation on Reviewing CBR.

World Health Organization, & Unicef. (1978). Alma- Ata Conference. Primary Health Care: A Joint Report. (Geneva 1978). Retrieved on July 5, 2014, from [http://www.unicef.org/about/history/files/Alma\\_Atata\\_conference\\_1978\\_report.pdf](http://www.unicef.org/about/history/files/Alma_Atata_conference_1978_report.pdf)

World Health Organization. (1989). Strengthening the performance of community health workers in primary health care: Report of a WHO Study Group (Geneva 1987).

World Health Organization. (1981). Global Strategy of Health for All by the Year 2000.(Health for All), Series 3. Geneva.

World Health Organization. (2001). International Classification of Functioning, Disability and Health: ICF Short version. Geneva.



World Health Organization. (2002). UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities: Government responses to the Rules on medical care, rehabilitation, support services and personnel training. Geneva.

World Health Organization. (2003a). Future Trends and Challenges in Rehabilitation. Geneva.

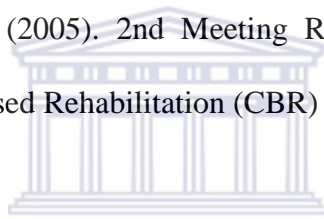
World Health Organization. (2003b). International Consultation to Review Community-based Rehabilitation (CBR). In collaboration with the United Nations

Organisations, Non-Government Organisations and 'Disabled People's Organisations, May 25-28,Helsinki.

World Health Organization. (2004). Strengthening Rehabilitation Services. Retrieve on May 3, 2014, from [http://www. Din.or.jp/yukin/WHOdraft. Html](http://www.Din.or.jp/yukin/WHOdraft.Html)

World Health Organization. (2004). CBR: A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and, Social Inclusion of People with Disabilities. Joint Position Paper.

World Health Organization. (2005). 2nd Meeting Report on the development of guidelines for Community-based Rehabilitation (CBR) 25-27 July. Geneva: WHO.



WESTERN CAPE

World Health Organization. (2006). Report: Working Together for Health. Geneva. 2006.

World Health Organization. (2007). The Global Recommendations and Guidelines on Task Shifting. 2008. Retrieved on April 30, 2014, from

[http://data.unaids.org/pub/Manual/2007/ttr\\_taskshifting\\_en.pdf](http://data.unaids.org/pub/Manual/2007/ttr_taskshifting_en.pdf)

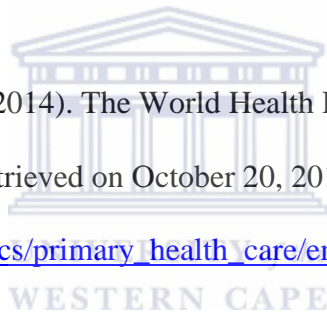
World Health Organization. (2007). International Classification of Functioning, Disability, and Health: Children & Youth Version: ICF-CY. World Health Organization.

World Health Organization World Health Report. (2008).Primary Health Care.  
Retrieved on August 12, 2015, from [http://www.who.int/whr/2008/whr08\\_en.pdf](http://www.who.int/whr/2008/whr08_en.pdf)

World Health Organization. (2010). Community-based Rehabilitation Guidelines.  
Geneva: World Health Organization Press. Retrieved March 19, 2014, from  
<http://www.who.int/disabilities/cbr/guidelines/en/>

World Health Organization. (2011). World Report on Disability. World Bank.  
Retrieved on June 25, 2015, from  
[http://www.who.int/disabilities/world\\_report/2011/report.pdf](http://www.who.int/disabilities/world_report/2011/report.pdf)

World Health Organization. (2014). The World Health Report 2008: Primary health  
care (now more than ever) Retrieved on October 20, 2014, from  
[http://www.wpro.who.int/topics/primary\\_health\\_care/en/](http://www.wpro.who.int/topics/primary_health_care/en/)



Healthcare 2030: A Future Health Service for the Western Cape (2013) Retrieved on  
March 5, 2015 from <https://www.westerncape.gov.za/news/healthcare-2030-future-health-service-western-cape>

Western Cape Government Health. (2014). Healthcare 2030 The Road to Wellness.  
Retrieved on July 25, 2015, from  
<http://www.westerncape.gov.za/assets/departments/health/healthcare2030.pdf>

## Appendix A



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### OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

5 December 2013

#### To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:  
Mrs S Gamiet (Physiotherapy)

Research Project:

Exploring health professionals' perceptions of  
rehabilitation care

Registration no:

13/10/38

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Patricia Josias'.

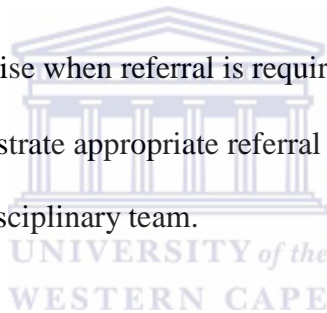
*Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape*

## Appendix B

### Learning outcomes for the five modules of the RCW training programme

#### 1. Health, Wellness and Functional Ability:

- Describe normal development in children and adults
- Identify clients with selected disorders
- Demonstrate appropriate kinetic handling and positioning skills
- Identify risk factors for emotional distress in carers, clients and self
- Recognise when referral is required
- Demonstrate appropriate referral patterns and work within a multidisciplinary team.



#### 2. Promoting Healthy Lifestyles:

- Understand health promotion and the role of RCWs in health promotion
- Understand the importance of effective communication in health promotion
- Understand the challenges involved in selecting and developing media resources to promote health
- Determine appropriate stages of development in childhood, adolescence and adulthood

- Understand the importance of play in the development of children
- Explore ways of impacting socialisation of teenagers to enable them to become responsible, participating and healthy citizens
- Identify and map assets that can support community health, well-being and development

### **3. Inclusive Development and Agency:**

- Identify core ideas related to disability rights and equal opportunities
- Reflect on local resources and challenges to enable participation in different opportunities
- Debate the relevance of international policies and guidelines to local contexts
- Explore the role and responsibilities of stakeholders in disability-inclusive development across different sectors: nationally, continentally and internationally

### **4. Disability Information Management and Communication**

#### **Systems:**

- Understand what information system is
- Understand where RCWs fit into an information system
- Describe the components of an information system
- Understand why an information system is important

- Understand types of information and the primary information that RCWs can collect

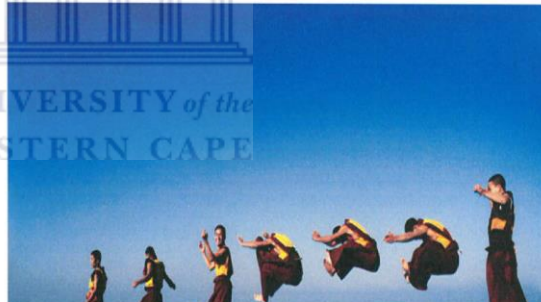
## 5. Work Integrated Practice Learning (WIPL)

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### Skills

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- Observation
- Basic motor facilitation
- ADL facilitation
- Activity & education based group facilitation
- Interpersonal relationships
- Basic counseling
- Community engagement
- Advocacy & lobbying
- Mediation
- Critical thinking
- Communication
- Time management



### Behaviors

---

- Respectful
- Encouraging
- Supportive
- Professional
- Advisory
- Enabling
- Flexible
- Assertive
- Confident
- Reflective & reflexive



# Core Job Functions

- Perform tasks delegated by the rehabilitation professional to address impairments in body structures and body functions
- Assist rehabilitation professionals to address activity limitations and participatory restrictions experienced by the user
- Contribute to addressing contextual factors which interact with the user; as part of an interdisciplinary team



## Appendix C

Forty seven statements based on the opinions of health professionals

1.	RCWS lacked professionalism in the clinical workplace.
2.	RCWs displayed enthusiasm and willingness to learn in the clinical setting.
3.	RCWs were always respectful towards clients and all staff members.
4.	RCWs prior knowledge and experience boosted their confidence and willingness to work in different settings.
5.	RCWs were clear of their role in the workplace and were therefore assertive when executing tasks delegated to them.
6.	RCWs motivated and encouraged clients and their families during treatment sessions.
7.	RCWs displayed positive attitudes and behaviour in the clinical workplace.
8.	RCWs were capable of executing active exercise programmes with their clients.
9.	RCWs were capable of managing clients holistically.
10.	
11.	RCWs displayed good knowledge of basic health conditions.
12.	External support (e.g. transport money, resources) was lacking and this hindered learning in the clinical workplace.
13.	Co-ordination between supervisors, from the various disciplines, was poor and this affected the RCWs learning.
14.	RCWs grasped concepts, relating to the management of patients, quickly.
15.	RCWs always used correct medical terminology in the workplace.
16.	RCWs previous experiences helped them to screen clients appropriately.
17.	Poor literacy made reading medical files challenging.

18.	RCWs were able to identify when a client needed to be referred to other health professionals.
19.	RCWs understood the concept of disability in relation to the ICF and were able to apply it in the workplace.
20.	RCWs were capable of performing passive movements effectively.
21.	RCWs were confident and capable of engaging and facilitating psychosocial group discussions.
22.	Occupational therapy skills were adequately developed.
23.	Physiotherapy skills were adequately developed.
24.	RCWs were able to manage their time effectively when working with their clients.
25.	Overall handling and practical skills improved with time.
26.	RCWs were unable to extract relevant information from the folder.
27.	Documentation skills, such as writing SOAP notes and reflections, were good.
28.	RCWs coped better in the community setting because they had previous experience in this area.
29.	RCWs were able to work with little resources in the community and improvised appropriately.
30.	RCWs managed well with clients who were more mobile.
31.	RCWs were not always safe in their handling of clients.
32.	RCWs were unable to transfer clients correctly.
33.	Limited input from a speech therapy supervisor, made it difficult for the RCWs to screen clients with speech and hearing deficits.
34.	RCWs were able to screen assistive device appropriately.

35.	RCWs always communicated well with clients and medical staff.
36.	As a health professional I will not benefit from having a RCW working at my health facility.
37.	The role of the RCWs was not clearly defined to health professionals prior to them starting their work integrated practice module.
38.	Health professionals were unsure of their role in facilitating the RCWs' learning in the clinical workplace.
39.	RCWs did not receive adequate training across all rehabilitation platforms in order to function as an integral part of the multi-disciplinary team.
40.	The knowledge gained by the RCWs during their training was broad and gave them insight into health related issues.
41.	RCWs should work in both intermediate care and community setting under the supervision of a qualified health professional.
42.	RCWs have a role in promoting participation of clients in the community.
43.	RCWs managed all paediatric cases well.
44.	RCWs were creative in selecting age and developmentally appropriate toys.
45.	RCWs coped well with positioning and seating cerebral palsy children in their wheelchairs.
46.	RCWs were able to adapt an activity when engaging with a tired/bored child
47.	RCWs will strengthen rehabilitation services across the health care platform.



## Appendix E

### Example of a completed Q sort

Strongly Disagree			Neutral			Strongly Agree		
-4	-3	-2	-1	0	+1	+2	+3	+4
36	32	43	31	45	46	2	22	42
28	10	39	27	18	33	29	8	12
35	1	34	26	16	17	20	47	13
	14	30	21	5	46	25	3	
		24	19	4	44	23		
			15	38	7			
			11	37	41			
				9				
				6				

Elaborate on:

1. The statement you most agreed with. Why did you choose this statement?

47 - I feel there is a place for rcw's in our health care system as they spend more quality time engaging with clients, families, understand contextual factors better as are constantly visible in the community. Current health care professionals do not enter communities

2. The statement you most disagreed with. Why did you choose this statement?

28 - Rcw's proved to fit into intermediate care centres well. They were able to adapt to the environment & relate better to clients as they came from communities. They interacted & engaged with families as this is similar to their previous role.

Thank You

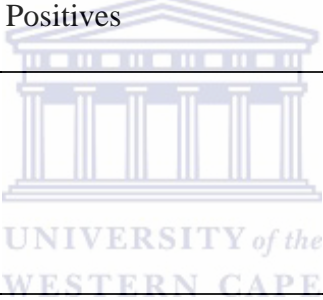
Appendix F

**Template of feedback form**

**SUPERVISORS and CLINICIAN FEEDBACK FORM: BLOCK 1**

**Name:**

**Date:**

<b>1. Please reflect (positives and negatives) under the following headings:</b>		
	Positives	Negatives
Students		
Co-ordination (WIPL-UWC)		
Placements		

**2. Which areas of practice learning do you think students found very difficult?**

--

**3. Which areas in practice learning do you think students managed really well?**

--



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**4. What areas should be focused on in the Friday tutorials?**

--

**5. Any comments or further recommendations for the WIPL module?**

--

**For clinicians only:**

**6. Do you think this worker will be a benefit to your facility? If yes, how? Where would they fit into the multidisciplinary team?**

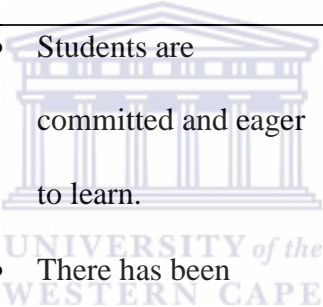


## Appendix G


### Example of completed feedback form

Name:

Date: 4 SEPTEMBER 2013

<b>1. Please reflect (positives and negatives) under the following headings:</b>		
	Positives	Negatives
Students	 <ul style="list-style-type: none"> <li>• Students are committed and eager to learn.</li> <li>• There has been personal growth and development noted.</li> <li>• They have been positive role models for their children.</li> <li>• Prior knowledge has boosted their confidence and willingness to work in different settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Some complained about the allowance being too little when in communities.</li> <li>• No access to a budget for interventions at community level.</li> <li>• Some fell ill during the placement for extended periods thus affecting their learning and</li> </ul>

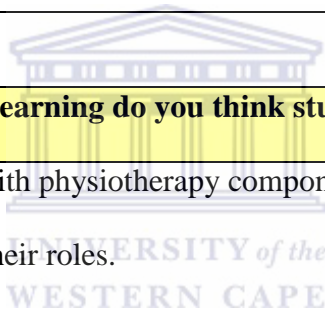
		<p>progression in treatment.</p>
<p>Co-ordination (WIPL- UWC)</p>	<ul style="list-style-type: none"> <li>• Placements allows for experiential learning in all areas of development namely from birth to adulthood.</li> <li>• Communication was clear and constant.</li> <li>• Good systems were put in place.</li> </ul>	<ul style="list-style-type: none"> <li>• Students were unclear regarding venues for tutorials.</li> <li>• Supervision was overwhelming to the RCW.</li> <li>• Too many meetings and correspondence which was often confusing.</li> <li>• Templates for community were not included in the manual. This resulted in the RCW not presenting their CBR strategies but sticking to the</li> </ul>

		individual approach.
Placements	<ul style="list-style-type: none"> <li>• Ideal for exposure to different life and development stages.</li> <li>• In community the RCW learned to work around limited resources and even not having an office to work from.</li> </ul> 	<ul style="list-style-type: none"> <li>• Community placements were not well thought through and planned to incorporate the CBR strategies. This resulted in a disruption in the learning of the RCW in that field.</li> <li>• Some staff at the placements did not understand the role of the RCWs and their scope. This created conflict in the work place.</li> <li>• More exposure to group facilitation is needed and mental health.</li> </ul>

**2. Which areas of practice learning do you think students found very difficult?**

1. Administration was challenging as they were unclear as to what to complete for the supervisors, clinicians, etc. work ended up with incorrect role players as they were not clear regarding this.

2. There is room for further knowledge regarding mental health, group facilitation and profiling a community.



**3. Which areas in practice learning do you think students managed really well?**

1. They were very good with physiotherapy components and integrating that with function in relation to their roles.

2. Individual approach was more leaned towards as their prior knowledge and experience made them feel familiar.

**4. What areas should be focused on in the Friday tutorials?**

1. Practical skills that would benefit them in their placements.

2. Group facilitation, community profiling, CBBR template
  
3. Site visits that would empower them with tools to implement in their clinical.

**5. Any comments or further recommendations for the WIPL module?**

1. Digital story telling of their experiences. This will enhance their learning and make the sharing of their experience more accessible.
  
2. Examinations should not weigh so much (60%) as anxieties affected many students. The overall consistent behavior and attitude in the placement should count more as the current method could potentially set a good learner up for failure.

**For clinicians only:**

**6. Do you think this worker will be a benefit to your facility? If yes, how? Where would they fit into the multidisciplinary team?**

DEFINITELY!

Being the first OT clinician at CBS level has left room for developing a service with this cadre of worker. Through networking with other OT'S at the CHC, it became

evident that there is a need as they are not able to follow up with patients discharged from the CHC or provide a service at a purely community based level that will incorporate the PHC principles and strategies. They could also assist in facilitating support groups and psychosocial groups in the community and screen clients that have “fallen through the cracks” by referring back to the appropriate facilities.



## Appendix H

The steps followed when using PQ Method:

Enter [Path and] Project Name:

Eg. mystudy

Current Project is ... c: /pqmethod/projects/mystudy

Choose the number of the routine you want to run and enter it.

- 1 - STATES - Enter (or edit) the file of statements
- 2 - QENTER - Enter q sorts (new or continued)
- 3 - QCENT - Perform a Centroid factor analysis
- 4 - QPCA - Perform a Principal Components factor analysis
- 5 - QROTATE - Perform a manual rotation of the factors
- 6 - QVARIMAX - Perform a varimax rotation of the factors
- 7 - QANALYZE - Perform the final Q analysis of the rotated factors
- 8 - VIEWLIST - View output file mystudy.lis
- X - Exit from PQ Method

## Appendix I



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail:

#### INFORMATION SHEET

**Project Title:** Health professionals' perceptions of the rehabilitation care workers.

##### **What is this study about?**

This is a research project being conducted by Shamila Gamiet at the University of the Western Cape. I am inviting you to participate in this research project because you are a health professional who engaged with the rehabilitation care workers in the clinical setting and you have been identified as a suitable participant for the study. The purpose of this research project is to explore health professionals' perceptions of the knowledge, skills and behaviour of the rehabilitation care workers in the clinical setting and to explore the health professionals' expectations of the role of RCWs and their level of inclusion in the jhealth system.

##### **What will I be asked to do if I agree to participate?**

You will be asked to participate in a focus group discussion where you can express your viewpoints on the RCWs. You will also be asked, at a later stage, to rank a set of statements made regarding the RCWs, from statements you strongly agree with to statements you strongly disagree with. You will be given a data score grid onto which you can capture your responses. You will be asked to explain in writing why you selected the statement you most agreed with and the statement you least agreed with. A space will be provided on the data score grid where you can elaborate on this. The data collection will be conducted at the health facility where you are employed and it will be conducted at the University of the Western Cape, Physiotherapy Department. The focus group discussion and the ranking of the statement will take approximately 45 minutes for each session but these two sessions will take place at different times.

##### **Would my participation in this study be kept confidential?**

I will do our best to keep your personal information confidential. To help protect your confidentiality I will use code names in the focus group discussions. You do not need to write your name on the data score grid when you rank statements. All information will be kept locked away and only the researcher will have access to these documents. If I write a report or article about this research project, your identity will be protected to the maximum extent possible.

##### **What are the risks of this research?**

There are no known risks associated with participating in this research project.

##### **What are the benefits of this research?**

This research is not designed to help you personally, but the results may help to understand how the new RCWs will be accepted by health staff and in community-based rehabilitation.

Understanding what health professionals' perceptions are of RCWs will give an indication of how well they will be utilised in primary health care.

**Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, there will be no repercussions.

**Is any assistance available if I am negatively affected by participating in this study?**

If you are in any way negatively affected by this research you will be referred for counselling, although there are no known risks to your participation

**What if I have questions?**

This research is being conducted by [Shamila Gamiet](#) Physiotherapy Department at the University of the Western Cape. If you have any questions about the research study itself, please contact [Shamila Gamiet](#) at: [UWC Physiotherapy Department Robert Sobukwe Road Bellville 021 9592542](#) or [0823376443](#) or [shamila.gamiet@gmail.com](mailto:shamila.gamiet@gmail.com)

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Professor A. Rhoda

Dean of the Faculty of Community and Health Sciences: Professor J. Franz

University of the Western Cape

Private Bag X17

Bellville 7535

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This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

## Appendix J



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail:

#### CONSENT FORM

**Title of Research Project: Health professionals' perceptions of the rehabilitation care workers**

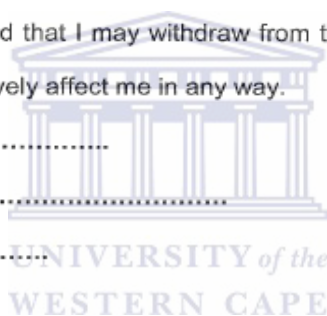
The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

**Participant's name**.....

**Participant's signature**.....

**Witness**.....

**Date**.....



Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

**Study Coordinator's Name: Shamila Gamiet**

**University of the Western Cape**

**Private Bag X17, Belville 7535**

**Telephone: (021)959-2542**

**Cell: 0823376443**

**Email: [shamila.gamiet@gmail.com](mailto:shamila.gamiet@gmail.com) or [sgamiet@uwc.ac.za](mailto:sgamiet@uwc.ac.za)**

Appendix K



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Tel: +27 21-959 2542, Fax: 27 21-959 1712

e-mail: [shamila.gamiet@gmail.com](mailto:shamila.gamiet@gmail.com)

**FOCUS GROUP CONFIDENTIALITY BINDING FORM**

**Title of Research Project: Health professionals' perceptions of rehabilitation care workers**

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to be audio-taped during my participation in the study. I also agree not to disclose any information that was discussed during the group discussion.

**Participant's name**.....

**Participant's signature**.....

**Date**.....