



**UNIVERSITY OF  
ZULULAND**

**FACULTY OF ARTS**

For the degree of

**Master's in development studies**

In the field of

Development Studies and Anthropology

With the title

**Community-based rehabilitation as a strategy for disability services and for  
encouraging the involvement of disabled People in the community  
development of the City of uMhlatuze municipality**

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**May 2021**

**DECLARATION**

I, Charmaine Sibahle Mthethwa declare that this dissertation is hereby submitted to the University of Zululand in the fulfilment of the Master of Development Studies degree and has not been previously submitted for any other degree or examination at this institution or any other university; this is my work in both conception and execution. All the sources that I have made use of or quoted have been duly acknowledged by means of complete references.



23 October 2023


**Charmaine Sibahle Mthethwa**

**Date**

**SUPERVISOR:**

I am satisfied that I have given the candidate the necessary supervision in respect of this dissertation and that the supervision of the dissertation was in accordance with the university requirement in respect of postgraduate research dissertation.

I have read and approved the final version of this study; it's submitted with my consent.

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Date:06/05/2024.....

## **ACKNOWLEDGEMENTS**

My appreciation goes to my mother Mrs Nonjabulo Happiness Mthethwa for always believing in me and supporting me in completing my study. I would like to give special thanks to my supervisor, Prof JM Mdiniso for supporting, pushing, and guiding me throughout my research. I also wish to extend my appreciation to Dr Scelo Tembe for assisting me with the research proposal until it was approved. Most importantly, I would like to thank God for giving me the strength to complete my study.

## **ACRONYMS**

CBR	- Community-Based Rehabilitation
DFLG	- Disability Framework for Local Government
DSD	- Department of Social Development
PWDs	- People Living with Disabilities
WHO	- World Health Organisation
IDP	- Integrated Development Plan
ILO	- International Labour Organisation
QOL	- Quality of Life
ToC	- Theory of Change

## **ABSTRACT**

It is visible in various disability studies that there is still a challenge in fully integrating disability in most African countries. These challenges include poverty barriers, employment barriers, stigma against people with disabilities, educational barriers and inequality barriers. Despite the policies that have been developed to solve these disability issues, there is still a lack of effectiveness in the implementation of these policies. This research investigates the effectiveness of the Community-Based Rehabilitation approach in promoting community development through the involvement of people living with disabilities. The CBR approach consists of five components, and each consists of five elements. These elements are health, education, livelihood, social and empowerment. This CBR approach was initiated to improve the protection of the rights of people living with disabilities and also provide them with equal opportunities in order to improve service delivery for people living with disabilities. However, there still needs to be more knowledge on the effectiveness of its implementation due to the lack of resources and knowledge among CBR stakeholders. This study investigates this effectiveness using a qualitative research methodology and adopts the narrative research design.

**KEYWORDS:** Community-Based Rehabilitation; People with disabilities; CBR Matrix; Community development; CBR stakeholders

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## CHAPTER ONE

### INTRODUCTION AND BACKGROUND OF THE STUDY

#### 1.0. Introduction and Background

People living with disabilities (PWDs) face multiple discriminations in society due to their physique, such as the absence of advanced assistance technology and accessibility to some environments and infrastructure. These discriminations further lead to societal barriers among PWDs, which inhibit PWDs from partaking in roles and activities that exist in communities, thus leading to poverty. These roles or activities include being an employee, student or partaking in community organisations that lead to community development. It has for many years been stated that about fifteen (15) percent of the world's population is living with disabilities, and the majority of PWDs are situated within developing countries (Kusuwo *et al.*, 2017). However, WHO (2022) recently updated this stat to sixteen (16) percent, which is estimated to be 1,3 billion people. This increase is said to be caused by the growth of people who live longer, as well as noncommunicable diseases (WHO, 2022).

There has always been an inadequacy in the rehabilitation and intervention to assist people living with disabilities since the majority of PWDs belong in developing countries, and therefore are required to utilise limited resources to improve their lives (Saran, 2020). Due to inadequate rehabilitation and intervention to assist People living with disabilities in developing countries, the Community-Based Rehabilitation (CBR) approach was introduced in 1978 by the World Health Organisation (WHO) in order to provide rehabilitation services to assist people living with disabilities (Kusuwo *et al.*, 2017). People living with disabilities have always been viewed as receivers of services only due to misconceptions from society, and this is the reason why this study was undertaken. However, this has evolved overtime since CBR is now implemented by the people living with disabilities, including their communities and families (ILO, UNESCO & WHO, 1994).

CBR is a development strategy that is currently applied in more than 90 countries worldwide in order to provide equal access to rehabilitation services to people living with disabilities in their communities (WHO, 2015). CBR uses a model called the CBR Matrix. The CBR matrix consists of all the sectors that CBR is made up of, which are health, education, livelihoods, social and empowerment. Before the CBR Matrix, CBR

was always associated with the health sector and disability was always portrayed as a feature that required medical treatment only. The CBR matrix, therefore, came with a turnaround strategy that encouraged people living with disabilities to be associated with all the five components that make up CBR. The aim of this strategy was to encourage people living with disabilities to contribute to community development through increased participation, thus eradicating the barriers caused by perceptions from the physically abled individuals of society. However, the success of the CBR strategy is dependent on the participation of the families of PWDs to extend support where rehabilitation workers cannot reach.

Relative studies have been undertaken in different countries and they have proven that participation leads to people living with disabilities' productivity in economic empowerment (Msowoya & Soumana, 2017). Currently, in the study area, disability sports programmes have been implemented to encourage a healthy lifestyle amongst people living with disabilities (uMhlathuze FAR, 2019), and not much has been mentioned about their role in community development. The study, therefore identifies rehabilitation centres that assist people living with disabilities and their promotion of CBR, as well as the involvement of PWDs in community development in the City of uMhlathuze so as to enhance the lives of PWDs. It has been found that CBR has been influential ever since it was introduced to developing countries; however, its effectiveness has never been viewed from the perspective of People living with disabilities (Msowoya & Soumana, 2017). A study by Rule *et al.* (2019) mentions that some stakeholders view CBR as confusing, which might be a negative factor in the implementation of CBR. It is therefore, due to this negative factor necessary to study the effectiveness of CBR based on the views of people living with disabilities rather than that of stakeholders. This will assist in providing information that is accurate about CBR since the people it was established for (people living with disabilities) will have a say in publications focused on the effectiveness of CBR.

This study, therefore, attempts to interpret the effectiveness of CBR based on the views of people living with disabilities rather than those of CBR workers or stakeholders. This will assist in contributing to much more accurate information on the effectiveness of CBR in developing countries. Accurate information will assist in finding loopholes that exist not only in the effectiveness of CBR but also in its implementation in order to propose conducive strategies that will uplift the lives of PWDs and their

families. Challenges to the implementation of CBR differ across the world due to the availability of resources, and most developing countries are faced with poverty, thus leading to a lack of resources. Hasan *et al.* (2021) state that the lack of resources then changes the way in which CBR is implemented, and this causes confusion on what CBR really is. This confusion is also one of the reasons why the CBR Matrix was established. It is there to serve as a uniform strategy for the application of CBR, thus improving its effectiveness in the upliftment of the lives of PWDs.

This research proposes strategies that can be adopted to involve people living with disabilities in the community development of the city of uMhlatuze through CBR. The aim of this research is to investigate community-based rehabilitation as a strategy for disability services and for encouraging the involvement of disabled People in the community development of the city of uMhlatuze municipality.

### **1.1. Significance of the Study**

The equal inclusion of people living with disabilities in the community has always been questionable due to the negative fallacies the society has about PWDs. This led to the establishment of Community Based Rehabilitation. CBR is aimed at achieving participation, equality, and rehabilitation by including people living with disabilities in the process of community development (WHO,2010). According to Sharma (2007), CBR is reflected as the most effective approach in enhancing the livelihoods of people living with disabilities; however, we still lack proof of the efficiency of these CBR programmes, and this affects the application as well as the development of effective CBR programmes (Sharma, 2007). To prove the above mentioned aims of CBR and the efficiency of CBR in the lives of PWDs, the study examines the impact of rehabilitation centers based on direct views from PWDs that receive rehabilitation services. This assists in closing questionable gaps on the effectiveness of CBR in the lives of people living with disabilities at a South African local setting, in this case the city of uMhlatuze.

Proposed CBR frameworks have not been practiced yet since they lack effectiveness in CBR, and most scholars have therefore described their expansive fields of interest in CBR programmes (Yin-hanchung *et al.*, 2011). In South Africa, the Department of Social Development and the Department of Health have developed policies directed at the rehabilitation of people living with disabilities. Despite the establishment of these

policies, there is still no specific method by which CBR is implemented. According to CREATE (2015), there have always been differences in the way that CBR programmes have been implemented since they were introduced in South Africa (CREATE, 2015). Hasan *et al.* (2021) support this statement and further state that the reason for the confusion in the implementation of CBR services across different countries is due to the resources that are available in the local setting of that country. These debates regarding methods of CBR have resulted in the evaluation of CBR programmes (Darawsheh, 2017). This study intends to obtain the motives for these distinct ways of CBR implementation.

The proof for the effectiveness of CBR is unproven, but this does not mean that it does not promote positive change (Grandisson *et al.*, 2016a). This study intends to investigate community-based rehabilitation as a strategy for disability services and for encouraging the involvement of people living with disabilities in the community development of the City of uMhlatuze municipality. The study will benefit all those seeking knowledge on the effectiveness of CBR, including CBR workers and those who wish to establish rehabilitation centres. This research will also motivate the importance of funding rehabilitation centres in order to promote a fair and just society for all.

## **1.2. Problem Statement**

Studies on disability show that people living with disabilities have always been viewed as receivers rather than contributors to society due to their disabilities. CBR was therefore then established to eradicate this misconception about PWDs and further prove their capabilities if given equal opportunities in society. The implementation of CBR in developing countries was aimed at being a strategy to expand access to rehabilitation services among people living with disabilities (Msowoya & Soumana, 2017). This term has broadened over the years due to the revision and implementation of new policies that are aimed at improving the empowerment as well as the participation of people living with disabilities in the economic cycle. These new policies include the South African Department of Health Framework on Disability and Rehabilitation (DoH, 2016) and the White Paper on the Rights of People with Disabilities (DSD, 2015). Regardless of the policies that have been implemented in support of the rights of PWDs, there is still no proven effectiveness of these policies in

the lives of the PWDs and their families. In support of this statement, a relative study by Mjilo (2019) emphasises that even though policies on disability are implemented in institutions or organisations, these policies do not fully address the challenges faced by PWDs.

The reason for conducting this study is due to the gap that people living with disabilities are usually limited to the duties they perform in society due to their physique and misunderstandings that society has about their capabilities when they try to participate in their communities. This deprives people living with disabilities an opportunity to partake and effectively contribute to the development of their communities. In the study area, a disability forum was established by the uMhlathuze municipality, which is aimed at developing a structure or program that deals with issues affecting PWDs (uMhlathuze Fifth Generation IDP 2022/2023 to 2026/2027). However, not much is shared on the type of disability approach exercised in the formation of this structure as well as its way of operation. This study is aimed at investigating community-based rehabilitation as a strategy for disability services and for encouraging the involvement of people living with disabilities in the community development of the City of uMhlathuze Municipality. In the introduction, it is visible that even though CBR has been effective since its initiation in developing countries, its effectiveness has never been viewed from the perspective of People living with disabilities (Msowoya & Soumana, 2017). This study, therefore, attempts to change this view by concentrating more on the views of people living with disabilities rather than solely concentrating on the views of stakeholders in order to close the knowledge gap based on the views of PWDs.

It is further mentioned that even after decades of being established, there is still a dearth of knowledge about the concept of CBR among South African stakeholders (Rule *et al.*, 2019). As a result, the lack of knowledge about CBR amongst stakeholders raises concerns as to what extent these CBR programmes are effective and whether they are beneficial to the disabled community or not. A similar study by Darawsheh (2018) suggests that the lack of knowledge on disability and the rights of PWDs can be diminished if CBR programmes can realign their priorities, thus increasing the effectiveness of CBR. It is also visible that multiple challenges exist in the CBR, which lead to the unsustainability of CBR programmes. The above statement then brings us to the problem that encouraged the formation of this study. The current

study attempts to research the cause and effect of these challenges on CBR and people living with disabilities.

### **1.3. Aim**

This study is aimed at investigating the effectiveness of community-based rehabilitation as a strategy for disability services and for encouraging the involvement of disabled People in the community development of the city of uMhlatuze municipality.

### **1.4. Objectives**

- 1) To explore the role of municipalities and civil society in community-based rehabilitation.
- 2) To identify challenges faced by people living with disabilities in community-based rehabilitation and factors contributing to them.
- 3) To determine the roles of People with disabilities in the community-based rehabilitation programme.
- 4) To propose recommendations on how CBR can contribute effectively towards community development.

### **1.5. Research Questions**

- 1) What is the role of municipalities and civil society in community-based rehabilitation?
- 2) What are the challenges faced by people living with disabilities in community-based rehabilitation and the factors contributing to them?
- 3) What roles do People with disabilities play in community-based rehabilitation programmes?
- 4) Which recommendations can be proposed in order for CBR to contribute effectively towards community development?

### **1.6. Dissemination of the Findings**

All findings and recommendations will be presented back to the uMhlatuze municipality, as well as to the CBR centres involved in the study. This research will be published so that it will be easily accessible to people seeking knowledge on CBR. This will assist the municipality and rehabilitation centres to be aware of all the

strategies they can adopt in order to promote community development and a just society for all through CBR. The researcher will also publish a paper that will contribute to the knowledge of CBR from the South African context. This is expected to assist in putting this research into a larger context and allowing findings to be exposed on a larger scale. The research will also be presented at various conferences, especially those pertaining to community development, social change, and those promoting the enhancement of the most vulnerable in society, particularly people living with disabilities. This article will additionally be of good reference to individuals seeking the most recent knowledge on the state of rehabilitation facilities for people living with disabilities in the City of uMhlathuze.

### **1.7. Feasibility of the Study**

With transport, data and a laptop, the research was a success. Transport was required to travel to the CBR centres and the municipality. Accommodation was needed on campus so that I can be closer to the school's facilities, such as the library. However, I was not funded and therefore stayed at home but sometimes travelled to campus to access its facilities as a registered student. On campus, there is access to free WI-FI. This provided me with easy access to the most recent articles online, and that supported me in completing this study.

### **1.8. Intellectual Property**

This document has been appropriately referenced in order to acknowledge the original writers and a declaration regarding plagiarism has been signed. No intellectual property rights will arise in this study.

### **1.9. Chapter Organisation**

This study consists of six chapters. The organisation of the study is represented below:

#### **Chapter One – Orientation of the Study**

Chapter one is the introduction of the research, and it outlines more on what the thesis is about as well as the background and the gap that the research is trying to fulfil. Lastly, the chapter provides a brief outline that guides the structure of the research.

#### **Chapter Two – Literature Review**

Chapter Two summarizes the literature that is relevant to the research project based on previous studies that are similar to this research. This chapter attempts to expose the gaps that exist in the current known literature and how this research helps to close these gaps. Before its conclusion, the chapter also lays out the legislative framework in relation to the context of the study.

### **Chapter Three – Theoretical Framework**

Chapter three consists of the theoretical framework of the research and two theories were used to fulfil this study. Since two theories were utilised in this study, a brief description of each theory is provided, followed by a link and relationship between these theories and their context to the study.

### **Chapter four – Research Methodology**

Chapter four outlines the methodology of the study and it helps to respond to the research questions entailed in the first chapter of the study. It also describes the data collection instruments used in this study and they vary according to the methodology being used.

### **Chapter five – Data Analysis**

Chapter five describes the biographic information of respondents as well as the findings of the study. It clearly outlines the results of the data collected using responses captured from interviews.

### **Chapter six – Recommendations and Conclusion**

Chapter six outlines the implications of the study and discusses the findings of the study. This chapter also identifies the limitations of the study as well as recommendations for future research. This chapter wraps up the entire research since it is the final chapter of the thesis.

#### **1.10. Chapter Summary**

This chapter has given us a brief description of what CBR is, as well as when and why it was established. It has also mentioned the challenges that people living with disabilities encounter, including lack of participation and how society views them.



These challenges then led us to the problem statement and the significance of the research. The objectives of the research were also mentioned in this chapter in order to solve the research questions of the study and the problem statement. The first chapter serves as a guide and introduction to the entire thesis. Lastly, this chapter gave an overview of the organisation of all the chapters that make up this thesis. These chapters are from chapter one until the last chapter of the research, which is chapter six. The next chapter then discusses the literature review of the study. The literature review attempts to address the research questions of the study, which are linked to the objectives of the entire research.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0. Introduction**

The previous chapter has highlighted the objectives of the research, including the research questions. It has also reviewed the significance of the study, as well as the problem statement. It has briefly enlightened us on the challenges that people with disabilities (PWDs) face in their societies and how Community Based Rehabilitation (CBR) was established. The first chapter uncovers why the study was undertaken and how it will contribute effectively to CBR. Lastly, chapter one gave a brief description of the organisation of chapters that the entire research consists of from chapter one up to chapter six. The current chapter, which is the second chapter of the research, then discusses the context of CBR and the challenges faced within its implementation. The chapter attempts to clarify the problem statement by addressing the research questions of the study. It will also give details of the challenges that PWDs encounter as well as factors that influence these challenges.

#### **2.1. Issues and Challenges of People Living with Disabilities and Factors Contributing to them.**

People living with disabilities can be defined as individuals who have long-term mental and physical deficiencies that may hinder their full potential to participate in society (United Nations, 2006). In Africa, disability is mainly caused by many factors, including congenital disabilities, environmental hazards, industrial accidents, war, violence, poverty, and HIV/AIDS (Nyangweso 2018). Biases about people living with disabilities affect them because it leads to them being excluded in society. In South Africa, people living with disabilities are inactive economically, and this is due to the perceptions that society has about them (Susuman, Blignaut & Lougue, 2014). These perceptions discourage people living with disabilities to participate in the economy and to contribute towards community development. Not being able to participate in society may lead to depression because of feeling discriminated against and not being able to provide for yourself.

Since the COVID-19 pandemic, there has been an interruption in service delivery due to the safety precautions that have been introduced, such as social distancing

measures that were in place and everyone strictly mandated to adhere to them. This has become an issue for people living with disabilities since they usually depend on assistance for the delivery of medication and food (Jumreornvong *et al.*, 2020). The failure of many African countries to fully integrate disability into their national development planning and implementation system is, therefore, a development encounter that still needs to be utterly addressed. Irrespective of having a world-class policy of good practice, South Africa's plan of action to implement the policies is inadequate (Marsay, 2014). This weak implementation of policies negatively affects people with disabilities, thus instigating multiple barriers. The following are the barriers that people living with disabilities encounter:

### **2.1.1. Poverty barriers**

Insufficient knowledge about the rights of people living with disabilities impedes them from participating in socio-economic activities, thus leading to poverty (UN, 2007). Generally, people who live in poverty are usually situated in remote areas. This makes it difficult for them to access or be aware of rehabilitation services that people living with disabilities are entitled to. We can, therefore, illustrate poverty as a barrier causing the unemployment barrier amongst PWDs. Nyangweso (2018) declares that poverty, birth defects, violence, accidents, and HIV/AIDS are the leading causes of disability in Africa. Banks and Polack (2014) further articulate that there is expansive evidence that most of the people living with disabilities are mainly situated in areas that are stricken by poverty and developing countries. Poverty goes simultaneously with low employment, low levels of education and poor health (United Nations, 2016a and 2015c; ILO, 2014a). This is due to the fact that when people are poor, they usually have limited access to most resources since they cannot afford them. Poverty is, therefore, a major barrier that raises other barriers which negatively affect people living with disabilities. Mwangi & Orodho (2014) state that geographical distances from homes to schools are the most definite reason why parents of children living with disabilities in remote areas do not send them to school. The long distances from homes to schools discourage parents from sending their children daily to school because of additional transport costs. This refrains PWDs from receiving a fundamental right they are entitled to, which is a right to education.

### **2.1.2. Employment barriers**

The unemployment rate amongst PWDs living in Organisation for Economic Co-operation and Development (OECD) countries from the year 2000 to 2010 was 56 percent (OECD, 2010a). It is further indicated that about 80 to 90 percent of people living with disabilities, who fall in the category of working age, are unemployed in low and middle-income countries (ILO,2014). Burchardt (2003) views unemployment as a contributing factor to isolation since it prevents individuals from accessing or affording various resources and services. Banas *et al.* (2019) further view people living with disabilities as a population that is hard to recruit. This is due to multiple societal discernments against PWDs. Perceptions of society (including employers) about PWDs are the ultimate reason for the unemployment rate that exists among people living with disabilities. For example, Dianito *et al.* (2021) state that society views individuals who are deaf as people with no skills. This stigma or perception, therefore, leads to a low employment rate among deaf graduates. The requirements of the labour sector make it challenging for the population of PDWs to get employment in this sector. This is due to inflexible hiring requirements (Échevin, 2013). Employers should change their perception towards employees living with disabilities in order to improve the productivity levels in their organisations, thus diminishing the levels of unemployment amongst this disadvantaged population.

### **2.1.3. Stigma against people with disabilities**

Disability raises biases in society, as well as social exclusion, due to various stigmas that individuals have against PWDs. The United Nations- DSPD (2016) claims that these stigmas raise various discriminations, which lead to social exclusion and low self-esteem. Stigmas disadvantage PWDs, thus making them feel inferior due to the negative attitude that they receive from individuals (Au & Man, 2006). The inferiority that PWDs experience due to stigmas reduces their ability to partake in the development of the community. Regardless of the type of disability that a person has, they all experience the same stereotypes and prejudices in society. These stigmas are triggered when individuals do not recognise the value of people living with disabilities. They, therefore, receive poor education and less attention (Kenya Society for the Physically Handicapped, 1999), thus reducing the positive impacts they might have in society. Mwangi & Orodho (2014) mention stigmatisation as the focal issue that

parents face in educating their children who are living with disabilities. All disability stigmas are due to inadequate knowledge that people have on PWDs, which still needs awareness. It is, therefore, vital to educate people about disability in order to combat all the stigmas and perceptions that society has about people living with disabilities.

#### **2.1.4. Educational Barriers**

The Constitution of the Republic of South Africa (1996) viewed education as a basic right for all. However, stigmatisation and poverty have been alluded to as the principal barriers that prevent people living with disability from receiving a decent education. Ignorance of parents and the fear of their children being bullied is the central reason why most children living with disabilities do not attend school. This deprives them of their chance to socialise with others and learn new skills. PWDs do get enrolled in higher education institutions. However, the infrastructure of these institutions does not accommodate PWDs (Ilako *et al.*, 2020). This, therefore, prevents PWDs from accessing most of the institution's facilities, including libraries and lecture halls. Ilako *et al.* (2020) further mentions that individuals who are non PWD are not considered for PWDs since they are not affected by it, thus causing educational barriers. Dianito *et al.* (2021) mention that COVID-19 had a negative impact on the teaching and learning of PWDs because they had to learn from home and be taught by their parents who are not formally qualified to teach PWDs. Parents with children who live with disabilities decide not to send them to school because of the fear of the children being bullied and discriminated (UNESCO, 2017). Parents of children living with disabilities should be empowered to seek knowledge and be actively involved in their children's education.

## **2.2. Contextual Meaning of Community-Based Rehabilitation**

Rehabilitation is a vital tool that is utilised to deliver support to people living with disabilities (Jean Pierre Wilken, 2016). Community-Based Rehabilitation was introduced in the early 1980s by the World Health Organisation (WHO). The reason for this initiation was to improve the protection of the rights of people living with disabilities and also provide them with equal opportunities in order to improve service delivery for people living with disabilities (WHO & World Bank, 2011). WHO (1981) describes rehabilitation as all methods that are aimed at enabling people living with

disabilities to achieve social integration. One of the major purposes of CBR was to allow people living with disabilities to increase their psychological and physical capabilities in order for them to have access to regular services. This enables PDWs to participate in their societies actively, thus having an effective contribution to community development and eliminating stigmas that individuals have about PWDs. The efforts of rehabilitation are aimed at protecting the dignity and rights of individuals, as well as strengthening the ability of individuals.

According to M'kumbuzi & Myezwa (2016), CBR has been adopted in both developing and developed countries as an approach to initiate appropriate rehabilitation services to a larger population of people living with disabilities. CBR uses a theory that consists of five interconnected components which form the matrix of the CBR. These components are education, health, empowerment, social and livelihood (WHO, 2010). Each component consists of five elements. Since these five components are integrated and flexible, they are easy to implement (UN, 2015). However, challenges do exist due to competition amongst sectors, as well as poor communication between stakeholders and the government. Msowoya & Soumana (2017) state that even though empowerment is the key goal of CBR, it is still not visible in the matrix structure. In most communities, CBR is usually established due to encouragement from the outside community, such as NGOs or the government. Regardless of where the encouragement of establishing CBR originates from, it is important to ensure that the community is ready to implement and develop the CBR programme. It is also important that the NGOs or government initiating the CBR programme grow partnerships with different stakeholders that are responsible for each component of the CBR matrix in order to develop a successful CBR programme (Msowoya & Soumana, 2017). CBR can be a very complex term due to whom the CBR and government consult when implementing and developing CBR programmes.

The different interpretation of numerous concepts also leads to the complication of CBR (Rule *et al.*, 2019). In South Africa, the only department that has been provided with government funding is the Department of Health, and this has contributed to many CBR projects to fall within the health sector (Rule *et al.*, 2019). Even after decades of being established, there is still a shortage of knowledge about CBR among the South African stakeholders (Rule *et al.*, 2019). This then brings about confusion because, as a stakeholder, it is highly impossible to facilitate any particular initiative without having

knowledge about it. This further raises a question of the effectiveness of CBR programmes from the perspective of people living with disabilities, which is why this study aimed at investigating the effectiveness of CBR.

### **2.3. Challenges in the implementation of CBR**

It has been stated in the significance of the study that there have always been differences in the way that CBR programmes have been implemented ever since their establishment in South Africa (CREATE, 2015). Thomas & Thomas (2000) mention that the first implementation of CBR did not involve any policies or guidelines. This led to CBR stakeholders implementing it anyhow, thus causing inefficiencies. It is also revealed that despite the establishment of policies directed to CBR there is still no specific method in which CBR is implemented. These distinctions in the implementation of CBR, are the cause of the multiple challenges that inhibit the effectiveness of CBR towards community development. Some of these distinctions, according to WHO (2010), are caused by the lack of support from the national level, the lack of active community structures, as well as the lack of realising the necessity of grounding community-based rehabilitation programmes on human rights protection for PWDs.

Hasan *et al.* (2021) alludes that the primary motives for the dissimilarities that exist in CBR are due to the allocation of resources in the local setting of a particular country. Developing countries, in this case, suffer the most when it comes to the appropriate implementation of CBR since most of these states contain higher percentages of people living in poverty. (2018) mentions that poverty is on its own is a contributing factor to disability. As noted, most of the PWD population lives in poverty and remote areas. Transport costs to towns where CBR services are offered, therefore, make it hard for these people and their families to access the rehabilitation services provided for them due to transport costs. Limited resources are also a major issue since they impede PWDs from effectively participating in CBR. It has also been exposed in the problem statement that even after decades of being established, there is still inadequate knowledge about CBR among the South African stakeholders (Rule *et al.*, 2019). Hence, the lack of knowledge about CBR is also a reason why most CBR programmes are not effective in the process of community development.

In successful CBR programmes there is a visibility of the national level allocation of resources, meaning that from the countries' budget, a certain amount is located to CBR programmes in the country thus promoting the inclusion of people living with disabilities at a national level.

#### **2.4. The Role of Municipalities and Civil Society in Community-Based Rehabilitation**

Municipalities are characterised by the participation they have in a local setting and are further described as enablers, partners, and promoters (Kronsell & Mukhtar-Landgren, 2018). The role of municipalities as promoters allows for collaborative governance (Fenwick *et al.* 2012), which implicates the community, government and private sector collectively engaging to address matters and implement policies. As an enabler, just like the promoter role, the municipality unlocks opportunities for collaboration amongst stakeholders (Vangen, Hayes, & Cornforth, 2015). This grants relevant stakeholders the opportunity to propose their inputs in addressing CBR issues. The enabler role enhances substantial efficiency in desired objectives. As a partner, the role of municipalities is to engage equally and fairly with relevant CBR stakeholders (Qvist, 2012).

Relevant stakeholders in CBR include civil society, which can be defined as institutions that are formed by citizens and do not rely on the government (Nasriddinovich, 2021). Civil society includes Non-Governmental Organisations (NGOs) and Cooperatives, which have been proven in history as major role players in the development of rehabilitation services concerning PWDs. NGOs are defined by Thomas & Thomas (2000) as entities that are responsible for fulfilling the needs of the people closest to them. The effectiveness of NGOs in CBR is usually inarguable due to the requirement of proving their efficacy to gain funding. Cooperatives, as part of civil society, have been recognised as utilisers of community development strategies. They have also been proven effective in improving the lives of oppressed and underprivileged populations, including PWDs (Roulstone and Hwang, 2015). Cooperatives do this by implementing and sustaining programmes that develop communities, i.e., CBR programmes. For these reasons, civil societies are thus proven as reliable partners that municipalities can rely on for the effectiveness of CBR programmes.



Rasi and Ashifa (2020) suggest that disability be viewed as a human rights and developmental issue rather than being treated as a medical matter. This, therefore, proposes for civil society and municipalities to be actively involved in the rehabilitation processes of their communities, as they are the major stakeholders that are closest to solving developmental issues that exist within their communities. However, civil society depends on rules and regulations stipulated by the government (Colman, 2013). In support of the above suggestion, Brydges (2018) remarks that theories of disability are summarised from a social and medical perspective. The medical perspective on disability illustrates disability as a medical condition that needs medical treatment and, therefore, views disability as an inability. Whereas the social perspective of disability combats the marginalisation and isolation of PWDs, thus making them valuable in society (Brydges, 2018). It is consequently the duty of municipalities to be actively involved in CBR programmes in order to enhance social support to PWDs, as it is part of their social responsibility.

People living with disabilities lack ample support from governmental systems, which causes them to be fully dependent on their families (Rasi and Ashifa, 2020). Suppose focus is shifted to the social perspective of disability. In that case, municipalities will be able to fight for social justice and the elimination of barriers that exist among PWDs through improved service delivery. As a suggestion, NGOs, cooperatives (as the civil society), and municipalities (as local government structures) should equally engage in uplifting the well-being of PWDs. This will improve efficiency in the service delivery pertaining to CBR programmes.

## **2.5. The Role of People Living with Disabilities in Community-Based Rehabilitation Programmes**

CBR programmes were formed to address the needs of people living with disabilities. The involvement of people living with disabilities and their families is therefore of utmost importance in the CBR procedures since CBR does not exist without people living with disabilities. LÖve *et al.* (2018) encourage the involvement of people living with disabilities in policy-making procedures within the societies they live in for better enjoyment of the rights they are entitled to. This enhances social protection of people living with disabilities, thus increasing the opportunity of proving their impact on society. People living with disabilities can only prove that the “disability is not an

inability” phrase by partaking in programmes that develop their communities and by having representatives who are part of society’s decision-making processes. Having representative entities in the decision-making panel will prevent the isolation of this population, and their views will be considered.

Mulugeta (2015) puts an emphasis on “strengthening disabled people organisations.” To support this, the writer states that the principles of development indicate that people can never be told what their needs and problems are. Therefore, it is the role of people living with disabilities to voice their problems and be involved in solving them. The above statement encourages full participation of PWDs and their families in the CBR process in order for it to be a success because without people living with disabilities, there is no CBR. According to Gindorfer & Cornielje (2020), the Rehab 2030 Action Plan motivates CBR to dwell more on home-based rehabilitation rather than on rehabilitation provided by CBR workers.

The success of home-based rehabilitation would develop the CBR skills of PDWs and their families so that they limit dependence on CBR workers. It will also assist them in being knowledgeable about the rights they are entitled to and how to exercise them in society. The city of uMhlathuze municipality indicates in their IDP the importance of launching programmes that accommodate PWDs in communities, however the theory utilised in these structures is unknown (uMhlathuze Fifth Generation IDP 2022/2023 to 2026/2027). This gives PWDs a sense of belonging and confidence to partake in community development, thus proving their effectiveness in communities. The involvement of people living with disabilities should be promoted by structures from the local to national level, since their participation is very crucial in the evaluation and implementation of CBR programmes (Philpott *et al.*, 2020). CBR evaluations that prioritise engagements with PWDs may be very informative, leading to resolutions that are practical and most pertinent to people living with disabilities (Washington Shumba *et al.*, 2019).

## **2.6. Legislative Framework for People Living with Disabilities in South Africa**

Initially, South African policies were not inclusive of the rights of disabled People (South African Legislative Sector, 2007). However, during the period of 1994 to 2004, new legislation was produced in order to address the inequalities that prevented disabled People from having access to government services. This newly produced

legislation includes the Bill of Rights, which is Chapter Two of the Constitution. The Bill of Rights, according to the Constitution of the Republic of South Africa (1996), is a cornerstone of democracy, and it enshrines the rights of all people in a country and affirms democratic values of dignity, equality, and freedom. In order to promote and protect the rights of people living with disabilities, section 2 of the Bill of Rights promote equality. It further stipulates that no person shall be disadvantaged by unfair discrimination (The Constitution of the Republic of South Africa, 1996). Section three also protects the rights of disabled People by stating that the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, and birth (The Constitution of the Republic of South Africa, 1996). It is, however, the duty of the local government to be actively engaged in CBR towards developing sustainable CBR programmes.

In support of prioritising the inclusion of PWDs as stated in section two of the constitution of the Republic of South Africa in order to create a just society for all, the uMhlathuze municipality conducted a study to gather information on the lives of PWDs living within the jurisdiction of the municipality. This was done to include the PWDs in the formulation of municipal policies, as well as to guide the planning of service delivery and programmes pertaining to PWDs and their families (uMhlathuze Fifth Generation IDP 2022/2023 to 2026/2027). The city also has 20 percent of its budget set to contribute to programmes of PWDs. However, with all the municipalities' written efforts in the newly developed IDP to improve the lives of PWDs, the effectiveness of these programmes is still questionable since the system being used in these programmes is unknown. Even the data collection of this study proved that more studies on disability need to be conducted within the City of uMhlathuze due to a lack of information available about them. Mukumbuta (2018), who conducted a similar study, suggests that the government should prioritise disability studies to assist PWDs and their families to have a better knowledge of the services they are entitled to and for good improvement of the lives of PWDs.

The following are legislations that were implemented to support the rights and promote the inclusion of PWDs in South Africa:

### **2.6.1. National Legislations on disability**

According to the South African Department of Social Department policy on disability, the national legislations on disability are as follows:

- Access to Information Act, 2000 (Act No 2 of 2000)
- Aged People Act, 1967 (Act No. 81 of 1967)
- Basic Conditions of Employment Act Amended, 2002 (Act No.10 of 2002)
- Child Care Act, 1983 (Act No. 74 of 1983)
- Child Justice Bill 2003, Children's Bill (2005)
- Criminal Procedures Act, 1977 (Act No. 51 of 1977)
- Domestic Violence Act, (Act No. 116 of 1998)
- Employment Equity Act, (Act No. 55 of 1998)
- International Classification of Functioning, Disability and Health
- National Health Act, 2003 (Act No. 61 of 2003)
- Labour Relations Act, (Act No.66 of 1995)
- Maintenance Act, (Act No. 99 of 1998)
- Medicine and Related Substance Control Amendment Act, 2002 (as amendment) (Act No. 59 of 2002)
- Mental Health Care Act, (Act No. 17 of 2002)
- National Development Agency Act, 1998 (Act No. 108 of 1998)
- Non-Profit Organisations Act, 1997 (Act No. 71 of 1997)
- Nursing Act, No. 50 of 1978 as amended by Nursing Amendment Act of 1981
- Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
- Prevention and Treatment of Drug Dependency Act, 1992 (Act 20 of 1992 as amended)
- Public Finance Management Act,1999 (Act No. 1 of 1999)
- S.A. Schools Act (Act No. 84 of 1996)
- Skills Development Amendment Act (Act No 31 of 2003)
- Social Assistance Act, 1992 (Act No. 59 of 1992)
- Social Service Professions Act, 1978 (Act No. 110 of 1978)
- Social Work Amendment Act, 1998 (Act No. 102 of 1998 as amended)
- Sterilization Act, 1998 (Act No. 44 of 1998)

- The S.A Constitution (Act No. 108 of 1996), The Termination of Pregnancy Act 1996

### **2.6.2. Local legislation formulated in support of the promotion of CBR at uMhlathuze Municipality**

During the period of 1994 to 2004, the South African government implemented national legislation that is aimed at addressing the needs as well as issues affecting people living with disabilities. The national disability policy implementation was not too effective in the local government sphere since it did not speak directly to disability at a local level of governance (Department of Provincial and Local Government, 2009). This led to the formulation of the Disability Framework for Local Government (DFLG) in 2009-2014. The DFLG targeted to achieve the following:

- i. To create an enabling environment for municipalities and other local government key role players in addressing disability issues that exist at a local level.
- ii. To provide guidance in the implementation of national disability policies, which are aimed at promoting the freedom and rights of PWDs in a local government setting.
- iii. To propose structures that coordinate disability services.
- iv. To promote the mainstreaming of disability in local government.

The city of uMhlathuze utilises a social model in order to address disability. This is visible through the municipalities' Fifth generation IDP 2022/2023. The IDP prioritises the inclusion of PWDs in the process of developing initiatives that develop and support the lives of PWDs (Fifth generation IDP 2022/2023 to 2026/2027). This proves that the city values the importance of including PWDs in issues concerning them since it would make no sense to make decisions on their behalf without getting their input. The social model, according to the DSD (2015), was introduced post-1994 in order to address the loopholes that existed on disability. This social model is backed by policies that address disability through the provision of social services to PWDs as well as their inclusion in all decision-making processes that exist within communities. DSD (2015) mentions that despite the legislation that has been developed to be responsive to the needs of PWDs, PWDs are still restricted due to barriers that still exist in society. With this, the uMhlathuze municipality formed a disability forum where PWDs gather and

share their life experiences. This proves that the city cares for the most vulnerable population; however, the question of the effectiveness of these programmes is still questionable. Also, there is no knowledge shared which is specific to CBR or rehabilitation centres that exist within the municipality.

### **2.6.3. Supportive national legislation formulated with CBR as a strategy**

There are also national policies and legislation that are formulated by the national government with CBR as a strategy. Such legislation helps with the rehabilitation of disabled People, their economic inclusion, as well as the equalization of their opportunities in society (ILO/WHO/UNESCO Joint Position Paper, 1994). Many factors have led to the poor implementation of legislation and policies. This is due to a lack of allocated fiscal resources and commitment. Also, the definition of the participation of disabled People has not been effectively reviewed. One may then link this to why the effectiveness of Community-Based Rehabilitation is still unproven in most countries. However, there are other supportive legislations that have been produced in order to encourage maximum effect on the lives of disabled People in South Africa (South African Legislative Sector, 2007). These Supportive legislation and policies are as follows:

- a) Basic Conditions of Employment Act (No. 75 of 1997).
- b) Building Standard Act (No. 103 of 1997).
- c) Employment Equity Act (No. 55 of 1998).
- d) Facilities for members of the National Assembly and Permanent Delegates of the National Council of Provinces (generally referred to as L19).
- e) Human rights Commission Act (No. 54 of 1994).
- f) Integrated National Disability Strategy.
- g) Joint Rules of Parliament, 1999.
- h) Occupational Health and Safety Act (No.85 of 1993).
- i) Promotion of Access to Information Act (No. 2 of 2000).
- j) Promotions of Equality and Prevention of Unfair Discrimination Act, 2000
- k) Skills Development Act (No. 97 of 1998).
- l) South African Bureau of Standards (SABS) Code of Practice, environmental accessibility.
- m) Technical Assistance Guide and Code of Good Practice.

- n) The Constitution of the Republic of South Africa, 1996.
- o) United Nations Rules on the Equalisation of Opportunities for People with Disabilities.

## **2.7. Chapter Summary**

Chapter Two presented the literature review of the study. The chapter attempts to answer the research questions of the research and clarifies the relevance of the entire research. It explained the barriers that people living with disabilities face as well as the challenges of the implementation of CBR. The chapter then discussed the role of municipalities and civil society (NGOs , cooperatives, etc.) in CBR. These stakeholders are explained as partners, which are vital for effective CBR implementation. The role of people living with disabilities in CBR was also explained. Lastly, the chapter conferred the legislative frameworks that guide and support CBR as well as people living with disabilities. A shift from the national disability policy to the implementation of a disability framework for local government was also discussed in support of addressing disability at a local level. The following chapter (3) contains the theoretical framework applied to the study. It involves two theories, namely the CBR Matrix and the Theory of change. The relevance of these theories is discussed separately and then linked since they work in liaison with each other in this study.

## CHAPTER THREE

### THEORETICAL FRAMEWORK

#### 3.0. Introduction

Chapter Two presented the full literature of the study. The chapter attempted to give a link between the problem statement as well as the research objectives of the study. The chapter also clarified the problem statement of the research. Chapter three discloses the theoretical framework applied in the study. Two theories were utilised as a part of the theoretical framework. Grant and Osanloo (2016) define the theoretical framework as one of the most essential aspects of the research process and it serves as a guide that is used to support and build the study. Varpio *et al.* (2020) further define a theoretical framework as a reflection of the work that the researcher engages in in order to use a theory in a given study. In this study, the two theoretical frameworks applied consist of the CBR matrix and the Theory of Change. This chapter, therefore, explores the two theories used in this study. It also gives a link to these two theories, as well as their limitations.

#### 3.1. The Community-Based Rehabilitation Matrix

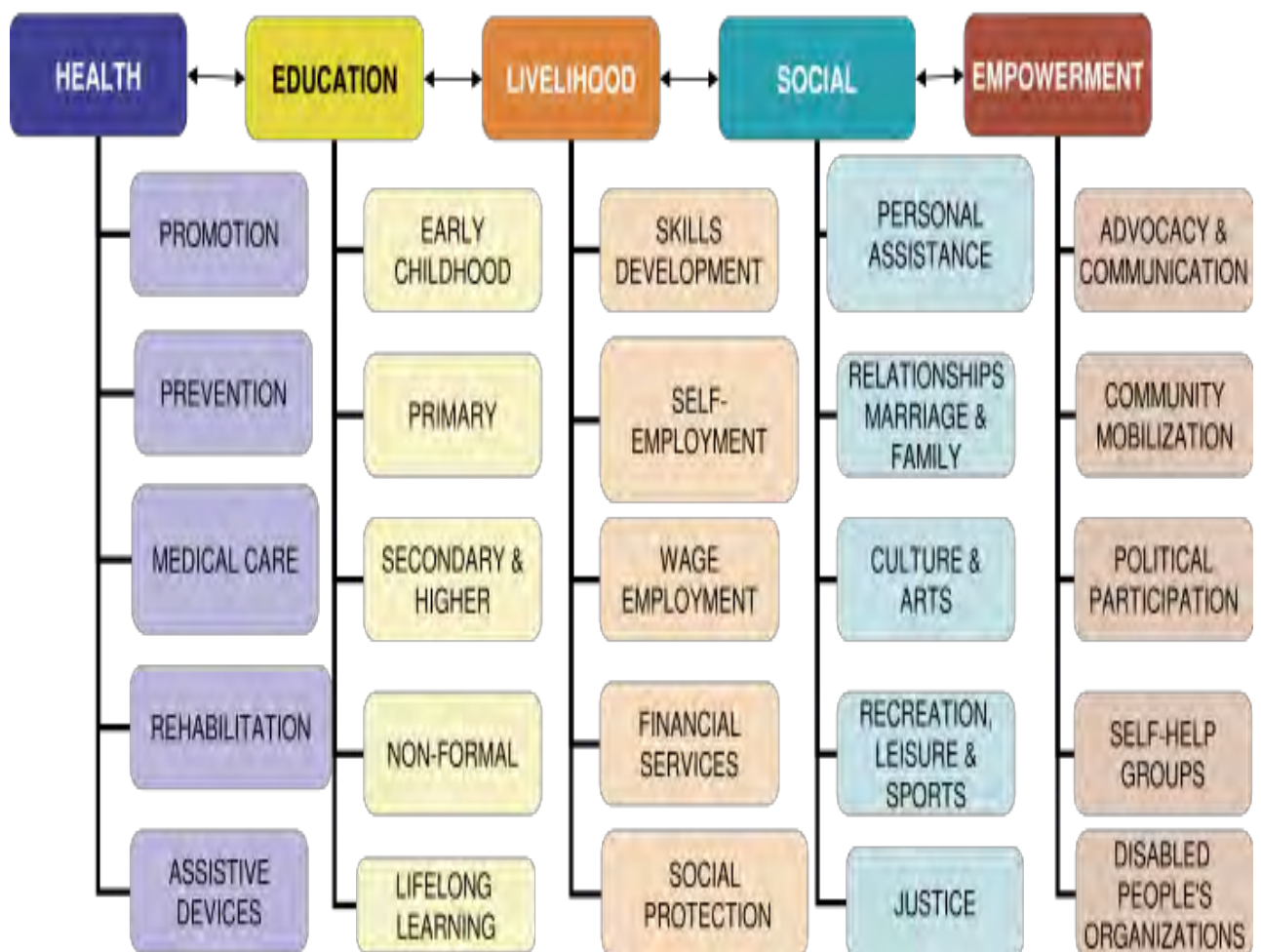
The CBR matrix, as revealed above, is one of the two theories applied in the fulfilment of this study, with the CBR matrix being the chief theory of the research. Yin-hanchung *et al.* (2011) state that the WHO saw a need to find a model that is suitable for CBR and they designed a CBR matrix to be used worldwide. This CBR matrix consists of five components, namely, education, health, empowerment, livelihood and social. All these components are divided into five elements each (WHO, 2010). The aim of the CBR matrix is to provide a framework for stable CBR programmes together with the CBR guidelines (Yin-hanchung *et al.*, 2011). However, these guidelines were supposed to be finalised by WHO in 2010, but even today, they have not been released (WHO, 2006). The CBR matrix is, as shown below, a visualised model which assists in better understanding the term CBR. It also consists of the five components that make up CBR as mentioned above.

Unlike in the past where rehabilitation services were only focused on the health component of rehabilitation, the CBR matrix hints at all the societal components that affect a living being. By so doing, it attempts to eradicate injustices of people living



with disabilities by just looking at the structure. The CBR matrix is a structure that is gaudily inclusive of all factors that affect a living being that is viewed as “normal” by society. The CBR matrix is a diagram illustration of how CBR functions. This illustration simplifies CBR by indicating the components, as well as the elements that CBR comprises. Below is the visual structure of the CBR Matrix.

## CBR MATRIX



Source: CREATE, 2015.

**Fig 2.1: CBR Matrix**

### a) Health Component

- Promotion – This component promotes people living with disabilities to partake in activities that contribute positively to their health. The Promotion of the health component acts as a pushing force that supports the right and need for people living with disabilities to have access to health services.

- Prevention – People living with disabilities should partake in activities that prevent them from getting ill, as well as future generations. This includes daily movement of the body as this promotes the strengthening of body ligaments and muscles.
- Medical care – People living with disabilities should have access to appropriate medical care.
- Rehabilitation – People living with disabilities should contribute to the planning processes of rehabilitation services. This assists in generating better and more influential ideas for the lives of PWDs.
- Assistive devices – People living with disabilities should know how to preserve and use the assistive devices entitled to them (WHO, 2015). It is the duty of rehabilitation workers and healthcare workers to inform PWDs about these assistive devices.

#### **b) Education Component**

- Early childhood – Children living with disabilities should be enrolled in early childhood programmes, whether formal or informal, where they will learn and play. This prevents the children living with disabilities from stigmas that exclude them from participating freely in society. This also assists in giving them a sense of belonging from a very young age.
- Primary – Children living with disabilities should participate in primary education and gain primary skills of education.
- Secondary and higher – People living with disabilities should be exposed to quality secondary and higher education in a supportive environment.
- Non-formal – Youth and children living with disabilities should be able to access any form of non-formal education available to them.
- Lifelong learning – In order to improve life skills, youth or adults living with disabilities are encouraged to participate in learning opportunities available to them (WHO, 2015).

#### **c) Livelihood Component**

- Skills development – People living with disabilities have access to participate in skills development programmes. This helps prove that a disability is not an inability.
- Self-Employment – People living with disabilities have access to entrepreneurship.

- Wage employment – Men and women living with disabilities have access to a paying job whether formal or informal.
- Financial services – People living with disabilities have access to loans, grants and other financial services.
- Social protection – People living with disabilities have access to informal and formal social protection (WHO, 2015).

**d) Social Component**

- Personal assistance – People living with disabilities have the right to control personal assistance needed so that they do not become dependent on other people.
- Relationships, marriage, and family – People living with disabilities have access to support from friends and families as well as building relationships.
- Culture and arts recreation – People living with disabilities have access to participate in artistic, cultural, and religious activities.
- Recreation, leisure and sports – People living with disabilities have access to inclusive or specific recreational activities.
- Justice – People living with disabilities have access to informal or formal forms of justice (WHO, 2015).

**e) Empowerment Component**

- Advocacy and communication – People living with disabilities have the right to use communication methods to influence change.
- Community mobilization – People living with disabilities play as catalysts in mobilising the community and influencing stakeholders.
- Political participation – People living with disabilities have equal political opportunities as other individuals and they should be encouraged to partake and be active in community structures.
- Self-help groups – People living with disabilities have access to engage in self-help groups in a local setting if they desire.
- Disabled people's organizations – Disabled people's organisations act as influential community stakeholders in decision-making processes (WHO, 2015).

### **3.1.1. Limitation of the Community-Based Rehabilitation Matrix theoretical framework**

The CBR matrix was established to assist in the promotion of community-inclusive development, which was more focused on improving the societal well-being of people living with disabilities rather than focusing on the medical view (WHO,2010). However, since its establishment in 2004, the CBR matrix is still not well known even to the people it was created for. We can then shift the blame of this offbeat to rehabilitation workers or healthcare workers and their knowledge dominance over their patients. According to Molina-Mula & Gallo-Estrada (2020), this dominance allows the healthcare worker to treat the patient as a minor, as the patient puts all its trust in the health care worker. This trust allows the health care worker to make decisions on behalf of the patient (Molina-Mula & Gallo-Estrada, 2020). Therefore, if rehabilitation workers make it their duty to educate patients on the services they receive, the 'patients' will be well aware of all the processes they go through when accessing these services rather than putting all their trust in the nurse. This assists not only PWDs, but also their families to be fully aware of the benefits they are entitled to and how they are accessed.

In this research, it has been recorded in the data collection that all people receiving rehabilitation services are unaware of what a CBR matrix is. However, all the rehabilitation workers portrayed a full understanding of what the CBR matrix is as well as its components. A further question then arises as to why the CBR matrix is not taught to people receiving or benefiting from it. This could also be a leading factor to the unproven effectiveness of the CBR matrix in most developing countries, disregarding the fact that it has been around for some time (from 2004), which is almost two decades now). In the study area, it has been found that there is only one rehabilitation centre that is active. However, this rehabilitation centre is a private entity, meaning that resources and services rendered there are privately funded since they are not for free access. This then becomes a major limit to the study.

Funding then becomes the foremost constraint in the application of the CBR matrix as well as CBR as a concept. This further raises a question about the government's impact on creating a just society for all, especially when it comes to accommodating and supporting the most vulnerable people in society. Also, with private rehabilitation centres, it has been identified in the study that only individuals who have medical aid

or can afford private fees can have access to services offered there. This is highly reasonable due to the fact that the staff members have to get remunerated and that the centre has to be fully maintained for sustainability purposes.

### **3.1.2. The relevance of the Community-Based Rehabilitation Matrix approach/theory in this study**

In its initiation, CBR was introduced to address the needs of people living with disabilities in rural areas since they were isolated and not within easy reach of rehabilitation services. As mentioned in the literature of the study, rehabilitation of PWDs has always been rooted in the health factor as if the disability is an illness that requires explicit medical treatment. As a turnaround, the WHO proposed a visualised model of CBR named the CBR matrix, which consists of five components. These components touch not only the health factor but as well as other factors that influence well-being. These components are health, education, livelihood, social and empowerment. The CBR matrix was generated to serve as a guide to the implementation of effective community-based rehabilitation. It serves as an eye-opener to individuals who view or concentrate on rehabilitation services in medical terms.

The CBR matrix reassures the community that people living with disabilities are human too and have rights to access services that allow them to participate equally in society. In terms of this study, the CBR matrix serves as a guide to the functioning of CBR. It visualises CBR so that it is understood in a much simpler way. The CBR matrix makes it easy to distinguish differences that appear in CBR amongst different countries. Even though there is no universal method of the implementation of CBR, the CBR matrix attempts to serve as a guide to any structure or body that wishes to apply the CBR approach regardless of where they are situated. However, CBR is limited to resources available in a specific area. This limitation of resources has become a challenge to multiple CBR programmes, but this does not necessarily mean that CBR is insignificant.

Since its establishment by WHO in 2004, the CBR matrix still needs to be a famous term. However, this does not implicate that CBR or the CBR matrix is ineffective. This is due to the limitations that CBR faces, including the resources that tend to differ across different parts of the world. South Africa, as one of the third world countries, is

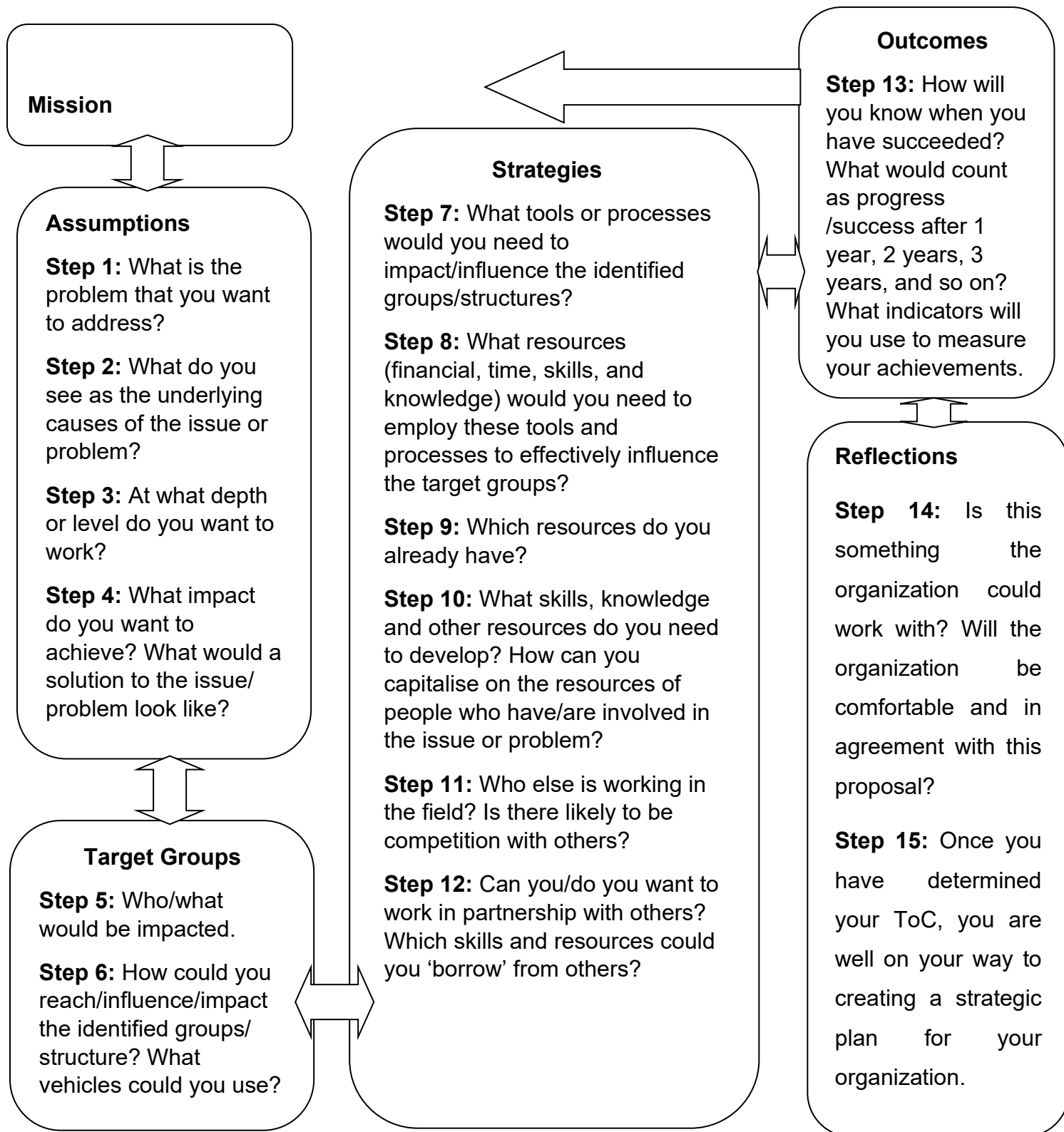
still facing this issue as of today. This is visible in the data collection of this study undertaken under the City of uMhlathuze.

### **3.2. Theory of Change**

The second theory used in this study is the theory of change. Brook & Akin (2019) state that the theory of change was established around the mid-1990s. These two writers further define the theory of change as a process for expressing ways in which an assumed change will happen (Brook & Akin, 2019). Weiss (1995) and Connell (1998) on the other hand, define a theory of change as a theory of why and how an initiative takes place. In this research, the theory of change helps to explain why CBR exists in communities with people living with disabilities situated in them. The theory of change, according to Noble (2019), can be used by organisations, campaigns, and services. Chen (2005) and Janzen *et al.* (2016) mention that the theory of change links numerous activities of a given intervention with its intended outcome and can be considered in any research that is community-based. It is helpful to create a diagram of the theory of change so that it can assist you with being briefer about the outcomes of the project. It is also useful because it acts as a communications tool (Noble, 2019).

Taplin *et al.* (2013) state the identification of doable long-term goals as the first and most vital step to a successful theory of change. These writers further emphasise that the long-term goals identified should be clear for all partners involved in the planning process to understand. When dealing with community programmes that are concentrated on social change, Reinholz & Andrews (2020) remark that the theory of change acts as a tool that assists in elucidating the assumptions of the initiative from the early stages. These assumptions can be drafted as a mind-map in the planning stages of the ToC. This assists in setting assumptions that are clear and noticeable. If assumptions are clear from the offset, this contributes to setting obtainable, thus leading to the success of the initiative being changed. This also assists in preserving the resources set to be utilised in the project, thus avoiding their wastage.

Vogel (2012) advocates that a visual representation of a theory simplifies it and makes it easy to utilise. Usually, the theory of change is illustrated in a diagram form so that it is simpler to understand, regardless of how complex the objectives of the ToC might be. This research gives a step-by-step illustration of what the ToC consists of. Below is a visual step by step process of the application of the theory of change.



Source: [www.insp.efc.be](http://www.insp.efc.be)

**Fig 3.3: The Theory of Change**

Above is a structured illustration of a theory of change. In as much as the ToC is a very complex term, the diagrams describing the processes of the ToC allow individuals utilising it to understand it in a much simpler way. Below is a brief description of the processes that make up a Theory of Change as illustrated in the diagram.

**i. Mission**

- The mission of a ToC clarifies the duties and goals set for a proposed programme. Setting a mission is the first step required for any particular programme being implemented.

**ii. Assumptions**

- Stein & Valters (2012) define assumptions as the most crucial factor required for a successful theory of change. Identifying assumptions is the core of guiding the ToC process. Assumptions should be clear and achievable from the early stages of the theory of change. This assists in avoiding the wastage of resources as well as unsustainable projects. As illustrated in the diagram, the assumptions in the ToC should identify the problem to be addressed and how it can be achieved.

**iii. Target groups**

- It is essential to be precise with organizations, stakeholders or individuals involved to set goals that are in line with their needs. Figure 3.3 demonstrates that it should be clear on who is impacted in the proposed programme as well as how the involved individuals are impacted.

**iv. Strategies**

- Strategies are a plan of action (Noble, 2019). They are set to assist in concentrating on efforts that allow stakeholders to achieve their proposed objectives. Figure 3.3 further explains that there should be clarity on the resources and skills required to fulfil the proposed objectives.

**v. Outcomes**

- Taplin *et al.* (2013) describe outcomes as “the building blocks of a Theory of Change.” Outcomes can be identified through visible changes in an implemented project. Figure 3.3 supports that outcomes are a process of measuring the progress of a programme. This can be measured by reflecting on the objectives set in the mission of the proposed programme.



## **vi. Reflections**

- Reflections are the final step of the ToC, as illustrated in Figure 3.3. Reflections help in identifying gaps so that there are improvements in the future and see how we move forward with what has already been achieved. Reflection is important when reviewing the outcomes for future developments.

### **3.2.1. The relevance of the Theory of Change approach in the study**

Theory of Change can be defined as a system or idea of how and why a certain method functions. According to James *et al.* (1998), the theory of change clarifies the outcomes intended by a particular initiative, which makes the planning processes easier for stakeholders involved. In this study, the theory of change is utilised concurrently with the CBR matrix in order to bring out a clear understanding of what CBR is and how it functions. As mentioned in the problem statement, even after decades of being initiated, there are still implementation challenges that exist amongst CBR stakeholders. The theory of change, therefore, encourages that CBR be revisited by the stakeholders and other bodies relating to it so that they are enlightened on how CBR should function, as well as why it functions. This will assist stakeholders in executing successful CBR programmes that benefit individuals living with disabilities in a manner that encourages them to participate in just societies actively.

For the theory of change to be efficient and beneficial to people utilising it, it should be plausible, doable, and testable (James *et al.*, 1998). By being testable, the theory of change should have observable progress. In this case, there should be an evident change in CBR programmes in order to notice their progress or impact on societies. By being doable, the theory of change must consist of goals that are fair and achievable. Keeping in mind the availability of resources and how they tend to differ amongst countries across the world, goals set for CBR should be attainable and realistic. By being plausible, the desired objectives set by the CBR initiative should be obtainable. The intention of CBR programmes should be reasonable in order to progress because unrealistic goals lead to inefficiency. Having the above-mentioned features allows stakeholders to set goals that are efficient and attainable. This assists in avoiding the wastage of resources, as well as keeping track of the progress of CBR programmes.

The Theory of Change gives consent for CBR to gather knowledge from previous CBR programmes. It does not matter whether those CBR programmes are successful or unsuccessful; however, they will help to calculate negative outcomes that might affect the progress of the initiative in the long run. It also gives members of the public an opportunity to pose their insights on CBR. This assists in being aware of what people require in their communities.

### **3.2.2. Limitation of the Theory of Change theoretical framework**

The theory of change, according to Vogel (2012), has no methodology set to guide it, and it can be defined in various ways since it does not have a single meaning. This is advantageous and disadvantageous at the same time. The ToC can be advantageous since it is a very flexible term and can therefore be utilised according to any of the needs that people using it might have. However, its flexibility can also be disadvantageous. Keeping in mind that ToC has no singular meaning, this might lead to the improper utilisation or implementation of the theory of change, thus leading to the ineffectiveness of ToC as a theory meant to produce change. It has been mentioned above that for a Theory of Change to be useful, it should consist of realistic and doable goals. The success of the goals or objectives that are set in the ToC is, therefore, threatened by this quality, especially if that person is over-ambitious. This, therefore, causes a limit in the implementation of the theory of change.

In as much as it is helpful to create a theory of change, researchers state that it is very time-consuming and requires a lot of research and advice (Mackinnon & Amott, 2006). Taplin & Clark (2012) emphasise the importance of having assumptions in your ToC. These writers describe the ToC assumptions as resources and conditions which are vital for a successful implementation programme. If assumptions of a programme are wrongfully set, it can challenge the theory of change. Wrong assumptions limit the ToC from correctly exercising duties that lead to successful programmes. It should, therefore, be emphasised in the initiation stages of the ToC to set assumptions that are in line with the proposed programme. Also, it should be ensured in the planning stages that the goals set for the ToC are realistic and achievable in order to avoid project failure as well as wastage of resources.

Stein & Valters (2012) argue that even though ToC is usually illustrated and explained using diagrams, these illustrations are usually too complex to analyse. Most of them

are usually very long and consist of multiple steps. This might make it difficult for stakeholders to understand, therefore leading to the wrongful utilisation of the model.

### **3.3. Linking the Community-Based Rehabilitation Matrix and the Theory of Change**

Varpio *et al.* (2019) simplify the theoretical framework as a theory that a researcher utilises in order to reflect on the work being studied and can be developed from one or more theories. In this study, as mentioned above, two theories have been applied to reflect on the effectiveness of Community-Based Rehabilitation. Both these theories, the theory of change and the CBR matrix, are development oriented. This is so because these theories attempt to support international development and social change. To support this statement, Vogel (2012) describes the theory of change as an approach that is utilised in international development by varieties of governmental and developmental agencies which are envisioned to promote social change. The Theory of Change, according to Chen (2005) and Janzen *et al.* (2016), links numerous activities of a given intervention with its intended outcome and can be considered in any research that is community-based. Since this research is community-based, the CBR matrix, which is the main theory of the study, will be utilised simultaneously with the theory of change in order to clarify the intervention of the CBR matrix.

Weiss (1995) and Connell (1998) view the theory of change as a theory of why and how an initiative takes place. In this research, the theory of change will help explain why CBR exists in communities with people living with disabilities situated in them. It has been identified in the first chapter of the research that even after years of being introduced in developing countries, CBR still lacks knowledge, even amongst its stakeholders who own rehabilitation centres. This is where the theory of change comes in. In order to improve the effectiveness of rehabilitation centres in general, a theory of change should be introduced in order to enforce change that is beneficial to people living with disabilities. The methodology of this study will work very well with the theory of change since it is qualitative and attempts to study the lives of PWDs based on their real-life experiences rather than assumptions.

The assumptions set in the ToC should be in line with the goals of the CBR matrix in order to have a successful link between the two theories. Also, the objectives set

should be in line with both these theories to avoid wastage of resources in the projects' implementation.

### **3.4. Chapter Summary**

This chapter has presented the theoretical framework of the research. Two theories were applied, namely, the CBR matrix and the theory of change, with the CBR matrix being the primary theory in the research. An introduction of the chapter was given and the CBR matrix was explained first as the main theory, followed by the structure illustrating the CBR matrix and its components. These components were further explained thoroughly. Lastly, regarding this theoretical framework, the relevance of it was given. Next was the second theory of the study, namely, the theoretical framework. The theory of change was discussed, and a visual step-by-step model was given, followed by a thorough elucidation of the diagram to assist in giving an enhanced perspective of the framework. The relevance of the theory of change was discussed to show its relation to the study, as well as its limitations as a framework. Lastly, the link between the CBR matrix and the theory of change was specified. To sum up the chapter, the chapter summary was given. The following chapter (Chapter Four) will explore the research methodology undertaken to fulfil the study.

## **CHAPTER FOUR**

### **RESEARCH METHODOLOGY**

#### **4.0. Introduction**

The previous chapter has clarified the link between the two theories used for the theoretical framework of the study. Both these theories, namely, the CBR matrix and the Theory of Change were then separately unpacked. Limitations for each framework were also described. Lastly, the chapter gave a description of the link between these two theories. The current chapter, consequently, explores the research methodology of this study, including the location of the study, the sampling methods, data collection methods and the research paradigm used in accordance with the qualitative methodology designated for this research. The chapter assists in identifying the tools that are crucial to collecting and analysing the data of the study. Ethical considerations are critical in this chapter since questions asked to respondents may trigger sensitive feelings in some of the participants. Chapter four serves as a guide to chapter five since its application is exercised in chapter five.

#### **4.1. Methodology**

The term methodology refers to an approach that is undertaken in order to explain why specific data collection methods were used in a study (Mukhereji & Albon, 2018). There are three (3) types of research methodology, namely, qualitative, quantitative, and mixed methodology. Recent studies still make it evident that PWDs are still disadvantaged in society regardless of implemented strategies to curb the inequalities that exist. This study then uses the qualitative research methodology to investigate the effectiveness of CBR in contributing to the increase in participation of PWDs in community development, thus reducing inequalities. The reason for choosing this type of methodology is that qualitative research provides most data based on real-life situations (De Vaus, 2014). The other reason is that this type of methodology allows the researcher to interview the experiences of the participants regardless of the information available about them (Leedy & Ormrod, 2014). Collecting data that is based on real-life situations experienced by participants helps to provide data that is more accurate. The methodology used in this study allows the researcher to expose the challenges that people with disabilities face, as well as how the CBR programmes impact their lives.

## **4.2. Research Design**

Qualitative research consists of five research designs. These research designs are Narrative, Phenomenological, Grounded Theory, Ethnography and Case Study. However, there are other qualitative research designs that are available, such as the Discourse Analysis. The research design used in this study is narrative. Clandinin & Connelly (2000) and Creswell (2014) state that narrative research allows the researcher to study the lives of individuals and allows them to tell stories about their lives. These stories are then retold by the researcher as a narrative experience (Clandinin & Connelly, 2000; Creswell, 2014). The reason for choosing the narrative research design is that it matches all the methods to analyse as well as collect data relating to the effectiveness of Community-Based Rehabilitation in the South African context.

## **4.3. Research Approach**

If little has been said about a situation, it is advisable to use the qualitative methodology for collecting data. This gives targeted respondents an opportunity to provide responses that are based on the targeted groups' real-life experiences. Qualitative methods, according to Hartley & Muhit (2003), are very effective when the targeted participants are a minority group. In this case, the minority targeted groups are people living with a disability. This statement, therefore, makes the qualitative methodology more suitable for this study. Since the methodology applied in this study is qualitative, a narrative approach was used to collect and analyse the data of the research. Snyder (2019) indicates that the narrative research approach can be utilised for reviewing data that is aimed at providing knowledge on a research topic, as well as creating recommendations for future research. To this day, research on disability and social approaches relating to it is rare to find. Stone (1999) further supports this statement by mentioning that most countries do not have any research on topics relating to the field of disability. This study also aims to add more knowledge on CBR, especially in South Africa, since it has been previously mentioned in the study that it still has multiple gaps that can be filled through repeated research in order to improve validity and effectiveness.

#### **4.4. Research Paradigm**

A paradigm can be defined as a theoretical framework that supports one's view of the world, and it also assists in guiding the research question (Mukhereji & Albon, 2018). Since the study applies a qualitative methodology, the research paradigm selected is also in line with qualitative qualities. Suanders *et al.* (2012) state that the qualitative methodology mainly comes from the critical theory, constructivism, and participatory paradigms. Therefore, the research paradigm applied in this study is the pragmatic paradigm. The reason for choosing this paradigm is that it can include tools that are from the interpretivist or the positivist paradigm, for example, Interviews and observations (Creswell, 2014). The pragmatic paradigm allows researchers to gain on "what works" rather than focusing on what is already known or trustworthy about a concept (Cormier, 2000). With relevance to this study, the pragmatic approach allowed the researcher through interviews, to gather new knowledge on an already known term 'CBR' but through current real-life experiences of PWDs. This allows the researcher to contribute to the most recent knowledge rather than focusing on what is already known about disability in the City of uMhlathuze Municipality. The data collected and analysed in this study is based on "what works" for PWDs in CBR based on the experiences of PWDs and their caregivers.

#### **4.5. Research philosophy**

Khaldi (2017) states that a research philosophy determines the type of research methodology that the researcher uses. The research philosophy used in this study is descriptive phenomenology. This philosophy, according to Padilla-Diaz (2015), refers to the study of personal experiences and requires an interpretation of things experienced by the participants in the research. Descriptive phenomenology permits the researcher to collect and analyse data based on the most recent personal experiences faced by PWDs and their caregivers in CBR at uMhlathuze Municipality. This knowledge is beneficial to anyone seeking the most recent knowledge on CBR and the lives of PWDs in the City of uMhlathuze. Creswell (1998) and Padilla-Diaz (2015) suggest that the best way to determine the use of the phenomenology philosophy is when the research problem needs a deep understanding of human experiences affecting a common group of people. In this case, the common group of people includes People who live with disabilities, and they are the main respondents

of this research. Their experiences are shared based on their perspective, rather than having people who assume the experiences of PWDs based on what is known by society.

#### **4.6. Study Area**

The City of uMhlathuze is situated on the northeast coast of KwaZulu-Natal and has a population that is estimated at 410 456 as per (Community Survey, 2016). UMhlathuze falls under the King Cetshwayo district and is the most developed in terms of its economy and, therefore, contributes the most to King Cetshwayo's GDP. The uMhlathuze land area is made up of Richards Bay, Empangeni, eSikhaleni, Ngwelezane, eNseleni, Felixton, Vulindlela, Bhuchanana and Heatonville, including the rural areas under Traditional Councils, namely, Dube, Mkhwanazi, Khoza (Bhejane), Zungu (Madlebe), Somopho (Mthembu), Obuka (Biyela) and Obizo (Cebekhulu). The wards with the highest percentage of employment in the uMhlathuze municipality are wards 1, 2, 3, 9, 23 and 29 (uMhlathuze IDP, 2019). Currently in the city of uMhlathuze, disability sport programmes have been implemented in order to encourage a healthy lifestyle among people living with disabilities (uMhlathuze FAR, 2019). There is still a lack of knowledge about how people living with disabilities contribute to the community development of uMhlathuze, as well as information about their socio-economic status.

Currently, the city of uMhlathuze has attempted to contribute effectively to the lives of PWDs by allocating 20 percent of its budget to implementing disability programmes within the municipality (uMhlathuze Fifth Generation IDP 2022/2023 to 2026/2027). However, the evaluation of these programmes is not public; therefore, only a little is known about their effectiveness in the lives of PWDs. According to the city's IDP, there is a disability forum within the council which has been implemented to accommodate the needs of PWDs and to ensure that they benefit from the city's development initiatives. Also, a study was conducted by the city to gather information on the PWDs and their families. The study was conducted by twenty-eight (28) field workers within the jurisdiction of uMhlathuze municipality. The aim of the study was to "guide the planning of programmes and the delivery of services to households of people with disabilities, as well as inform the formulation of municipal policy on people with disabilities." (uMhlathuze Fifth Generation IDP 2022/2023 to 2026/2027). This allows



for the inclusion of people living with disabilities in society. It also creates an enabling environment for PWDs and for them to have input and be part of the city's developments. Most importantly, this gives PWDs a sense of belonging and a platform that allows the promotion and protection of the rights of PWDs. The following is a figure portraying the map of uMhlathuze municipality, with Empangeni highlighted since it is the area where the rehabilitation centre (Senzelwisihe rehabilitation hospital) utilised in the study is located.

## Map of uMhlathuze municipality

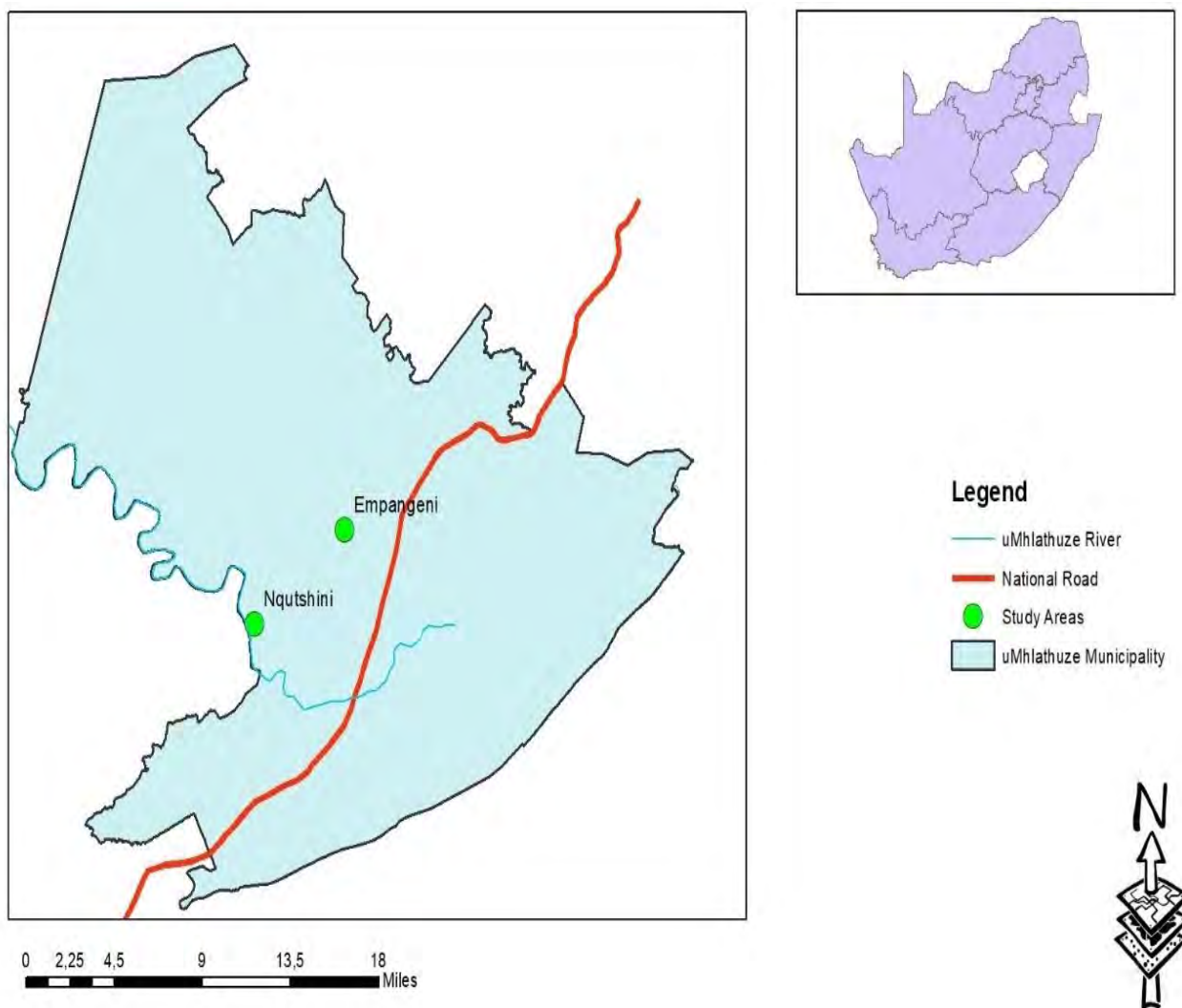


Fig 4.6 Map of the Study Area

#### **4.7. Target Population**

A target population refers to the total number of respondents who meet the chosen set of characteristics (Burns & Grove 1997). This study targets people living with disabilities as its population, as well as CBR workers or stakeholders. As part of the data collection process, only one rehabilitation centre was utilised. This is due to constraints experienced during the identification of rehabilitation centres within the City of uMhlathuze. The CBR centre is located under the City of uMhlathuze since it is the area of study. The targeted groups (respondents) were selected based on the topic of the research and is also in line with the objectives outlined in the first chapter of the study. This assists in providing responses or knowledge based on real-life experiences in order to improve the validity on the topic being researched.

#### **4.8. Sampling Procedure and Sample Size**

Hejazi (2006) and Ghaljaie *et al.* (2017) define sampling as a process of choosing a part of the population to represent the whole population, and it is undertaken using two general ways: probability and non-probability. Since this study uses a qualitative research approach, non-probability sampling is applied. Ghaljaie *et al.* (2017) state that non-probability sampling is a sampling method that involves samples that the researcher selects. The sampling design used in this study is purposive and the reason for selecting this type of sampling design is that it allows the researchers to select individuals based on the characteristics that are essential to the research (Smith, 1989). In this study, six (6) of the respondents will be people living with disabilities and four (4) will be CBR workers. This assisted in gaining information not only from the CBR workers but also from the people living with disabilities since they are the ones mostly affected by the CBR.

#### **4.9. Data Collection**

Burns & Grove (1997) define data collection as a general way of obtaining information that is relevant to the research questions. Traditionally, the data collection process has always involved face-to-face interaction between the researcher and respondents. However, due to the COVID-19 pandemic that we faced in the early stages of the research, various measures were undertaken in order to avoid the spread of this virus. These measures include social distancing, and it is the main reason why during the year 2021, face to face interviews could not be undertaken anyhow. In order to comply

with the regulations of COVID-19, this research in 2021 used telephonic interviews for primary data collection. However, in 2022 the country reached a relaxed level of alertness and face-to-face interviews were done, complying with all the safety measures in order to ensure that the virus does not spread. These precautions include social distancing, wearing a mask and sanitising to prevent the spread of the virus. For secondary data, articles based on CBR were utilised in order to strengthen the literature of the research. Interviews were used as part of the primary data collection. For primary data collection, an informed consent form was signed in order to abide by the ethical consideration rules and ensure that no one gets harmed during the data collection process. Due to strict COVID-19 restrictions, the questions on the consent form were read telephonically to the respondent.

#### **4.9.1. Interviews**

Ruslin *et al.* (2022) define semi-structured interviews as a tool that permits researchers to gain deep knowledge that is in line with the topic being researched from the participant's views. Traditionally, interviews have always occurred face-to face between the researcher and respondents; however, there are various other ways in which they can be conducted, including telephonic and virtual interviews. Due to post-COVID-19 adjustments, interviews were conducted face-to-face. Open-ended questionnaires were structured and read out to the respondents to make the process quicker and easier. If the respondent did not understand the question asked, a more profound explanation was given for a better understanding. This was to assist the respondents in producing answers that they were sure about. Ruslin *et al.* (2022) also state that semi-structured interviews are most powerful type of qualitative research, which is why they were utilised in this study. Interviews conducted in the study allowed the researcher to gain knowledge based on real-life experiences encountered by PWDs and their caregivers. Therefore, all responses were gained from the respondents' point of view, thus making the study viable.

#### **4.10. Data Analysis**

Data analysis, according to Polit & Hungler (1995), is the organised combination of the testing of the research hypotheses as well as the research data used. In order to verify the data collected in the study, content analysis will be used. The reason for choosing this type of data analysis is that it allows the researcher to analyse content gained

from interviews. Answers gained from these interviews were then written down and analysed in order to help draw up a conclusion for the study. For data storage, all data recorded from interviews were written down and stored in a safe drawer that has a key and were only accessible to me. This was done to protect the confidentiality of the research respondents. The tool that was used to help analyse and manage the recorded data is NVivo. NVivo is a software that is used to analyse qualitative data such as in this context unstructured written text including texts from interviews. The reason for choosing NVivo is because it is time-effective and affordable. The management of data through NVivo was done by directly importing documents into the NVivo software for analysis. In order to ensure transferability, the respondents shared their real-life experiences based on the interview questions that were thoroughly explained to them before responding.

#### **4.11. Ethical Considerations**

Bertell (2017) states that there are four elements to ethical consideration and these elements include the right to privacy, involvement of the researcher, informed consent, and protection from harm. For the purpose of ethical consideration, the mentioned elements were considered, including the ethical considerations of the University of Zululand, which the study has to comply with. This research was also submitted for approval to the Faculty Board of Arts, the Higher Degrees Committee, and the Ethics Committee of the University of Zululand to further ensure ethical consideration. After it had been approved by the institution, the researcher received permission to conduct the study from the municipality of study where the CBR centre is situated. The researchers' ethical certificate number is: UZREC 171110-030 PMG 2022/81. During the data collection process, the respondents signed a consent form in order to participate in the research. For the purpose of maintaining anonymity, the respondents' personal information remained confidential and were not disclosed. Respondents were informed that their participation is voluntary, and they can withdraw whenever they want. Disability can be a very sensitive issue; therefore, the researcher ensured that nobody gets harmed during the study.

#### **4.12. Chapter Summary**

Chapter four discussed the methodology of the study. This thesis is qualitative research. A qualitative research design allows the researcher to study a minority

group based on their real-life experiences. In this research, the minority group being studied is people living with disabilities. PWDs are very vulnerable due to their incapability as well as the negative perceptions that society has about them. This study then attempts to use qualitative methods to eradicate the stigmas that exclude people living with disabilities from fully participating in the societies they live in. Since this is qualitative research, a narrative research design was applied, and the sample was non-probability. The sampling design used is purposive, with a sample number of 10 respondents due to the limitations of the study. Keeping in mind that the targeted group is a minority in society, the population of the respondents will be determined by the availability of rehabilitation centres available in the study areas. The study area of the research is the City of uMhlathuze Municipality. For the purpose of collecting data, interviews were conducted with ethical considerations applied to avoid harm to any of the respondents. The next chapter will analyse and discuss the data collected with the application of the study's methodology.

## CHAPTER FIVE

### DATA PRESENTATION AND ANALYSIS

#### 5.0. Introduction

The previous chapter discussed the methodology of the research, which is qualitative. Since the study is qualitative, the research design implemented is the narrative research design. The chapter also delineated the study area of the thesis, which is the City of uMhlathuze municipality. The sample size of 10 respondents was also mentioned in the chapter. This chapter, chapter five, analyses the data collected according to the previous chapter's methodology. However, due to covid-19 adjustments, the methods for data collection differ since South Africa is not faced with a pandemic anymore. It is to be noted that face to face interviews were conducted instead of telephonic interviews, but social distance and other covid-19 precautions were maintained. The views on CBR of people living with disabilities and their care givers are analysed in this chapter. The chapter presents and interprets data collected for the research, in order to produce results that are in line with the objectives of the study.

#### 5.1. Biographic data of participants

There were ten (10) respondents taking part in the study, of whom four (4) were caregivers and six (6) people living with a disability.

- In terms of the participant profiles two (2) of the caregivers were females in the middle-aged (36 – 50) band, and the other two (2) were males who were young adults (18 – 35). The people living with disabilities who took part in the study were four (4) females of whom two were middle-aged (36 – 50) and two (2) young adults (18 – 35). The other two (2) participants living with a disability were males who were both young adults (18 – 35).

The gender distribution per age group for respondents living with disabilities was randomly chosen within the rehabilitation centre, while attempting to keep a balance within the participants' age groups and gender. This assisted in providing knowledge that was based on diverse age groups and not only focusing on a specific age group or gender. Additionally, table 5.3.1 shows that the number of participants living with disabilities exceeds the number of caregivers taking part in the study. The motive for

having more participants who are living with disabilities than CBR workers (caregivers), was to prove the effectiveness of CBR based more on the perspective of PWDs since they are the ones mostly affected by CBR. This supports the maxim 'there is nothing for us, without us' (Charlton, 1998). Therefore, their view matters more. From the participants' responses to the open-ended interview questions, you can see that they are very literate people. This led to my task as an interviewer being less challenging.

## 5.2. Participant Profile

**Table 5.3.1: Participant Profile**

Participant number	Age Group	Gender	Position in study
1	Middle aged (42)	Female	Respondent living with a disability
2	Middle aged (47)	Female	Respondent living with a disability
3	Young Adult (29)	Female	Respondent living with a disability
4	Young Adult (35)	Female	Respondent living with a disability
5	Young Adult (33)	Male	Respondent living with a disability
6	Young Adult (25)	Male	Respondent living with a disability
7	Young Adult (31)	Male	CBR Worker (Caregiver)
8	Young Adult (30)	Male	CBR Worker (Caregiver)
9	Middle Aged (47)	Female	CBR Worker (Caregiver)
10	Middle Aged (40)	Female	CBR Worker (Caregiver)

## 5.3. Discussion on the findings

Data was collected at the Senzelwisihe rehabilitation hospital under the city of uMhlathuze municipality. The original intention of the research was to conduct research on at least two rehabilitation centres; however, only one rehabilitation centre was visited. This was due to the fact that there is only one rehabilitation centre in the city of uMhlathuze, and it is private. This therefore caused a limitation to the study. As is well known, South Africa is a developing country which is still faced with a lot of challenges, and poverty is one of them. Since the centre which is the focus of research is a private hospital, it follows that only people who can afford or those with medical aids have access to the hospitals' rehabilitation services. This therefore questions the

role of government in enhancing the livelihoods of the most vulnerable in society. This chapter consists of the respondents' views on the four objectives of the study.

#### 5.4. Discussion of themes from data collected

The following are the themes and subthemes from the collected data which serve the role of directing the data being analysed. Each theme is listed, then the subthemes are illustrated next to the theme.

**Table 5.5.1:** Themes and Subthemes

Main Themes	Subthemes
1.The state of Community Based Rehabilitation centres in uMhlathuze municipality.	1.1. No sub-theme
1. Challenges faced by people living with disabilities in community-based rehabilitation.	2.1. Lack of funding 2.2. Lack of support from community 2.3. Shortage of rehabilitation workers 2.4. Lack of information
2. Knowledge on the concept of Community Based Rehabilitation	3.1. No knowledge on CBR 3.2. Knowledge on CBR
5.0. Role of People living with disabilities in Community Based Rehabilitation.	4.1. Involvement in decision-making processes of CBR 4.2. Form and be part of organisations that represent PWDs 4.3. Positivity
6.0. Does Community-Based Rehabilitation enhance the quality of life of people living with disabilities and their caregivers?	5.1. CBR does not enhance the quality of life of people living with disabilities and their caregivers 5.2. CBR does enhance the quality of life of people living with disabilities and their caregivers.
6. Who should fund Community Based Rehabilitation programmes?	6.1. Government 6.2. Private sector

##### 5.1.1. **Theme 1:** The state of Community Based Rehabilitation Centres in uMhlathuze municipality

It was discovered that under the city of uMhlathuze municipality there is only one existing and properly functioning rehabilitation centre. This centre is based in the town of Empangeni and is called Senzelwisihe rehabilitation hospital. However, it is a private rehabilitation centre and therefore cannot be accessed free of charge. This



shows that the local government of the study area still has gaps in promoting a just society for all, keeping in mind the residents living with disabilities who cannot afford paying for medical fees. The care givers as well as people living with disabilities expressed their views on community-based rehabilitation in the uMhlathuze municipality. Participants shared different sentiments regarding the state of community-based rehabilitation centres in uMhlathuze municipality.

Participant 1:

*“My medical aid is the reason I am in this centre. I was not going to afford paying in cash”.*

Participant 7:

*“Most of the patients end up pausing their sessions due to insufficient medical aid funds. It should therefore be the role of our government to implement a National Health Insurance (NHI) fund that permits individuals without medical aid to equally enjoy the benefits of private rehabilitation services. This will help promote a just society that accommodates even the most vulnerable individuals”.*

Both people living with disabilities and their care givers were concerned with the funding of rehabilitation centres. The respondents living with a disability mentioned that they would never have afforded to access such great rehabilitation services if they were not on medical aid. They emphasised the importance of having medical aid funding if you are living with a disability. One of the care givers also highlighted the importance of the implementation of a National Health Insurance fund in South Africa.

Participant 8:

*“We do not have enough space to accommodate many people.”*

One of the care givers also mentioned how they have limited space in their centre, and therefore can only accommodate a limited number of people. This limits the access to proper rehabilitation services to be received by people living with disabilities, and therefore robs them of the opportunity to participate equally and actively in society.

When reflecting on the views of respondents on the current state of CBR centres in the city of uMhlathuze, it is clear that there is only one existing rehabilitation centre in

the municipality. The existing rehabilitation centre also has limitations since it is a private centre, and these limitations exist due to lack of funding and support from local government. Ordim (2023), who conducted a similar study supports the view that local government should implement and coordinate the whole CBR structure. This would allow existing non-governmental CBR centres to also have funding, thus promoting the growth of these centres in terms of the number of CBR workers/care givers and the number of PWDs they can accommodate within the rehabilitation centre. The involvement of local government in private rehabilitation centres would promote partnerships that endorse community development and create a just society for all, including those PWDs who cannot afford to access private rehabilitation.

#### 5.1.2. **Theme 2:** Challenges faced by people living with disabilities in community-based rehabilitation

There are various challenges that inhibit the success of CBR with regard to improving the lives of people living with disabilities. It has been mentioned throughout the study that the variability of resources across different countries is the major challenge that affects CBR. Participants expressed their views on the following subthemes which have been selected as the major issues that PWDs encounter in community-based rehabilitation.

##### 5.1.2.1. Subtheme 2.1: Lack of funding

All the participants (i.e. both the care givers and People living with disabilities) were of the same view that lack of funding is the major issue affecting people living with disabilities when it comes to accessing rehabilitation services.

##### Participant 1:

*“If I never had medical aid, I would have not been able to receive such services”.*

##### Participant 5:

*“For you to be in this place, you need to be able to pay for it and not everyone like us affords it”.*

This statement was very understandable, bearing in mind that the Senzelwisihe rehabilitation hospital is a private facility that does not receive any form of funding

from the government. The centre needs money to be maintained so that future generations can also be able to access it, thus contributing to sustainable social development in the City of uMhlatuze. One of the care givers responded that:

Respondent 10:

*“If we had some sort of funding, we would really love to expand the centre so that it accommodates the needs of more people living with disabilities. This will help bring about growth and improvement in the kind of services provided”.*

5.1.2.2. Subtheme 2.2: Lack of support from community

Support from family and members of your community is of utmost importance in community-based rehabilitation. This gives a person living with a disability a sense of belonging and avoids any form of exclusion from any of the society’s activities. According to the participants, a lack of support from the community is a major challenge in community-based rehabilitation. The two care givers emphasised the helpfulness that comes from supportive family members. The participants shared their opinions.

Respondent 9:

*“Having a family member that meets us halfway makes our job easier since it helps in monitoring the progress of the person living with a disability when they are at home”.*

Participant 2:

*“I need some help when doing most things and with the support my family and neighbours give me, makes everything much easier for me. This makes me feel loved and pushes me to be a better person”.*

Participant 4:

*“I stay in a community where you hardly even see your neighbour. So, with or without their support, I will still get assistance at the rehabilitation centre and I can still go on with my life regardless”.*

5.1.2.3. Subtheme 2.3: Shortage of rehabilitation workers

According to the participants, care givers are the core of rehabilitation centres. Without their support to people living with disabilities, the rehabilitation facilities are of no use and therefore pointless. However, they require compensation and therefore must get remuneration for the role they exercise in the lives of people living with disabilities. The Senzelwisihe rehabilitation hospital can only employ a limited number of care givers since it is a private entity maintained by its own funds. A limited number of care givers means limited accommodation of people living with a disability. This then becomes a challenge to CBR. One of the respondents said:

Participant 6:

*“Our caregivers are doing the best they can to help us, and their service is excellent; however, if they were to hire more caregivers and have a bigger space, they would perform their duties even better and be able to give individual attention to each one of us.”*

Participant 8:

*“It is our wish to expand this facility and our caregiving team as we grow. This will assist in accommodating more people who require our daily services. A larger team will really have more impact since more lives will be influenced. Our growth means their growth because they are the people we serve on a daily basis”.*

5.1.2.4. Subtheme 2.4: Lack of information

Notwithstanding the impression given by respondents of clearly being literate, the respondents living with a disability seem to be not fully aware of what to expect from a care giver as well as their roles as PWDs. They expect the care givers to know the rehabilitation duties assigned to them, thus giving care givers dominance over decisions made pertaining the PWD accessing the rehabilitation services.

Participant 3:

*“I came here because I needed professional care of which I believe I can only receive from a care giver”.*

Participant 5:

*“My role and responsibility are to receive instructions from the caregivers and update them on my progress or report any issues”.*

Lack of funding, lack of support, shortage of rehabilitation workers and lack of information have been revealed as the major challenges affecting PWDs in CBR. The respondents gave their views on the identified challenges, and it shows that these are the major barriers that challenge PWDs, with lack of funding from government being at the top of the list. Since the identified rehabilitation centre is a non-governmental organisation, it only offers rehabilitation services to those PWDs who have financial means. This excludes those PWDs without financial means from receiving such professional care, thus worsening their disability. A study by Ayalew *et al.* (2020) indicates that “the absence of rehabilitation centres in the zone exacerbates the challenges of PWDs”. This means that if PWDs do not receive continuous rehabilitation services, their disability worsens thus causing major complications in the life of the PWD. The above-mentioned challenges should therefore be addressed in order to improve CBR and the lives of the PWDs benefiting from it.

### 5.1.3. **Theme 3:** Knowledge on the concept of Community- based Rehabilitation

It is vital that both the caregivers and people living with a disability are equally informed about any concept pertaining to their lives and having a positive impact, including CBR in this case. In this study, the caregivers support the fact that PWDs and families should be aware of CBR, including the CBR matrix. However, this is simply impossible with the limited staff, resources and funding the centre has. The views of the participants are elucidated below.

#### 5.1.3.1. Subtheme 3.1: No knowledge on CBR

Six (6) of the respondents conveyed a negative response to the question concerning knowledge of CBR. These respondents were participants living with a disability. They seemed to be concerned more with the health side of rehabilitation. However, in order for them to participate in the interview, I had to make sure that they got a little enlightenment as to what CBR is. This was to assist them to get to know what the study is about, thus making it easy for them to respond. The caregivers on the other hand conveyed a full understanding of what CBR is.

#### Participant 3:

*“ I doubt any of us in the centre know about CBR”.*

The respondent's view shows that she has no knowledge about CBR, and does not expect anyone else in the center to know about the term.

Participant 1:

*“ I have never heard of CBR before, can you please explain it to me”.*

Even though the respondent did not know the term CBR, she was willing to learn what it is.

5.1.3.2. Sub theme 3.2: Knowledge on CBR

The participants who are caregivers provided a very positive response regarding their knowledge of CBR. This proves that they are fully informed about terms associated with rehabilitation rather than just the health factor. To support this, the respondents shared their sentiments.

Participant 7:

*“I am fully aware of what CBR is including the CBR matrix and its components since it was part of the major topics, we went through for this other module we did in varsity. However, we do not practise it as much since this is a private facility with no government support. If we were to mainly focus on it, we would face multiple constraints”.*

Participant 8:

*“CBR used to be very big in public clinics where a care giver would be sent from Ngwelezane hospital to visit local clinics maybe once a month to perform the duties of CBR. However, that does not happen anymore since it was not sustained and monitored accordingly. We should keep in mind that CBR is very broad and we as a private rehabilitation centre without any support from the government can only perform our duties to a certain extent”.*

The views expressed by the participants show that PWDs do not have enough knowledge on rehabilitation, and they expect their caregivers to be the ones giving instructions as to how the PWDs should better themselves. The lack of knowledge on

CBR amongst PWDs calls for education and awareness programmes to be implemented within the study area. A similar study suggests that “the shortage of rehabilitation workers to address rehabilitation needs at a community level underlines the need for the development of education and training programs” (Ned *et al.*, 2020). It is therefore in this context that it is the duty of rehabilitation workers to instil CBR education in the communities with PWDs for improved CBR. However, CBR workers cannot achieve this without the intervention of local government and stakeholders that exist in communities. Ayalew *et al.* (2020) state that if stakeholders have no knowledge on CBR they cannot solve the problems that exist in the lives of PWDs.

#### 5.1.4. **Theme 4:** Role of People living with disabilities in Community Based Rehabilitation

The role of PWDs is the most crucial factor in CBR. This is so because there is no CBR without people living with disabilities. PWDs are the core of CBR, followed by their caregivers and families. The following are the subthemes that explain the role of PWDs in community-based rehabilitation as well as responses from the participants.

##### 5.1.4.1. Subtheme 4.1: Involvement in decision-making processes of CBR

It is important to promote the involvement of people living with disabilities in CBR because ‘there is nothing for them, without them’. This sentiment endorses inclusion and helps PWDs to have a voice in a concept that was implemented for them. The following are the views from the respondents.

##### Participants 7:

*“I feel it is important to have a representative of PWDs in the decision-making processes of an effective CBR. This is so because the first rule for development is that ‘you cannot tell people what their needs are’. You need to engage with them in order to have a sustainable type of development. However, in reality this is seldom practised, which might also be a leading factor in the failure of most CBR programmes”.*

Only four (4) out of ten (10) respondents were not in support of the involvement of PWDs in the decision-making processes of CBR. The participants believe that it is the duty of care givers to be the ones most aware and involved in any decision- making processes pertaining to CBR.

Participant 1:

*“I was personally not aware of what CBR is until you explained it to me. However, I feel like this is a term that already exists so not much can really be added by us as people living with disabilities. Our care givers should be the ones who know about the term and be part of the decision-making process of CBR since they know the struggles we face on a daily basis. I therefore expect them to represent us accordingly.”*

5.1.4.2. Subtheme 4.2: Form and be part of organisations that represent PWDs

It is important to have a structure present within every community that represents and protects the most vulnerable in society. This assists in diminishing any forms of discrimination that might arise from other individuals in the communities. Three (3) of the respondents did not agree with this sub-theme. However, seven (7) of the respondents were in support of it because they believe that these are platforms that can help them know the services they are entitled to, as well as the protection of their rights.

Participant 4:

*“A lot could be improved if we had organisations in our communities that help us to network as PWDs, realise our needs and also enlighten each other as people sharing the same experiences”.*

Participant 6:

*“These organisations do not exist in our communities. If they did, they would be of much help because it would open a platform where we voice out our opinions in the community”.*

Participant 5:

*“There is nothing that makes me feel more special than feeling like I belong in my own society, and I feel like having these organisations would really promote this a lot”.*

Participant 2:



*“These platforms would allow us to have a say in communities we live in, and we would know that our opinions matter. Knowing that we are recognised, and we have a place in our own community means a lot”.*

#### 5.1.4.3. Subtheme 4.3: Positivity

All the participants in the study agree on the fact that positivity is the ultimate role of PWDs, because it boosts confidence and exposes individuals to new opportunities and experiences.

##### Participant 3:

*“I believe being positive is our number one role. This brings about determination and hope over our lives, thus making the job of the care giver easy”.*

##### Participant 6:

*“If I was not positive with the fact that I would be better when going for rehabilitation, I would have just stayed at home. My positivity and eagerness to better my life brought me here and I do not regret it”.*

This theme has revealed the role of PWDs in CBR in promoting effective CBR. The subthemes under this theme promote social inclusion through the involvement of people living with disabilities in decision-making processes relating to CBR. A related study by Ned *et al.*, (2020) affirms that PWDs should play an important role in community education since they are the appropriate beneficiaries of CBR, provided they receive proper guidance and training by CBR workers. Getting education from PWDs who receive rehabilitation services on a daily basis will encourage those PWDs who are not receiving any form of rehabilitation to also engage in CBR. This then gives a platform for PWDs to express their views and be part of the decision-making processes of CBR. Ahmad *et al.* (2022), who also conducted a similar study posit that if PWDs participate in decision-making, they will gain a sense of ownership which will allow them to improve every aspect of their lives. A sense of ownership will instil positivity in PWDs and they will be encouraged to form organisations that represent them as community members, thus promoting community development.

5.1.5. **Theme 5:** Does Community Based Rehabilitation enhance the quality of life of people living with disabilities and their caregivers?

5.1.5.1. Subtheme 5.1: CBR does not enhance the quality of life of people living with disabilities and their caregivers.

Three participants agreed that CBR does not enhance the QOL of people living with disabilities and their care givers. There was no clear explanation as to why exactly the respondents feel this way. The respondents gave their views.

Participant 9:

*“Quality of life focuses on the improvements of the lives of people in every aspect since it is a very broad term. In this case or in South Africa and most developing countries, CBR does not contribute to the quality of life of PWDs. This is so because CBR is not fully practised in these countries, the focus seems to be more concentrated on the health factor and treating PWDs as patients who require some sort of treatment or medical care. This is however due to resources that vary across different states, hence why I said ‘in developing countries’. Maybe if CBR was to be implemented at the National level and be compulsory in all rehabilitation centres, only then would we witness its effectiveness in the quality of life of PWDs”.*

Participant 7:

*“PWDs only receive the rehabilitation services while they are in the centre, and immediately stop receiving these services when they are in the comfort of their homes. This causes a backlog in the impact of CBR, since the family members of PWDs have no knowledge or skills that care givers provide in their centres”.*

Participant 10:

*“CBR in this case causes dependence to the resources of the rehabilitation facility and the care givers. This is so because the families of PWDs have no knowledge or skills that care givers provide. Even the resources are only at the centre and not at home. This therefore acts as a setback to the improvement of the quality of life of PWDs when they are not in this facility”.*

5.1.5.2. Subtheme 5.2: CBR enhances the quality of life of people living with disabilities and their caregivers

Many of the respondents (seven) agreed that CBR enhances their quality of life. Respondents living with a disability all agreed with this, due to the major impact CBR has on their health enhancement. They believe that it boosts them to be lively, active and positive.

Participant 5:

*“Being able to train my body daily really makes me feel active and lively. Progress is visible in my life, and I am now a positive person. I therefore believe that my QOL is being enhanced”.*

Participant 2:

*“Being around people who live with a disability like me has really improved my life and the way I see life, unlike when I am in my community. The care givers do a great job with improving our quality of life, meaning that CBR does work in this instance”.*

Participant 9:

*“In this occasion, CBR does promote the quality of life of people living with disabilities. However, the focus is mostly concentrated on the health domains of QOL”.*

The participants articulated their views on the contribution of CBR to the QOL of PWDs and care givers. It was detected in the results that PWDs felt that CBR promotes their QOL due to the improvements they have gained through the utilisation of rehabilitation services. The PWDs gave a positive response, whereas three of the four rehabilitation workers thought otherwise. This might be due to their understanding of the term QOL. The care givers believe that CBR does not improve the QOL of PWDs in all aspect since it is more focused on the health component. A relevant study on this topic by Shumba *et al.* (2020) postulates that most CBR evaluations underpin the health component of the CBR matrix, which is the reason

for the establishment of the CBR Joint Position Paper of 2004. For CBR to be effective in terms of improving the QOL of people living with disabilities it should utilise all the components of CBR, guided by the CBR matrix.

#### 5.1.6. **Theme 6:** Who should fund Community-based Rehabilitation programmes?

##### 5.1.6.1. Subtheme 6.1: Government

All the participants in the study are of the view that the government should be the main funder for CBR programmes. With regard to the studied rehabilitation centre, the government is not involved in any of the funding processes since it is a private centre. This means that individuals who ought to be using the resources and receiving the services of the Senzelwisihe centre must provide their own finances, thus putting those PWDs who cannot afford it at a disadvantage. Even the respondents living with disabilities who do use the centre mentioned that if their medical aid funds were to be depleted, they would have to stop receiving the services of the centre and go back to their homes where nobody has knowledge of the activities practised by the caregivers in the centre. Most of the PWDs are not even residents of Empangeni but stay in surrounding townships which makes it uneasy to effortlessly reach the centre.

##### Participant 3:

*“All my family members are working; therefore no one really has a chance to be fully supportive since they spend most of their time at work. At the same time, I cannot be in the centre daily due to funds. If the government invested more funds in building more rehabilitation centres or providing us with transport to the centre, a lot would change. This will make us feel that we have enough support from our government, because the grant money is not enough”.*

##### Participant 1:

*“It is the duty of the government to either implement public rehabilitation centres or provide us with medical funding that allows us to access private rehabilitation centres like the one we are in because we are really struggling and need the government’s constant support. I personally feel excluded as a resident under uMhlathuze municipality”.*

The care givers suggest that there should be a National Health Insurance fund provided by government in order for disadvantaged individuals to access services even in private rehabilitation centres. They believe that this would assist in hiring more staff and accommodating more patients, thus contributing to the effectiveness of Community-based Rehabilitation programmes. It was also revealed by care givers that in their previous experiences where they worked in public hospitals, people living with disabilities receive services in places far away from where they stay and, moreover, only attended once every three months or so, due to limited staff and resources. This leads to the ineffectiveness of CBR programmes as it then becomes seasonal instead of being a daily exposure.

Participant 9:

*“It is really painful when we turn down clients who wish to access our services without any fee, however we have to because of daily expenses we have as a facility. It is even our wish to expand this centre, but we do not have any additional funding from the government”.*

5.1.6.2. Subtheme 6.2: Private

The rehabilitation centre in the uMhlatuze municipality is private. It does not receive any form of funding from the local government since it is privately owned. The respondents expressed their views on this.

Participant 1:

*“This is the only rehabilitation centre that is always available to me and I am forced due to my disability to receive such professional services, it is not by choice. However, these services have to be paid for by myself. I really feel sorry for other PWDs who cannot access such services and it should be the duty of the government to assist those who cannot afford to access such services regardless of whether they are private or not. Those who can afford paying for them should do so willingly. However, assistance from the government should be provided to us since we are a very minor population. This will create an enabling environment for us and broaden the rehabilitation services through increased participation”.*

Respondents' views indicated that all respondents were of the opinion that the government should be playing a bigger part and fund even the non-governmental rehabilitation centres, especially in this case since it is the only rehabilitation centre that exists within the uMhlathuze municipality. Funding from the government would further promote the number of PWDs receiving professional rehabilitation services in uMhlathuze municipality without incurring financial strain. A study by Ordim (2023) suggests that local government should coordinate and implement the CBR structure within its jurisdiction and also "provide resources for non-governmental organizations" (Ordim, 2023). This would promote partnerships with governments that are aimed at developing communities and creating a just society that supports and protects all its residents.

### **5.5. Chapter Summary**

This chapter has analysed and discussed the data of the study. It gave the demographic characteristics of the study, including the population of the respondents as well as their gender distribution per age group. Six (6) of the respondents are living with a disability and four (4) are caregivers. All the participants were given a platform to reveal their real experiences. Challenges faced by people living with disabilities were analysed in this chapter where lack of funding, support and rehabilitation centres were listed as the major issues. The chapter also noted and analysed the role of People living with disabilities, where the involvement of PWDs in decision-making processes was declared as the major role in Community-based rehabilitation. The chapter then questioned whether CBR enhances the quality of life of PWDs or not. Seven (7) of the respondents agreed, while three (3) disagreed due to the reasons mentioned. Most of the respondents decided to be anonymous and their anonymity was respected. Lastly, the chapter analysed the funding of CBR, where the respondents suggested that the government should be the main funder for CBR. Chapter six (6) will wrap up the research and propose recommendations of the study which will assist in contributing to the effectiveness of the study.

## **CHAPTER SIX**

### **CONCLUSION AND RECOMMENDATIONS**

#### **6.0. Introduction**

The previous chapter discussed and analysed the data of the study. Challenges faced by people living with disabilities were analysed, including their role in Community Based Rehabilitation. The current chapter, therefore, propose recommendations for the study and conclude the research. The first section of this chapter provides the summary of findings using objectives of the study as the subheadings. The second part will conclude by summarising the theories used in the study. The third part gives recommendations on CBR so that they can be used for future reference.

#### **6.1. Summary of the study**

Chapter One introduced the study, as well as its background. It then discussed the significance of the study, as well as the problem statement and aim of the study, which is to investigate the effectiveness of Community-Based Rehabilitation as a strategy for disability services and for encouraging the involvement of People living with disabilities in the Community Development of the City of uMhlathuze Municipality. Lastly, the chapter listed the four research questions, which are the core of the thesis.

Chapter Two presented the literature review of the study, which has topics that address the objectives and research questions listed in the first chapter of the research. Challenges faced by people living with disabilities, as well as barriers leading to these challenges, were listed and explained. The chapter lastly displayed the legislative framework of the study.

Chapter Three exhibited the theoretical framework of the research. It revealed two theories applied in the study. These theories are the CBR matrix and the Theory of Change, which work very well with Community-Based Rehabilitation. The components of the CBR matrix were then listed and explained.

Chapter Four explored the research methodology of the study. The chapter revealed that the thesis is qualitative research and therefore applied narrative research designed. The sampling design used is purposive, with a sample number of 10 respondents due to the limitations of the study. The study area of the research is the

City of uMhlathuze Municipality. For data collection, interviews were conducted with ethical considerations applied to avoid harm to any of the respondents.

Chapter Five analysed and discussed the data collected in the form of tables and charts. The views of the respondents were then explained.

Chapter six concludes the study since it is the last chapter of the research. It then proposes recommendations for future reference.

## **6.2. Summary of the Research Findings**

The study was conducted in Empangeni at the Senzelwisihe rehabilitation hospital under the City of uMhlathuze Municipality. This was the only rehabilitation centre that dealt with individuals living with disabilities in this municipality. This, therefore, caused a limitation in the study that recommends a turnaround strategy in the CBR of uMhlathuze municipality. The theoretical framework supports this by having a Theory of Change that pushes CBR to have a turnaround in the way it is implemented in uMhlathuze, thus taking notes of and being guided by the CBR matrix, which is the second theory utilised in the study. These theories work simultaneously in attempts to solve the underlying issues that exist in CBR at the municipality of uMhlathuze. The research's conclusions were drawn from the objectives and research questions which serve as the primary themes. The research questions answered by the study are as follows:

- 1) What is the role of municipalities and civil society in community-based rehabilitation?
- 2) What are the challenges faced by people living with disabilities in community-based rehabilitation and the factors contributing to them?
- 3) What roles do People with disabilities play in community-based rehabilitation programmes?
- 4) Which recommendations can be proposed in order for CBR to contribute effectively towards community development?



### **6.2.1. Objective one: To explore the role of municipalities and civil society in community-based rehabilitation.**

The findings suggest that the municipalities (as government structures which are in close proximity to the local people) should be responsible for funding rehabilitation centres. Since funding is the main hindrance to the effectiveness of CBR, findings propose that the government initiate a National Health Insurance fund so that all citizens, including the disadvantaged, can be able to access private healthcare services, thus promoting a just society. It is also the duty of the government to encourage the participation of people living with disabilities in all the activities that occur in communities. As mentioned in the previous chapter, the local government is expected to coordinate CBR and also provide resources even to NGOs (Ordin, 2023). This will encourage them to contribute effectively to the community and also be part of the decision-making processes that involve people living with disabilities. If PWDs are active in their societies, people's perceptions about them will change thus eliminating the stigmas that exist.

### **6.2.2. Objective two: To identify challenges faced by people living with disabilities in community-based rehabilitation and factors contributing to them.**

Findings present that lack of funding is the main challenge that exists in Community Based Rehabilitation. Lack of funding leads to a lack of resources, which inhibits the effectiveness of CBR. The second challenge that was found included the lack of support from communities where PWDs live. This leads to stigmas due to the way that community members view PWDs. Also, the respondents were clueless about organisations that protect and support People living with disabilities in their areas. This, therefore, needs further intervention in order to promote a just society that accommodates all People regardless of their disability. The third challenge was found to be the shortage of rehabilitation workers. Findings show that if more rehabilitation workers are hired, more PWDs will be accommodated in rehabilitation centres and receive high care without any limitations. A relevant study was conducted by Ayalew *et al.* (2020) where he posits that "the absence of rehabilitation centers in the zone exacerbates the challenges of PWDs". This proves that CBR cannot function without any rehabilitation centers. Lastly, the lack of information on the concept of CBR was presented as one of the major issues that exist in CBR. Most PWDs lack knowledge

of CBR, which then becomes the major issue and raises concerns on the existence of Community-Based Rehabilitation under the City of uMhlathuze.

### **6.2.3. Objective three: To determine the roles of People with disabilities in community-based rehabilitation programme.**

According to the findings of the study, the involvement in the decision-making processes of CBR is the major role of People living with disabilities in CBR. This allows for PWDs to have a voice in decisions concerning them. This further supports the “nothing for us, without us” phrase. It was also found that forming and being part of organisations that represent PWDs is the role of People living with disabilities in CBR. Ned *et al.* (2020) postulate that PWDs should play a vital role in community education since they are suitable examples that benefit from CBR, provided they receive proper guidance and training by CBR workers. This will promote awareness, protection and participation of PWDs in community development. Lastly, results show that positivity amongst People living with disabilities is one of the biggest roles required. Respondents believe that positivity leads to confidence and active participation, thus promoting the effectiveness of Community-Based Rehabilitation.

### **6.2.4. Objective four: To propose recommendations on how CBR can contribute effectively towards community development.**

The final objective of this research is to use findings to propose recommendations of the study for future reference. The recommendations are as follows:

- Funding of community-based rehabilitation
- Establishments and construction of community-based rehabilitation centers in communities
- Formation of structures that support PWDs in communities
- Educating about community-based rehabilitation
- Further Investigations on the role of government in community-based rehabilitation
- Awareness campaigns on community-based rehabilitation

## **6.3. Recommendations**

The recommendations of the study are as follows:

- **Funding of community-based rehabilitation**

Since funding is the major issue in CBR, the government is therefore required to intervene in the form of providing a National Health Insurance fund or health grant to all individuals who cannot afford to access private health care services. This will help promote equality not only in the City of uMhlatuze but in South Africa as a whole.

- **Establishments and construction of community-based rehabilitation centers in communities**

The government should build rehabilitation centres in all communities that have people living with disabilities. This will assist PWDs and their families to easily access rehabilitation services at their convenience and at a much cheaper cost. If more rehabilitation centres are built, more knowledgeable rehabilitation workers will be hired, thus increasing the effectiveness of CBR and job creation.

- **Formation of structures that support PWDs in communities**

It should be the duty of the municipality to encourage the formation of structures that support PWDs in communities. This will increase community participation and help to identify the number of People living with disabilities so that they can be taught about CBR services that they are entitled to as PWDs. This will also help PWDs to have a voice in society and contribute effectively to the development of their communities as well as their own self-enhancement.

- **Educating about community-based rehabilitation**

The municipalities (as government structures that are closest to the local people) should be responsible for educating about Community-Based Rehabilitation so that it becomes a norm to society and be included in all social activities of the community until all community members are aware of the term. This will help in the eradication of stigmas that individuals have on disability, thus creating a safe and just environment for People living with disabilities. This will also assist in the enhancement of the livelihoods of PWDs.

- **Further Investigations on the role of government in community-based rehabilitation**

For the City of uMhlatuze, thorough investigations should be conducted on the role they have as a government structure in Community-Based Rehabilitation in

order to support the part of its population that is living with disabilities and consequently create a just environment for all.

- **Awareness campaigns on community-based rehabilitation**

Awareness campaigns on community-based rehabilitation should be conducted within the municipality so that PWDs are aware of the services and rights entitled to them.

#### **6.4. Further areas of research**

- Future research should be conducted on what causes CBR to be a concept or initiative that is not well known.
- Further studies should also question the government's intervention in the funding of rehabilitation centres whether private or public.
- Since the policies of CBR do exist in South Africa, it should be investigated why it has so many backlogs.
- The role of the local government in inclusive development that accommodates all its residents should be further investigated.
- The role of the local government is to curb social ills that minority groups and the most vulnerable groups face daily.
- Why CBR is not prioritised by the local government.

#### **6.5. Conclusion**

This chapter brings the end of the study. The first chapter of this research served as a guide to the entire thesis, through the problem statement and research objectives. The second chapter presented the literature review and the legislative framework of the study. The third chapter illustrated the theoretical framework of the research. Two theories were applied, namely, the CBR matrix and the theory of change, with the CBR matrix being the primary theory in the research. Chapter four gave the methodology of the study, and a qualitative type of research techniques were applied. The fifth chapter gave analysis of the data collected in the study, which gave responses to the research questions listed in the first chapter. Lastly, chapter six gave an overview of the organisation of all the chapters that make up this thesis. It has concluded the study and proposed recommendations according to the objectives of the research, as well as findings collected at the City of uMhlathuze. Areas for further research were also proposed in this chapter. The aim of the study was to contribute effectively to

community development through Community Based Rehabilitation under the City of uMhlathuze.

## 7. References

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## 8. Candidate's Declaration

I declare that the Effectiveness of Community Based Rehabilitation Approach in the Community Development of the City of uMhlathuze submitted to the University of Zululand for a Bachelor of Arts Masters in Development Studies has not been previously submitted by me for any degree at this or any other university. This is my own work and all materials contained in this study have been acknowledged. I know that plagiarism means taking and using the ideas, writings, works or inventions of another as if they were one's own. I know that plagiarism not only includes verbatim copying, but also the extensive use of another person's ideas without proper acknowledgement (which includes the proper use of quotation marks). I know that plagiarism covers this sort of use of material found in textual sources and from the Internet. I acknowledge and understand that plagiarism is wrong. I understand that my research must be accurately referenced. I have followed the rules and conventions concerning referencing, citation and the use of quotations as set out in the Departmental Guide. This research is my own work. I have not allowed, nor will I in the future allow anyone to copy my work with the intention of passing it off as their own work.



\_\_\_\_\_  
Mthethwa C.S (Miss)

\_\_\_\_\_  
23 October 2023

Date

Student number: 201759143





## 9. ANNEXTURES

### ANNEXTURE i: Interview Questions

Topic: Community Based Rehabilitation as a strategy to disability services and for encouraging the involvement of people living with disabilities in Community Development: uMhlathuze Municipality.

Supervised by Dr J.M Mdiniso.

Name of Interviewer: Charmaine Sibahle Mthethwa (201759143)

Name of Respondent:

Age:

Gender:

1. Do you have any knowledge on the concept of community-based rehabilitation?

Answer:.....  
.....

2. How did the CBR centre/programme change your life?

Answer:.....  
.....

3. Did CBR help you increase your participation in the community?

Answer:.....  
.....

4. What are the most important changes that the CBR has implemented to help develop the community?

Answer:.....  
.....

5. Does CBR help you with income generation?

Answer:.....  
.....

6. What is your view on community-based rehabilitation?

Answer:.....  
.....

7. Are you familiar with the CBR matrix?

Answer:.....  
.....

8. Does CBR help builds awareness of the diversity within the community including people living with disabilities?

Answer:.....  
.....

9. Has CBR improved your access to health services?

Answer:.....  
.....

10. Has CBR helped you improve your education?

Answer:.....  
.....

11. Who should fund community-based rehabilitation programme?

Answer:.....  
.....

12. What role should People with disabilities play in a community-based rehabilitation programme?

Answer:.....  
.....

13. Does CBR enhance the quality of life of disabled People and their caregivers?

Answer:.....  
.....

14. Does CBR help people with disabilities attain their goals?

Answer:.....  
.....

THANK YOU FOR PARTICIPATING IN THIS INTERVIEW.

## ANNEXTURE ii: Consent Form



UNIVERSITY OF  
ZULULAND

Private Bag X1001, KwaDlangezwa 3886, KwaZulu Natal, South Africa

[www.unizulu.ac.za](http://www.unizulu.ac.za)T: +27 35 902 6000/6646

### Consent Form for University Students

#### **Community Based Rehabilitation as a strategy to disability services and for encouraging the involvement of people living with disabilities in Community Development: uMhlatuze Municipality**

Researcher: Charmaine Sibahle Mthethwa

Dear Respondent

I am pursuing a Masters research on Community Based Rehabilitation as a strategy to disability services and for encouraging the involvement of people living with disabilities in Community Development: uMhlatuze Municipality, with reference to rehabilitation centres in the City of uMhlatuze municipality. This research is guided by my supervisor Dr J.M. Mdiniso in the department of Anthropology and Development studies, University of Zululand. You're welcome to share your experiences. The information provided will be used for research purposes only. Thank you.

Yours Sincerely

Miss Mthethwa C.S (Research scholar)

By signing below, I am indicating my consent to participate in the research. I understand that the data collected from my participation will be used primarily for an Masters research, and I consent for it to be used in that manner. I understand that my participation in this research is voluntary and I am free to refuse to participate and I am free to withdraw from the research at any time.

Signed

Date

.....

...../...../.....

Name (please print)

## ANNEXTURE iii: Permission to Conduct Research

Enquiries: [reg@umhlathuze.gov.za](mailto:reg@umhlathuze.gov.za)  
Telephone: 035 907 5000  
Fax: 035 907 5444/5167  
Toll Free No: 0800 222 827



Physical Address:  
5 Mark Street Civic Centre  
Private Bag X1004  
Richards Bay, 3900

Our file ref: DMS: 1554242  
In response to DMS No:  
Date: 08 September 2022

Your ref:  
Contact: VIKASH SINGH

ATTENTION: Ms CS MTHETHWA  
UNIVERSITY OF ZULULAND

Madam

### **RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH**

Your letter dated 04 September 2022 that was sent to the Municipality requesting permission from Council to conduct your research has reference.

You are hereby granted permission to conduct your research within the City of uMhlathuze. In order to ensure that your study can be used to improve the City of uMhlathuze overall, you may be requested to do a presentation for Council's Management Team on your findings upon conclusion of your research.

Whilst the Municipality grants you permission to conduct this study, you would still have to get consent directly from your respondents that shall be participating in your study.

I wish you all the best with your research and await a bound copy of your dissertation upon completion of your studies.

Yours faithfully

**Ms E KAYWOOD**  
**DEPUTY CITY MANAGER: CORPORATE SERVICES**  
DMS 1554242

09/09/2022

All correspondence must be addressed to the City Manager

[www.umhlathuze.gov.za](http://www.umhlathuze.gov.za)

[UmhlathuzeM](#)

[Umhlathuze Municipality](#)

[Umhlathuze\\_municipality](#)

# ANNEXTURE iv: Ethical Clearance Certificate



**UNIVERSITY OF ZULULAND RESEARCH  
ETHICS COMMITTEE**  
(Reg No: UZREC 171110-030)



## ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030 PGM 2022/81			
Project Title	Community Based Rehabilitation as a strategy to disability services and for encouraging the involvement of people living with disabilities in Community Development: umhlathuze Municipality.			
Principal Researcher/ Investigator	CS Mthethwa			
Supervisor and Co-supervisor	Dr. LM Mdiniso			
Department	Anthropology and Development Studies			
Faculty	Humanities and Social Sciences			
Type of Risk	Medium Risk: Data collection from people			
Nature of Project	Honours/1 <sup>st</sup> Year	Master's	<input checked="" type="checkbox"/>	Doctoral
				Departmental

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project. The Researcher may therefore commence with data collection from the date of this Certificate, using the certificate number indicated above.

- SPECIAL CONDITIONS:**
- (1) This certificate is valid for 1 year from the date of issue.
  - (2) Principal researcher must provide an annual report to the UZREC in the prescribed format (due date: 09 November 2023)
  - (3) The UZREC must be informed immediately of any material change in the conditions or undertakings mentioned in the documents that were presented to the meeting.
  - (4) Under the Protection of Personal Information Act, 01 of 2013 ("POPIA"), researchers have a general legal duty to protect the information they process. They must ensure the security and protection of any personal information processed through the research and provide a compliant and consistent approach to data protection. The information collected via interviews must be for research purposes only. No personal information such as opinions, views, and academic background may be linked to the respondents' identity or shared with anyone for marketing purposes or otherwise.

The UZREC wish as the researcher well in conducting research

**Prof. Nokuthula Kunene**  
Chairperson: University Research Ethics Committee  
Deputy Vice-Chancellor: Research & Innovation  
09 November 2022



**RESEARCH & INNOVATION OFFICE**  
Website: <http://www.research.uz.ac.za>  
Private Bag X1031  
Kwadlangezwa, 3086  
Tel: 035 956 6374/6324  
[uzrec@uz.ac.za](mailto:uzrec@uz.ac.za) / [uzrec@uz.ac.za](mailto:uzrec@uz.ac.za)

## ANNEXTURE v: Certificate of Editing



**WISE RESEARCH CONSULTING & SERVICES**  
INQUIRE INTO THE WORLD'S DECISIONS

### CERTIFICATE OF EDITING

This is to certify that the dissertation titled *“Community-based Rehabilitation as a Strategy for disability services and for Encouraging the Involvement of Disabled Persons in the Community Development of the City of uMhlatuze Municipality”* submitted to us by Ms. Charmaine Sibhale Mhethwa has been edited for content, English language, grammar, punctuation, and spelling by Wise Research Consulting and Services. The aspect of content editing was done by MW Mhatha (BA, Honors, MA & PhD in Development Studies) and English editing was done by JD Houghrey (D.Phil., D.Lit., M.A. App. Ling., PGCE Dip. TEFL/TESL, M.A. (Hons) Eng Lan & Lit.).



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