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AN IMPLEMENTATION EVALUATION OF THE REHABILITATION CARE WORKERS TRAINING PROGRAMME

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the Degree of Master of Philosophy (Programme Evaluation)

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DECLARATION

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ABBREVIATIONS

AHC	Alexandra Health Centre
CBR	Community Based Rehabilitation
CBR	Community Based Rehabilitation
COMBRA	Community Based Rehabilitation alliance
CRFs	Community Rehabilitation Facilitators
DIMCS	Disability Information Management and Communication Systems
DPP	Detailed Project Plan
DSD	Disabilities Studies Division
HWFA	Health, Wellness & Functional Ability
IDA	Inclusive Development and Agency
NGO	Non Government Organisation
NQF	National Qualification Framework
NSC	National Senior Certificate
OSPE	Objective Standardised Practical Examination
PHL	Promoting Healthy Lifestyles
PWDs	Persons with Disabilities
RCW	Rehabilitation Care Workers
RCWTP-FQFR	Rehabilitation Care Workers Training Programme First Quarterly Final Report
SA	South Africa
SLA	Service Agreement Level
SU	Stellenbosch University
UCT	University of Cape Town
UEW	University of Education Winneba
UN	United Nations
UNCRPD	United Nations Conventions on the Rights of Persons with Disabilities
UNISE	National Institute of Special Education
UWC	University of the Western Cape
WC	Western Cape

WC DoH

WHO

WIPL

Western Cape Department of Health

World Health Organisation

Work Integrated Practice Learning

EXECUTIVE SUMMARY

In 2011, the Western Cape Department of Health (WC DoH) adopted a health plan called Healthcare 2020. The framework of the plan emphasizes the necessity to de-hospitalize care in the province. The healthcare plan has brought about a shift in care policy. That is, moving from a passive delivery to a more active delivery where patients act independently. Active care refers to care that takes into account the needs of patients. Developing rehabilitation and care skills within the Western Cape Province is a key element to meet the de-hospitalization goal. Thus, the WC DoH commissioned and funded a pilot programme to train Rehabilitation Care Workers (RCWs) in the Mitchell's Plain District. This pilot programme involved rehabilitation and support for people with disabilities (PWDs) and their families. The rationale behind the programme was that if RCWs are given the necessary training and knowledge through learning and practical sessions, they will be more skilled to offer improved quality of care and support (Schneider, 2012, Healthcare, 2020). The Disabilities Studies Division (DSD) of School of Health and Rehabilitation Sciences at University of Cape Town (UCT) designed and delivered the training, consisting of learning and practical components. The current evaluation aims at investigating implementation of the learning component of the programme. Its main purpose is to give detailed information from which the programme manager and programme staff could improve on the learning programme. Using a descriptive design to evaluate the learning part of the programme, the evaluator concluded that twenty-six learners out of thirty improve their knowledge in rehabilitation support and care. The evaluation findings also revealed that for effectiveness, the course designers might need to make amendments to the programme. First, it might be more efficient to recruit programme participants who have a prior background in health or related fields. Secondly, it might be helpful to present the course in a block release fashion,

although having several courses in one block is unsuitable for this particular audience. Thirdly, having many lecturers for this particular audience is not ideal. The evaluator therefore suggested that the course designers would have to choose an appropriate number of lecturers to instil diversity and integration of the course material. Fourthly, it might be more effective to complement such training with literacy intervention. Fifthly, to collect useful data for future evaluation, it might be more efficient to adopt a typical and standardized measuring instrument.

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CHAPTER 1: INTRODUCTION

In South Africa, about 2.3 million (5%) people suffer from serious disabilities (Stats SA, 2001). The last general household survey showed that 5.2% of South Africans aged 5 and older suffers from disability. According to the survey, more women (5.4%) were prone to disability compared to men (5.0%). The provincial data also showed that Northern Cape, North West and Free State presented the highest rates of people living with disabilities (10.2%, 7.7% and, 6.7% respectively).

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Although South Africa (SA) ratified the United Nations Convention on the Rights Persons with Disability (UNCRPD), inequalities between disabled and able people still persist (Presidency, 1997). In terms of health, able people had easy access to

support and care than PWDs (Schneider, 2012). The Convention calls for the promotion, protection and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by PWDs (UN, 2006).

Two arguments explain inequality in the health sector: on one hand, there is lack of adequate, reliable, relevant and recent data on the nature and prevalence of disability across the country (Presidency, 1997). The lack of accurate data could lead to discrepancy between policy and real needs of PWDs. On the other hand, people with disabilities are more likely to face many physical and attitudinal barriers to fully take part in community life than able people. Social exclusion resulting from the disability status makes disabled people more vulnerable to poverty and limits their access to care and support (WHO, 2010; Helander, 1999). In 2011, the WC DoH adopted its Healthcare 2020 plan to address the problem of limited access to care and support for PWDs. Within this framework, the necessity to de-hospitalize care and support in the province is emphasized.

The objective was to give care and support that takes into account the specific needs of PWDs in the province. Developing rehabilitation support and care skills within the WC province was a key element to achieve de-hospitalisation goal. The reason is that in the past there was lack of commitment to enhance the capacity of people who look after disabled people. Although there were attempts to do so in the past, limited effort is made to develop career pathways of RCWs (Chappell & Lorenzo, 2012).

The WC DoH took the initiative to fund a pilot training programme for RCWs from disadvantaged areas in WC. The main purpose of the training (by the DSD at UCT School of Health and Rehabilitation Sciences) was to develop an accredited

rehabilitation care worker training leading to a certificate qualification called Higher Certificate in Disability Practice. The current dissertation aims at evaluating the learning component of the RCW pilot training implementation.

It is internationally recognized that it is possible to improve health, education, livelihoods, social inclusion and empowerments of PWDs through rehabilitation (Helander, 1999). Rehabilitation care workers are assumed to “fill the gap between the professionally qualified therapists, nurses, doctors and so forth who traditionally have been the bedrock of specialist rehabilitation services and the personnel who work in universal services such as primary health care and education, who could potentially assist children and adults with disabilities but lack the necessary time and expertise to address their specific needs” (Chappell & Lorenzo, 2012, pp.na). Their role has evolved and does not solely focus on health issues but includes aspects of social inclusion and equalization of opportunities (Chappell, 2012).

Many arguments are given to sustain the rehabilitation of disabled people through RCWs. Firstly; RCWs will help to reduce poverty. For instance, through rehabilitation, PWDs are able to engage in labor market. Secondly, the rehabilitation will create opportunities for family members who previously were looking after PWDs to engage in paid employment or other kind of jobs (WHO, 2008). Consequently, rehabilitation could contribute to the full inclusion of PWDs within a community by empowering PWDs and their families (WHO, 2011).

Programme Description

The content of this programme description mainly drew on documents provided by the project manager (Associate Professor Lorenzo, UCT) and discussions held with the project team (Project team workshop, March 4, 2013). These documents are: the service level agreement (SLA, 2012) between the DOH, Western Cape, and UCT, the detailed project plan (DPP, 2012) and the Rehabilitation Care Workers Training Programme First Quarterly Final Report (RCWTP-FQFR, 2013).

In August 2012, the DSD at UCT School of Health and Rehabilitation Sciences, Faculty of Health Sciences, was awarded a tender from the WC DoH (RCWTP-FQFR, 2013), to institute a pilot training programme for RCWs in Cape Town. The aim of the pilot training program was to deliver accredited rehabilitation training to RCWs. The pilot training programme was commissioned, and funded, by the DoH, Western Cape (SLA, 2012). The scope of training program was to enhance skills and knowledge of RCWs in rehabilitation support and care. The training was first of its kind in South Africa. The program culminates to and advance diploma in rehabilitation care support (DPP, 2012; RCWTP-FQFR, 2013).

The DSD at UCT managed the daily operations of the project and gave feedback to WC DoH (DPP, 2012; RCWTP-FQFR, 2013). The DSD started in 2003 at UCT by Associate Professor Lorenzo to bridge the gap between activism and scholarship (Disability Catalyst Africa, 2012). It delivers a postgraduate diploma in disability studies. The training program was designed to benefit both disabled and able managers at different levels of management in public and private sectors. It also intends to increase awareness and informed participation in disability issues at a teaching, research and community-based program level.¹

¹ <http://www.health.uct.ac.za/departments/shrs/disability/about/>

The training program consisted of learning and practical sessions. For the learning part, four courses were taught (courses and learning outcomes are described in greater detail in Table 1). Teaching took place in six blocks released system of two-three teaching weeks from Oct 2012 to June 2013. The Work Integrated Practice Learning (WIPL) started from July 2013 for a period of 15 weeks. These were organized according to clinical placements in Cape Town. Course facilitators were recruited from UCT, Stellenbosch University (SU) and other qualified practitioners from other institutions. Facilitators from the University of the Western Cape (UWC) were in charge of the WIPL.

After the first block of teaching, the program staff decided to merge learning support sessions. These mainly dealt with some key attitudes and attributes such as respect for self, patient, team, community, profession, empathy, ethics, advocacy, cultural sensitivity and awareness of diversity, willingness to learn and participate (RCWTP-FQFR, 2013). Learning sessions were also accompanied with median group discussions. The objective was to offer students, nurses, therapists and other stakeholders the opportunity to talk about emergent practice concerns, challenges and successes related to the supervisions and development of RCWs.

The five courses that make up the RCW pilot training program and their learning outcomes are presented in Table 1.

Table 1

Intended

Courses

and

Learning

Outcomes

Course	Expected Learning Outcome	Specific learning Outcomes
Inclusive Development & Agency (IDA)	Promote the rights of people with disabilities and implement strategies and actions to enable participation.	<ul style="list-style-type: none"> • Explain the concepts of disability, inclusion development, identity, agency and power • Explain the purpose of disability rights policies • Identify and describe barriers to participation across sectors • Implement strategies to enable participation and access to services • Mobilize local resources • Work with relevant expertise and stakeholders
Disability Information Management and Communication Systems (DIMCS)	Describe basic information systems and implement communication systems in relation to care pathways of people with disabilities	<ul style="list-style-type: none"> • Explain the components of an information system • Demonstrate principles and practice of record keeping • Demonstrate use of a variety of participatory rural appraisal methods and diff information (World Health organisation checklist, International classification of Funct • Demonstrate critical enquiry in collating information • Disseminate information in a professional manner • Identify relevant support services and care pathways for effective referral and follow
Health, Wellness & Functional Ability (HWFA)	Select and screen disabled clients for impairments and provide basic interventions to improve participation of in the life areas of living, learning, working and socialising.	<ul style="list-style-type: none"> • Discuss and describe normal development and wellness in children and adults • Identify clients with selected disorders and difficulties • Demonstrate appropriate kinetic handling and positioning skills • Demonstrate appropriate use of assistive devices • Identify risk factors for emotional distress in carers, clients and self • Apply basic counselling and support methods to carers, clients and self • Recognise when referral is required • Demonstrate appropriate referral patterns and work in a multidisciplinary team
Promoting Healthy Lifestyles (PHL)	Implement health promotion actions, education and strategies.	<ul style="list-style-type: none"> • Define health promotion • Identify social determinants of health • Identify health promoting occupations • Facilitate community participation in active health promotion campaigns • Mediate and liaise between health services for families and people with disabilities
Work integrated practice Learning (WIPL)	Practice the ability to screen, provide basic care, follow up and referral systems, as it relates to the needs of people with disabilities	<ul style="list-style-type: none"> • Apply essential methods, procedures and techniques to address the difficulties and c by disabled people across the lifespan in the community • Demonstrate appropriate written and verbal communication skills • Demonstrate efficient information-gathering, analysis and decision- making abilities • Demonstrate ability to evaluate and reflect in and on action

Assessment of the courses

A pre-test was given at the beginning of each course to determine the students' level of understanding of disability concepts. At the end of each course, students re-tested in order to evaluate the change in students' knowledge (Project team workshop, March 4, 2013). Through objective standardised practical examination (OSPE), written assignments and tests, oral and group presentation, practical demonstration and report writing, students' performances in each course was assessed (DPP, 2012). In addition, continuous assessments linked to students own experiences in

their work environment and practice for sustainability were given to students (RCWTP-FQFR, 2013).

Method of delivery

Courses were delivered as normal lectures (face-to-face, limited interaction or technologically mediated, case studies, multi-media). Learners were also requested to work in small and large groups during tutorials.

Target population

As stated earlier the training was designed for RCWs of the Mitchell's Plain District. In the first intake, 34 RCWs recruited from 5 different non-profit organizations were trained. These learners were recruited based on five criteria. The admission requirements were:

- National Senior Certificate (NSC)
- Evidence of community involvement
- Proficiency in English
- Demonstrable commitment to self-development and awareness of issues facing disabled people
- A proven level of disability awareness and sensitivity

Program Theory

A program theory seeks to understand the why and how of a program to bring about change (Rossi, Lipsey, & Freeman, 2004). It goes beyond the simplistic sequence intervention-outcome depicted by a normal black box (Funnell & Rogers, 2011). It

displays information on what is going on into the closed box (Posavac & Carey, 2007). It provides the evidence that by doing what the program does one can expect a certain change (Rossi et al., 2004).

The logic behind RCW training program is that, if RCWs are provided with skills and knowledge through learning and practical sessions they will be more skilled to provide improved quality support and care. The ultimate impact is that PWDs will be included into diverse networks from health to education. This reasoning of the RCW training programme is schematically described by Figure 1.

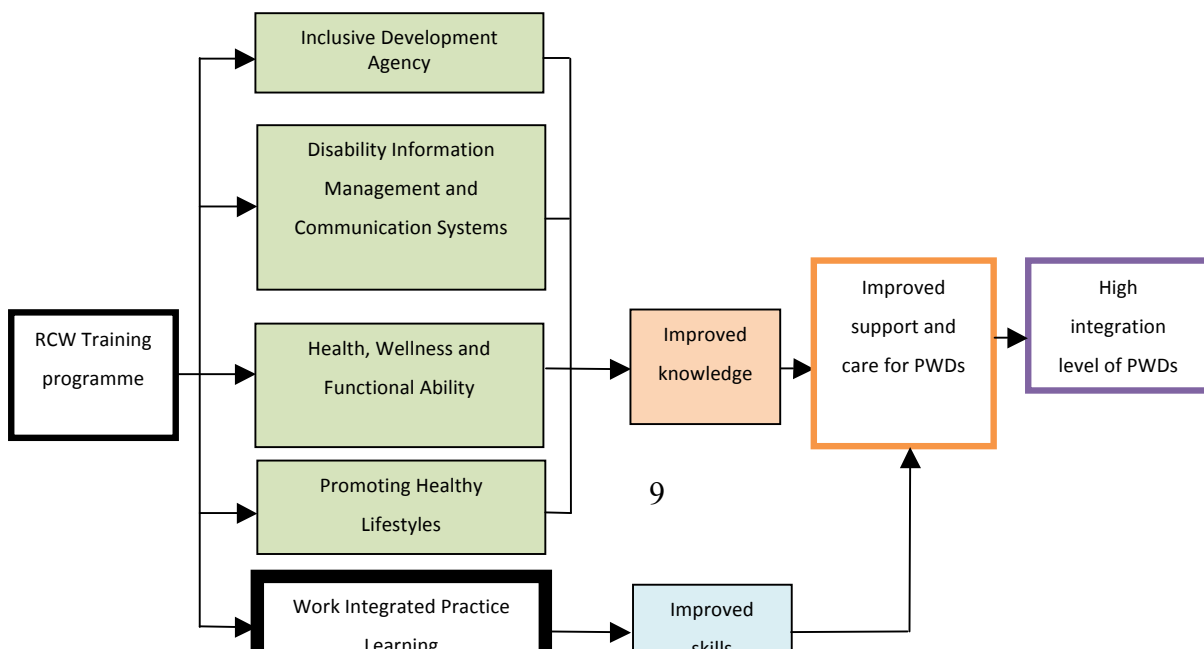


Figure 1. RCW Training Programme Theory

Plausibility of the program theory

It is assumed that to be effective a programme must have a plausible theory. This implies investigating whether or not there is enough evidence that could justify why and how the programme does what it claims. The existence of such evidence can predict whether or not the RCW training programme is likely to achieve its goals. Reviewing similar programmes may help understanding the logic behind the current programme. The review of similar programmes was guided by the following questions: are there courses in the projects reviewed that are not in the programme under evaluation? What were the teaching methods used in programmes reviewed? Are there activities in this programme that are not linked to the outcomes and not mentioned in the literature?

Rehabilitation training in Western countries

In western countries, general practitioners from the health sector look after disabled people. It is assumed that they are likely to provide better care to their clients (Helander, 1999). However, across developed countries such as France and United Kingdom many studies have challenged this belief. Health professionals were not able to provide better support and care. Usually, authors pointed out two main arguments to explain this fact. On one hand, the lack of training that addresses

disability issues. On the other hand, health professionals were short of positive attitude towards PWDs.

When looking at training received by health professionals in France, Aulagnier et al., (2005) pointed out the lack of skills and knowledge in addressing the needs of PWDs (see also Sahin & Akyol, 2009). Health professionals generally received training without a specific emphasize on the PWDs' needs. The lack of training that addresses PWDs' needs was a challenge even for those with years of experience. Thus, some authors advocated the need for change in the medical curriculum for health professionals to meet PWDs' needs. However, the large range of disabilities makes standardization of its curriculum difficult. Lorenzo, (1994); Corneilje, (1992) argue that the design of any training should be built upon the local needs of PWDs. Consequently, the new consensus supported by the WHO is that training should address needs of diverse disabilities at the same time (Thorburn, 2000). In countries such as Zimbabwe and Uganda, some universities have started designing a curriculum that would meet these requirements. In addition, this change of curriculum should be accompanied with an intensive direct experience with PWDs during their training (Stachura & Garven, 2006; Tervo & Palmer, 2003).

Aulagnier et al. (2005) also reported that health professionals in France were lacking positive attitudes towards disability (see also Sahin & Akyol, 2009; Stachura & Garven, 2006; Tervo & Palmer, 2003). For instance, 21% health professionals were not comfortable when treating mentally disable people. It should be noted that positive attitude is a key factor that determines the quality of support and care (Aulagnier et al., 2005). Hence Aulagnier et al. (2005) states that training accompanying by direct contact with PWDs would create positive attitudes towards disability. Being exposed to prior experience with disability issues may be a good

indicator of positive attitudes towards PWDs. This has persuaded some authors to advocate that the RCW training programmes would be more effective if delivered to people with previous experience with disability (Finkenflugel, 2004, Lorenzo, 1994).

Rehabilitation training in developing countries

In Africa, countries like Uganda and Ghana implemented rehabilitation training for RCWs (Miles, 2004). Finkenflugel (2004) studied RCW training program in Zimbabwe and reported that the training was delivered for three months (see also WHO, 2008). The course duration was extended to a further two-year training period. The three months course was designed for general assistants. These general assistants were members of communities where services were delivered. They had to present three O-level passes including English and a science subject in order to qualify for the training. In 1991, the requirement was changed so that only general assistants with O-levels with five passes could register for the training.

The training content was necessarily broad since it was assumed that rehabilitation technicians would offer services to a large range of disabilities (physical, mental, affective, speech, hearing and visual disorders) (Finkenflugel, 2004). The main focus of the training was to build capacity in rehabilitations skills. It also included some aspects of occupational therapy, physiotherapy, speech therapy and social work. Instead of emphasizing on the impairment aspect the training mainly focuses on the function aspect. The reason is that a wide range of disabilities reduce people's function such as moving, eating and dressing. By addressing these critical issues the training might significantly enhance PWDs' function. A number of shortcomings were pointed out such as teaching staff. In Zimbabwe, only professional therapists

were mandated to train RCWs despite the fact that they did not have any adequate experience in Community Based Rehabilitation (CBR) (WHO, 2008).

Besides Zimbabwe, Uganda also implemented a CBR training programme. Formal training leading to recognized certificates, diplomas and degrees were offered within Uganda National Institute of Special Education (UNISE), Makerere University and Community Based Rehabilitation alliance (COMBRA). In summarizing the main course outlines of training in Uganda, Nganwa, Mirembe & Kisanji (2003) showed that the trainings consist of five activities. These were: creating positive attitude towards PWDs, promoting functional rehabilitation, providing education and training opportunities, preventing disabilities, encouraging income generating opportunities, and providing skills in management, monitoring and evaluation.

Students were required to show evidence of interest in rehabilitation. The training duration consisted of two semesters of 17 weeks within two years. After training each student was requested to work in the districts or NGOs as community workers and administrators. Students were directed toward community practice during six weeks after first semester modules. The second practical session starts in the first semester of the preceding year of training. Working within a community was deemed to provide an opportunity for students to develop their skills and their knowledge. Teaching methods were basically lectures, field visits, and case studies, use of audio-visual aids, group discussions, role-plays, and apprenticeship.

The University of Education Winneba (UEW), Ghana, initiated training in CBR. Most important were the practical sessions incorporated in this training. Each module consisted of a learning session and practical session. The latter ensured that students were applying knowledge directly to practical issues. The course modules were focused on community based rehabilitation, development studies,

rehabilitation services, management of CBR services. Lecturers were people with outstanding experience in CBR and PWDs (Nganwa, Mirembe & Kisanji, 2003).

In South Africa CBR training programmes can be traced back to the 1980s (WHO, 2010). Studying the first training program designed for RCWs in Alexandra, Corneilje (1992) showed that to a large extent the general opinion was that the RCWs could play an important role in the rehabilitation of PWDs.

The course consisted of two parts: the first year was devoted to an intensive training at the Health Centre in Alexandra and the second year was dedicated to an intensive internship. Each student was required to complete a full year of internship within his/her own community. Four seminars were organized to provide support to students during that second year. Seminars were held at the Alexandra Health Centre (AHC) and lasted one week. Each student was also required to execute a development project. The course content was developed through: consulting experts in rehabilitation and the needs identified by the community from investigation undertaken by the Community Rehabilitation Facilitators (CRFs).

This study was based on the course objectives in terms of their appropriateness for different groups, from the learners to the other beneficiaries of the service delivered by the CRFs. Though Corneilje's study was a first attempt to investigate the effectiveness of such training, it did not provide enough details about the participants nor course contents. Furthermore, Corneilje & Ferrinho (1995) showed that the training was intended to provide skills and knowledge in community development. It also dealt with the negative attitude towards PWDs and some clinical therapeutic interventions.

Corneilje's study also suggested that there was lack of consensus on the role played by CRFs amongst stakeholders. Some stakeholders perceived the CRFs as able to work independently (without the support of a therapist) while others argued that because CRFs were part of a team of rehabilitation professionals they should work with therapists. Deciding whether the CRFs' roles would be complementary or supplementary was a key factor for the further planning of education and training of CRFs (Lorenzo, 1994).

The role of the CBR personnel has been also questioned by Wirz (2000). Focusing on the RCWs, she argued that the supposed roles that they have to assume determine their training. They would be more likely to need more skills when taking positions as supervisor managers. In that case, they support and advise their colleagues (grass-roots workers) who have less experience. In short, only the characteristics of a community can define whether or not the training should be complementary or supplementary. For instance, in Philippines the training was complementary due to the fact that there were no therapists (Magallona & Datangel, 2011). It appears that the design of any training program should look at the local environment and needs of PWDs (Lorenzo, 1994; Twible & Henley, 1993).

Lorenzo (1994) assess continuing education for RCWs in a rural health district in South Africa. The training lasted for 2 years and was delivered in Tintswalo. Each module required a large component of community practical experience. The design of the modules was informed by the range of disabilities identified within the community, with people who were physical, mental and sensory disabilities. The training also addressed some issues around life-skills development for PWDs. Nine learners were selected and all of them were able to speak English. All learners had no formal training in CBR or health before receiving the training. However, a specific

requirement was that all learners had to show evidence of first-and second-hand disability experience. This experience is deemed important in the selection criteria for the training by other scholars such as Wirz (Wirz & Chalker, 2002). The lack of background in CBR or health was identified as a main concern in designing such trainings. Indeed, a two years training for people without prior skills and knowledge cannot be successfully address the needs of PWDs (Lorenzo, 1994).

To facilitate a rigorous approach in addressing PWDs' needs, the WHO has published a CBR matrix manual. Its content provides information on different disabilities and suggestions on what can be done by community members and PWDs themselves. Its purpose is to increase the independence of PWDs for the activities of daily living. The guidelines on CBR have identified five different domains of rehabilitation needs through the CBR Matrix. The five domains are namely health, education, livelihood, social and empowerment. The CBR Matrix provides a framework to understand the different activities of CBR (WHO, 2005; WHO, 2010). Based on this, training is assumed to succeed if it addresses these five issues.

A broad study was initiated to look at the result of CBR training programs in SA. The study was conducted in 6 of the 9 South African provinces (Chappell & Johannsmeier, 2009). The trainings reviewed involved a large number of disabilities such as physical, visual, hearing, mental and intellectual. The two authors showed that since the beginning of the CBR in the 1980s only mid-level rehabilitation workers otherwise named community rehabilitation facilitators (CRFs) work on assisting PWDs. It is indicated that approximately 200 CRFs have received two year training in CBR and work in over 100 disadvantaged communities in KwaZulu Natal, Gauteng, Free State, North West, Limpopo and Mpumalanga. The great contribution of CRFs was reported at individual level. The delivered services are to large extent

practical interventions such as home visits, exercises, assistive devices and training in activities of daily living. In explaining this impact the two authors have pointed out the influence of the public health sector. In South Africa indeed, the public sector is more likely attached to physical rehabilitation and provisions of assistive devices. Subsequently, they have identified the poor recognition of the scope of CRFs' practices and the individual abilities of the CRFs as gaps that must be filled in through training.

To sum up, from the literature review it appears that successful RCW training program should meet identified needs within a community. Due to the large range of disabilities any training should revolve around five main concerns namely health, education, livelihood, social and empowerment. It should also combine learning sessions with practical sessions. The reviewed trainings adopted diverse approaches in the selection process of candidates. However, an implicit consensus emerges that only continuing education could strengthen the role played by RCWs (Lorenzo, 1994). Based on the literature review it appears that the design of the RWC pilot training programme is in line with the best practice principles identified by WHO and experts in CBR field for the training of RCWs and this increases the possibility of achieving the intended outcome. Table 2 presents a summary of the course focus, the course structure and the teaching methods in developing countries.

Table 2

Course Focus, Course Structure and Teaching Methods across Countries

Evaluation Questions

Country	Course Focus	Course Structure	Teaching Methods	Course Duration
Zimbabwe	<ul style="list-style-type: none"> - Rehabilitation skills - Occupational therapy - Physiotherapy - Speech therapy - Social work 	<ul style="list-style-type: none"> - Theoretical session - Practical session 		2 years
Uganda	<ul style="list-style-type: none"> - Positive attitude towards PWDs - Functional rehabilitation - Education and training opportunities - Prevention of disabilities - Income generation - Management, monitoring and evaluation 	<ul style="list-style-type: none"> - Theoretical session - Practical session 	<ul style="list-style-type: none"> - lectures, field visits, case studies, use of audio-visual aids, group discussions, role-plays, and apprenticeship 	2 months 2 years
Ghana	<ul style="list-style-type: none"> - Community based rehabilitation - Development studies - Rehabilitation services - Management of CBR services. Lectures were people with long experience in CBR and PWDs 	<ul style="list-style-type: none"> - Theoretical session - Practical session 		2 years
South African	<ul style="list-style-type: none"> - Community development - Positive attitude towards PWDs - Clinical therapy 	<ul style="list-style-type: none"> - Theoretical session - Practical session 		2 years

As mentioned earlier, the current study is an attempt to evaluate the implementation of the RWC training programme. Rossi et al. (2004) argued that an implementation evaluation solely looks at service utilization, service delivery and organisational support. Service utilisation is concerned about issues related to programme audience. It looks, at instances, where the target population is represented in the training and how they engage with the programme activities. Service delivery is concerned with the provision of an intervention. It looks at how the programme has been delivered. Organisational support addresses the issue of programme resources. It also looks at the actions of programme staff in implementing the programme as intended. Stemming from this perspective evaluation questions have been formulated as indicated below.

Service utilization

1. How many RCWs enrolled for the programme?
2. What were the demographics of RCWs?
3. Did the RCWs fulfil the selection criteria?
4. What was the attrition rate?
5. Was there any systematic pattern in attrition?
6. Were the RCWs the intended participants?
7. Did the RCWs acquire the required level of knowledge in rehabilitation support and care in the programme?
8. Were the RCWs satisfied with the learning component of the programme as implemented? (e.g skills and knowledge gained, quality and suitability of learning material, quality of instruction, organization of programme, quality of instruction/supervision of application of skills and knowledge, quality of instruction at different sites)?

Service delivery

9. Were the programme activities delivered as intended?
10. What was the actual sequence of the Programme activities?
11. Does the program encourage application of skills to PWDs and their families in community?
12. Do the programme staffs have the required qualification?

Organisational support

13. Was there sufficient staff to deliver the programme activities adequately?
14. Was there enough time to deliver all the activities?

15. Was the learning component of the programme well organized?
16. Did the programme staff work well with each other?
17. Was there sufficient budget to implement the programme as intended?
18. Were there sufficient rooms, books, video projectors, assistive devices?

These evaluation questions were used to assess whether or not the RCW pilot training programme was implemented as intended.

CHAPTER 2: METHOD

Babbie and Mouton (2001) define research design as the way one intends to conduct specific research. In other words, it is an appropriate blueprint of how to achieve the study purpose. It outlines the processes required to answer the research questions (Durrheim, 2006). Having a research design helps researchers to identify and develop procedures and logistical planning essential before embarking on a study. This increases the likelihood that these procedures are valid, objective and accurate (Kumar, 2005). A descriptive design was used to answer the evaluation questions. It should be noted that this was done because the study aimed at evaluating the implementation of the RCWs training programme. In addition, a rapid appraisal of the evaluation questions did not indicate the need of explanatory design (Babbie & Mouton, 2001; Durrheim, 2006).

Evaluation Questions and Data Collection Tools

Table 3 presents evaluation questions and data collection tools used to provide answers to evaluation questions developed in the first chapter.

Table 3

Evaluation Questions and Data Collection Tools

Evaluation Question	Data Collection Tools
1-5	Student profiles
6	Detailed project plan
7	Student mark sheets
8	Student opinion forms
9-10	Quarterly reports

To answer evaluation questions 1-5 (service utilisation) the evaluator consulted student profiles. These provided information on demographic aspects such as age, gender, work experience and prior education level. For the evaluation question 6 (service utilization), the detailed project plan provided description of the target population. To answer evaluation question 7 (service utilization), the evaluator consulted student marks sheets which tracked academic performances for each student in each course. In answering evaluation question 8 (service utilization) the evaluator analysed students' opinions. As mentioned earlier students were asked to fill in a questionnaire capturing their opinions on diverse aspects of the training after each block. There were three different questionnaires consisting of open-ended questions. These open-ended questions presented challenges for analysis. The evaluator developed a novel approach and technique to presenting and analysing these answers. His initial task was to impose some structures and order on the data in order for him to successfully code the content.

The first questionnaire was concerned with the student introduction to UCT facilities and administered at the end of the student introduction to UCT (Appendix B), whereas the second and third questions captured aspects related to the teaching of the four courses (Appendix C & D). The second questionnaire was administered at the end of 1-4 blocks and the third questionnaire at the end of 5-6 blocks. The questionnaires were developed and administered by programme staff. The evaluator noted that students provided their names on the questionnaire. It should be noted that this might decrease the likelihood to have trustworthy responses from students.

Quarterly reports were used to answer evaluation questions 9-10 (service delivery). The quarterly reports report on progress made, challenges, lessons learnt and planning. Evaluation questions 11-13 (service delivery) and 13-18 (organisational support) were answered using a questionnaire (Appendix A). The evaluator designed and submitted a first draft of the questionnaire to the programme manager. After reviewing the questionnaire based on programme manager's feedback, the evaluator proceeded with collecting data. This questionnaire was administered electronically and anonymously to programme staff and all lecturers. The participation in the study was voluntary. In total, there were 33 questionnaires administered. However, the evaluator only received 9 completed questionnaires. The reasons for the low responses rate are discussed in the discussion chapter.

Analysis of Student Opinions Data

At the time of designing the research method, the evaluator solely relied on the availability of student opinions data. It was expected that student opinions data would provide enough information for answering evaluation question 8 (service utilisation). However, the evaluator discovered later that the measuring instrument for student opinion data was flawed. Students were requested to answer open-ended questions provided at the end of each block. The use of open-ended questions meant that the evaluator had to design a coding system to make sense of the qualitative data provided. Respondents' comments did not follow a systematic pattern. The evaluator spent time trawling through the data in order to submerge himself in the content and extract core themes.

The evaluator decided to analyse and then present the qualitative comments in terms of discursive categories, namely positive comments, no comment and

negative comments. It should be noted that the coding system was only used for student introduction to UCT facilities and the four first teaching blocks. It should be also noted that to be effective, the evaluator decided to use an arbitrary cut-off point of 5. This meant that the comments reported in the study were at least mentioned by 5 respondents. The comments on 5-6 blocks were analysed thematically and did not follow the same process as for the 1-4 first teaching blocks given that these questions were different from the previous ones.

Number of Respondents

Across the study the number of student opinions forms collected kept changing. According to the programme staff this was due to the fact that it was not compulsory to fill in the questionnaire. These numbers of respondents are reported in Table 4.

Table 4

Number of Respondents for Student Opinions

Opinions Items	Sampling Size
Introduction to UCT facilities	31
First block	27
Second block	31
Third block	22
Fourth block	15
Fifth block	29
Sixth block	26

Procedure

Before commencing with collecting secondary and primary data, the evaluator submitted a proposal for ethical clearance to the Ethics in Research Committee in

the Commerce Faculty. Once, the approval was granted the evaluator started with data collection. Data collection occurred during June-July. The questionnaire was electronically administered to programme staff and all lecturers to collect primary data. Programme staffs were informed that the data will be confidential and that their participation on the study was voluntary. The programme manager introduced the evaluator to the programme staff via e-mail to ensure that programme staff would respond to the evaluator. No reward was given to the respondents. Secondary data were collected through programme documents and the evaluator treated all data anonymously.

CHAPTER 3: RESULTS

This chapter presents, analyse and interprets the data. The first part of the chapter presents the questions for which respondents were expected to answer. The questions have been grouped according to the three themes relevant for this research. That is service utilization, service delivery and organisational support. The current section presents the answers to the evaluation questions presented earlier.

Service Utilization

Evaluation question 1: How many participants enrolled on the programme?

Evaluation question 2: What were the demographics of RCWs?

The programme recruited 34 participants from the Mitchell's Plain Sub-District. Within this group, 33 were women and one was a man. The participants mean age was 38.26 years (n=34). The youngest participant was aged 24 years old while the oldest was 56 years. Most, participants first language was Xhosa speakers (73.53%). First language English speakers represented 17.65% and first language Afrikaans speakers were 8.80% of the total population. No participants reported any disability.

Evaluation question 3: Did the RCWs fulfil the selection criteria?

There were 24 participants (n=34) with a National Senior Certificate (NSC), 9 had NQF 4 level, and one participant had completed Grade 11. Almost all participants

(33) were involved in community work for at least 3 years and only one participant had 6 months experience of working within communities (n=34).

Evaluation question 4: What was the attrition rate?

Evaluation question 5: Was there any systematic pattern in attrition?

Within the group, 4 participants dropped out (1 man and 3 women). The man was aged 47 years old and the three women were 43, 25, and 24 years old respectively. The man and one woman never reported the reasons of dropping out. One woman gave birth and the other passed away.

Evaluation question 6: Were the RCWs the intended participants?

The programme was designed for RCWs working in Mitchell's Plain Sub-District. Students' profile revealed that all participants were affiliated to an organization working in Mitchell's Plain Sub-District.

Evaluation question 7: Did the RCWs acquire the required level of knowledge of rehabilitation in support and care in the programme?

Table 4 shows the level of knowledge acquired by programme participants in the theoretical component of the programme. The table also displays student academic performances in coursework and exam in each course. Coursework and exam were equally weighted (50%). The minimum level required to pass a course was 50%.

Table 5

Participant	Individual Mark (n=30) expressed as %								
	DMIS		IDA		PHL		HWFA		Total
	CW	Exam	CW	Exam	CW	Exam	CW	Exam	
1	51.4	32	55.6	74	74	70	60	60	59.63
2	48.8	24	53.2	60	68	60	50	50	51.75
3	44.8	39.5	57.6	68	68	38	68	56	54.99
4	53.2	42	45.4	72	94	62	64	68	62.58
5	45.8	43	75	78	94	72	62	68	67.23
6	51.2	32	51	66	68	56	54	60	54.78
7	64	24	71	64	94	58	42	54	58.88
8	58	50	70.4	64	46	56	88	76	63.55
9	38.8	35	64.4	86	46	60	66	76	59.03
10	70.6	67	76	74	94	88	86	82	79.7
11	38.2	51.5	56.2	76	46	32	66	46	51.49
12	41.2	32.5	50.4	54	68	68	62	48	53.01
13	39.4	35	65.6	76	46	50	72	64	56
14	51.4	48	70.6	68	68	46	40	60	56.5
15	40	22.5	47	62	70	40	44	50	46.94
16	42.4	32	58	66	46	76	52	62	54.3
17	33.8	27.5	54	42	46	34	58	46	42.66
18	43.6	32.5	64	76	70	56	54	64	57.51
19	42.6	23	45	58	74	56	56	50	50.58
20	40.8	29.5	58	66	70	66	60	56	55.79
21	59	63.5	69.6	78	74	62	80	64	68.76
22	48.2	34.5	51.6	66	56	38	54	54	50.29
23	39.8	42	62.6	62	56	48	44	54	51.05
24	48.6	31	54.8	66	94	50	64	62	58.8
25	38.6	24	49.6	50	70	38	50	50	46.28
26	45.2	49	51.6	64	70	66	56	58	57.48
27	55.6	33	57	82	94	38	76	66	62.7
28	45.6	17	50.4	42	70	38	50	36	43.63
29	39.6	34	63	70	74	46	68	44	54.83
30	44.4	50	61.8	66	56	50	68	54	56.28
Pass	4		27		26		26		26
Fail	26		3		4		4		4
Class Mean	46.82	36.68	58.68	66.53	68.80	53.93	60.47	57.93	56.23
SD	8.37	11.97	8.78	10.37	16.13	13.78	12.18	10.23	7.62
Highest	70.60	67	76	86	94	88	88	82	79.70
Lowest	33.80	17	45	42	46	32	40	36	42.68

Required Level of Knowledge of Programme Participants in Theoretical Component

Note. Mean, minimum, and maximum values are expressed as percentages (%). CW stands for class work

Table 5 indicates that in general the majority of participants 26 (86.67%) have successfully completed the four courses (n=30) against 4 (13.33%) participants who failed or obtained less than 50% (the minimum requirement). The highest mark was 79.70% while the lowest mark was 42.68%. The table also reveals that at the end of the teaching component of the programme, the majority of students (86.67%) failed in DMIS and only 13.30% passed (n=30). Students' performances in the rest of the courses were better than in DMICS. Four students failed in both HWFA and PHL, and they were only 3 who failed in IDA.

Evaluation question 8: Were the RCWs satisfied with the teaching component of the programme as implemented?

Student Introduction to UCT Facilities

Table 6 presents student opinions on their introduction to UCT facilities as positive comments, no comments and negative comments.

Table 6

Student Evaluations of Introduction to UCT Facilities (expressed as %)

Evaluation Item	Student's Perception (n=31)		
	Positive	No Comment	Negative
1. What comments do you have on UCT systems and passwords?	100	0	0
2. What comment do you have on the Adult Learning?	90.32	3.23	6.45
3. What comments do you have on Basic Computer?	100	0	0
4. What comments do you have on Basic Word?	96.77	3.23	0
5. What comments do you have on Goal Setting & Time Management?	93.55	6.45	0
6. What comments do you have on Exploring UCT Campus?	93.55	3.23	3.23
7. What comments do you have on Library Introduction?	100	0	0
8. What comment do you have on Basic Internet and Vula Use?	93.55	3.23	3.23
9. What comment do you have on Learning Support?	100	0	0
10. What comment do you have on the overall UCT experience?	100	0	0
11. What comment do you have on Teaching Content?	93.55	0	6.45

From Table 6, it is clear that all 12 items elicited positive responses. In Table 7 these responses are shown as meaningful words. It should be noted that an arbitrary cut-off point of 5 was used. In other words, the results reported in Table 7 were mentioned by at least 5 respondents.

Table 7

Majority Responses broken down into Meaningful Comments

Item	Meaningful Comments	Numbers
1. What comments do you have on UCT systems and passwords?	First time to use a computer	10
	Interest of the course	9
	Knowledge	5
2. What comments do you have on the Adult Learning?	Teaching method good	26
3. What comments do you have on the Basic Computer?	Interesting	19
	Knowledgeable	12
4. What comments do you have on Basic Words?	Interesting	30
5. What comments do you have on Goal Settings & Time Management?	Interest of the course	14
	Knowledge	9
	Lecturer was a kind person	5
6. What comments do you have on Exploring UCT campus?	Interesting	29
7. What comments do you have on Library Introduction?	Lecturer was a kind person	14
	Interesting	11
	Knowledgeable	6
8. What comments do you have on Basic Internet and Vula Use?	Interesting	29
9. What comments do you have on Learning Support?	Lecturer was supportive	20
	Class was interesting	10
10. What comments do you have on the overall UCT experience?	Interesting	31
11. What comments do you have on Teaching Content?	Course was interesting	13

	Lecturer was good	7
12. What comments do you have on the delivery of the course?	Delivery was good	29

First Block

During the first block, three courses were taught: Inclusive Development Agency (IDA), Health, wellness & Functional Ability (HWFA) and Promoting Healthy Lifestyles (PHL). The following tables present students opinions based on the three categories and meaningful words.

Table 8

Student Evaluations of IDA Course (expressed as %)

Evaluation Item	Student's Perception (n=27)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	85.19	0	14.81
2. Did the course content add value to you and your work?	88.89	0	11.11
3. What comments do you have on the delivery of the course content?	74.07	7.41	18.52
4. What did you enjoy most about the course?	88.89	0	11.11
5. What did you not like about the course?	66.67	0	33.33
6. What comment do you have for the facilitator? *	70.37	0	29.63
**	85.18	3.7	11.11
***	81.48	0	18.52
****	89.89	0	11.11
*****	77.78	22.22	0
*****	96.35	0	3.7
7. What can the facilitator change in the course?	59.26	0	40.74
8. What comment do you have about learning together with self-advocates in this course?	96.3	3.7	0
9. What did you learn from the interaction?	100	0	0

Note. (*) Stands for each lecturer involved in the course

Students positively responded to all evaluation items. However, there were eight and five respondents who made negative comments on the first and the third lecturer. For the first lecturer, seven students said that the lecturer was not speaking to them in a fair way and one mentioned that they were not informed about assignments. For the third lecturer, the five students reported that the lecturer was not speaking audibly when explaining. Using an arbitrary cut-off point of 5 these comments can be presented as follows in the Table 9.

Table 9

Majority Responses broken down into Meaningful Comments for IDA Course

Item	Meaningful Comments	Numbers
1. What comments do you have on the delivery of the course?	Teaching was clear	6
	Good	7
2. What did you enjoy most about the course?	Good	5

	Group work	6
3. What comments do you have on the overall UCT experience?	Interesting	31
4. What comments do you have on Teaching Content?	Course was interesting	13
	Lecturer was good	7
5. What comments do you have on the delivery of the course?	Delivery was good	29

Table 10

Student Evaluations of HWFA Course (expressed as %)

Evaluation Item	Student's Perception (n=27)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	92.59	3.7	3.7
2. Did the course content add value to you and your work?	100	0	0
3. What comments do you have on the delivery of the course content?	92.59	3.7	3.7
4. What did you enjoy most about the course?	100	0	0
5. What did you not like about the course?	85.19	14.84	0
6. What comment do you have for the facilitator of the course?	92.6	0	7.41
7. What can the facilitator change in the course?	96.3	0	3.7

From Table 10, it is clear that all 7 items elicited positive responses. In Table 11 these responses are shown as meaningful words. It should be noted that an arbitrary cut-off point of 5 was used.

Table 11

Majority Responses broken down into Meaningful Comments for HWFA Course

Item	Meaningful Comments	Numbers
1. What comment do you have on the course content?	Anatomy of the body	8
2. Did the course add value to you and your work?	Agent of change	15
	Knowledge	8
3. What comment do you have on the delivery of the course?		
4. What did you enjoy most about the course?	Course content	13
5. What did you not like about the course?	Nothing to complain about	23
6. What comment do you have for the facilitator of the course?	Lecturer was nice	15
	Interaction was good	8
7. What can the facilitator change in the course?	Nothing to be changed	20

Table 12

Student Evaluations of PHL Course

Evaluation Item	Student's Perception (n=27)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	88.89	0	11.11
2. Did the course content add value to you and your work?	85.19	0	14.84
3. What comments do you have on the delivery of the course content?	88.89	0	11.11
4. What did you enjoy most about the course?	85.19	3.7	11.11
5. What did you not like about the course?	77.78	7.41	14.84
6. What comment do you have for the facilitator of the course?	88.89	0	11.11
7. What can the facilitator change in the course?	100	0	0

Students positively responded to all evaluation items. Using an arbitrary cut-off point of 5 these comments can be presented as follows in the Table 13.

Table 13

Majority Responses broken down into Meaningful Comments for PHL Course

Item	Meaningful Comments	Numbers
1. What comment do you have on the course content?	Primary health care	7
2. Did the course add value to you and your work?	Course content was good	17
3. What comment do you have on the delivery of the course?	Good	14
4. What did you enjoy most about the course?	Primary health care	7
5. What did you not like about the course?	Nothing to complain about	21
6. What comment do you have for the facilitator of the course?	Everything was good	14
7. What can the facilitator change in the course?	Nothing to be changed	27

Second block

During the second block four courses were taught: IDA, Disability Information Management Communication Systems (DIMCS), HWFA and PHL. The following tables present students opinions based on the three categories and meaningful words.

Table 14

Student Evaluations of IDA Course

Evaluation Item	Student's Perception (n=31)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	80.65	16.13	3.23
2. Did the course content add value to you and your work?	77.42	22.58	0
3. What comments do you have on the delivery of the course content?	74.19	25.81	0
4. What did you enjoy most about the courses?	74.19	25.81	0
5. What did you not like about the courses?	83.87	0	16.13
6. What comment do you have for the facilitator?	77.42	22.58	0
7. What can the facilitator change in this course?	70.97	29.03	0
8. What comment do you have about learning together with self-educator in this course?	61.29	35.48	3.24

From Table 14, it is clear that all 8 items elicited positive responses. In Table 15 these responses are shown as meaningful words. It should be noted that an arbitrary cut-off point of 5 was used.

Table 15

Majority Responses broken down into Meaningful Comments for IDA Course

Item	Meaningful Comments	Numbers
1. What comment do you have on the course content?	Course was good	12
	Knowledgeable	8
2. Did the course add value to you and your work?	Knowledgeable	7
	Gained skills	6
3. What comment do you have on the delivery of the course?	Teaching was good	17
4. What did you enjoy most about the course?	Family life	8
	Course was good	6
5. What did you not like about the course?	Nothing to complain about	26
6. What comment do you have for the facilitator of the course?	Lecturer was nice	23
7. What can the facilitator change in the course?	Nothing to be changed	22
8. What comments do you have about the learning together with self-advocacy in this course?	Was good	19

Table 16

Student Evaluations of DIMCS Course (expressed as %)

Evaluation Item	Student's Perception (n=31)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	93.55	6.45	0
2. Did the course content add value to you and your work?	90.32	6.45	3.23
3. What comments do you have on the delivery of the course content?	67.74	29.03	3.23
4. What did you enjoy most about the courses?	87.1	12.9	0
5. What did you not like about the courses?	83.87	0	16.13
6. What comment do you have for the facilitator?	83.87	9.68	6.45
7. What can the facilitator change in this course?	87.87	0	12.9

In Table 17 these responses are shown as meaningful words. It should be noted that an arbitrary cut-off point of 5 was used.

Table 17

Majority Responses broken down into Meaningful Comments for DIMCS Course

Item	Meaningful Comments	Numbers
1. What comment do you have on the course content?	Course was good	12
	Knowledgeable	8
2. Did the course add value to you and your work?	Knowledgeable	7
	Gained skills	6
3. What comment do you have on the delivery of the course?	Teaching was good	17
4. What did you enjoy most about the course?	Family life	8
	Course was good	6
5. What did you not like about the course?	Nothing to complain about	26
6. What comment do you have for the facilitator of the course?	Lecturer was nice	23
7. What can the facilitator change in the course?	Nothing to be changed	22
8. What comments do you have about the learning together with self-advocacy in this course?	Was good	19

Table 18

Student Evaluations of HWFA Course (expressed as %)

Evaluation Item	Student's Perception (n=31)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	74.19	25.81	0
2. Did the course content add value to you and your work?	83.87	18.13	0
3. What comments do you have on the delivery of the course content?	80.65	19.35	0
4. What did you enjoy most about the course?	80.65	19.35	0
5. What did you not like about the course?	80.65	0	19.35
6. What comment do you have for the facilitator of the course? *	87.1	12.9	0
**	87.1	12.9	0
***	70.97	19.35	9.68
7. What can the facilitator change in the course?			

Note. ()* Stands for each lecturer involved in the course

In Table 19 these responses are shown as meaningful words. It should be noted that an arbitrary cut-off point of 5 was used.

Table 19

Majority Responses broken down into Meaningful Comments for HWFA Course

Item	Meaningful Comments	Numbers
1. What comment do you have on the course content?	Course was good	12
	Knowledgeable	8
2. Did the course add value to you and your work?	Knowledgeable	7
	Gained skills	6
3. What comment do you have on the delivery of the course?	Teaching was good	17
4. What did you enjoy most about the course?	Family life	8
	Course was good	6
5. What did you not like about the course?	Nothing to complain about	26
6. What comment do you have for the facilitator of the course?	Lecturer was nice	23
7. What can the facilitator change in the course?	Nothing to be changed	22
8. What comments do you have about the learning together with self-advocacy in this course?	Was good	19

Table 20

Student Evaluations of PHL Course (expressed as %)

Evaluation Item	Student's Perception (n=31)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	74.19	25.81	0
2. Did the course content add value to you and your work?	74.19	25.81	0
3. What comments do you have on the delivery of the course content?	67.74	32.26	0
4. What did you enjoy most about the courses?	77.42	22.58	0
5. What did you not like about the courses?	93.55	0	6.45
6. What comment do you have for the facilitator? *	80.65	19.35	0
**	74.19	25.81	0
7. What can the facilitator change in this course?	90.32	0	9.68

Note. (*) Stands for each lecturer involved in the course

In Table 21 these positive comments are shown as meaningful words. An arbitrary cut-off point of 5 was used.

Table 21

Majority Responses broken down into Meaningful Comments for PHL Course

Item	Meaningful Comments	Numbers
1. What comment do you have on the course content?	Lecturer was good	5
	Knowledgeable	5
	Class was good	5
	Child development	6
2. Did the course add value to you and your work?	Knowledgeable	10
3. What comment do you have on the delivery of the course?	Course was good	14
4. What did you enjoy most about the course?	Child development	9
	Course content	6
5. What did you not like about the course?	Class was good	29
6. What comment do you have for the facilitator of the course? * **	Lecturer was nice	25
	Lecturer was nice	23
7. What can the facilitator change in the course?	Nothing to be changed	28

Note: () stands for each lecturer involved in the course*

Evaluation item 9: Name two knowledge areas gained in this block that you will take back to your community?

Most respondents mentioned record keeping (17) and passive movement (13).

Evaluation item 10: Was the learning support helpful?

There were twenty respondents who reported that the learning support was helpful.

Evaluation item 11: Comment on the median group?

There were 24 respondents who reported that they have enjoyed sharing their experiences with disability issues. Five students did not make any comments and two respondents said that they got bored.

Evaluation item 12: Where do you need help most with your course?

Ten respondents reported that they were satisfied with the training. However, areas where students needed help were: passive movement (4), time (6), financial support (3), PHL (2), speech therapy (1), record keeping (1) and basic counselling (1). Three students misinterpreted the question and reported that they needed to get more confidence about job perspectives.

Third block

During the first block all four courses were taught. The following tables present students opinions based on the three categories and meaningful words.

Table 22

Student Evaluations of IDA Course (expressed as %)

Evaluation Item	Student's Perception (n=22)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	68.18	27.27	4.55
2. Did the course content add value to you and your work?	63.4	36.36	0
3. What comments do you have on the delivery of the course content?	68.18	31.82	0
4. What did you enjoy most about the courses?	54.55	45.45	0
5. What did you not like about the courses?	50	36.36	13.64
6. What comment do you have for the facilitator?	77.27	22.73	0
7. What can the facilitator change in this course?	77.27	0	22.73

In general, there were positive comments even though in some cases students did not make any comment at all. In Table 23 these responses are shown as meaningful words using an arbitrary cut-off point of 5.

Table 23

Majority Responses broken down into Meaningful Comments for IDA Course

Item	Meaningful Comments	Numbers
1. What comment do you have on the course content?	Course was good	12
2. Did the course add value to you and your work?	Gained skills	11
3. What comment do you have on the delivery of the course?	Teaching was good	13
4. What did you enjoy most about the course?	Teaching was good	11
5. What did you not like about the course?	Class was enjoyable	11
6. What comment do you have for the facilitator of the course?	Lecturer was nice	17
7. What can the facilitator change in the course?	Nothing to be changed	17

Table 24

Student Evaluations of DIMCS Course (expressed as %)

Evaluation Item	Student's Perception (n=22)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	86.36	13.64	0
2. Did the course content add value to you and your work?	81.88	18.18	0
3. What comments do you have on the delivery of the course content?	63.64	27.27	9.1
4. What did you enjoy most about the course?	54.55	40.91	4.55
5. What did you not like about the course?	86.36	0	13.64
6. What comment do you have for the facilitator? *	59.1	22.73	18.18
**	90.91	9.1	0
***	68.18	31.82	0
7. What can the facilitator change in this course?	72.73	0	27.27

Note. (*) Stands for each lecture involved in the course

In Table 25 these responses are shown as meaningful words using an arbitrary cut-off point of 5.

Table 25

Majority Responses broken down into Meaningful Comments for DIMCS Course

Item	Meaningful Comments	Numbers	
1. What comment do you have on the course content?	Course was interesting	17	
2. Did the course add value to you and your work?	Knowledgeable	6	
	Gained skills	7	
3. What comment do you have on the delivery of the course?	Teaching was good	11	
4. What did you enjoy most about the course?	Communication	6	
5. What did you not like about the course?	Nothing to complain about	17	
6. What comment do you have for the facilitator of the course?*	Lecturer was nice	13	
	**	Lecturer was kind	20
	***	Lecturer was nice	15

7. What can the facilitator change in the course?	Nothing to be changed	16
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Note. (*) Stands for each lecturer involved in the course

Table 26

Student Evaluations of HWFA Course (expressed as %)

Evaluation Item	Student's Perception (n=22)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	95.45	4.55	0
2. Did the course content add value to you and your work?	90.9	9.1	0
3. What comments do you have on the delivery of the course content?	77.27	22.73	0
4. What did you enjoy most about the course?	72.73	27.27	0
5. What did you not like about the course?	86.36	0	13.64
6. What comment do you have for the facilitator of the course? *	81.82	13.64	4.55
**	81.82	13.64	4.55
***	63.64	31.82	4.55

Note. (*) Stands for each lecturer involved in the course

These positive responses are shown in Table 27 as meaningful words using an arbitrary cut-off point of 5.

Table 27

Majority Responses broken down into Meaningful Comments for HWFA Course

Item	Meaningful Comments	Numbers	
1. What comment do you have on the course content?	Course was relevant	15	
2. Did the course add value to you and your work?	Knowledgeable	9	
	Gained skills	8	
3. What comment do you have on the delivery of the course?	Course was interesting	9	
	Presentations well done	5	
4. What did you enjoy most about the course?	Amputation	5	
5. What did you not like about the course?	Nothing to complain about	19	
6. What comment do you have for the facilitator of the course? *	Lecturer was nice	18	
	**	Lecturer was nice	18
	***	Lecturer was good	14
7. What can the facilitator change in the course?	Nothing to be changed	14	

Note. (*) Stands for each lecturer involved in the course

Table 28

Student Evaluations of PHL Course (expressed as %)

Evaluation Item	Student's Perception (n=22)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	86.36	9.1	4.55
2. Did the course content add value to you and your work?	72.73	27.27	0
3. What comments do you have on the delivery of the course content?	50	50	0
4. What did you enjoy most about the courses?	86.36	0	13.64
5. What did you not like about the courses?	81.82	18.18	0
6. What comment do you have for the facilitator?	81.82	18.18	0

In Table 29 these comments are shown as meaningful words using an arbitrary cut-off point of 5.

Table 29

Majority Responses broken down into Meaningful Comments for PHL Course

Item	Meaningful Comments	Numbers
What comment do you have on the course content?	Course was interesting	13
Did the course add value to you and your work?	Knowledgeable	6
	Gained skills	10
What comment do you have on the delivery of the course?	Teaching was interesting	10
What did you enjoy most about the course?	Interaction with PWDs	5
	Course was good	6
What did you not like about the course?	Course was enjoyable	19
What comment do you have for the facilitator of the course?	Lecturer was nice	18
What can the facilitator change in the course?	Nothing to be changed	18

Evaluation item 9: Name two knowledge areas gained in this block that you will take back to your community?

Most respondents mentioned communication (10) and passive movement (5).

Evaluation item 10: Was the learning support helpful?

Fourteen respondents reported that the learning support was helpful. However, seven students did not make any comments and there was one respondent who said that he/she did not see the facilitator.

Evaluation item 11: Comment on the median group?

There were thirteen respondents who reported that they have enjoyed sharing feelings while nine students did not make any comments.

Evaluation item 12: Where do you need help most with your course?

Seven respondents reported that they were fine with the training. However, areas where students needed help were: more exercises in HWFA (8), transport (3), communication skills (1), portfolio (1), technical terms (1), and clinical placements (1).

Fourth block

During the fourth block all courses were taught: The following tables present students opinions based on the three categories and meaningful words.

Table 30

Student Evaluations of IDA Course (expressed as %)

Evaluation Item	Student's Perception (n=15)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	86.67	0	13.33
2. Did the course content add value to you and your work?	73.33	6.67	20
3. What comments do you have on the delivery of the course content?	86.67	6.67	6.67
4. What did you enjoy most about the courses?	80	20	0
5. What did you not like about the courses?	80	0	20
6. What comment do you have for the facilitator? *	66.67	26.67	6.67
**	73.33	20	6.67
***	53.33	40	6.67

Note. (*) Stands for each lecturer involved in the course

In Table 31 these comments are shown as meaningful words using an arbitrary cut-off point of 5.

Table 31

Majority Responses broken down into Meaningful Comments for IDA Course

Item	Meaningful Comments	Numbers
What comment do you have on the course content?	Intellectual disability	6
Did the course add value to you and your work?	Gained skills	5
What comment do you have on the delivery of the course?	Teaching was good	9
What did you enjoy most about the course?	Visit of intellectually disabled people	5
	Disabled people experience	5
What did you not like about the course?	Course was enjoyable	12
What comment do you have for the facilitator of the course?	Lecturer was nice	10
	**	Lecturer was nice
***	Lecturer was nice	8
What can the facilitator change in the course?	Nothing to be changed	12

Note. (*) Stands for each lecturer involved in the teaching

Table 32

Student Evaluations of DIMCS Course (expressed as %)

Evaluation Item	Student's Perception (n=15)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	73.33	26.67	0
2. Did the course content add value to you and your work?	60	33.33	6.67
3. What comments do you have on the delivery of the course content?	73.33	26.67	0
4. What did you enjoy most about the course?	66.67	33.33	0
5. What did you not like about the course?	73.33	0	26.67
6. What comment do you have for the facilitator? *	60	40	0
	**	60	40
7. What can the facilitator change in this course?	73.33	0	26.67

Note. (*) Stands for each lecturer involved in the teaching

Table 33

Majority Responses broken down into Meaningful Comments for IDA Course

Item	Meaningful Comments	Numbers
What comment do you have on the course content?	Records keeping	5
Did the course add value to you and your work?	Gained skills	6
What comment do you have on the delivery of the course?	Teaching was good	10
What did you enjoy most about the course?		
What did you not like about the course?	Course was enjoyable	11
What comment do you have for the facilitator of the course? *	Lecturer was nice	9
**	Lecturer was kind	9
What can the facilitator change in the course?	Nothing to be changed	11

Note. (*) Stands for each lecturer involved in the teaching

Table 34

Student Evaluations of HWFA Course (expressed as %)

Evaluation Item	Student's Perception (n=15)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	80	6.67	13.33
2. Did the course content add value to you and your work?	93.33	6.67	0
3. What comments do you have on the delivery of the course content?	86.67	13.33	0
4. What did you enjoy most about the course?	66.67	20	13.33
5. What did you not like about the course?	80%	0	40
6. What comment do you have for the facilitator of the course? *	93.33	6.67	0
**	93.33	6.67	0
***	26.67	20	53.33

Note. (*) Stands for each lecturer involved in the course

Table 35

Majority Responses broken down into Meaningful Comments for HWFA

Item	Meaningful Comments	Numbers
What comment do you have on the course content?		
Did the course add value to you and your work?	Knowledgeable	5
	Gained skills	7
What comment do you have on the delivery of the course?	Course was enjoyable	11
What did you enjoy most about the course?	Exercise	6
What did you not like about the course?	Nothing to complain about	9
What comment do you have for the facilitator of the course? *	Lecturer was nice	14
**	Lecturer was nice	14
***	Much technical terms	8
What can the facilitator change in the course?	Nothing to be changed	10
	Need of more exercise	5

Note. (*) stands for each lecturer involved in the course

Table 36

Student Evaluations of PHL Course (expressed as %)

Evaluation Item	Student's Perception (n=15)		
	Positive	No Comment	Negative
1. What comments do you have on the course content?	100	0	0
2. Did the course content add value to you and your work?	86.67	13.33	0
3. What comments do you have on the delivery of the course content?	73.33	20	6.67
4. What did you enjoy most about the courses?	73.33	26.67	0
5. What did you not like about the courses?	80	0	20
6. What comment do you have for the facilitator?	66.67	13.33	20

These positive comments are shown in Table 37 as meaningful words using a cut-off point of 5.

Table 37

Majority Responses broken down into Meaningful Comments for IDA Course

Item	Meaningful Comments	Numbers
1. What comment do you have on the course content?		
2. Did the course add value to you and your work?	Gained skills	9
3. What comment do you have on the delivery of the course?	Teaching was good	7
4. What did you enjoy most about the course?	Class presentation	8
5. What did you not like about the course?	Class was enjoyable	12
6. What comment do you have for the facilitator of the course?	Lecturer was good	10
7. What can the facilitator change in the course?	Nothing to be changed	14

Evaluation item 9: Name two knowledge areas gained in this block that you will take back to your community?

Most respondents mentioned record keeping (7), support (5) and passive movement (4).

Evaluation item 10: Comment on the median group?

There were seven respondents who did not respond to this question. However, the rest of the respondents reported that they have enjoyed sharing feelings.

Evaluation item 12: Where do you need help most with your course?

Six respondents reported that they were fine with the training. However, the rest of the respondents said that they needed more exercises on passive movement.

Fifth block

Although all four courses were taught during this block, students were asked to indicate how they were using what was taught instead of commenting on training aspects. These comments are presented below thematically using a cut-off point of 5. This implies that the opinions reported were mentioned by at least 5 respondents.

Table 38

Majority Responses broken down into Meaningful Comments for Sixth Block

Evaluation Item	Meaningful Comments	Numbers
(n=29)		

1. What have I learned during this teaching block in each of the courses?	Disability and sexuality	22
	Games for disabled people	11
	Communication	10
	Burns	10
	Mental health	5
2. What changes would you like to make as a result of this training?	Sharing knowledge	17
	Improve their work	12
3. What are the top 3 things I would like to take back into my community?	Sharing knowledge	11
	Ear screening	10
4. What areas that have been taught would I like more input on?	Sexuality	12
	Body movement	7
	Mental health	7
	Burns	6
	Fracture	10
5. What specifically have I learned about myself?	Respect	13
6. What else would I like to note down that would be useful to me going forward?	More exercise	5

Sixth block

Students were asked to indicate how they were using what was taught in this block. These comments are presented below thematically using a cut-off point of 5. This implies that the opinions reported were mentioned by at least 5 respondents.

Table 39

Majority Responses broken down into Meaningful Comments for Seventh Block

Evaluation Item	Meaningful Comments	Numbers (n=26)
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What have I learned during this teaching block in each of the courses?	Ear screening	26
	Learning support class	22
	Muscles	8
What changes would you like to make as a result of this training?	Sharing knowledge	13
	Improve their work	12
What are the top 3 things I would like to take back into my community?	Sexuality	17
	Sharing knowledge	10
	Burns	9
	Exercises	6
What areas that have been taught would I like more input on?	More exercises	5
	Ear screening	9
	Body movement	7
	Learning support	5
What specifically have I learned about myself?	Course content was good	9
	Confidence	7
What else would I like to note down that would be useful to me going forward?	Spending more time	11
	Improving study methods	5

Service Delivery

Evaluation question 9: Were the programme activities delivered as intended?

In Table 40 the intended programme activities (courses) are presented, plus whether or not these activities were actually implemented.

Table 40

Intended and Implemented Programme Activities

Intended Programme Activities	Actual Programme Activities
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Inclusive Development & Agency	Yes
Disability Information Management Communication Systems	Yes
Health, Wellness & Functional Ability	Yes
Promoting Healthy Lifestyles	Yes

According to the Table 40, programme documents revealed that the four courses were implemented as intended.

Evaluation question 10: What was the actual sequence of the programme courses?

Table 41 indicates the actual sequence of the four courses in each block.

Table 41

Actual Sequence of Courses

	First Block	Second Block	Third Block	Fourth Block	Fifth Block	Sixth Block
IDA	X	X	X	X	X	X
DIMCS		X	X	X	X	X
HWFA	X	X	X	X	X	X
PHL	X	X	X	X	X	X

The table indicated that out of the four courses three began from the first block. These were IDA, HWFA and PHL. The remaining course (DIMCS) only started from the second block.

Evaluation question 11: Did all RCWs get the same sequence?

Out of nine lecturers interviewed, seven reported that the RCWs got the same sequence of activities.

Evaluation question 12: Does the programme encourage application of skills to PWDs and their families in the community?

The majority of the respondents 8 (n=9) reported that the programme encourages the application of skills in rehabilitation care and support. The other respondent could not tell whether or not the programme would encourage application of skills to PWDs and their families in communities.

Evaluation question 13: Do the staff who delivered the programme have the required qualification?

Table 42 presents the education level of all lecturers involved in the teaching of the four courses.

Table 43

Lecture Level of Education

Course	Lecturer	Highest Qualification	Research Focus
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IDA	1	PhD	Disability studies and CBR worker training
	2	PhD	Disability policy, Indigenous health
	3	MSc (OT)	Rural development and CBR
	4	MPhil Disabilities	Disabilities studies
	5	MPhil Disabilities	Disabilities studies
	6	MPhil Disabilities	Development delay
	7	BSc	Disabilities studies
	8	BSc	Disabilities studies
DIMCS	9	PhD	Health systems and information systems
	10	Masters	Health systems and service research
	11	Honours	Information systems management
HWFA	12	Masters Physio	Physiotherapy
	13	Masters Physio	Physiotherapy
	14	Masters Physio	Physiotherapy
	15	Masters (OT)	Occupational Therapy
	16	Masters (OT)	Occupational Therapy
	17	Masters Audio	Audiology
	18	BSc Audio	Audiology
	19	BSc (OT)	Occupational Therapy
	20	BSc Physio	Physiotherapy
	21	BSc Speech	Speech language pathology
	22	BSc Physio	Physiotherapy
	23	BSc	audiology
24	BSc	Occupational therapy	
PHL	11	PhD	Health promotion, community engagement
	12	PhD	Community development
	13	MSc	Health promotion and community development
WIPL	15	PhD	Disability and rehabilitation
	16	Masters	Interprofessional education
	17	Masters	Disability and rehabilitation
	18	BSc Honours	Health promoting schools
	19	BSc Honours	Early childhood development, rehabilitation

Table 42 shows that there were four lecturers with PhD, six lecturers that got a masters degree and seven lecturers that have completed honours level. The

research focus of all lecturers was linked to the course content that they had to teach.

Organizational Support

In Table 443 the opinions of the programme staff and lecturers on organisational support are presented. These responses were scored on a 5 Likert scale, with 3 representing “Not sure”. From the results, it is clear that respondents were of the opinion that there was sufficient staff, the sessions of the course went well, the programme staff worked well with each other, that there was sufficient resources to present the programme as intended. Respondents indicated, however, that there was not sufficient time to roll out all the programme activities.

Table 43

Teaching Staff's Opinions on Organisational Support for the RCW Course (n=9)

Evaluation Question	Mean
13. Was there sufficient staff to deliver the programme activities adequately?	3.56
14. Was there enough time to roll out all the activities?	2.78
15. Was the theoretical programme part well organized?	4
16. Did the programme staff work well with each other?	3.78
17. Was there enough budget to roll out the programme as intended?	3.56

These results will be discussed in the discussion chapter.

CHAPTER 4: DISCUSSION

The current chapter is mainly dedicated to the discussion of results presented in the previous chapter. In addition, it will present some suggestions to improve the programme, suggestions for future evaluation, the contribution that the current evaluation has made to knowledge and limits of the evaluation.

Service Utilization

Evaluation question 1: How many RCWs enrolled for the programme?

For the current pilot programme, the service level agreement between UCT and the DoH (Western Cape) specified that 30 RCWs would be trained. However, the programme recruited 34 RCWs. The reason being that anticipating attrition, the programme staff decided to recruit four more students. This brought the number of participants at 34 which is sufficient for the pilot as it is manageable for programme staff and facility placements.

Evaluation question 2: Did the RCWs fulfil the selection criteria?

The detailed project plan provided selection criteria for participants. These requirements are presented in chapter one. In terms of education, the majority of RCWs had at least a NSC (grade 12) or NQF 4 and only one student had only completed grade 11. When asking why a candidate without a NSC has been retained, the programme staff reported that that candidate had an outstanding experience with disability issues and had worked with communities for more than three years. This suggests that the working year experience with communities was an influencing factor when recruiting. The minimum years of working with communities were three years. This was used as a proxy of community involvement and level of disability sensitivity. The evaluator would like to suggest that as the

programme proceeds the programme staff need to reflect on this selection criteria to assess if they are still the most appropriate. Indeed, the literature review has revealed that a prior background in health or related fields should be taken into account when recruiting candidates for such training. This specifically implies a follow up to investigate whether or not the students implement the learning back into the community.

Evaluation question 3: What were the demographics of RCWs?

There was only one man out of 34 participants and the rest were females. One might think that there was a gender bias. However, there was not a gender bias within the student group. Historically, the role of care giving has a gender bias, being that it is mostly women assuming the role. This is obvious in other professions such as nursing, physiotherapy and occupational therapy which are all dominated by females (Battice, 2010; Hashizume, 2000). Thus, this could explain why the DoH (Western Cape) and the organisations were more likely to include more females than males.

The participants' mean age was 38.26 years which could imply that a few youths did take up the training. It should be noted, however, that the DoH proceeded to a pre-selection of sixty candidates from five organisations in Mitchell's Plain district. Applying the selection criteria, the programme staff only retained 34 participants.

Evaluation question 4: What was the attrition rate?

Evaluation question 5: Was there any systematic pattern in attrition?

Thirty four students registered and 30 students completed the training. The programme staff were informed that one woman stopped the course due to the childbirth and the other passed away. However, no reason has been given to the evaluator why the two other students (male and female) did not complete the training (A. Brinkman, personal communication, August 27th, 2013). There was no systematic attrition, it appears circumstantial.

Evaluation question 6: Were the RCWs the intended participants?

Based on the service level agreement between UCT and the DoH, the training was designed for future caregivers in Mitchell's plain area. The students enrolled in the programme were recommended by their organisations which operate in Mitchell's plain. The DoH in collaboration with those organisations proceeded to students' selection and the DSD retained only 34 students. With respect to the service level agreement one can conclude that the training was delivered to the intended participants.

Evaluation question 7: Did the RCWs acquire the required level of knowledge of rehabilitation in support and care in the programme?

Twenty six students out of 30 have successfully completed the four courses. The minimum requirement was 50% in each course. This fact suggests that most programme participants have acquired the required level of knowledge in support and care. However, there were twenty six students who failed in DIMCS. The reason being that students did not perceive that records keeping (the focus of the course) as part of their work duties. Indeed, most students were not collecting clients' information when at clinical placements. The class tests and assignments were directly related to what students were supposed to do when at clinical placements.

The lecturer reported that the course content was designed with respect to the students' background. There would be multiple reasons for students' performances in DIMCS such as lack of time. The course convener also suggested that students were not paying enough attention to record keeping at clinical placements (I. Nwanze, personal communication, October 16th, 2013).

Evaluation question 8: Were the RCWs satisfied with the teaching component of the programme as implemented?

From introduction to UCT facilities to the last block of learning sessions students reported a high level of satisfaction.

Introduction to UCT facilities

In general, students' perceptions on UCT facilities were positive. The reason being that UCT facilities are designed for such purpose. This satisfaction about UCT facilities was also reinforced by the fact that it was the first time for all programme participants to enter UCT premises. The evaluator concluded that students' opinions on UCT facilities reflected a certain excitement about entering UCT campus. It should be also pointed out that the open-ended questions presented a challenge for the evaluator as mentioned earlier. For instance, even in case all interviewed would report that they were satisfied with UCT facilities. Yet, satisfaction might not have the same value if put on individual scale. Programme staff might feel that there is nothing to improve because students made positive comments, whereas a scaled questionnaire would better inform the programme manager and programme staff. For programme improvement, it might be optimal to use a scaled questionnaire.

1-4 Blocks

Students had in general positive opinions on diverse course aspects. They reported a high level of satisfaction ranged from course content to lecturers. Students reported approximately the same level of satisfaction in DIMCS where their academic performances were not good at all. This fact might suggest that programme staff performed a good work when implementing the programme. This also provides enough evidence that the failure of twenty six students in DIMCS would have multiple reasons not solely related to programme implementation. However, the evaluator pointed out the limited questions covered by the data tool used to capture students' opinions. For instance, given the importance of lecturers in learning process, it was surprising to have only two questions on lecturers. Evaluation item 6 (what comment do you have on the facilitator?) and evaluation item 7 (What can the facilitator change/ do differently in this course?). This left many other relevant aspects. For instance, it would be effective to investigate whether or not lecturer were well prepared for classes. The evaluator had provided a measuring instrument for student opinion (Appendix F) which captures other relevant aspects susceptible to help improving the programme.

5-6 Blocks

In the results chapter, responses related to the two last blocks were analysed thematically. Overall, students reported a high level of satisfaction about the two last blocks. However, the evaluator concluded that the measuring instrument used to capture students' opinions was not helpful in order to draw information that could help improving the programme. For instance, the first evaluation item asked: What have I learned during this teaching block in each of the courses (think

broadly)? The evaluator noticed that it was feasible to get answer to this question by looking at students' coursework and exams. The same remark is also applied to the evaluation item 5 (What specifically have I learned about myself?) which does not also provide information which can help improving the programme.

Service Delivery

Evaluation question 9: Were the programme activities delivered as intended?

The service level agreement between UCT and DoH specified the four courses that the DSD would teach. Based on the programme documents, it is clear that these courses were all rolled out as intended.

Evaluation question 10: What was the actual sequence of the programme activities?

The programme courses were taught in six blocks (1-6 blocks). During the second block only IDA, HWFA and PHL were delivered. The reason being the DIMCS needed information to link to, so it only began during the next block. This was intended by the programme staff. During the following five blocks all courses were taught simultaneously. The evaluator found out that this might have not worked as well as it could have. There is a recommendation for improvement in the recommendation section.

Evaluation question 11: Does the programme encourage application of skills to PWDs and their families in the community?

Programme staff and programme manager reported that students will be able to apply the acquired skills and knowledge at their work places. Put differently, they were requested to judge, based on their experience in rehabilitation care and support, whether or not the courses content could affect students' performances at work. An outcome evaluation of the RCW training programme would give evidence of this and the practical component of the programme may also serve as a good indicator of this. However, due to the evaluation timeframe there was no way to evaluate this. The programme was still at its earlier stage and doing an outcome evaluation was not feasible. Given the importance of that question, the evaluator would like to suggest that an outcome evaluation be conducted in future to get robust evidence for this evaluation question.

Evaluation question 12: Do the programme staff have the required qualification?

The training was designed for participants with NSC or NQF level 4. All lecturers involved in the learning component of the programme had completed at least an honours degree level in field related to CBR. There is no standard against which to establish whether or not the programme staff have the required qualification to lecture. However, based on the literature review it appears that an outstanding experience with disability issues was a key factor when deciding whether or not lecturers had the required qualification. Finkenflugel (2004) pointed out that the shortcoming of the Zimbabwe case was chiefly due to the lack of outstanding experience in CBR. Thus, one might conclude that the programme staff had the required qualification to lecture on the programme.

Organisational Support

Evaluation question 13: Was there sufficient programme staff to deliver the programme activities adequately?

Programme staff and programme manager reported that there were sufficient staff to deliver the programme. Indeed, there were eight lecturers involved in the delivery of the IDA. There were 4 lecturers for DIMCS, 13 for HWFA and 3 for PHL. It is clear that no course has been taught by one lecture. This was done to get diverse expertise or views on the same course. However, for this particular audience such a variety of lecturers may not be optimal. The evaluator suggests that the course designers decide on the best number of lecturers. Some programme participants reported that they got confused because they had to accommodate themselves with many lecturers in one course.

Evaluation question 14: Was there enough time to deliver the programme activities?

In general, those interviewed reported that there was not enough time to roll out all the programme activities. The reason being students needed more time to fully understand some concepts. Lecturers reported that they have sometimes to keep explaining one concept many times for students to understand it. However, student perceptions revealed that some students complained that they got much information at the same time. This would also suggest that instead of having four courses in one block there might be only one course in each block.

Evaluation question 15: Was the learning component of the programme well organized?

The answers collected from programme staff and lecturers revealed that the learning component of the programme was well organized. This contrasted with what student perceptions showed. Indeed, some students reported that they got confused when they had to be taught by many lecturers for one course. This was also pronounced by having all courses at the same time. This implies different teaching approaches and students had to accommodate themselves to this reality. Having a number of lecturers and courses at the same time required much effort and it is prone to affect students who had a low prior education level like the programme audience. The evaluator had provided recommendation to improve that aspect of programme.

Evaluation question 16: Did the programme staff work well with each other?

On average, those interviewed reported that they worked well with each other. It should be noted that, with the exception of some external lecturers, most lecturers were colleagues at the DSD.

Evaluation question 17: Was there sufficient budget to implement the programme activities as intended?

On average, programme staff and programme manager reported that there was sufficient budget to roll out the programme as intended. This would suggest that the DoH allocated enough financial resources to roll out the activities and the management of these resources was effective.

Evaluation question 18: Were there sufficient rooms, books, data projectors, assistive devices?

Programme staff and programme manager reported that there were enough rooms, books, data projectors and assistive devices. The reason would be the fact that the training was delivered in UCT premises which are designed for such purpose. However, this contrasts with what students reported on venues. Some students said that they had to change consistently venues and some venues did not have air conditioning.

Conclusion

Many authors have argued that rehabilitation is an efficient social policy to reduce inequalities between able and disabled people. Building new skills that would provide care and support to PWDs in South Africa is really a great achievement. To this regard, the WC DoH and the DSD merit commendation. The pilot programme offered the opportunity to shape the understanding on how RCW training programmes might be expanded in South Africa. An outcome evaluation of the current pilot programme will help to determining whether or not the RCW can reduce inequality between able and disabled people.

Suggestions for Improving the Programme

Rossi et al. (2004) argue that one of the evaluation purposes is to help improving programme. The evaluation findings can be then used to improve the programme design and other aspects such as implementation and monitoring. The current evaluation solely dealt with service utilization, service delivery and organisational

support. This implies that suggestions will be made based on the three aspects of the evaluation done.

Service utilisation

During the technical meeting with the programme staff most lecturers pointed out that some difficulties encountered were due to the low level of literacy of programme participants. Given that the training was designed for participants from a poor area that situation would be expected. The reason is that in poor areas such as Mitchell's Plain the level of education is too low. Furthermore, there is no way to change the selection criteria. Attempting to change the selection criteria might end up that no one would be eligible for the training. To overcome this dilemma, it might be necessary to provide a literacy intervention at the beginning of the training. The main purpose of this would be to provide students with support in literacy.

To ensure that students will perform better in DIMCS, it might be efficient to make compulsory record keeping at clinical placements. Instead of solely linking class tests to student work duties at clinical placements, students would be required to make a report for each clinical placement. Student perceptions are an important part of a training monitoring system. However, the measuring instrument used to collect student opinion data was flawed as mentioned earlier. Students were provided with open-ended and often leading questions and from the results it is clear that the respondents often misinterpreted the questions asked. The measuring instrument generated an overwhelming amount of qualitative data which proved to be difficult and labour intensive to analyse. After the laborious analysis process, little meaningful information emerged for the lecturers on the course.

The evaluator would like to suggest that a different student opinion questionnaire be used henceforth. The following questions, presented in Table 44, could be included and the response format could be a 5-point Likert scale.

Table 44

Student Opinion Questions

Questions about the Course

The course outline gave a clear idea of the learning outcome for the course
 The course outline described the course clearly
 The course outline described clearly how students would be assessed
 There was a clear link between students assessments (assignments, tests, etc) and the learning outcomes for the course
 The amount of work required for the course was manageable
 The course materials (text books, readings, etc) covered current development in care for disabled people
 The course helped me to increase my knowledge of care for disabled people

Questions about the Lecturer

The lecturer demonstrated thorough knowledge of the subject area
 The lecturer presented the course in a well-structured manner
 The lecturer was well prepared for classes
 The lecturer was easy to understand
 The lecturer treated all students with respect and dignity
 The lecturer explained concepts well
 The assignment instructions explained clearly what was expected of students
 The lecturer fostered an environment where students felt comfortable about asking questions
 The lecturer was available to students during their consultation times, as displayed on their office doors

In Chapter 1, the evaluator provided a simplified schedule for the programme courses. The detailed schedule was attached in Appendix E. If one takes into account that the students come to university for an applied course in disability care, it could be concluded that the schedule for the course is too complex and could be confusing to its audience. The evaluator would like to suggest that the course be presented in typical block release fashion: a single block is introduced and completed, followed by the next block. Presenting a number of blocks simultaneously may not be the most suitable pedagogical practice for this particular audience.

Service delivery and organisational support

The results indicated that on average programme staff and programme manager reported that there was not sufficient time to roll out all programme activities. As mentioned in the discussion section, it might be more efficient to have one course in one block instead of having four or three courses in one block. This will help students to easily grasp the course content. This also will be done with respect to the student background. In addition, as mentioned earlier a learning support programme before the beginning of the training would be useful for students.

Recommendations for Future Research and Evaluation

More research and evaluation of similar programmes will be valuable in order to better inform policymakers and organizations that seek to address issues around training for RCWs. The current evaluation might have just laid the first stone but more still needed. For instance, an impact evaluation would be very valuable to show the evidence that providing training to RCWs will result in better support and care for disabled people and their families. Such evidence can be used to influence policies at national and international level. Going beyond research by publishing results on RCW training programme in academic journals would also be valuable. It will create some interest for RCW training programme in academic area. This will ensure that policymakers and organizations will build their interventions based on robust evidence.

Contribution to Knowledge

Based on the literature review, the evaluator could not find such evaluation in South Africa or in other developing countries. This suggests that the current research has made to some extent a significant contribution to the knowledge. The study findings might be used to improve the programme implementation and help building an effective monitoring system. Given that this evaluation occurred at an earlier stage of the programme there was no way to conduct an outcome evaluation. Conducting this would have given the scope to judge the merit of the RCW training programme. However, the current study has the merit of showing how such training can be implemented.

Limitations

There is a major limitation to the current evaluation due to the questionnaire used to collect student feedbacks as mentioned earlier. Indeed, for such evaluation student feedback is an important data collection tool. Its design determines the quality of data and evaluation as well. The data collection tool used did not allow the evaluator to fully judge the process evaluation of the RCW training programme.

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APPENDIX A
QUESTIONNAIRE FOR SERVICE DELIVERY AND ORGANISATIONAL
SUPPORT



University of Cape Town

Dear Participant

The aim of this questionnaire is to find out how the Rehabilitation Care Workers Programme was implemented. This questionnaire is part of my Master's dissertation in Programme Evaluation at the University of Cape Town. I am supervised by Professor Joha Louw-Potgieter and Dr Suki Goodman.

Your participation is valuable and I would appreciate your opinion of the programme implementation. Please note that participation in this questionnaire is voluntary and you can choose to withdraw at any time. There will be no repercussions should you choose to withdraw. Also note that I do not require your name or any identifying information from you.

This research has been approved by the Commerce Faculty Ethics in Research Committee.

Should you have any questions regarding the research please feel free to contact Rolly Lufuluabo at rolly.lufuluabo@gmail.com

By ticking the box below, you consent to complete this questionnaire:

I agree to participate in this questionnaire

- 1) According to the programme records, it was planned to present the following modules in the Rehabilitation Care Workers Programme (see below). When the programme was actually rolled out, were all these modules presented? (Please mark with a tick those modules that were presented).

PLANNED PROGRAMME	ACTUAL PROGRAMME
1) Inclusive Development & Agency	
2) Promoting Healthy lifestyles	
3) Health ,Wellness & Functional Ability	
4) Disability information Management and Communication Systems	

- 2) The modules for the planned programme are in a specific sequence from 1-4. Were the modules presented in this sequence?

YES	MOSTLY	NO
If you ticked MOSTLY or NO, please say how the actual sequence of presentation differed from the planned sequence.		

- 2) In your opinion, did the programme encourage application of skills to people with disabilities in the community?

YES	MOSTLY	NO
If you ticked MOSTLY or NO, please say how the programme can be improved to encourage application of skills to people with disabilities in the community.		

Please answer the following questions by selecting one option that reflects your opinion.

3) There was sufficient staff to deliver the programme adequately.

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
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4) There was enough time to roll out all the modules adequately

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
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5) Overall, the theoretical part of the programme was well organised

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
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6) The staff on the programme worked well with each other

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
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7) There was sufficient budget to deliver the programme adequately

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
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8) There were sufficient teaching devices (books, data projectors, assistive devices, etc.) to deliver the programme adequately.

Strongly agree	Agree	Not sure	Disagree	Strongly disagree
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Thank you very much for completing the questionnaire.

Rolly Lufuluabo

APPENDIX B
STUDENT FEEDBACK FIRST BLOCK

What comment do you have on:

1. IT session: Introduction to UCT systems and passwords
2. Adult learning
3. IT session: Basic Computer Literacy
4. IT session: Basic Word
5. Goal Setting & Time management
6. Exploring UCT campus
7. Library introduction
8. IT session: Basic Internet and Vula use
9. Learning support
10. The overall UCT experience
11. What comments do you have on teaching content?
12. What comments do you have on the delivery of the courses?

APPENDIX C
STUDENT FEEDBACK 1-4 BLOCK

1. What comments do you have on the course content?
2. What value did the content add to you and your work? (How will it help you do your work better?)
3. What comments do you have on the delivery of the course content? (Do you like the way the teaching was done, the classes were held, assignments given?)
4. What did you enjoy most about the courses?
5. What did you not like about the courses?
6. What comments do you have for the facilitators / teachers?
7. What can the facilitators / teachers change or do differently in the courses?
8. Name TWO knowledge areas gained in this block that you will take back to your community?
9. Was the learning support given helpful?
10. Comment on the Median group
11. Where do you need help most with your learning?

APPENDIX D
STUDENT FEEDBACK 5-6 BLOCK

1. What have I learned during this teaching block in each of the courses? (think broadly)
2. What changes would you like to make at your work as a result of the training?
3. What are the top 3 things I would like to take back into my community?
4. What areas that have been thought would I like more input on?
5. What specifically have I learned about myself? (That I perhaps haven't mentioned yet)
6. What else would I like to note down that would be useful to me going forwards?

APPENDIX E

RCW TIMETABLE

Block 1 Timetable (15-26 October, 2012)

TIME	MONDAY 15 Venue- 2	TUESDAY 16 Venue- Health Lab 2	WEDNESDAY 17 Venue- 10	THURSDAY 18 Venue- J49	FRIDAY 19 Venue- 10
8H30	8:30-10h30: Registration (Fadia and Anthea)	8:30 IT session: Introduction to UCT systems& passwords 9:30:IT Assessment	8:30 Group Dynamics (Madie Duncan)	Disability and enabling contexts TL&CO	CBR Guidelines: Empowerment Component SG
10h30	Tea with Director, EXCO and RCW team	TEA	TEA	TEA	TEA
11h00	Introductions -TL and CO	IT session :Basic Computer Literacy (Ike)	11h30 -13h30 Goal Setting & Time management (Lara Schoenfeld)	Disability and disabling contexts. TL&CO	HW&FA – Soraya ICF
13h00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
14h00 -	Adult Learning	IT session: Basic Word	Exploring UCT campuses	CBR Guidelines: Empowerment	

16h30	(TL)	(Ike)	(Anthea & Chioma)	ComponentSG	
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TIME	MONDAY 22	TUESDAY 23	WEDNESDAY 24	THURSDAY 25	FRIDAY 26
	Venue- 3 (am) Venue 2 pm	Venue- 6	Venue- 9 and Venue 6	Venue- Health lab 2	Venue- 12

8H30	HW&FA Functional Anatomy- Sumaya	PHL	HW&FA Functional Anatomy Sumaya	Library (Greg)(Chioma)	Review of teaching block Planning for practice (Convenors)
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10h30	Tea		Tea	Tea	Tea
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11h00	HW&FA Functional Anatomy Sumaya	PHL	Disability and social inclusion CO	Library (Mary) (Chioma)	Learning support AB & CO
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13h00	Lunch	Lunch	Lunch	Lunch	Lunch
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14h00	PHL	HWFA Functional Anatomy Sumaya	PHL	IT: Basic Internet & Vula use (CO)	
-					
16h30					

Block 2 (5 -16 November, 2012)

TIME	MONDAY 5	TUESDAY 6	WEDNESDAY 7	THURSDAY 8	FRIDAY 9
8H30	Venue- 11 HW&FA Normal Development Paediatric Milestones (Sumaya)	Venue- 12 ID&A: Ubuntu	Venue- 12 PHL	Venue- 11 HWFA Complications following impairments Soraya	Venue- 12 ID&A: Inclusive Health systems
10h30	Tea	Tea	Tea	Tea	Tea
11h00	HW&FA Screening for abnormalities (Anthea, Fadia)	ID&A: Ethics of care	PHL	Passive/Positioning Movement Prac- Sumaya and Soraya	ID&A: Personal assistance
13h00	Lunch	Lunch	Lunch	Lunch	Lunch
14h00 - 16h30	PHL	HWFA BOD- Soraya	ID&A: Inclusive education	PHL	
TIME	MONDAY 12	TUESDAY 13	WEDNESDAY 14	THURSDAY 15	FRIDAY 16
	Venue- 5	Venue- 11	Venue- 10	Venue- 9 (am) Venue 10 (pm) PHL	Venue- 12
8H30	HW&FA Assistive Devices (Anthea + Fadia)	ID&A: Inclusive Livelihoods systems	PHL	HWFA Specific Conditions Stroke Diabetes/Amputation	ID&A: Inclusive Social systems: Family life
10h30	Tea	Tea	Tea	Tea	Tea
11h00	HW&FA Wheelchair and Buggies Prac Fadia	ID&A: Inclusive Livelihoods systems	PHL	HWFA Spinal cord Lesions	ID&A: Spirituality
13h00	Lunch	Lunch	Lunch	Lunch	Lunch

14h00 - 16h30	PHL	HWFA Exercises Prescription (Prac)- Sumaya	ID&A: Sports and Recreation	PHL
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Teaching 2013 Block 3 Timetable (21 Jan -1 February, 2013)

TIME	MONDAY 21	TUESDAY 22	WEDNESDAY 23	THURSDAY 24	FRIDAY 25
8H30	Venue- 5 DIMCS Venue 5	Venue- 4 ID&A: Class activity on academic literacy and critical thinking. Venue 4	Venue- 12 DIMCS Venue 12	Venue- 5 DIMCS Venue 5	Venue- 2 Learning Support Venue 2
10h30	TEA	TEA	TEA	TEA	TEA
11h00	HWFA Recap 2012 Intro to immobility Venue 5	ID&A: Inclusive Education Systems 2 (JM) Venue 4	HWFA Spinal Cord- Elsje Venue- 12	DIMCS Venue 5	HWFA Stroke Elsje Venue 2
13h00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
14h00 -16h30	HWFA Spinal cord- Elsje Venue 5	DIMCS Venue 4	HWFA Stroke- Elsje Venue- 12	PHL Recap and introduction into streams (LC) Venue 5	
TIME	MONDAY 28	TUESDAY 29	WEDNESDAY 30	THURSDAY 31	FRIDAY 1
8H30	Venue- 1 DIMCS Venue 1	Venue- 10 PHL Play (Pam) Venue 10	Venue- 5 DIMCS Venue 5	Venue- 4 DIMCS Venue 4	Venue- 6 Mediangroup Venue 6
10h30	Tea		Tea	Tea	Tea
11h00	HWFA Amputations Venue 1	PHL Play (Pam) Venue 10	HWFA Speech and feeding Venue 5	DIMCS Venue 4	HWFA Assistive devices & seating

			Kate Caring for carer		Venue 6
13h00	Lunch	Lunch	Lunch	Lunch	Lunch
14h00 -16h30	HWFA Practical Passive movements Clinical Skills Lab	DIMCS Venue 5	HWFA Kate Health and Mental wellbeing Practical Passive movements Clinical Skills lab	ID&A: Family life 1 (JM) Venue 4	

Block 4 Timetable (4-15 March 2013)

TIME	MONDAY 4	TUESDAY 5	WEDNESDAY 6	THURSDAY 7	FRIDAY 8
8H30	Venue- 10 DIMCS Collating information- CH/IKE Venue 10	Venue- 10 PHL Adolescents (LC) Venue 10	Venue- 4 HWFA Intellectual Disability Children and Adults Mental health Venue 4	Venue- 11 PHL Adults (LC) Venue 11	Venue- 11 Learning Support AB and Chioma Venue 11
10h30	Tea	Tea	Tea	Tea	Tea
11h00	Venue- 10 DIMCS Collating information- CH/IKE Venue 10	Venue- 10 PHL Adolescents (LC) Venue 10	Venue- 4 ID&A Sports and Recreation Armand Bam Venue 4	Venue- 11 PHL Adults (LC) Venue 11	Venue- 11 HWFA Basic group work Mental health Venue 11
13h00	Lunch	Lunch	Lunch	Lunch	Lunch
14h00 -16h30	HWFA Speech and feeding Celeste Venue 10	HWFA Speech and feeding Celeste Venue 10	HWFA Practical Passive movements Clinical Skills lab (Niri) Venue 4	HWFA Amputations Sumaya Venue 11	
TIME	MONDAY 11	TUESDAY 12	WEDNESDAY 13	THURSDAY 14	FRIDAY 15
	Venue- 11	Venue- 10	Venue- 4	Venue- 10	Venue- 11

8H30	HWFA Exercise Prescription (Niri) Clinical Skills lab	DIMCS Communication Venue 10-GB	DIMCS How adults learn & Facilitation skills-GB Venue 4	DIMCS Visual Aids- GB Venue 10	HWFA Psychosocial Rehabilitation and Recovery Venue 11
10h30	Tea	Tea	Tea	Tea	Tea
11h00	HWFA Respiratory Sumaya Venue 11	DIMCS Communication- GB Venue 10	DIMCS How adults learn & Facilitation skills-GB Venue 4	DIMCS Visual aids Venue 10	Median Group Fadia and Loren Venue 11
13h00	Lunch	Lunch	Lunch	Lunch	Lunch

APPENDIX F

STUDENTS OPINIONS QUESTIONS

SECTION A

Questions about the course

1. The course outline gave a clear idea of the outcomes for the course.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

2. The course outline described the course content clearly.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

3. The course outline clearly described how students would be assessed.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

4. There was a clear link between student assessments (assignments, tests, etc.) and the outcomes for the course.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

5. The amount of work required for the course was manageable.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

6. The course materials (text books, readings, etc.) covered up to date developments in the subject area.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

7. The course helped me to increase my knowledge of the subject area.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

SECTION B

Questions about the lecturer

8. The lecturer demonstrated thorough knowledge of the subject area.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

9. The lecturer presented the course in a well-structured manner.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

10. The lecturer was well prepared for classes.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

11. The lecturer was easy to understand.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

12. The lecturer treated all students with respect and dignity.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

13. The lecturer explained concepts well.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

14. The assignment instructions explained clearly what was expected of students.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

15. The lecturer fostered an environment where students felt comfortable about asking questions.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

16. The lecturer was available to students during their consultations times, as displayed on their office doors.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

17. Please use the comment box below to provide any constructive feedback

UNIVERSITY OF CAPE TOWN

**Faculty of Commerce
Ethics in Research Committee**

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UCT/COM/189/2013

24th June 2013

Rolly Lufuluabo
University of Cape Town
rolly.lufuluabo@gmail.com

Dear Researcher,

Project title: An implementation evaluation of the rehabilitation care workers training programme

This letter serves to confirm that the project entitled, "An implementation evaluation of the rehabilitation care workers training programme" as described in your final submitted protocol 2013, has been approved. You may proceed with the research.

Please note that if you make any substantial change in your research procedure that could affect the experiences of the participants, you must submit a revised protocol to the Committee for approval.

Best wishes for great success with your research.

Regards,

Harold Kincaid

Professor Harold Kincaid
Commerce Faculty Ethics in Research Committee

UNIVERSITY OF CAPE TOWN

**School of Management Studies**

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4 February 2013

TO WHOM IT MAY CONCERN

Thank you very much for your willingness to enable one of our Master's students to work with a programme from your organisation. I appreciate your contribution to the education of our students.

Please note that our students are required to work within the ethical framework of the Faculty of Commerce when collecting information from programme documents or programme recipients. This framework deals with confidentiality, sensitivity when requesting information from people and responsible reporting of results.

We also undertake and ensure you that the student will display professional behaviour at all times while working in your organisation or on your programme. At the end of the process, you will receive a useful report which will enable you to make informed decisions regarding your programme.

In order to comply with the rules of the Faculty of Commerce, we request you to sign below to indicate that the student will have access to programme records and where applicable, to programme recipients.

Thank you very much.

Yours sincerely

PROF J LOUW-POTGIETER
CONVENER: MPhil PROGRAMME EVALUATION

AGREEMENT TO ACCESS PROGRAMME RECORDS AND/OR RECIPIENTS:

A/Prof Theresa Lorenzo

 Department of Health and Rehabilitation Sciences,
 Faculty of Health Sciences, UCT **18 Feb 2013**
AUTHORISED PERSON**ORGANISATION****DATE**

