Review article:

Evaluation of the implementation outcomes of the framework and strategy for disability and rehabilitation for South Africa: a mixed-methods study protocol

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Abstract

***Background*:** The prevalence of disability is increasing. The rights of persons with disabilities have not been upheld and health policy is a tool to actualise these rights. The Framework and Strategy for Disability and Rehabilitation (FSDR) for South Africa (2015-2022) has expired but the implementation process has not been evaluated to inform future disability policy implementation. ***Objectives*:** To evaluate the perceptions of the implementation of the FSDR to develop implementation strategies. ***Method*:** An explanatory mixed methods study comprising of a document review, semi-structured interviews and focus group discussions with stakeholders involved in the implementation process of the FSDR in Gauteng province, will be employed. The document review and interview transcript analysis will utilise initially inductive thematic analysis (Alhojailen), followed by deductive analysis using established implementation science frameworks. Data will be triangulated from semi-structured interviews and focus group discussions to develop implementation strategies for future disability policy. ***Clinical implications*:** This study will contribute to the field of policy analysis, as well as improving the implementation of future disability policy in South Africa to protect the rights of persons with disabilities. The study findings may also be used as a tool for advocacy to improve rehabilitation service provision in South Africa.

Keywords: Policy analysis, disability, implementation research, rehabilitation, access to health care

International Journal of Human and Health Sciences Vol. 07 No. 04 October'23 Page : 277-285
DOI: http://dx.doi.org/10.31344/ijhhs.v7i4.587

Introduction

The prevalence of disability globally and in South Africa is significantly high at 15 percent and 7,5 percent, respectively [31]. This poses significant implications for healthcare service provision and a higher burden of disease in an already resource-constrained South African healthcare system [27]. The current COVID-19 pandemic has significantly contributed to the increase in due to secondary complications thus further increasing the burden of disease [32]. The burden of disease associated with a disability is significant. This is linked to poor socioeconomic conditions resulting in health inequalities [32].

Disability according to the international classification of function includes physical and mental related impairments, activity limitations, and participation restrictions and the interaction between these factors in different contexts [19]. This holistic understanding of disability views it as functional limitations because of contextual factors which include environmental and personal constraints [14].

Persons with disabilities have greater health needs that have been unmet, and this has been further exacerbated by the COVID-19 pandemic due to resource constraints [17]. A major need in this is access to rehabilitation [17,32]. The definition of

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rehabilitation is evolving as the understanding of it has improved in light of the World Health Organisation Rehabilitation 2030 initiative [25]. Rehabilitation 2030 aims to ensure access to rehabilitation for all populations by 2030 due to the vast disparities in rehabilitation service provision globally [4] . In South Africa, access to rehabilitation is limited due to poor rehabilitation resource allocation, a paucity of rehabilitation workers and limited equipment [29]. This study further highlights numerous barriers to access to health care for persons with disabilities such as the lack of accessible and affordable transport, prolonged waiting times at clinics and negative staff attitudes [29].

Methods of addressing health inequalities and poor access to rehabilitation include the utilisation of public health policy as a tool to ensure the actualisation of the rights of persons with disabilities [26]. Globally, the United Nations Convention on the rights of persons with disabilities (UNCRPD) was developed to promote the rights of persons with disabilities [20] . To align with the UNCRPD, South Africa developed the framework and strategy for disability and rehabilitation services (FSDR) (2015-2020). This framework was developed to guide and define rehabilitation service provision in South Africa and aims to ensure access to rehabilitation for person with disability. The policy expired in 2020, however, due to the COVID-19 pandemic, it was extended until 2022. The FSDR is due to be evaluated however there is no evidence of the evaluation of the implementation outcomes of the FSDR. The FSDR has lapsed and its implementation outcomes need to evaluated. Thus the aim of this study, over five phases is to develop implementation strategies for the FSDR [18].

The National Department of Health (NDOH) of SA will run a two-phased process comprising of one, a national-paper-based evaluation which will be reported by the provincial rehabilitation manager, however, there is no intention from the NDOH to conduct a document review of these reports. The second step of the NDOH's plan is to do ground level evaluation of the implementation of the FSDR in three out of nine provinces due to resource constraints. This leaves the most populous region of SA, namely Gauteng, excluded from the process. To evaluate the implementation outcomes of and develop implementation strategies for the framework and strategy for disability and rehabilitation for South Africa (2015-2020) in the Gauteng province, the following objectives will be used:

- To evaluate the paper-based provincial implementation of the framework and strategy for disability and rehabilitation for South Africa
- To explore the perceptions of implementation outcomes and experiences of implementation of the FSDR in Gauteng among the stakeholders involved in the FSDR implementation.
- To map the process of implementation of the FSDR in Gauteng based on the experience of stakeholders involved in the implementation process
- To explore the factors influencing the implementation of the FSDR in Gauteng based on the experience of stakeholders involved in the implementation process
- To map strategies to improve future implementation of the FSDR

Study justification

Our study rationale is to identify implementation strategies for the FSDR from policy implementers in Gauteng. Numerous factors affect public health policy implementation in SA and it is integral to identify these to establish what interventions are required. The development of implementation strategies for the FSDR is necessary to inform future policy in SA.

Conceptual framework

This study's conceptual framework is adapted from Proctor et al. (2011) model[24] and incorporates determinants (barriers and facilitators), where the FSDR is and the implementation strategies [6,7]. The model[24] describes the importance of implementation outcomes to evaluate the implementation of interventions [15]. These outcomes include acceptability, adoption, appropriateness, costs, feasibility, fidelity, penetration, and sustainability [5]. The use of this model in research related to implementation science has been supported by numerous studies [30] . The figure below outlines the core of this implementation research.

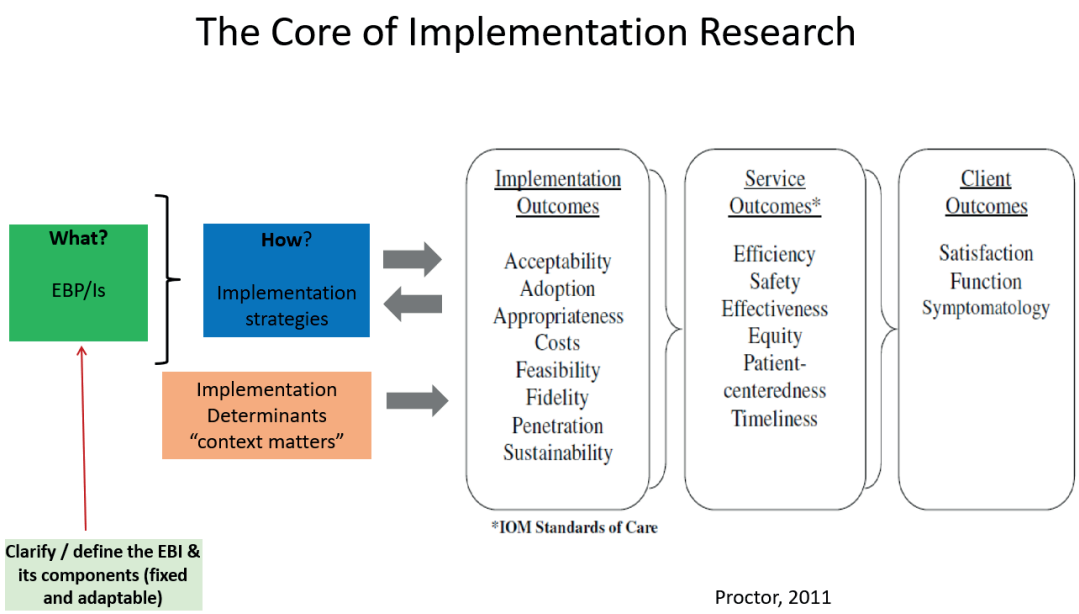

Figure 1: Conceptual framework with the Proctor Model [24]

For the purpose of this study, the perceptions of the following outcomes will be expanded on: penetration, adoption, acceptability, appropriateness, feasibility and sustainability. This is due to being the most appropriate for the FSDR in the South African context. The following table describes the operational definitions of the implementation outcomes as per the Proctor model[24]:

IMPLEMENTATION OUTCOME	OPERATIONAL DEFINITION
Penetration	This refers to the accessibility of the document; how many stakeholders did it reach
Adoption	This refers to the utilisation of the document in context
Acceptability	The understanding of stakeholders that the intervention or policy was agreeable to its content objectives
Appropriateness	The perception of stakeholders regarding the fit of the intervention to the context it is implemented in
Feasibility	This refers to how far the policy can be implemented in its context in a practical manner
Sustainability	This refers to the ability of the policy to be consistently and continuously implemented

Methods

This is an explanatory mixed-methods study design. The quantitative component is a cross sectional descriptive study. The qualitative component comprises of a document review, semi-structured interviews, and focus group discussions [10]. The objectives of the study will be achieved through framework analysis using appropriate implementation science frameworks as described below [11]. The study also includes the development of implementation strategies based on the information from the descriptive statistics, the document review, semi-structured interviews and focus group discussions [23].

Participants will be from the five districts in Gauteng namely, City of Johannesburg, Ekhuruleni, West Rand, Sedibeng and Tswane districts. Gauteng is a populous region with a densely concentrated population of approximately 15 million individuals, being twenty five percent of the total population. Thus, it is important to have representation of participants who were involved in the implementation of the FSDR across all five districts.

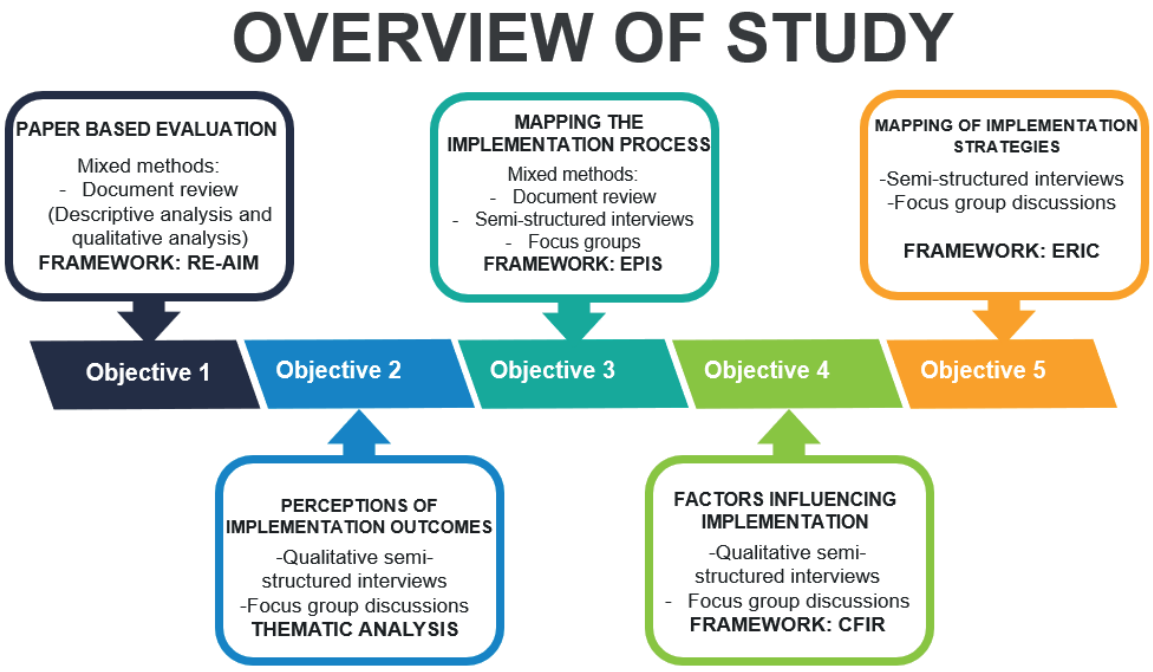

Figure 2: Schematic Outline of our study

Study outline

Our study outline comprises of numerous methodologies to achieve its objectives. This is shown in the figure below:

Study Phases:

PHASE 1: Document review of NDOH paper-based evaluation:

Each province has been allocated an outlined framework to report the implementation of the FSDR in each province. This study has been given access to the paper-based evaluation results in order to conduct a document review of the paper-based evaluation. This will be conducted using a document review guide utilising the indicators from the FSDR. The document review and analysis of interview transcripts will be analysed using a qualitative data software namely, MAXQDA [22]. This study will utilise a combination of inductive and deductive thematic analysis to achieve its objectives [9]. This is seen in the figure below:

PHASE 2: Exploration of the perceptions of implementation amongst stakeholders of the implementation process of the FSDR in Gauteng:

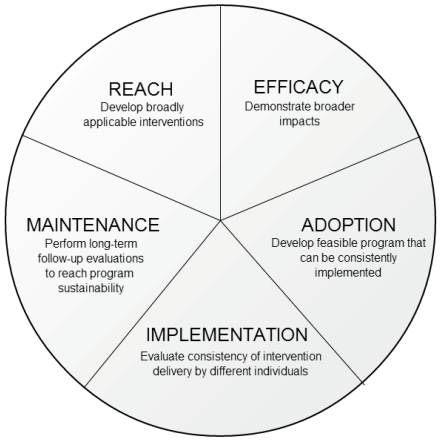

Figure 3: Re-AIM framework

This study will be reviewing the perceptions of the implementation process of the FSDR in the Gauteng province, amongst implementation stakeholders. This will be done utilising the Proctor model [24] of implementation outcomes with the selected outcomes namely the penetration, adoption, acceptability, appropriateness, feasibility and sustainability. This is due to the outcomes being the most appropriate for the FSDR in the South African context. In conjunction, the CFIR framework will be used to identify barriers and facilitators to implementation. The interviews will be conducted

until data saturation is reached [28]. The interviews will be conducted in a hybrid approach (online on Microsoft Teams and face to face) depending on participants availability. The interviews will be audio recorded and transcripts will be developed verbatim based on the recordings. interviews will be done using a semi-structured interview guide [1] . The focus group discussions will be conducted at the national rehabilitation forum and the Gauteng rehabilitation meetings. The focus group discussions will be conducted face to face where possible, alternatively the full focus group discussion will be conducted online depending on participant availability. A focus group discussion schedule will be utilised to guide the process .

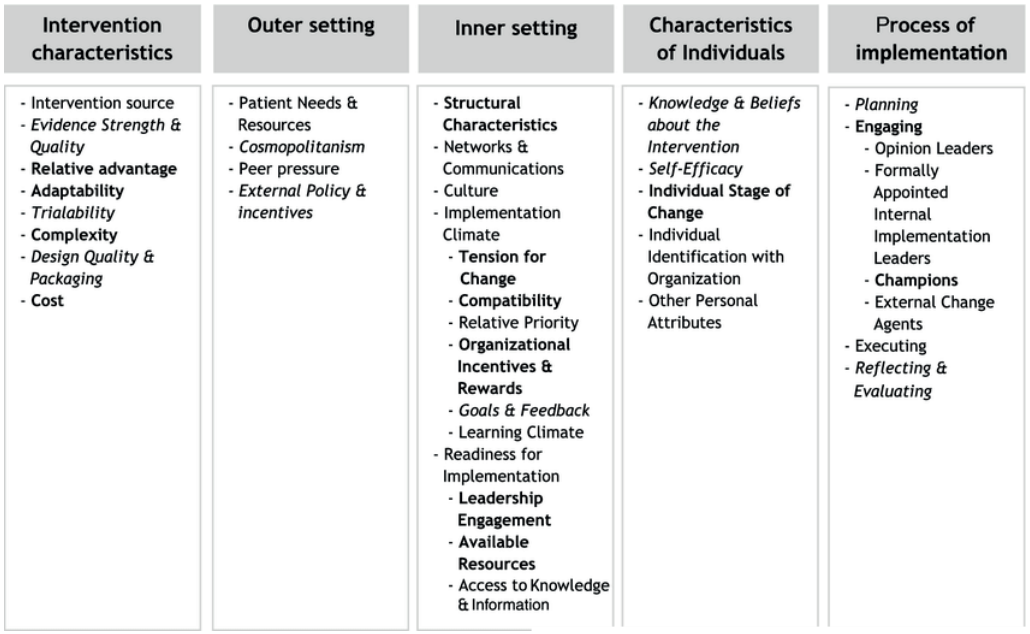

Figure 3: CFIR framework showing the five domains

PHASE 3: Implementation strategies

The strategies will be developed from the data analysis of the document review in phase one and semi-structured interviews and focus group discussions in phase two of the study [21]. The strategies will be presented to the stakeholders from phase two, in the form of focus group discussions for review. Recommendations from stakeholders involved in the implementation process, and experts in the field, will be combined to finalise the strategies. In order to analyse data to map implementation strategies of the process of the implementation of the FSDR; the Expert Recommendations for Implementing Change (ERIC) framework and concept mapping will be utilised to deductively analyse the transcripts and map implementation strategies. This is shown below:

2.2 Study Participants

2.2.1 Recruitment of study participants

The following participants, involved in the FSDR implementation, will be approached for participation in the semi-structured interviews and focus group discussions:

- National Rehabilitation Manager and provincial rehabilitation managers
- Disability persons organisations
- Clinical rehabilitation therapists
- Rehabilitation professionals organisations
- Academics

2.2.2 Sample Selection

This study will utilise a combination of purposive sampling [3] and snowball sampling to ensure a rich sample population [12]. Participants will be

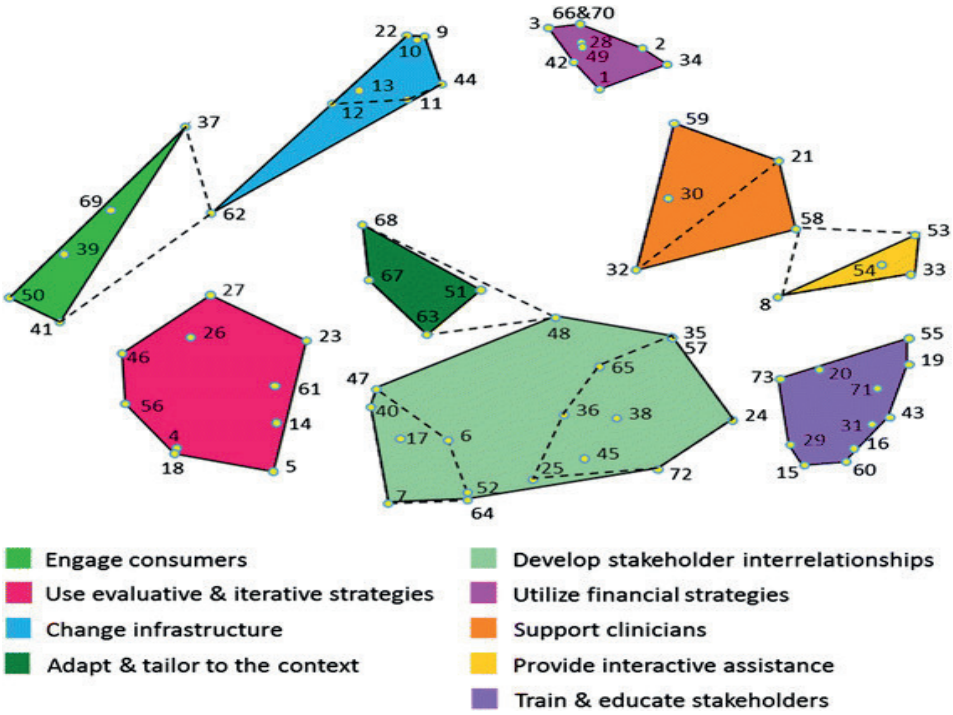

Figure 5: The ERIC framework

purposively selected if they meet the above inclusion criteria. These will be namely, primary participants. Other participants will be selected through snowball sampling upon referral from the primary participants.

Trustworthiness and ethical considerations

The trustworthiness of qualitative research should be established by ensuring the credibility, transferability, dependability, and confirmability of the research process [8]. Further factors which we considered are reflexivity and positionality of the author [8]. Credibility will be established through member checking to ensure transcripts reflect the reality of responses [13]. To ensure transferability and confirmability, we will provide detailed descriptions of the methodologies employed [16]. For dependability, an audit trail will be used to document all steps taken from inception to completion. To establish reflexivity and positionality, a reflective journal will be used by the principle investigator.

The study will be conducted in been conducted in accordance with the ethical standards laid down in the '1964 Declaration of Helsinki' which was revised in the year 2000. Permission from the Human Research Ethics Medical Committee of the University of the Witwatersrand has been obtained, ethical clearance number (M220364). The study has been registered on the National Health Research Database, and permission has been obtained from the Gauteng provincial and district departments of health. Written informed consent for the interview as well as a separate written informed consent sheet for the audio recording, will be obtained from all participants. Participants will participate willingly and have adequate information on the study prior to completing the consent form.

Limitations

Due to the nature of qualitative research, this study cannot be generalised, however it may be transferable in different contexts employing the same methodologies.

Abbreviations

FSDR	Framework and strategy for disability and rehabilitation
SA	South Africa
M &E	Monitoring and Evaluation
NDOH	National Department of Health
GDOH	Gauteng Department of Health
WHO	World Health Organisation
UNCRPD	United Nations Convention on the Rights of Persons with Disability
LMICs	Low-and-middle-income countries
DPO	Disability Persons Organisation

Source of funds: There was no funding required for this study to be conducted

Conflict of Interest: All authors of this submitted manuscript confirm that there are no actual or potential conflicts of interest including any financial, personal or other relationships with other people or organizations within two years of beginning the submitted work that could inappropriately influence, or be perceived to influence, their work.

Ethical clearance: As this is a review article, no ethical clearance was required.

Authors's contribution:

Data gathering and idea owner of this study: Naeema A.R. Hussein El Kout

Study design: Naeema A.R. Hussein El Kout, Sonti Pilusa and Natalie Benjamin-Damons

Data gathering: Naeema A.R. Hussein El Kout

Writing and submitting manuscript: Naeema A.R. Hussein El Kout, Sonti Pilusa and Natalie Benjamin-Damons

Editing and approval of final draft: Naeema A.R. Hussein El Kout, Sonti Pilusa and Natalie Benjamin-Damons

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