

GUIDE FOR REHABILITATION WORKFORCE EVALUATION INFORMATION SHEET

A decorative graphic on the right side of the page consisting of a cluster of colored dots in various sizes and colors (green, blue, purple, orange, pink, yellow) arranged in a roughly circular pattern.

What is the Guide for Rehabilitation Workforce Evaluation?

The Guide for Rehabilitation Workforce Evaluation (GROWE) comprises a suite of resources that can be applied in countries to provide information to support planning and advocacy at the national or subnational level. GROWE applies a labour market and competency analysis approach to help stakeholders in countries not only capture the state of the rehabilitation workforce, but to understand the problems and opportunities that the system and workers are facing.

GROWE resources include:

- A **guidebook**, which provides information on when and where GROWE may be used, who is involved, timeframes and resource requirements, and the steps needed to initiate the evaluation.
- A **project officer handbook**, which provides stepwise directions for the project officer leading the evaluation, as well as templates for interpreting and reporting findings.
- A **workbook**, in the form of a Microsoft Excel document, for rehabilitation workers to complete analysis exercises as part of the evaluation.
- A **data analysis toolbox**, also in the form of a Microsoft Excel document, which the project officer uses to input and compile data gathered in the evaluation. The toolbox includes dashboards with figures visualizing the data.

Why undertake rehabilitation workforce evaluation using GROWE?

The rehabilitation workforce is essential to the provision of comprehensive and person-centred care; rehabilitation workers bring unique knowledge and skills to health care teams, help facilitate recovery and optimize patient outcomes. Yet the development of the rehabilitation workforce lags far behind other health-related occupational groups in many countries, with profound shortages and gross underinvestment in jobs for rehabilitation workers limiting access to care and hindering the health system's ability to deliver universal health care. It is evident that the situation of the rehabilitation workforce warrants attention, and the complexity of challenges calls for in-depth analysis. Undertaking a **rehabilitation workforce evaluation** with GROWE provides information that helps stakeholders to not only capture the situation of the rehabilitation workforce in the country, but to understand the factors that shape it, enabling the creation of an **action plan** which targets underlying issues and is responsive to the country context.

Who can use GROWE?

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 may have application in countries which are looking to strengthen an emerging professional multidisciplinary rehabilitation workforce, and where there are some paid rehabilitation jobs in the health system. It is unlikely to be applicable in countries where there are no or very few (such as only one or two) professional rehabilitation occupations in the country and services are staffed by international workers, and where there is no investment in rehabilitation jobs. 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, will likely provide the data required and be less time and resource intensive to implement.

Where GROWE is used, it can be initiated by a government ministry, development partner or academic institution, or combination of these. Government engagement and, ideally, leadership is important to the success of the evaluation, and the uptake of subsequent recommendations.

What is the process for implementing GROWE?

GROWE can be implemented as a stand-alone process or as part of a broader rehabilitation situation assessment. The table below outlines the potential purposes of each approach:

Approach	Potential purposes
Stand-alone process	<ol style="list-style-type: none">1. Advocacy2. Strengthening rehabilitation networks, including establishing a rehabilitation workforce task group3. Developing a rehabilitation workforce action plan4. Motivating further investment and planning, such as implementation of the WHO Rehabilitation in health systems: guide for action
Part of a broader rehabilitation situation analysis	<p>In addition to 1–3 above:</p> <ol style="list-style-type: none">5. Strengthening and expanding the rehabilitation workforce information collected through the rehabilitation situation assessment6. Informing rehabilitation workforce objectives within a national rehabilitation strategic plan

GROWE includes several analysis exercises and countries may choose to implement all or a selection of these based on their needs, priorities and resources.

Regardless of the approach taken or whether the number of analysis exercises is adapted, implementing GROWE involves a systematic process encompassing four phases and 10 steps:



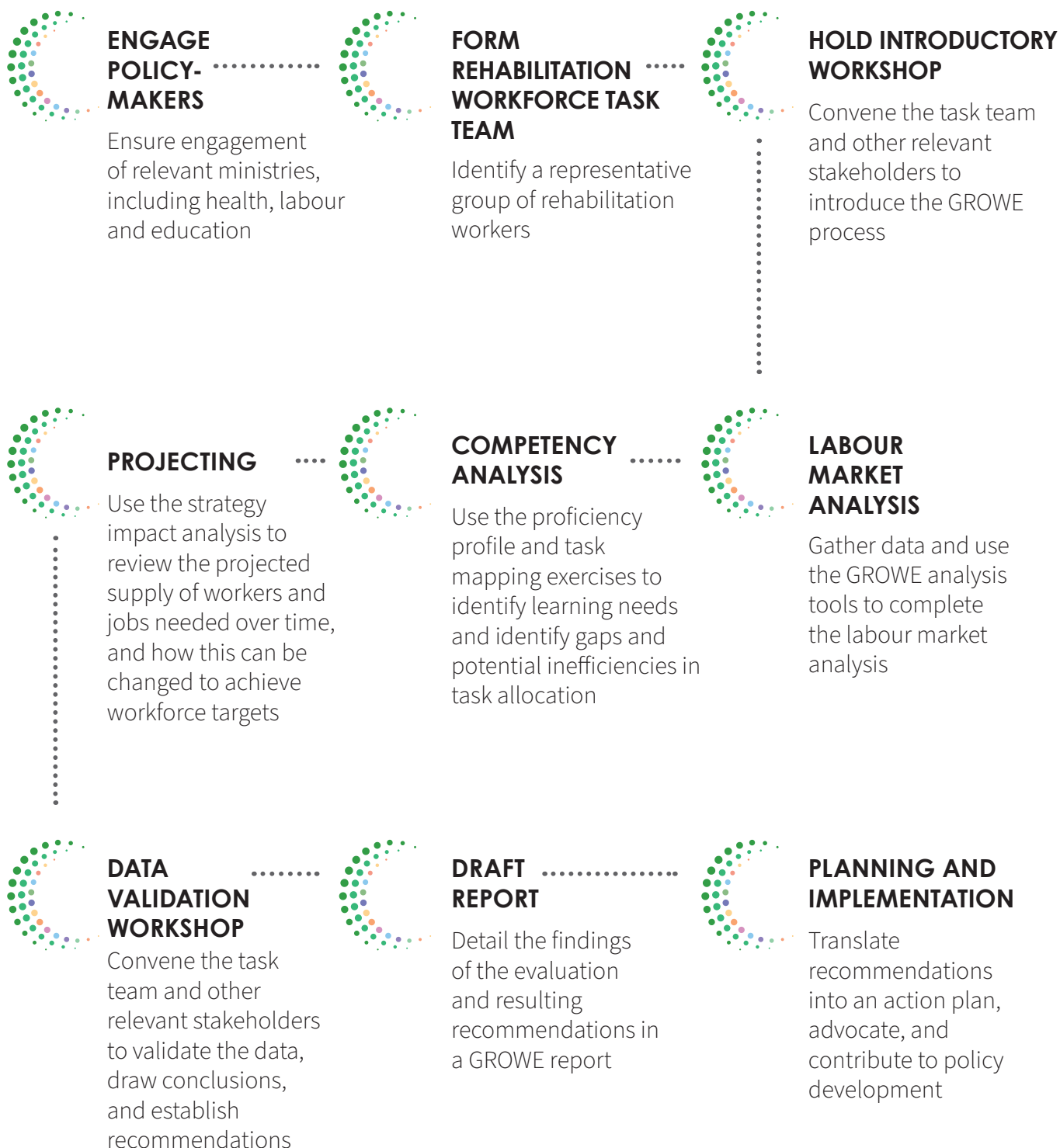
GROWE is facilitated through a series of workshops, some of which may be held virtually: an introductory workshop (in-person or virtual), a data validation workshop (in-person), and an action planning workshop (in-person or virtual).

How long does it take to implement GROWE and how much does it cost?

Depending on the ease of access to the required data, implementing GROWE is estimated to take **between 6–8 months**. This assumes the project officer commits approximately 40-50 days to the process.

As seen in the table below, the cost of implementing GROWE depends on whether it is undertaken with in-person or virtual interactions of stakeholders but is estimated to cost US\$ 10 000–15 000.

Overview of GROWE implementation



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