Guide for Rehabilitation workforce evaluation
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### Abbreviations

<table>
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<th>Description</th>
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<tr>
<td>GROWE</td>
<td>Guide for Rehabilitation Workforce Evaluation</td>
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<tr>
<td>LMIC</td>
<td>low- and middle-income countries</td>
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<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>RWTT</td>
<td>rehabilitation workforce task team</td>
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<tr>
<td>STARS</td>
<td>systematic assessment of rehabilitation situation</td>
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<tr>
<td>UHC</td>
<td>universal health coverage</td>
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1.1 The rehabilitation workforce and its significance to the health system

The rehabilitation workforce is a diverse composition of occupations and specializations that provide interventions that optimize functioning and reduce disability. They are essential to the attainment of universal health coverage (UHC), maximizing health outcomes and supporting those with health conditions or who are experiencing limitations in functioning associated with ageing to participate in education, work and other life roles (1). As part of the health workforce, rehabilitation workers play a central role in the health system. They strongly impact the quality and effectiveness of health care and drive demand for services (2). A description of the various occupations that may be considered rehabilitation workers can be found in Box 1.

To be truly effective and responsive, health systems require the appropriate number and mix of rehabilitation workers as determined by population needs, service requirements and models of care. Despite their necessity to health systems, all countries face some degree of deficiency, maldistribution or issues with rehabilitation worker performance and productivity (1, 3–7). These are experienced most profoundly in low- and middle-income countries (LMIC) where rehabilitation is often still emerging, underdeveloped and poorly resourced, resulting in massive unmet need (1, 3). This is problematic, as a lack of access to skilled rehabilitation workers can lead to longer lengths of stay in hospital, preventable re-admissions and complications, and suboptimal outcomes. In some cases, the absence of, or inadequate access to, rehabilitation workers can result in a person being unnecessarily confined to their home, needless suffering or premature mortality (1, 8). Strengthening the rehabilitation workforce is therefore a prerequisite for many countries to progress towards achieving UHC and to effectively manage the health needs of the population.

“Strengthening” the workforce involves more than building supply. It also refers to increasing quality of care; maximizing accessibility to populations with different needs and in different locations; ensuring that the workforce is acceptable to the people requiring care; and optimizing utilization of the workforce so that its knowledge and skills are used to the fullest extent.

Box 1. Which occupations does the rehabilitation workforce encompass?

The composition of the rehabilitation workforce can vary between countries and settings; however, the competencies required to deliver rehabilitation are generally represented within the professions of audiology, clinical psychology, occupational therapy, prosthetics and orthotics, physiotherapy, and speech and language therapy, as well as by rehabilitation specialists in medicine (physical and rehabilitation medicine or physiatry) and nursing (rehabilitation nursing). In addition, the rehabilitation workforce often encompasses rehabilitation assistants, technicians and community-based rehabilitation workers, or other health occupations delivering rehabilitation interventions. The scope of workforce covered in GROWE is determined by the country undertaking its implementation.
1.2 Why undertake evaluation of the rehabilitation workforce?

Many factors underlie rehabilitation workforce challenges, such as:

- inadequate institutional capacity for education, training, regulation and management;
- insufficient jobs for rehabilitation workers across the levels of the health system; and
- inadequate or ineffective incentives and conditions to attract, retain and motivate workers (5, 9).

Such factors can stem from a limited awareness of the role and value of rehabilitation workers among policy-makers (and the population) and the subsequent under prioritization of the rehabilitation workforce, as well as broader political and economic factors that constrain investment in the health workforce in general. Typically, workforce challenges and the factors underpinning these intersect and compound each other, adding to the complexity and scale of the problem. The scale and complexity of the problem, as well as the impact of rehabilitation workers on population health, is the primary rationale for targeted rehabilitation workforce evaluation and planning.

Furthermore, developing a rehabilitation workforce capable of meeting population needs calls for adequate financing. Educating rehabilitation workers, ensuring their absorption and retention in the labour market, and cultivating working conditions that motivate high performance require investment (10–14). Most countries fail to adequately invest in the rehabilitation workforce and as a result, it continues to be underdeveloped and ill-equipped to meet population needs, and lags behind other health-related occupations (1, 3). Understanding what investment is needed, where it should be directed, and how it can be used to best effect requires an in-depth understanding of the situation, including challenges and opportunities. The need for data-driven investment is underscored by the proportion of health funding that is spent on workforce; recurrent costs in education and employment of the health workforce consume the lion’s share of investment needed to implement UHC (2, 15, 16). The Guide for Rehabilitation Workforce Evaluation (GROWE) is designed to support countries in the process of data-driven planning, investment and action to strengthen the rehabilitation workforce through the collection, analysis and application of rehabilitation workforce data.

Considering the above rationale, GROWE is generally undertaken with the following objectives (these may vary for each country):

1. Ascertain the state of the rehabilitation workforce, including strengths and weaknesses.
2. Identify recommendations for strengthening the rehabilitation workforce.
3. Establish an action plan for implementing the recommendations.

1.3 What is GROWE?

GROWE describes a process for, and provides tools to facilitate, rehabilitation workforce evaluation and planning at a national level. GROWE uses a systematic approach to identify, analyse and interpret key rehabilitation workforce data, and suggests how rehabilitation stakeholders can be best engaged in the process. Robust evaluation underpins workforce strengthening by providing pivotal information and recommendations that ensure efforts are targeted at the root cause of problems and are feasible and suitable to the context.
1.3.1 Approach to rehabilitation workforce evaluation

The need for workforce evaluation to inform planning, shape policy and direct investment has long been recognized; however, the methodologies used to undertake such processes vary widely (4). GROWE combines health labour market analysis and workforce competency analysis approaches to provide insight into the drivers and dynamics influencing the rehabilitation workforce and their impact on care provided. GROWE moves beyond a simplistic focus on workforce numbers and draws attention to the economic and political context, stakeholder influence, workforce need, supply, demand and absorption, efficiency, and performance to provide information that can shape impactful workforce strategies. GROWE also includes tools for generating workforce projections that inform and support advocacy, policy dialogue and planning.

Acknowledging that rehabilitation data are scarce in many countries, GROWE is designed to minimize collection of superfluous information and can be adapted and scaled according to what is feasible in a given context (see Section 1.5.2). In some countries, the data called for in GROWE may have never been collected or analysed before, despite their usefulness to rehabilitation workforce strengthening. Identifying and analysing these data in the context of completing GROWE can provide a valuable baseline from which future evaluation can build.

1.3.2 The outputs of GROWE

The implementation of GROWE leads to several significant outputs in a country:

1. The creation of a comprehensive national rehabilitation workforce report that presents acceptable, feasible and high-impact recommendations for strengthening the rehabilitation workforce.

2. An action plan for implementing the recommendations of the report.

3. A sound baseline of rehabilitation workforce data to guide progress towards identified objectives.

The findings of the evaluation can also be used to develop additional resources to support communication, advocacy, and the implementation of workforce strengthening activities, such as policy briefs.

1.4 Who should use GROWE?

1.4.1 What country contexts are GROWE suitable for?

GROWE requires an investment of time and resources that may not be warranted in every country, depending on the maturity and coverage of the rehabilitation workforce.

GROWE can be valuable to countries with the following rehabilitation workforce situations:

• There is an emerging professional multidisciplinary rehabilitation workforce who may or may not be recognized or regulated by the government.

• The health system includes paid jobs for rehabilitation workers in either the public or private sector for which national/domestic rehabilitation workers are employed.

• The rehabilitation workforce is underdeveloped and there is a significant lack of availability, accessibility, acceptability and/or quality that prevents people from receiving the rehabilitation they need.
• There is inadequate information to create a strategy or action plan to strengthen the rehabilitation workforce.

In such instances, countries may implement GROWE in its entirety or select aspects of the evaluation that are deemed relevant or necessary (see Section 1.5.2 for information on how to scale GROWE according to the context).

GROWE is unlikely to be valuable in countries where there is already adequate information to create an action plan, or when one or more of the following describes the rehabilitation workforce situation:

• There is no or are very few (such as only one or two) professional rehabilitation occupations in the country.
• Only international rehabilitation workers practice in the country.
• There are no paid jobs for rehabilitation workers in the health system, i.e. there are no or only volunteer jobs available.

In such instances, a more superficial evaluation of the rehabilitation workforce will likely be sufficient to identify the immediate actions that should occur to strengthen the rehabilitation workforce. The workforce components of instruments such as the Tool for Rehabilitation Information Collections (TRIC), which is part of the *Rehabilitation in health systems: guide for action* (17), will be adequate and less time and resource intensive to implement.

1.4.2 Which stakeholders should initiate the implementation of GROWE?

The process of implementing GROWE should be inclusive and participatory (see Section 1.5.3). It can be initiated or led in a country by the ministry of health (or another government ministry), a development partner (such as a nongovernmental organization [NGO] or international organization) or an academic institution. In some instances, these stakeholders will work together and co-lead the process. When GROWE is implemented by a development partner or academic institution, every effort should be made to engage the ministry of health and maximize its engagement in the process.

The stakeholder(s) that initiate GROWE in a country will be responsible for:

- identifying funding;
- identifying a suitable project officer, who will undertake the evaluation (see details on the project officer role in Annex 4);
- compose the rehabilitation workforce task team (RWTT) (see details on the RWTT composition and role in Annex 5);
- convene a workshop to initiate the process (see Section 3); and
- provide oversight and support to the project officer to ensure the evaluation is successfully completed.

1.5 Process of conducting rehabilitation workforce evaluation

1.5.1 Process overview

Implementing GROWE involves a systematic process which encompasses virtual and/or in-person group work, desk-based data collection and key-informant interviews, as
well as communication and advocacy efforts to support implementation of the identified recommendations. The GROWE process involves four phases:

- evaluation
- data validation
- conclusions and recommendations
- implementation and planning.

Collectively the four phases encompass 10 steps, as shown in Fig. 1.

Fig. 1. Overview of the GROWE process

1.5.2 Scaling the evaluation to the context

Steps 1–4 in Phase 1 (evaluation) include several different analysis exercises. Collectively these provide comprehensive information to guide rehabilitation workforce planning. However, not all evaluation steps or analysis exercises may be necessary or prioritized in a country; the workforce coverage assessment, labour market analysis and workforce competency analysis can be completed in isolation, and each can be adapted to some extent to suit the needs and priorities of the country.

It is suggested that each evaluation step and analysis exercise is considered before commencing GROWE to identify any that may be excluded or adapted. Annex 1 provides considerations and options for adaption that will facilitate decision-making regarding which steps and exercises are included.

1.5.3 Who is involved in the GROWE process?

Successful implementation of GROWE requires engagement of key rehabilitation workforce stakeholders. These stakeholders are organized into four groups, as shown in Fig. 2:

- initiation party (see Section 2.2.1);
• a dedicated project officer who will typically be guided by an expert mentor (see Section 2.2.2);
• the RWTT (see Section 2.2.3); and
• additional rehabilitation workforce stakeholders (see Box 2).

WHO may also be involved in the process. Those planning on implementing GROWE are encouraged to engage with the WHO country office via their rehabilitation focal point in the ministry of health or other government ministry.

Fig. 2. Overview of stakeholder structure in the preparation and implementation of GROWE

Initiating party
Ministry, organization or institution (or combination) initiating GROWE in the country
Role: Preparation, oversight and support

Project officer and their mentor
Rehabilitation and/or workforce expert
Role: Leading implementation, coordinating RWTT and rehabilitation workforce stakeholders

RWTT
3–5 representatives from each occupational group included in the evaluation
Role: Participating in analysis exercises, and contributing to data identification, validation and interpretation, and determination of conclusions and recommendations

Additional rehabilitation workforce stakeholders
Representatives from rehabilitation workforce stakeholder groups not already included in the RWTT or initiating party (see Box 2)
Role: Contributing to data identification, validation and interpretation, and determination of conclusions and recommendations
Box 2. Stakeholders that should be engaged during the preparation and implementation of GROWE

Stakeholders involved in rehabilitation workforce policy, development, education, regulation and advocacy are all considered key rehabilitation workforce stakeholders and should be engaged in the implementation of GROWE. Typically, these stakeholders include:

- ministry of health
- ministry of education
- ministry of labour
- academic institutions providing rehabilitation education programmes and/or conducting relevant research
- regulation and accreditation bodies
- national professional associations
- rehabilitation workers from different rehabilitation occupations
- rehabilitation user groups or patients’ associations
- disabled people’s organizations
- development partners, such as NGOs or international or faith-based organizations involved in system strengthening and capacity development for rehabilitation
- independent rehabilitation workforce experts
- WHO country and regional offices, specifically focal points for rehabilitation and for health workforce.

1.5.4 What resources are required to implement GROWE?

GROWE is predominantly performed through desk-based data collection using Microsoft Excel tools. The project officer and all members of the RWTT need to have a computer and internet access.

Funding is required to cover the following costs (see Section 2.5):

- project officer salary (approximately 6–8 months);
- meeting costs for two or three workshops (including travel, meeting spaces and other operational costs associated with convening stakeholders); and
- editing and production costs for the rehabilitation workforce evaluation report and action plan.

1.5.5 What is the timeframe for implementing GROWE?

The time needed to implement GROWE is largely determined by the availability and ease of access to required information and the time that the project officer and RWTT can devote to the process (i.e. how intensely they can work). It is estimated that the whole process, from preparation to completion of the report, would typically take 6–8 months (see Fig. 4 and Table 2). The advocacy and implementation of actions beyond this timeframe will be an ongoing process.
1.6 Navigating the GROWE resources

GROWE includes a set of resources to facilitate evaluation and planning, as presented in Fig. 3.

Fig. 3. Overview of the GROWE resources

The GROWE resources work together to support the implementation process. They include:

• **Guide for Rehabilitation Workforce Evaluation** (this document): The “Guide” provides an overview of the GROWE process, instructions for the contexts in which it can be implemented, as well as key preparation and initiation steps. It is the primary reference document for those initiating GROWE in a country and should be reviewed by key stakeholders involved in planning and decision-making. These stakeholders will likely include the ministry of health, development partner(s) and/or academic institution(s) and WHO focal points. The Guide includes tools and templates for:
  - scaling GROWE to the context of the country;
  - implementing GROWE in the context of broader rehabilitation or health workforce evaluation and strategic planning;
  - drafting the concept note; and
  - drafting the terms of reference for the project officer and RWTT.

• **GROWE Project officer handbook**: The “Handbook” provides the step-by-step guidance for implementing GROWE. It is the primary reference for the project officer. The Handbook includes several templates, including for:
  - conducting a stakeholder analysis;
  - interpreting evaluation of findings; and
  - writing the report.

• **GROWE Data analysis toolbox**: This Microsoft Excel file includes tools to support qualitative data collection and analysis and is a key resource for the project officer. It automates many
of the calculations and generates figures and tables in dashboards to summarize and communicate the findings of the evaluation. The Toolbox includes the following:

- rehabilitation workforce coverage assessment tool;
- need analysis tool;
- education sector data analysis tool;
- supply data analysis tool;
- labour market demand and absorption data analysis tool;
- competency analysis tool; and
- strategy impact analysis tool.

- **GROWE Workbook**: The Workbook is another Microsoft Excel file that is disseminated among the RWTT and is used to complete several analysis exercises. The data from each occupational group’s Workbook are compiled by the project officer in the relevant parts of the Toolbox. The Workbook specifically includes data collection templates for:
  - estimating rehabilitation worker needs;
  - completing the rehabilitation workforce coverage assessment; and
  - completing the rehabilitation workforce competency analysis.

These resources can be accessed on the GROWE webpage.

### 1.7 Implementing GROWE in the context of broader rehabilitation or health workforce evaluation and strategic planning

GROWE can be implemented as a stand-alone evaluation with a unique report and action plan or as an accompaniment to broader rehabilitation and/or health workforce evaluation and strategic planning. When GROWE is conducted as part of broader evaluation and planning, findings may be integrated or published within a separate annex or supplementary report.

Translating findings into action requires stakeholder buy-in from different levels of government, and sufficient and sustainable resource allocation. This is typically achieved when the recommendations are translated into objectives aligned with and ideally within a national rehabilitation strategic plan that is government endorsed and funded.

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<thead>
<tr>
<th>SCENARIO</th>
<th>OUTCOMES</th>
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<tr>
<td>Integrated in broader rehabilitation evaluation and strategic planning</td>
<td>1. Expanded and more robust rehabilitation workforce information within reports&lt;br&gt;2. Informed rehabilitation workforce objectives within a national rehabilitation strategic plan&lt;br&gt; + Outcomes 3 and 4–7 below</td>
</tr>
<tr>
<td>Implemented following national rehabilitation strategic planning</td>
<td>3. Detailed workforce information to guide iterations of the national rehabilitation strategic plan’s annual operational plans&lt;br&gt; + Outcomes 4–7 below</td>
</tr>
<tr>
<td>Implemented as a stand-alone evaluation</td>
<td>4. Data to support advocacy&lt;br&gt;5. Strengthened rehabilitation networks, including a RWTT&lt;br&gt;6. A rehabilitation workforce action plan&lt;br&gt;7. Potential for further investment and planning, such as implementation of the Guide for Action</td>
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1.7.1 Implementing GROWE in the context of broader rehabilitation situation assessment and national strategic planning

WHO developed the Rehabilitation in health systems: guide for action ("Guide for Action") to support countries in undertaking rehabilitation situation assessment and strategic planning (see Box 3) (17). The situation assessment component of the Guide for Action (abbreviated as STARS) encompasses some workforce data collection and analysis. Countries may choose to augment these data by including all or part of the GROWE evaluation (Phase 1). Annex 2 describes the different scenarios in which GROWE may be implemented in the context of STARS and how data can be presented and used in each scenario.

Box 3. WHO Rehabilitation in health systems: guide for action

The Rehabilitation in health systems: guide for action provides a methodology and suite of tools to support the development of national rehabilitation strategic plans and monitoring and evaluation frameworks in countries. Among the tools are those to support a systematic assessment of the rehabilitation situation (STARS), which evaluates the capacity and performance of rehabilitation across the building blocks of the health system. STARS incorporates evaluation of the workforce; however, due to the scope of information to be gathered, it does not call for the range or depth of workforce data that GROWE does. For example, while STARS gathers data on the number and distribution of workers across occupations, it does not include a labour market analysis, competency assessment or workforce projections.

As presented in Annex 2, GROWE can be implemented in conjunction with the Guide for Action process, such as through integrating it into the STARS evaluation.

More information on the Guide for Action, including the various tools, can be found on the Guide for Action webpage.

1.7.2 Implementing GROWE in the context of broader health workforce evaluation

Rehabilitation workers exist as part of a broader health workforce for which evaluation may also be undertaken, such as in the form of a health labour market analysis. WHO has resources to support national health workforce evaluation, including the Health labour market analysis guidebook (18). GROWE is aligned with the methods of this guidebook but has been customized to the rehabilitation workforce specifically. GROWE also provides tools to facilitate data collection and analysis and expands the evaluation beyond labour market analysis to include workforce coverage assessment and competency analysis.

Before undertaking GROWE in a country, it is worth determining whether a health labour market analysis has been recently conducted, and if it has, the extent to which rehabilitation workers have been included. This can help determine whether it is necessary to conduct GROWE and/or how GROWE can be scaled considering what data are still needed. When a health labour market analysis has been conducted, a key question guiding whether an additional rehabilitation workforce evaluation is required is whether there are adequate data to create an operational action plan. Often, even when rehabilitation workers have been included in a broader health labour market analysis, the granularity of data is not sufficient to develop an action plan. The findings of a health labour market analysis may, however, point to rehabilitation workforce problems that provide a rationale for conducting GROWE.
2. Preparation

Adequate preparation is crucial to the successful implementation of GROWE. Key decisions made in preparation of implementation of GROWE include:

- **What is its scope?** Which occupations will be included in the evaluation? Will it be contained to any particular geographical areas? And what aspects of the evaluation will be included? Will some parts be excluded or adapted? See Section 2.1.

- **Who will support its implementation?** Who will provide oversight and coordination of the process? What partners should be invited to engage in the process? Who will the project officer be? And who will the members of the RWTT be? See Section 2.2.

- **What is the timeline for implementation?** What is the estimated timeframe in which GROWE will be completed? And what are the estimated dates for key milestones, such as workshops and completion of the report? It is likely that the timeline will need to be revisited and revised throughout the implementation process. See Section 2.3.

- **What mode of implementation will be used (in person, virtual or hybrid)?** How will people engage with each other through the process? Will workshops be held in person or virtually, or will both modes be used? See Section 2.4.

- **What funding is required and where will it be sourced?** What funding is required to recruit a project officer and hold workshops? Who will provide this funding? See Section 2.5.

Each of these questions is addressed below. Once agreement has been reached, it is suggested that this is communicated in a concept note and shared with stakeholders engaged in the process. See Section 2.6.

2.1 Determining the scope of the evaluation

2.1.1 Workforce scope

GROWE should ideally include all occupations in the country whose scope of practice is dedicated to providing rehabilitation. However, where these occupations constitute a sub-specialization, such as rehabilitation nurses, physical and rehabilitation medicine doctors, and in some instances, clinical psychologists, data may not be disaggregated from the broader occupational group. This does not preclude these occupations from being included, although there may be gaps for some data points.

Some rehabilitation occupations may not be present in a country where GROWE is being implemented. While quantitative data cannot be collected for these occupations, it is important that they are considered in the evaluation so that they can be included in the conclusions and recommendations.

2.1.2 Geographic scope

In some contexts it may be necessary to restrict the geographic scope of GROWE, such as to a specific province or state. When this is the case, the parameters should be defined and justified from the outset of the process.
2.2.3 Scope of evaluation

As described in Section 1.5.2, GROWE can be scaled according to the time, resources and needs of the country. The components of the evaluation and the analysis exercises that are included, or how they are adapted, should be predetermined. This is because it will have an impact on the timeline, resource requirements and terms of reference of the project officer and RWTT. See Annex 1 for guidance on scaling GROWE to the context of the country.

2.2 Role allocation

Implementing GROWE successfully requires the consideration of how roles are allocated and careful selection of the individuals that will support implementation, namely the project officer and RWTT members.

2.2.1 Oversight

The oversight role is typically allocated to those initiating GROWE in the country. This may be the ministry of health, a development partner, or academic institution or a combination of these. The latter can be advantageous as it benefits from the political support of the ministry and technical capacity of development partners or academic institutions. Whoever holds this role has responsibility for:

- drafting the concept note;
- identifying a project officer;
- securing funding; and
- supporting the project officer to undertake their role successfully.

2.2.2 Project officer

The project officer drives the implementation of GROWE, doing the “heavy lifting” of data collection, synthesis, interpretation and reporting, in collaboration with the RWTT. Because the process of implementing GROWE is highly technical, the project officer is often mentored by an expert with specific training and experience. Even with the guidance from a mentor, the project officer should have a sound knowledge of the context and local rehabilitation network, as well as excellent project management and organizational skills. The evaluation involves substantial quantitative and qualitative data collection and analysis, therefore it is advised that the project officer also has experience of both. It is estimated that they will need to commit the equivalent of approximately 50 days to the evaluation over the 6–8 month period of GROWE implementation.

The mandate of the project officer is described in detail in the terms of reference template provided in Annex 4, but fundamentally involves:

- forming, convening and coordinating the RWTT;
- identification and compilation of data using the GROWE tools; and
- drafting of the GROWE report.

2.2.3 Rehabilitation workforce task team

Implementing GROWE requires input from a representative group of rehabilitation workers from each occupational group included in the evaluation, and should include workers from a range of sub-specializations and practice settings (rural and urban). Convening them as a task team (the RWTT) is a useful way to facilitate communication and collaboration between members during
and beyond the evaluation. Convening rehabilitation workers within an RWTT is necessary because many of the analysis exercises undertaken by the RWTT require the specific insights and experience of rehabilitation workers specifically. While not part of the RWTT, additional stakeholders still engage in the evaluation through participation in workshops, contributing to data collection as requested by the project officer, and engaging in decision-making regarding conclusions and recommendations.

The mandate of the RWTT is described in detail in the terms of reference template provided in Annex 5. It fundamentally involves:

- contributing to the evaluation through participating in analysis exercises and supporting identification and review of data;
- achieving consensus on rehabilitation workforce priorities and recommendations;
- contributing to planning and driving implementation of recommendations; and
- advocating for greater investment and action to strengthen the collective rehabilitation workforce.

### 2.3 Timeline

Table 2 suggests several GROWE milestones and considerations for determining how much time to allocate for achieving each. Once determined, these timeframes can be expressed in a GANTT chart, as shown in Fig. 4. Note that progress towards some milestone can occur simultaneously, thus the estimated time allocation shown in Table 2 is not cumulative. The timeline for completing GROWE will be influenced by how the evaluation is scaled in country, i.e. if any components are excluded or adapted, and whether any of the required data have already been collected in a broader rehabilitation or health workforce evaluation.

<table>
<thead>
<tr>
<th>MILESTONE</th>
<th>TIMELINE CONSIDERATIONS</th>
<th>ESTIMATES TIME ALLOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concept note completed</td>
<td>Drafting the concept note is the process through which key decisions about the implementation of GROWE take place. It is therefore worth allocating time for discussion and planning among key stakeholders.</td>
<td>2–3 weeks</td>
</tr>
<tr>
<td>RWTT formed and additional workshop participants identified</td>
<td>Forming the RWTT is a prerequisite for all subsequent steps of GROWE, thus its completion should be prioritized as soon as the implementation of GROWE has been confirmed. Ministries, institutions and organizations will need time to identify representative(s) to participate.</td>
<td>2–3 weeks</td>
</tr>
<tr>
<td>Initiation workshop held</td>
<td>The introductory workshop can be held shortly after the RWTT has been established and additional rehabilitation workers have been identified. Consider including the date for this workshop in the invitation to join the RWTT so that members can reserve the time.</td>
<td>If held in person: 1 day</td>
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<tr>
<td></td>
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<td>If run virtually: 2–3 hour meeting</td>
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<tr>
<td>Rehabilitation workforce coverage assessment completed</td>
<td>Completion of the rehabilitation workforce coverage assessment occurs either during or following the introductory workshop. The assessment is undertaken by the RWTT, which scores criteria for each occupational group. While the scoring itself may take 2–3 hours, the GROWE Data analysis toolbox facilitates data compilation and analysis, so this is not anticipated to be time intensive.</td>
<td>If held in person: half a day</td>
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<tr>
<td></td>
<td></td>
<td>If run virtually: 2–3 hour meeting</td>
</tr>
<tr>
<td>MILESTONE</td>
<td>TIMELINE CONSIDERATIONS</td>
<td>ESTIMATES TIME ALLOCATION</td>
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<tr>
<td>Labour market analysis</td>
<td>The labour market analysis requires substantial quantitative and qualitative data collection on the part of the project officer. It can be worked on while the RWTT is undertaking the rehabilitation workforce coverage assessment and competency analysis (see below) but will require additional time. How long it takes to complete can be highly variable and depends heavily on the availability and ease of access to the required data.</td>
<td>2–3 months</td>
</tr>
<tr>
<td>Workforce competency analysis</td>
<td>The workforce competency analysis is undertaken by the RWTT. Once completed, the results are compiled by the project officer. The competency analysis can be initiated straight after the introduction workshop. The project officer can undertake other aspects of analysis while the RWTT completes the competency analysis.</td>
<td>If held in person: 1 day</td>
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<tr>
<td></td>
<td>If run virtually: 3–4 hours of meetings</td>
<td>3–4 hours of meetings</td>
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<tr>
<td>Data validation workshop</td>
<td>The data validation workshop, which involves reviewing the findings of the evaluation, agreeing on recommendations, and drawing conclusions, is held when all analyses are completed and the data have been compiled into a zero draft report. The zero draft report should be shared with workshop participants approximately 1 week before the workshop. While data compilation is facilitated by the GROWE tools, it can take 2 weeks to prepare the zero draft report. The workshop itself is best held in person over 2.5 to 3 days.</td>
<td>If held in person: 2.5–3 days</td>
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<td></td>
<td>If run virtually: 2.5–3 days</td>
<td>2.5–3 days</td>
</tr>
<tr>
<td>Report completed</td>
<td>The outcomes of the data validation workshop are integrated into the zero draft report, which is then circulated for peer review before being finalized. This process can take 1.5 to 2 months.</td>
<td>1.5–2 months</td>
</tr>
<tr>
<td>Action plan workshop held</td>
<td>The action plan workshop involves identifying and allocating the actions needed to implement the recommendations of the report, assigning responsible stakeholders and setting timeframes. The action plan is developed after the report has been finalized and can occur as a 2-day in-person workshop, or over a series of web conferences.</td>
<td>If held in person: 2 days</td>
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<tr>
<td></td>
<td>If run virtually: 3–4 hours of meetings</td>
<td>3–4 hours of meetings</td>
</tr>
<tr>
<td>Action plan completed</td>
<td>The action plan is completed when it has undergone review by all key stakeholders and has been approved by the ministry of health.</td>
<td>1 month</td>
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</table>
2.4 Mode of stakeholder engagement

GROWE can be implemented through a hybrid approach of both virtual and in-person collaboration. There are several considerations, such as access to computers and wi-fi (and its quality), when determining whether to use a virtual or in-person approach, as presented in Table 3.

Because meeting in person incurs costs associated with travel, per diems, venue hire and catering, it is necessary to decide if or when this will occur so that the budget can be determined.

Table 3. Advantages and disadvantages of a face-to-face versus virtual implementation of GROWE

<table>
<thead>
<tr>
<th>CONSIDERATIONS</th>
<th>IN PERSON</th>
<th>VIRTUAL</th>
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<tbody>
<tr>
<td>• Workshops can generally be conducted in 2 to 3 days, rather than spread over several web conferences</td>
<td>• Stakeholders do not need to travel, which can reduce meeting costs</td>
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<tr>
<td>• Communication and relationship building between members can be easier during in-person interactions</td>
<td>• Time is not spent on travel to undertake activities that will take only several hours or less to complete e.g. analysis exercises</td>
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<tr>
<td>• No risk of technological difficulties preventing participation</td>
<td>• Less risk of participants being excluded due to work obligations and travel requirements, i.e. the composition of participants is likely to more geographically diverse</td>
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</table>
2.5 Funding

Funding is required to cover the following costs:

- **Project officer recruitment**: Anticipate 50 days of full-time work distributed over a period of 6–8 months. The cost of the project officer will depend on local salary norms (if a local person is being recruited) and the person’s qualifications and experience. The project officer role may also be fulfilled by a development partner or academic institution as in-kind support.

- **Meeting costs** (when held in person): Travel costs and per diems for participants attending workshops or smaller meetings (to complete analyses exercises for example) will incur costs, as will venue hire and catering. The extent of these costs will be influenced by local fees and expectations of stakeholders (e.g. for per diems), the number of stakeholders attending, and where they are travelling from.

- **Producing the report and action plan**: Some countries may wish to have the national rehabilitation workforce report and action plan professionally edited and produced, which will incur costs. Whether professional production is pursued will depend on the country’s preferences and plans for where the report will be published (e.g. on a government website) and associated requirements/standards.

A ballpark figure for total funding requirements is US$ 10 000, but this is highly context dependent. Funding may be sourced from the government, a development partner (such as an international or NGO) or combination of these.

2.6 Developing a concept note

Initiation of GROWE should commence with drafting a concept note that describes:

- what is involved
- why it is being conducted
- the objectives
- main outputs
- scope
- role allocation
- resource requirements
- timeline of the process.

The concept note provides an overview of GROWE, the rationale for conducting it for stakeholders who will engage in the process. When GROWE is not being directly initiated by the ministry of health, the concept note can be used to engage them in decision-making and ensure their endorsement of the process. It is also recommended to acquire the support and engagement of other relevant government bodies, such as the ministry of education and ministry of labour, as workforce is an intersectoral agenda. In many contexts, these ministries may also be brought into the concept note drafting process. The concept note may accompany funding requests where these are required and can also be shared or developed in conjunction with WHO country and regional offices.

Much of the necessary information required in the concept note can be drawn from this guide, but it will need to reflect the specific context of the country. A template for the concept note can be found in Annex 3.
3. Introductory workshop

The introductory GROWE workshop presents an opportunity for information sharing and maximizing the engagement of the RWTT and other significant stakeholders. It is used to introduce stakeholders to the GROWE process and provide an opportunity for participants to meet and network. The introductory workshop may also be used to complete the first analysis exercise of the evaluation – the rehabilitation workforce coverage assessment. This requires 2–3 hours’ work in small groups, and can be helpful in identifying areas requiring particular attention and investigation through the remainder of the evaluation. Instructions for completing the rehabilitation workforce coverage assessment can be found in the Project officer handbook.

Following this workshop, the RWTT members are likely to have frequent communication with the project officer and each other as the various analysis exercises are conducted. Guidance for the process beyond the introductory workshop, which is led by the project officer, can be found in the Project officer handbook.

3.1 Participants

The workshop should be attended by the initiators, project officer, the members of the RWTT, and any additional stakeholders who need to be familiar with what is being undertaken, even if they are not directly engaged with the evaluation themselves (see Box 2).

3.2 Format

As per Section 2.4, the workshop can be held in person, virtually or using a hybrid of both. An in-person workshop will generally require 1 day and include the first analysis exercise, while a virtual workshop will comprise a 2–3 hour web conference.

3.3 Objectives

The introductory workshop will generally have the following objectives:

• Introduce participants to each other and encourage relationship-building.
• Familiarize participants with the process of implementing GROWE and their role in its completion.
• If held in person, the introductory workshop may also include the following third objective, or this can be completed after the workshop.
• Complete the rehabilitation workforce coverage assessment (see the GROWE Project officer handbook).
3.4 Agenda

The agenda of the first workshop should be adapted to suit the context, but will generally include:

- welcome and opening addresses
- introductions by participants
- introduction to the rehabilitation workforce and its significance to health systems
- introduction to GROWE objectives and process
- introduction of the project officer
- review the role and contributions of different stakeholders
- instructions for completion of the rehabilitation workforce coverage assessment (if included in the workshop)
- prioritization (using the results of the rehabilitation workforce coverage assessment if included in the workshop)
- timeline and next steps.
References


Annex 1. Options and considerations for scaling GROWE to the context

The following table presents the various components and analysis exercises encompassed in the evaluation phase of GROWE, along with considerations for whether they should be included, excluded or adapted in the context of the country.

<table>
<thead>
<tr>
<th>EVALUATION COMPONENT</th>
<th>CONSIDERATIONS FOR INCLUSION AND OPTIONS FOR ADAPTATION</th>
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</thead>
<tbody>
<tr>
<td>Rehabilitation workforce coverage</td>
<td>This component of the evaluation provides a snapshot of the state of each occupational group of the rehabilitation workforce. While based purely on subjective data (the opinions/perspectives of workers themselves), it is useful in identifying specific areas of action and topics requiring more in-depth examination. This component of the evaluation can be used in isolation, and in situations whether a more comprehensive evaluation is not possible or deemed necessary. It can be used to form tentative conclusions and recommendations.</td>
</tr>
<tr>
<td>Analysis exercises 1. Scoring</td>
<td>As the only analysis exercises involved in the rehabilitation workforce coverage assessment, the above considerations apply. The analysis can be adapted in the following ways:</td>
</tr>
<tr>
<td>rehabilitation workforce coverage</td>
<td>• Completed for the rehabilitation workforce collectively, rather than by occupational group. The results will not be as granular and it will be harder to derive specific, conclusions and actionable recommendations, but it does facilitate reflection and provide a broad picture of the rehabilitation workforce. The benefit of this approach is that it is easier to coordinate than having separate groups completing the scoring and aggregating the results.</td>
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<td></td>
<td>• Completed by an expert in the rehabilitation workforce of the country on behalf of the workers (this could be the project officer or someone else with the appropriate knowledge). When completed this way, the results of the scoring are less valid and reliable as they are based on external observation of one person. However, this approach takes significantly fewer human resources and would likely be quicker given there would not be the discussion and debate involved when completed as a group activity. Both adaptations will require the results of the scoring to be interpreted with caution. It is advisable to complete the assessment using the process described in the GROWE Project officer handbook whenever this is feasible.</td>
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<tr>
<td>EVALUATION COMPONENT</td>
<td>CONSIDERATIONS FOR INCLUSION AND OPTIONS FOR ADAPTATION</td>
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</table>
| Political and economic analysis | This component of the evaluation examines the political and economic context shaping the rehabilitation workforce. Understanding the political and economic context can be important to understanding what has driven or hindered the development of the rehabilitation workforce, and how it might influence future growth.

A political and economic analysis may have already been conducted as part of a broader rehabilitation or health workforce situation assessment. In such instances, it may not be necessary to conduct it as part of GROWE, or it may only be necessary to address specific questions that have not already been well addressed. An alternative option, when time or resources are limited, is to conduct either analysis exercise 2 or 3, depending on which is considered most pertinent to the context, rather than both. |
| Analysis exercises 2. Stakeholder analysis | The stakeholder analysis should be performed if there is inadequate understanding of how different organizations, associations and government bodies influence the rehabilitation workforce in the country. This exercise may be excluded if the desired data have already been collected through another evaluation, or if this aspect is not considered a priority.

The exercise can also be adapted by completing only the stakeholder table (detailed) or the power and interest grid (superficial). This would be less time intensive, but the data will not be as rich or comprehensive as if both aspects were completed. The decision on whether or how to adapt the stakeholder analysis should be based on how the data will be used. |
| Analysis exercise 3. Information gathering – political and economic context | This exercise can be excluded if the data have already been collected through another analysis, or if this aspect is considered to already be well understood and not worthy of further analysis.

The exercise can be adapted by only exploring selected topics or questions from those presented in the relevant section of the Project officer handbook. The questions can be narrowed down according to what is feasible and proportionate to how important the data are. |
| Labour market analysis | The labour market analysis comprises the majority of the evaluation (it includes 9 of the 13 analysis exercises). Understanding the labour market, and dynamics between need, supply, demand and absorption are important to identifying where action is required and where it will have the greatest impact on the rehabilitation workforce. However, some of these data may already have been collected through previous evaluations, or not be deemed a priority in the context of the country. The labour market analysis can therefore be scaled based on what is needed and wanted. It should be noted, however, that some of the data are essential to generating workforce projections. This is detailed below. |
| Analysis exercise 4. Need data analysis | This exercise is the most time intensive of the labour market analysis, although the time is required mostly from the members of the RWTT, rather than the project officer. Due to the methodology used, it is highly unlikely that these data already exist, although there may be estimates that have been generated through alternative methods.

The need for rehabilitation workers is important for guiding planning, as well as for advocacy. Even if estimates already exist, they will not be able to be used in the projections generated by GROWE given the projections are derived from data collected in the GROWE Data analysis toolbox.

This exercise cannot be adapted – it is either completed in full or excluded. If excluded, epidemiological and population demographic data can be used to estimate general trends in rehabilitation worker need, e.g. “it is estimated to increase as the prevalence of noncommunicable diseases grows and population ageing increases”. However, this is not quantifiable and will not be as useful in the context of planning, nor as an advocacy tool. |
<table>
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<tr>
<th>EVALUATION COMPONENT</th>
<th>CONSIDERATIONS FOR INCLUSION AND OPTIONS FOR ADAPTATION</th>
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</thead>
<tbody>
<tr>
<td>Analysis exercise 5. Education sector data analysis</td>
<td>This exercise contributes data valuable to understanding workforce inflows and the capacity to produce workers across rehabilitation occupations. While the GROWE Data analysis toolbox invites comprehensive data, only the number of graduates is essential if inflow is to be established. The additional data are optional but can offer valuable insights into the capacity of the education sector and how attractive the various rehabilitation disciplines are as a career path.</td>
</tr>
<tr>
<td>Analysis exercise 6. Supply data analysis</td>
<td>This exercise constitutes a key part of the labour market analysis and is particularly important for planning. While it is not conducive to adaption, it is possible to enter estimates when hard data are not available. When this is done, it is important to ensure consensus of the figures used and to clearly communicate any uncertainty with the data when they are published. If supply data have already been collected through a previous evaluation, it is suggested that they be entered into the GROWE Data analysis toolbox so that projections can still be generated.</td>
</tr>
<tr>
<td>Analysis exercise 7. Information gathering – workforce supply</td>
<td>This exercise complements the quantitative data gathered in exercise 6, providing potential explanations for the findings. These data can be valuable in understanding the situation and identifying areas for action. In short, while the supply data collected in exercise 6 answer the question of “what”, exercise 7 answers the questions of “why?” and “how?”. Where time is limited, or it is felt that the factors influencing supply are already well understood, this exercise can be excluded, or adapted by narrowing down the questions explored.</td>
</tr>
<tr>
<td>Analysis exercise 8. Labour market demand and absorption data analysis</td>
<td>This exercise constitutes another important part of the labour market analysis and is essential to understanding and quantifying the actual availability and accessibility of workers. The GROWE Data analysis toolbox offers two options: one for when detailed and disaggregated data are available (i.e. what workforce is employed and what vacancies exist in public, private and nongovernmental sectors); and one for when this level of detail is not available. When hard data are not available at all, it is possible to enter estimates. When this is done, it is important to ensure consensus of the figures used and to clearly communicate any uncertainty with the data when they are published. If demand and absorption data have already been collected through a previous evaluation, it is suggested that they be entered into the GROWE Data analysis toolbox so that projections can still be generated.</td>
</tr>
<tr>
<td>Analysis exercise 9. Information gathering – workforce demand and absorption</td>
<td>This exercise complements the quantitative data gathered in exercise 8, providing potential explanations for the findings. These data can be valuable in understanding the situation and identifying areas for action. In short, while the demand and absorption data collected in exercise 8 answer the question of “what”, exercise 9 answers the questions of “why?” and “how?”. Where time is limited, or it is felt that the factors influencing demand and absorption are already well understood, this exercise can be excluded, or adapted by narrowing down the questions explored.</td>
</tr>
<tr>
<td>Analysis exercise 10. Information gathering – workforce efficiency</td>
<td>Labour market failures, particularly relating to inefficiencies and performance, are often poorly understood, and undervalued in the context of workforce planning. Understanding labour market failures is particularly pertinent in countries experiencing inadequate availability and accessibility or workers. It is not recommended to exclude this component of the evaluation; however, where time is limited, or it is felt that labour market failures are already well understood, this exercise be adapted by narrowing down the questions explored.</td>
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<tr>
<td>EVALUATION COMPONENT</td>
<td>CONSIDERATIONS FOR INCLUSION AND OPTIONS FOR ADAPTATION</td>
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<tr>
<td>Workforce competency analysis</td>
<td>Competency analysis provides very different data to those gathered in the workforce coverage assessment and the labour market analysis. Competency analysis sheds light on the care provided by the workforce, rather than the workforce themselves. It also captures the performance of the workforce and scopes of practice at a level of granularity that is highly informative in action planning. In this way, the workforce competency analysis can complement the data collected through other components of the evaluation. It can be completed in isolation or excluded if there is inadequate time to complete the analysis exercises, or if it is not deemed a priority in the context of the country. It can also be adapted by completing only one of the two analysis exercises.</td>
</tr>
<tr>
<td>Analysis exercise 11. Workforce proficiency profiling</td>
<td>This exercise is completed by the RWTT and is not anticipated to be time intensive (it is unlikely to take longer than 30 minutes to complete). The findings paint a picture of the general autonomy, level of knowledge and skill, and specialization of each rehabilitation occupational group across competency domains (practice, professionalism, learning and development, management and leadership, and research). It can show where further development is required and where strengths lie across the different occupations. This exercise cannot be adapted - it is either completed in full or excluded.</td>
</tr>
<tr>
<td>Analysis exercises 12. Task mapping</td>
<td>This exercise is completed by the RWTT and is anticipated to be relatively time intensive (it is likely to take approximately 2–3 hours to complete). It provides insights into the scopes of practice of rehabilitation occupations and can reveal gaps in the provision of care as well as opportunities for improving efficiency. The data can be particularly valuable for advocacy, as the GROWE Data analysis toolbox uses them to generate figures that show the impact of workforce availability on the rehabilitation care available to people with a range of health conditions. This exercise cannot be adapted - it is either completed in full or excluded.</td>
</tr>
</tbody>
</table>
Note decisions regarding inclusion, exclusion or adaption of various evaluation steps or exercises in the following table.

<table>
<thead>
<tr>
<th>EVALUATION COMPONENT</th>
<th>DECISION</th>
<th>INSTRUCTIONS FOR ADAPTATION OR SELECTION OF EXERCISES (IF SELECTED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation workforce coverage assessment</td>
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<tr>
<td>Analysis exercises 1. Scoring rehabilitation workforce coverage</td>
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<tr>
<td>Political and economic analysis</td>
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<td>Analysis exercises 2. Stakeholder analysis</td>
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<td>Analysis exercise 3. Information gathering - political and economic context</td>
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<td>Labour market analysis</td>
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<td>Analysis exercise 4. Need data analysis</td>
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<td>Analysis exercise 5. Education sector data analysis</td>
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<td>Analysis exercise 6. Supply data analysis</td>
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<td>Analysis exercise 7. Information gathering - workforce supply</td>
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<td>Analysis exercise 8. Labour market demand and absorption data analysis</td>
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<td>Analysis exercise 9. Information gathering - workforce demand and absorption</td>
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<tr>
<td>EVALUATION COMPONENT</td>
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<tr>
<td>Analysis exercise 10. Information gathering - workforce efficiency</td>
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<td><strong>Workforce competency analysis</strong></td>
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Annex 2. Scenarios for implementing GROWE in the context of broader rehabilitation situation assessment and national strategic planning

The figures below describe the range of scenarios in which GROWE can be implemented in the context of broader rehabilitation situation assessment (STARS), reporting and strategic planning. The scenario used in a country will depend on the situation and priorities.

- **Scenario 1** describes the integration of GROWE within or immediately following STARS, before the STARS report has been developed.
- **Scenario 2** describes the implementation of GROWE following the completion of the STARS report but before the national rehabilitation strategic plan has been developed.
- **Scenario 3** describes the implementation of GROWE after the national rehabilitation strategic plan has been developed.

**Scenario 1**

The GROWE evaluation can be integrated within (occurring as part of the situation assessment) or immediately following STARS. This augments the workforce information that is collected and analysed, providing more granular data. Scenario 1 results in disproportionately more workforce data compared with other topics, such as governance and leadership, information, assistive technology, etc. This can be managed by publishing the majority of the workforce findings in a compendium to the STARS report or as an annex. The additional workforce data may be useful in the construction of the report and the national rehabilitation strategic plan, but neither requires the additional data that GROWE provides. Rather, the GROWE data are used to inform the rehabilitation workforce action plan, which defines the specific activities needed to implement the workforce-related objectives of the strategic plan.

**Scenario 1a: Integration of GROWE within the STARS phase of the Guide for Action**

**Scenario 1b: Integration of GROWE following the STARS phase of the Guide for Action**
Scenario 2

GROWE can also be implemented after the STARS report has been published, but prior to the development of the national rehabilitation strategic plan. Some workforce data will have already been collected through STARS, so the evaluation may be completed faster. Scenario 2 will result in a separate rehabilitation workforce report that can complement the STARS report or be added as an annex. The use of the findings will be the same as Scenario 1.

Scenario 2: Implementation of GROWE following completion of the STARS report

Scenario 3

GROWE can be implemented after the national rehabilitation strategic plan has been completed. There is typically a delay between completion of the STARS report and the development of the strategic plan, which can present an opportunity for GROWE to be implemented. As with Scenario 2, some workforce data will have already been collected through STARS, so the evaluation may be completed faster. In Scenario 3, the findings of GROWE cannot be used to inform the national rehabilitation strategic plan, but they are still used to develop a separate rehabilitation workforce report and action plan that can help implement the objectives of the strategic plan.

Scenario 3: Implementation of GROWE following the development of a national rehabilitation strategic plan
Annex 3. Template for rehabilitation evaluation concept note

Background and rationale
Describe:
• Who the rehabilitation workforce is (how it is characterized, etc.).
• What the rehabilitation workforce contributes to the health system and to population health.
• The challenges facing the rehabilitation workforce and their implications.
• What the evaluation is and why it is being conducted.

Objectives
Describe what the evaluation is seeking to achieve, such as:
• Ascertain the state of the rehabilitation workforce, including strengths and weaknesses.
• Identify recommendations for strengthening the rehabilitation workforce.
• Establish an action plan for implementing the recommendations.

Methodology
Summarize:
• The phases and steps of the evaluation, referencing the GROWE Project officer handbook as appropriate (include whether the workshops will be held in person or virtually).
• The stakeholders involved and the nature of their engagement.

Outputs
List anticipated outputs of the evaluation, such as:
1. The creation of a comprehensive rehabilitation workforce report that presents acceptable, feasible and high-impact recommendations for strengthening the rehabilitation workforce.
2. An action plan for implementing the recommendations of the report.
3. A sound baseline of rehabilitation workforce data to monitor progress towards identified objectives.

Scope
Describe:
• The occupations that will be included in the evaluation, and the reasons why any particular occupation(s) will be excluded, or not evaluated fully.
• The geographic areas that will be included in the evaluation, i.e. national or subnational?
Role allocation
Summarize key roles and their responsibilities, including who is initiating the evaluation, who is funding it, the role of the project officer, and that of the RWTT.

Timeline
Describe the anticipated timeline for the evaluation, considering the format in which the various workshops will be conducted (virtually or in person). List key milestones and predicted completion dates.

<table>
<thead>
<tr>
<th>MILESTONE</th>
<th>ESTIMATED COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation workshop held</td>
<td>Month 20xx</td>
</tr>
<tr>
<td>Evaluation completed</td>
<td>Month 20xx</td>
</tr>
<tr>
<td>Second workshop held</td>
<td>Month 20xx</td>
</tr>
<tr>
<td>Report drafted</td>
<td>Month 20xx</td>
</tr>
<tr>
<td>Third workshop held</td>
<td>Month 20xx</td>
</tr>
<tr>
<td>Action plan formulated</td>
<td>Month 20xx</td>
</tr>
<tr>
<td>List any additional milestones, e.g., policy brief</td>
<td>Month 20xx</td>
</tr>
</tbody>
</table>

Resource requirements
Describe the resources that will be required to implement the evaluation, including those related to payment of the project officer and workshops (for those held in person).
Annex 4. Sample terms of reference for the GROWE project officer

Purpose
The project officer will lead the implementation of the Guide for Rehabilitation Workforce Evaluation (GROWE) in [country], with the support and oversight of [initiating party].

Background and rationale
[Sample text] The rehabilitation workforce is a diverse composition of cadres and specializations that provide interventions that optimize functioning and reduce disability. They are essential to the attainment of UHC, maximizing health outcomes and supporting those with health conditions or experiencing limitations in functioning associated with ageing, to participate in education, work and other life roles. As part of the health workforce, rehabilitation workers play a central role in the health system; they strongly impact the quality and effectiveness of care and drive demand for services. To be truly effective and responsive, health systems require the appropriate number and mix of rehabilitation workers as determined by population needs, which in turn calls for adequate investment in educating and supporting rehabilitation workers, ensuring their absorption and retention in the labour market, and cultivating working conditions that motivate high performance.

[Insert information about the history and current state of the country’s rehabilitation workforce. What challenges does it face? Why is action needed? Are there any broader factors that make this the right time to conduct the evaluation?]

Robust evaluation and planning underpin workforce strengthening by providing pivotal information and recommendations that ensure efforts are targeted at the right problems and are suitable to the context. The national rehabilitation workforce evaluation in [country] will draw on labour market analysis and competency-based approaches to generate granular data.

on the need, supply, demand and absorption of the rehabilitation workforce, as well as the extent of care being provided. It will bring together rehabilitation workforce stakeholders to uncover opportunities for expansion and growth through identifying actions that are feasible, acceptable, sustainable and effective.

**Objectives**

*Modify as required.*

The national rehabilitation workforce evaluation in [country] will:

1. Ascertain the state of the rehabilitation workforce in [country], including its strengths and weaknesses.
2. Identify recommendations for strengthening the rehabilitation workforce considering [country]'s health system and the current sociopolitical context.
3. Establish an operation action plan for implementing the recommendations.

**Requirements**

*Modify as required.*

- Knowledge of the rehabilitation workforce and related stakeholder in [country].
- Project management and/or coordination experience.
- Strong organizational and planning skills.
- Excellent interpersonal and communication skills.
- Experience with key informant interviews and desk-based data collection.
- Record of responsiveness and timely completion of deliverables.

**Activities**

*Modify as required.*

- Implement an evaluation of the rehabilitation workforce in [country] utilizing the WHO GROWE methodology and tools [link]. This will entail:
  - desk-based data collection
  - stakeholder interviews
  - completing data analysis exercises (using GROWE tools)
  - completing a stakeholder analysis
  - coordinating and running a series of virtual/two face-to-face [select as appropriate] GROWE workshops.
- Synthesizing and reporting the findings, conclusions and recommendations of the evaluation in a coherent, succinct and timely rehabilitation workforce evaluation report.
- Manage two rounds of peer review of draft versions of the rehabilitation workforce report and incorporate feedback.
- Summarize the key findings, conclusions and recommendations of the evaluation in a brief version of the report (maximum 3 pages).
- Work closely with the government and development partner/academic institution [select or delete as appropriate] initiating the evaluation to clarify the scope, objectives and timelines of the evaluation.
• Form and coordinate a rehabilitation workforce task team (RWTT)
• Select, prepare and communicate closely with RWTT subgroup leaders.
• Lead and coordinate the activities of the RWTT, along with subgroup leaders as appropriate.

Potential additional activities
Where these activities are added, additional time and compensation should be considered.
• Create a policy brief based on the findings, conclusions and recommendations of the evaluation.
• Work with relevant members of the RWTT to create occupational group-specific materials that describe the findings, conclusions and recommendations of the report and their specific implications and necessary actions for each occupational group, including frontline managers and clinicians.

Time requirement
Modify as required.
• [Number of days] over a period of [number] of months, from [start date] to [completion date].

Remuneration
Include details of payment structure, e.g. per month, on completion of deliverable or other.
• Amount to be paid.

Deliverables
• Completed GROWE Data analysis toolbox
• National rehabilitation workforce report
• National rehabilitation workforce action plan.
Annex 5. Sample terms of reference for the rehabilitation workforce task team

Purpose
The rehabilitation workforce task team (RWTT) will support the implementation of the Guide for Rehabilitation Workforce Evaluation (GROWE) in [country], under the coordination of the project officer.

Background and rationale
As per the project officer terms of reference.

Objectives
Modify as required.
The national rehabilitation workforce evaluation in [country] will:
1. Ascertain the state of the rehabilitation workforce in [country], including its strengths and weaknesses.
2. Identify recommendations for strengthening the rehabilitation workforce considering [country’s] health system and the current sociopolitical context.
3. Establish an operation action plan for implementing the recommendations.

Composition
Modify as required.
The RWTT will comprise of three to five representatives of the following occupations:
• audiology
• clinical psychology
• occupational therapy
• prosthetics and orthotics
• physical and rehabilitation medicine/physiatry
• physiotherapy
• rehabilitation nursing
• speech and language therapy
• community-based rehabilitation providers/mid-level rehabilitation providers.
The members will collectively have a diverse range of experience and specialization across areas such as neurological, musculoskeletal, developmental, mental health and sensory rehabilitation. The RWTT should represent both urban and rural areas, and hospital and community settings.
Requirements

*Modify as required.*

- At least 2 years’ experience as a rehabilitation worker.
- Ability to work effectively in a team.
- Broad knowledge of the situation of the occupational group in [country], including scope of practice, barriers and challenges and strengths.

Time requirements

Participation in the RWTT will require [select as appropriate]:

- Attending three 2-day workshops in [location and estimated dates].
- Participation in a series of web conference, estimating 10 hours over [number] of months.

Activities

- Participate in a series of virtual/three face-to-face [select as appropriate] GROWE workshops.
- Work with a subgroup to undertake occupational group-specific analysis exercises, including:
  - completing the rehabilitation workforce coverage assessment; and
  - completing the workforce competency analysis.
- Provide information, as able and when requested, to the project officer to assist with the evaluation. This may involve e-mail correspondence and/or informal interviews.
- Assist with the communication and promotion of the results of the evaluation and implementation of actions.

Remuneration

*Modify as required.*

Members of the RWTT will not be financially remunerated. However, they will be acknowledged in the national rehabilitation workforce report and receive a certificate of appreciation from the ministry of health/named development partner or institution [select as appropriate].