

APPENDIX 1

Maleka M.E.D.
MPH PART III

08/08/2003

Re: MPH proposal, Questionnaire development

Dear

As part of developing my questionnaire I need to have a thinking tank, so I would like to take this opportunity to invite you to the first meeting to be held on Thursday the 14th of August 2003 from 12:30-13:30. The meeting will take place in the physiotherapy department, seminar room at JCE.

May you please let me know if you are not going to make it for the meeting or alternatively suggest a suitable date and time.

Thanking you in anticipation

Mr. D. Maleka
Physiotherapist

APPENDIX 2

25/09/2002

Health Profession Council of South Africa
Pretoria

Dear Mrs. Yvette Hoffman

I am currently doing Master of Public health at the University of Witwatersrand in Johannesburg. I am doing a study to determine **“Physiotherapy services required at the Primary health care level in Gauteng and Limpopo Province (Service provider’s perspective-Physiotherapy/assistant).**

The main aim of the study is

- **To determine the opinion of physiotherapists and physiotherapy assistants of physiotherapy services required at primary health care (PHC) level in Gauteng and Limpopo Provinces.**

I therefore request a list of names, addresses and telephone numbers of the following categories of the health professionals that you have on your register.

Physiotherapists/Physiotherapy assistants in the provinces mentioned above.

I am using a questionnaire that they need to fill in and return back to me.

Please inform me of any costs if any, for getting such information.

Thanking you in anticipation

Mr. M.E.D. Maleka
Physiotherapist

APPENDIX 3

Ethical Clearance

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS (MEDICAL)

Ref: R14/49 Maleka

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M03-09-23

PROJECT

level

Physiotherapy Services Required at Primary Healthcare in Limpopo and Gauteng Provinces Service Providers Perspective Physiotherapist/ Assistant

INVESTIGATORS

Mr MED Maleka

DEPARTMENT

School of Therapeutic Sci, Wits Medical School

DATE CONSIDERED

03-09-26

DECISION OF THE COMMITTEE

Approved unconditionally

Unless otherwise specified the ethical clearance is valid for 5 years but may be renewed upon application

This ethical clearance will expire on 1 January 2008.

DATE 03-09-29 CHAIRMAN *[Signature]* (Professor P E Cleaton-Jones)

* Guidelines for written "informed consent" attached where applicable.

c c Supervisor: Mrs D Franzen
Dept of School of Therapeutic Sci: Wits Medical School
Works2\lain0015\HumEth97.wdb\IM 03-09-23

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress form. I/we agree to inform the Committee once the study is completed.

DATE *20/10/2003* SIGNATURE *[Signature]*

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX 4

Postgraduate committee



Faculty of Health Sciences

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

7 York Road PARKTOWN Johannesburg 2193 Telegrams WITSMED Telex 4-24655.SA
 FAX 643-4318 TELEPHONE 717-2075/2076
 E-MAIL healthpg@health.wits.ac.za

MR MED MALEKA
 P O BOX 930
 NOORDWYK
 1687

APPLICATION NUMBER 0110616N
 STATUS (DEG 45) (MM816) PZZ

2003-12-04

Dear Mr Maleka

Approval of protocol entitled Physiotherapy services required at primary health care level in Gauteng and Limpopo provinces (service provider's perspective - physiotherapists/assistants)

I should like to advise you that the protocol and title that you have submitted for the degree of Master Of Public Health (Part-Time) have been approved by the Postgraduate Committee at its recent meeting. Please remember that any amendment to this title has to be endorsed by your Head of Department and formally approved by the Postgraduate Committee.

Mrs DL Franzsen has/have been appointed as your supervisor/s. Please maintain regular contact with your supervisor who must be kept advised of your progress.

Please note that approval by the Postgraduate Committee is always given subject to permission from the relevant Ethics Committee, and a copy of your clearance certificate should be lodged with the Faculty Office as soon as possible, if this has not already been done.

Yours sincerely

S Benn (Mrs)
 Faculty Registrar
 Faculty of Health Sciences

Telephone 717-2075/2076

Copies - Head of Department _____ Supervisor/s

APPENDIX 5

Letter to request to do a pilot study in Northwest Province

Dear Deputy Director of Rehabilitation-Northwest Province

My name is Douglas Maleka; I am a post-graduate student at the University of Witwatersrand in Johannesburg, Department of Community health, School of Public health. I am registered for Master of Public Health degree and as part of the curriculum we are required to do a research project. The title of my study is **“Physiotherapy services required at the Primary health care level in Gauteng and Limpopo provinces (Service provider’s perspective-Physiotherapists and assistants).**

The main aim of the study is

- **To determine the opinion of physiotherapists and physiotherapy assistants of physiotherapy services required at primary health care (PHC) level in Gauteng and Limpopo Provinces.**

My request is to get a permission to pilot the questionnaire in Northwest province so I can modify the questionnaire where necessary before the actual study commences. The information from the whole study will assist physiotherapy profession to put in place services required at Primary Health Care once all the stakeholders have been consulted.

Please let me know if permission is granted. I would appreciate it if I can be told when and where the next provincial physiotherapy forum is in advance so I can make necessary arrangements.

Thank you

Yours sincerely

Douglas Maleka

Physiotherapist

(011-717 3702/5 or 082 465 4641)

APPENDIX 6

(Pilot study)

Covering Letter for Participants

Dear colleague

My name is Douglas Maleka; I am a post-graduate student at the University of Witwatersrand in Johannesburg, Department of Community health, School of Public health. I am registered for Master of Public Health degree and as part of the curriculum we are required to do a research project. The title of my study is "**Physiotherapy services required at the Primary health care level in Gauteng and Limpopo provinces (Service provider's perspective-Physiotherapists and assistants).**"

The main aim of the study is

- **To determine the opinion of physiotherapists and physiotherapy assistants of physiotherapy services required at primary health care (PHC) level in Gauteng and Limpopo Provinces.**

I am using **Northwest province** as a pilot province to see if my questionnaire needs to be changed where necessary before I can do the study in Limpopo and Gauteng provinces.

Participation is optional, and refusal to participate will involve no penalties.

Please take your time to fill in the questionnaire provided and put it back into the self- addressed envelope and return to as soon as possible.

I do **not** require your name or health professional council number.

A copy of the result of the study will be made available to you on request, as soon as the write up is complete and has been approved.

Thanking you in anticipation

Regards

Mr Douglas Maleka
Physiotherapist

*P.S. If you have any questions concerning the questionnaire contact me at
(011) 717-3702/3705 or 0824654641 or fax 011- 717 3719*

E-mail address- malekamed@therapy.wits.ac.za

APPENDIX 7

(A letter for Testing-Retesting the Reliability of the questionnaire in Mpumalanga)

Covering Letter for Participants

Dear colleague

My name is Douglas Maleka; I am a post-graduate student at the University of Witwatersrand in Johannesburg, Department of Community health, School of Public health. I am registered for Master of Public Health degree and as part of the curriculum we are required to do a research project. The title of my study is “**Physiotherapy services required at the Primary health care level in Gauteng and Limpopo provinces (Service provider’s perspective-Physiotherapists and assistants)**”

The main aim of the study is

- **To determine the opinion of physiotherapists and physiotherapy assistants of physiotherapy services required at primary health care (PHC) level in Gauteng and Limpopo Provinces.**

I would like to ask permission to use **Mpumalanga** as a test-retest reliability province to see if my questionnaire is reliable (testing what it says it is testing) before I carry out the main study in Limpopo and Gauteng provinces.

Participation is optional, and refusal to participate will involve no penalties.

Please take your time to fill in the questionnaire provided and put it back into the self- addressed envelope and return to as soon as possible.

I do **not** require your name or health professional council number.

A copy of the result of the study will be made available to you on request, as soon as the write up is complete and has been approved.

Thanking you in anticipation.

Regards

Mr. Douglas Maleka
Physiotherapist

*P.S. If you have any questions concerning the questionnaire contact me at
(011) 717-3702/3705 or 0824654641 or fax 011- 717 3719*

E-mail address- malekamed@therapy.wits.ac.za

APPENDIX 8

(MAIN STUDY)

Covering Letter for Participants

Dear colleague

My name is Douglas Maleka; I am a post-graduate student at the University of Witwatersrand in Johannesburg, Department of Community health, School of Public health. I am registered for Master of Public Health degree and as part of the curriculum we are required to do a research project. The title of my study is “**Physiotherapy services required at the Primary health care level in Gauteng and Limpopo provinces (Service provider’s perspective-Physiotherapists and assistants)**”

The main aim of the study is

- **To determine the opinion of physiotherapists and physiotherapy assistants of physiotherapy services required at primary health care (PHC) level in Gauteng and Limpopo Provinces.**

Participation is optional, and refusal to participate will involve no penalties.

Please take your time to fill in the questionnaire provided and put it back into the self- addressed envelope and return to as soon as possible.

I do **not** require your name or health professional council number.

A copy of the result of the study will be made available to you on request, as soon as the write up is complete and has been approved.

Thanking you in anticipation

Regards

Mr. Douglas Maleka
Physiotherapist

*P.S. If you have any questions concerning the questionnaire contact me at
(011) 717-3702/3705 or 0824654641 or fax 011- 717 3719*

E-mail address: malekamed@therapy.wits.ac.za

APPENDIX 9

Questionnaire

5. Where did you obtain your **initial** physiotherapy qualification?

University:

- Pretoria (1)
- Cape Town (5)
- Stellenbosch (2)
- Western Cape (6)
- Durban Westville (3)
- Witwatersrand (7)
- MEDUNSA (4)
- Free State (8)

Other (please specify) (9):

5.1 Where did you obtain your **initial** physiotherapy assistant certificate? e.g. Klerksdorp Hospital, Northwest Province etc.

.....

6. Do you have any post-graduate qualification/education?

Yes: (1) No: (2)

6.1 If yes, please specify:

.....

.....

.....

7. How long have you been qualified?

Years Months

8. In which sector(s) do you currently work?

- | | | |
|--------------------------|-------------------------------|------------------------------|
| | (1) | (2) |
| Public Health Care | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Private Health Care | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Education (academic) | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Other (please specify) : | | |

8.1 How long have you been working in this/these sector(s)?

Years Months

SECTION B: Professional Services

Instructions

Please answer all the questions

12. Where should physiotherapy services at Primary Health Care level be provided?

	(1)	(2)
Client's Home	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Clinic - Fixed	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Clinic - Mobile	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Health Centre	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Hospital	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
School	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Workplace	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Institution	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other (please specify):		

13. How many hours per day should physiotherapy services at Primary Health Care be provided?

- 0 - 8 hours (1)
- 0 - 12 hours (2)
- 0 - 24 hours (3)

13.1 Please substantiate your answer:

.....

.....

.....

.....

14. Who should provide physiotherapy services at Primary Health Care level?

	(1)	(2)
Physiotherapist	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Physiotherapy Assistant	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Community Rehabilitation Worker	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other (please specify):		

15. Who should lead physiotherapy services at Primary Health Care level?

	(1)	(2)
Physiotherapist	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Physiotherapy Assistant	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Community Rehabilitation Worker	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other (please specify):		

16. Which target group/s should physiotherapy services at Primary Health Care level be directed at?

	(1)	(2)
Children	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Adolescents	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Women	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Men	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Disabled	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Aged	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other (please specify):		

16.1 Within the target group/s should physiotherapy services at Primary Health Care level be directed at?

	(1)	(2)
Individuals	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Groups	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

17. Should the physiotherapist/assistant be involved in the following at Primary Health Care level?

	(1)	(2)
a) Advocating for provision of basic needs e.g. housing, sanitation etc.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
b) Mediating between different sectors for provision of service e.g. education, welfare etc.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
c) Creating supportive environment by increasing access to physiotherapy and health related information.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
d) Providing health education to individuals/ group(s)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

(Number 17 continued)

- | | | |
|--|-------------------------------|------------------------------|
| e) Identification of health risks at homes, schools, work etc. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| f) Implementing appropriate screening procedures at homes, schools etc. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| g) Designing intervention strategies in order to reduce/ eliminate the health risks. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| h) Monitoring and evaluating health risks | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

Other (please specify):

18. Should the physiotherapist/assistant be assessing and managing the following conditions at Primary Health Care level?

	(1)	(2)
Neurological	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Orthopaedics	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Paediatrics	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Musculoskeletal	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Cardiopulmonary	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Gerontological	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other (please specify):		

19. Should the physiotherapist/assistant at Primary Health Care level be aiming to?

	(1)	(2)
a) Managing Pain	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
b) Improving exercise capacity (endurance)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
c) Improving muscle strength	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
d) Improving mobility	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
e) Improving function	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
f) Environmental analysis and adaptation	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
g) Integrating clients into the Community	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other (please specify):		

20. Should the physiotherapist/assistant be providing the following at Primary Health Care level?

- | | (1) | (2) |
|--|-------------------------------|------------------------------|
| a) Providing assistive devices | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| b) Constructing simple assistive devices for daily living from locally available materials or out of appropriate paper technology. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| c) Teaching patients how to use these assistive devices. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| d) Teaching basic maintenance of wheelchair and other assistive devices. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| e) Assessing people with disabilities for the need of specialized assistive devices. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| f) Assessing people with disability for placement in an educational institution, work, sporting purposes etc. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| g) Designing and implementing treatment and rehabilitation programmes for people with stroke, amputation etc. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| h) Guiding the primary health care doctor in assessment of degree of disability for disability and other grants. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| i) Designing and directing "needs driven awareness raising" e.g. on disability issues. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| j) Screening and referring for surgical release of contractures and other corrective procedures. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| k) Assessing accessibility of clinics and other facilities within the community for people who are disabled. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| l) Conducting disability survey in order to establish prevalence of disability in the area. | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| m) Establishing and running support groups | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| n) Training of caregivers and volunteers | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

Other (please specify):

21. Should the physiotherapist/assistant be conducting research at Primary Health Care level?
Yes: (1) No: (2)

21.1 If yes, please indicate the kinds of research you feel would be valuable:
.....
.....
.....

22. Selective Primary Health Care package is provision of specific health care programme e.g. rehabilitation of stroke clients.

Comprehensive Primary Health Care package is a strategy for health development of a community.

22.1 Select the package that you think is appropriate for the provision of physiotherapy services at Primary Health Care level?

Selective (1) Comprehensive (2)

22.2 Please substantiate your answer
.....
.....
.....
.....

23. Do you think physiotherapy services at a Primary Health Care level could have an impact on the health outcome of the community?

Yes: (1) No: (2)

23.1 Please substantiate your answer
.....
.....
.....

Thank you very much for your time in filling in this questionnaire

APPENDIX 10

Letter of reminder

Dear colleague

Research title: Physiotherapy services required at Primary Health Care in Gauteng and Limpopo provinces. (Service provider's perspective-Physiotherapists/assistants)

I trust that you received the questionnaire that I recently sent to you on the abovementioned topic.

Since I have no means of knowing who has completed the questionnaire, I am sending this letter once again to all the systematically selected physiotherapists and assistants to whom I previously sent the questionnaire.

If you have not completed the questionnaire, but still intend to do so, I would like to remind you of the date that the completed questionnaire should reach me on or before 26/07/2004

If you should still like to complete a questionnaire, but have misplaced it feel free to contact the following number for another one 011-717 3702. I should like to draw your attention to the fact, that even though the questionnaire will be sent to you, once it has been returned to me, there are no identifying marks with which I will be able to identify any participant.

If you have already completed and returned the questionnaire, I would like to thank you for your participation.

Thank you

Yours sincerely

Douglas Maleka
Physiotherapist
(011-717 3702/5 or 082 465 4641)