

# **USAID Okard ໂອກາດ**

## **Community Awareness Raising and Screening**

**USAID Okard (ໄອກາດ) supports Disability Inclusive Development in Lao PDR**

## **Summary: USAID Okard Training and Capacity Building Approach CBID Demonstration Model**

### **I. USAID Okard Activity**

USAID Okard Activity, a five-year project funded by the U.S. Agency for International Development (USAID), aims at improving and sustaining the independent living and functional ability of persons with disabilities and their household regardless of factors such as age, sex, gender expression and ethnicity. The Activity partners with the Lao government, civil society organizations and the private sector to develop and implement national disability inclusive policies so that no one is left behind.

USAID Okard promotes equal access to health and related rehabilitation, economic opportunities and social services in the Lao People's Democratic Republic and interventions will be targeted in Vientiane Capital and in the provinces of Xieng Khouang and Savannakhet.

To ensure long-term sustainability, USAID Okard uses **a systems-centered approach** by focusing on government ownership of disability inclusive policies and of rehabilitation services and mental health and psychosocial support (MHPSS). The project also applies **a person-centered approach** particularly through case management to address the individual needs of persons with disabilities and the communities that support them, and most importantly to assess and remove barriers for persons with disabilities to become self-sufficient and to achieve their optimal functional ability.

Persons with disabilities are often among society's most vulnerable and marginalized populations. Some of the major causes of disabilities in Laos are unexploded ordnance accidents (UXO), road traffic crashes and increasingly, non-communicable diseases such as Type 2 diabetes, stroke and stunting. Equal access to health and social services will foster inclusion of persons with disabilities in their communities and allow them to contribute more effectively to society on an equal basis with others.

The Activity works towards creating an environment in which persons with disabilities are empowered to actively participate in society, with the following outcomes anticipated:

- Improved access to health and rehabilitation services for persons with disabilities and their households.
- Strengthened health systems with rehabilitation and MHPSS included in the continuum of care
- More persons with disabilities and their households employed or self-employed.
- All stakeholders including persons with disabilities actively involved in creating and enabling a more supportive and inclusive environment for the sustainability of health and economic empowerment improvements.

## **2. USAID Okard Overall Training and Capacity Building approach**

World Education believes in working through local partners for sustainability, so the USAID Okard Activity will be implemented through sub-recipients from the Government of Lao PDR, INGOs and NPAs. In order to ensure quality and consistency across the project's interventions and to build capacity of the partners both technically and in terms of organizational development, World Education places great importance on training and capacity building, which will be operationalized through the Training Unit, headed by a Training and Capacity Building Coordinator and guided by the Technical Management Committee.

The training unit will oversee all training and capacity building development and implemented by USAID Okard, primarily in three main areas:

- 1. Capacity building for GoL ministries, departments, and service providers** through technical assistance and mentoring as well as formal training so that institutional processes are created and staff developed to continue to deliver inclusive services beyond the life of the program.
- 2. Targeted capacity building, training and mentoring (including organizational assessments and capacity building plans) for sub-recipients, including DPOs and NPAs** to strengthen the ability of organizations to manage sub-grants, navigate USAID regulations, manage their organization in a sustainable and accountable way, so they can sustain their fund raising to deliver disability inclusive services and provide effective advocacy on disability rights, laws, and policies that influence GoL policy implementation.
- 3. Training and ongoing capacity building for the Community Based Inclusive Development (CBID) teams of QLA and ARMI** so they can effectively deliver quality case management and build awareness and engagement in communities for community action and mobilization towards more inclusive communities.

Measurable capacity-building is one of the core components of USAID Okard, and inputs by World Education and Humanity & Inclusion will take many forms. One approach is individual coaching, where a USAID Okard staff member who has the required expertise works closely with one or several members of an organization regularly over a longer period of time, to discuss a specific issue, either by phone, email or in person, or a combination of those methods. Other times, the training unit organizes formal trainings for all sub-recipients, for example USAID Regulations, Financial Management, Monitoring, Evaluation and Learning, and Gender Inclusive Development.

All USAID Okard trainings are participatory, reflective and allow as much time as possible for 'learning by doing' and practical application of skills and knowledge. The Training Unit and Technical Management Committee (TMC) carefully develop curriculum outlines and materials that reflect clear learning objectives and build on other trainings. In addition, USAID Okard recognize the importance of reflection, goal setting, and the long-term, regular follow up needed for effective capacity building, and the need for effective measurement of capacity building to demonstrate results.

### **3. Community Based Inclusive Development (CBID)**

One of the key features of the USAID Okard Activity is the **Community Based Inclusive Development (CBID)** Demonstration Model. Community Based Inclusive Development (CBID) is an approach that aims to build and promote an inclusive society by bringing about changes to the lives of persons with disabilities in local communities, working with and through persons with disabilities themselves, local groups and institutions. CBID strategy encourages inclusive, resilient and equitable communities where persons with disabilities are empowered to contribute to address the challenges they and their families face.

The CBID demonstration model is an evidence-based approach that includes two key components – case management and community mobilization. The CBID demonstration model districts in Xieng Khouang (Kham District) and Savannakhet (Xayphouthong District) will be conducted by civil society organizations Quality of Life Association (QLA) and Association for Rural Mobilisation and Improvement (ARMI) respectively, with the technical support of WEI and HI and overarching technical guidance by the USAID Okard Technical Management Committee (TMC).

The CBID teams of QLA and ARMI will directly support persons with disabilities to identify barriers to their economic self-sufficiency and optimal functioning, and work with families, communities, local authorities and relevant service providers, so they understand these barriers and interact together to remove barriers and meet these needs.

### **4. Core competencies of a CBID Team**

To effectively implement the CBID demonstration, CBID team members (CBID facilitators, IGA officer and CBID team leader) need to have the appropriate knowledge, attitudes, skills and behaviors focused on five (5) core competencies:

1. Practice with professionalism
2. Practice in an ethical manner
3. use critical thinking and professional judgment
4. embrace and respect human diversity
5. advance rights of persons with disabilities

By acquiring and mastering the required range of knowledge, attitudes, skills and behaviors, over time as part of a continued learning process, the CBID team will be competent to engage in an ongoing, interactive process with persons with disabilities, their families, the community, local authorities and organizations on sustainable disability inclusion development.

## **I. CBID team members practice with professionalism.**

- advocate and organize access to the needed services for the person with disabilities and their household that contribute to increased independent living, optimal functional ability and wellbeing;
- demonstrate a professional manner in behavior, appearance, and compassionate communication with persons with disabilities and their household members, and with community actors;
- engage in learning and reflection with team leaders and USAID Okard technical unit for continued professional development.

## **2. CBID team members practice in an ethical manner (see section below for more information)**

- have an obligation to conduct themselves ethically and to engage the household members in ethical decision-making.
- demonstrate empathy and effective compassionate communication when working with individuals with disabilities, families, local authorities, organizations, communities and colleagues.
- are knowledgeable about the rights of persons with disabilities, the value of disability inclusion and relevant disability policies and laws.
- Become knowledgeable about the individual circumstances of person with disabilities and their family and are sensitive to that person and family's cultures and values.
- Recognise the limitation of their skills and knowledge and make careful decisions about doing **no harm** to the person with disabilities and their families.

## **3. CBID team members use critical thinking and professional judgment.**

- Be curious, creative and innovative by using critical thinking to find meaningful solution to remove barriers to disability inclusion.
- Reflect on, apply and integrate knowledge and skills learned in USAID Okard training packages in day to day work, including personal experience and practical knowledge.

## **4. CBID team members embrace and respect human diversity.**

- understand and respect that disability is part of the human diversity and behave accordingly.
- appreciate that because of differences in functioning and appearance, persons with disabilities may experience shame, stigma, discrimination, marginalization, poverty, abuse and exploitation that result in psychosocial issues and isolation
- be aware of their own beliefs, attitudes and behaviors on disability to ensure they do not influence the work they complete with persons with disabilities, their families and the community.

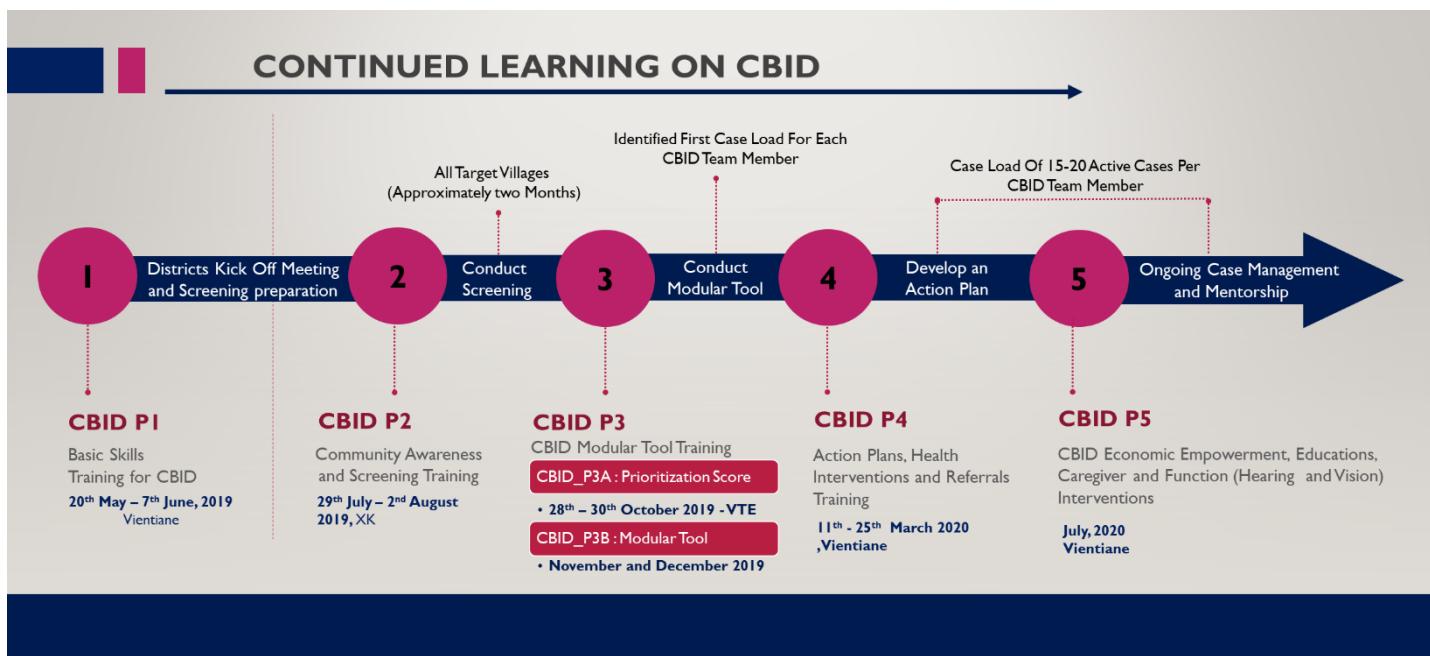
## 5. CBID team members advance rights of persons with disabilities

- understand that each person with disabilities has the same basic human rights, such as freedom, safety, privacy, an adequate standard of living, health care, and education like others.

## 5. Continued Learning on CBID

During the first months of the implementation, CBID team will receive several intensive training packages organized and provided by the USAID Okard Training Unit. These training packages are designed to gradually build core competencies. Each training package is designed to provide a set of knowledge, skills, attitudes and behaviors that support the CBID facilitator to be able to mobilize community actors on disability inclusion and to implement the case management steps.

In between training packages, the CBID facilitators and IGA officer will be working in the community gradually applying knowledge, practicing skills and reflecting on their progress under the supervision of team leaders. Below are the planned training packages for the first year of implementation and how they interact with the first few steps of case management and community mobilization:



The participant handbooks developed for each package were used in the CBID trainings for QLA and ARMI teams during the USAID Okard Activity. They are available in print on request from World Education (Chief of Party: Bernard Franck [bernard\\_franck@la.worlded.org](mailto:bernard_franck@la.worlded.org)) or on the World Education website <https://laos.worlded.org/our-resources/>.

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## Curriculum Outline

**Training Topic: Case Management Step I-Conducting Community Screening**

**Training code: CBID\_P2**

<b>Target Group/ Participants:</b> CBID team leader and CBID facilitators/ IGA officer and management of CBID organization
<b>Duration:</b> 5 days (including practice in the village)
<b>Location:</b> Kham District, Xieng Khouang Province
<b>Dates and Times:</b> July 2019

### Training Goals

**Goal:** Build capacity of the CBID teams to conduct case management step I; pre-screening awareness raising sessions with community, collect data using community screening tool for identification of persons with difficulties in functioning due to health conditions, and refer people identified with urgent health issues.

### Learning Objectives

**By the end of the training, participants will be able to:**

#### Pre-screening awareness raising

1. Explain the three components on community screening; awareness raising session, data collection and referral for urgent health issues, and link to case management steps.
2. Recall SBCC approaches and methods (from CBID-IF) and relate to the objectives of the pre-screening community awareness raising sessions.
3. Recall the target audience and the key messages to be shared during the awareness raising session.
4. List the activities and tools utilized during the awareness raising session
5. Explain how persons with disabilities are included in the preparation of awareness raising sessions.
6. Make use of logistics form to plan and prepare all necessary logistics based on each village context

7. Demonstrate how to effectively use mini-projector and CBID tablet to show videos and other visual images
8. Demonstrate how to effectively facilitate an awareness raising session using SBCC tools and with participation of disability advocacy champion so the community understand who the target audience is and the process to provide data to CBID facilitators.

### **Community Screening- Data Collection**

1. Explain how screening data will be collected utilizing the digitized screening form
2. List the logistics to organize data collection and potential trouble shooting strategies
3. Demonstrate how to log-in and navigate basic functions of the Kobo-Toolbox application
4. Use CBID tablet and Kobo-Toolbox application to download community screening form, enter data accurately, save and upload to Cloud database.
5. Explain basics of disability data collection specifically related to Washington Group questions
6. Remember screening questions and explain the purpose of each question
7. Demonstrate interview skills using compassionate communication and how to ask screening questions effectively.
8. Explain how to use different methods to identify additional people that do not come forward during awareness raising sessions.

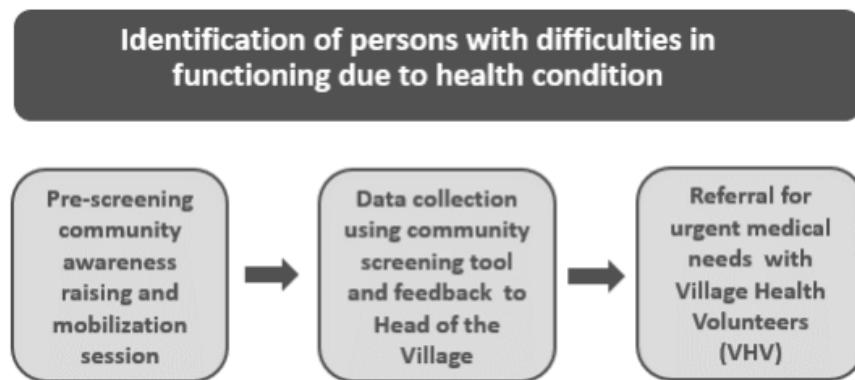
### **Referral for urgent health conditions**

9. Observe and explain key signs of health conditions (physical and mental) that require urgent medical referral
10. Summarize key health service providers available within the target district and select appropriate health service provider for referral
11. Plan appropriate communication and documentation to initiate referral including consent from person, referral letter, etc.

## I. What is Community Screening?

**Community screening** is an activity to identify people who have difficulties with functioning due to health condition(s). It is a first stage of identification (case management step 1) to determine whom from the village requires a more in-depth needs assessment (CBID case management step 2) to identify unmet needs and possibly benefit from case management interventions.

CBID facilitators will complete community screening to identify as many people as possible in the village. This involves three main steps:



### STEP I Pre-screening community awareness raising and mobilization session

The primary objective is to **mobilize the community so that people with self-identified “difficulties in functioning” come to meet our screening team to register**. The secondary objectives are to:

- Lay the groundwork for awareness on difficulties in functioning and disability
- Present an inspirational and positive image of persons with disabilities
- Introduce the concept of inclusion
- Summarize the USAID Okard CBID initiative

It is much more powerful for the community to hear from persons with disabilities who can share their real experience of living with disability. Therefore, during the awareness raising and mobilization sessions persons with disabilities will be present to facilitate discussion and share experiences and key messages to help motivate people in the community to come forward and share information. Persons with disabilities can be one of the CBID facilitators and also a pre-identified community disability advocate champion already known by QLA and ARMI.

**STEP 2****Community screening- data collection**

Using a digitized data collection form on the tablet CBID facilitators will ask specific questions to determine the level of difficulty in several functional areas using standardized questions from the Washington Group Short Set (WGSS) based on the age of the person providing information. Data will also be collected on:

- Health condition and cause
- Socio-demographic situation
- Work and employment
- Financial situation

The output of the community screening is to have a complete list of people that have difficulties with functioning that will be prioritized for the need's assessment with the CBID modular tool (case management step 2). Information will be provided to the community about the next activity- individual needs assessment- what this is and when it is likely happen.



Prioritization for need's assessment will be decided based on 'level of vulnerability' using a scoring system. CBID team leaders and MEL officers will be trained on the scoring system during CBID training package 3 (CBID-P3) and get to analyze 'real' community screening data results with the support of the USAID Okard MEL team.

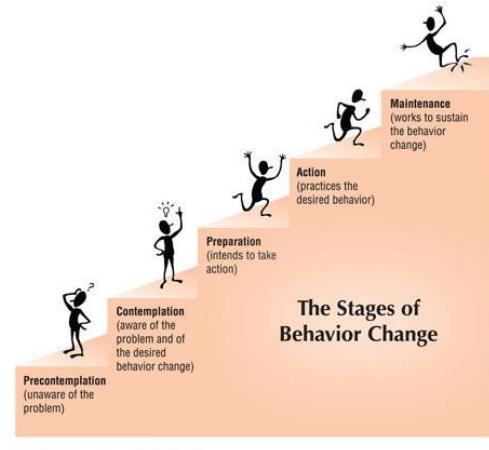
**STEP 3****Referral for urgent medical needs**

When data is being collected it is highly likely that some people that provide information may have an acute health condition and urgent need for medical treatment. The acute health condition will be severe and if not treated immediately may lead to further complications and possibly long-term impairment. Therefore, the CBID team need to act responsibly and coordinate with the village health volunteers (VHV) to refer the person to healthcare services. Families should provide consent and then the CBID facilitator will provide information to the village health volunteer (VHV) and/ or healthcare provider and advise the family how to access services. Health issues may relate to physical health or mental health.

## II. SBCC approaches and CBID

In the CBID Demonstration Model, Social Behavior Change Communication (SBCC) interventions aim to try and influence community member's knowledge, attitude and most significantly, behavior towards persons with disabilities with the end goal of creating inclusive communities where persons with disabilities can participate equally with others.

Social Behavior Change (SBC) does not happen quickly after a single session or only one step of CBID case management. It is an on-going process that moves through the stages of behavior change.



Knowing the target audience, their characteristics, what influences them, their current knowledge, attitudes and practices will paint a clear picture of their understanding and motivation related to disability inclusion. All of this information will help us know which personalized interventions to use, at what stage of change to use them, and who to target - individuals, household level or the whole community.

### What SBCC approaches will we use during CBID Demonstration model?

#### Community awareness raising and mobilization:

This is a process of working collaboratively with stakeholders within communities and with persons with disabilities themselves to identify priorities, resources, needs and effective solutions to promote participation and change to address issues that affect the wellbeing of the whole community. With the support of the SBCC coordinator, the CBID teams will conduct awareness raising and mobilization sessions. During community sessions CBID facilitators will animate activities that:

- Promote practices that enhance equality, respect, appreciation and value human diversity;
- Stimulate the community to recognize and address barriers to participation;
- Promote participation of all individuals and communities;
- Support the community to gain skills and develop structures that enable participation for all;
- Share good practices in order to learn from each other and show how a community working together can be effective.

### **Community-Based Media:**

Sharing information via local community information channels such as local radio, community newsletters/ newspapers as well as activities during village meetings e.g. cultural or sports events to share a core message on disability inclusion so it reaches everyone in the community.

### **Interpersonal Communication (IPC)/Peer Communication:**

Having one to one communication with a key person to share important messages. Interpersonal communication might be between a parent and child with disabilities. Peer to peer communication could be between two people with disabilities, or a person with disabilities talking to a community leader or a monk from the temple.

### **Counselling:**

One to one counselling can be an effective way to share information from a trusted and influential communicator who can utilize compassionate communication and counselling skills. For CBID demonstration model, a counsellor could be a CBID facilitator, a person with disabilities that has received training in basic psychosocial support, a teacher or a healthcare provider.

### **Advocacy:**

Advocates can include persons in leadership positions e.g. Head of the Village or Community Disability Advocacy Champions i.e. person with disabilities, a relative or caregiver that work to mobilize resources and social commitment from the community to create an enabling environment for disability inclusion. Community Disability Advocacy champions are especially important to represent the voice and views of themselves and others to share the real lived experiences of persons with disabilities with other people in the community during CBID events. The CBID teams will work with village leaders to empower them to play an active role sharing key messages with the village community.

### **Mass Media:**

Mass media (radio, television, newspapers, Facebook) is an easy way to share information to a large audience and can have a small to moderate effect on knowledge, beliefs, attitudes and behaviours. USAID Okard will work with GoL to investigate what mass media channels can be utilized to provide information related to disability inclusion to be disseminated by village and district authorities in collaboration with CBID teams. This might include using a timeslot on a Lao television channel or radio in collaboration with

MoH or MLSW or using the Centre for Information and Education on Health (CIEH) Facebook page to share information on health conditions and healthcare, National Health Insurance, and relevant policies.

Using these different approaches, the CBID team can share important information during the steps of case management and during community awareness raising and mobilization activities to work towards the end goal of creating disability inclusive communities. The CBID team can use a mix of approaches to communicate key messages.

## How does SBCC relate to community screening?

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Not all people in the community may come forward to register who may benefit from case management. This might happen because they:

- Do not understand about health conditions and difficulties in functioning
- Have never received information before on disability inclusion
- Believe persons with disabilities cannot play an active role in their community
- Have experienced stigma and exclusion and do not feel comfortable coming forward

By linking SBCC approaches to community screening it aims to make the community:

- Be aware of the problem: some people in my village have difficulty in functioning and they cannot plan an active role in community life
- Desire change: I can see persons with disabilities can play an active role in my community and we should help them
- Prepare to take action: Increases confidence to share information with the CBID team about themselves, someone in my household or in my village so they get support
- Take action: share information with the CBID facilitators at the data collection session
- Continue to take action: talk to other people in the community and convince them they should share information with the CBID team.



### III. Pre-screening awareness and mobilization session

#### What is pre-screening awareness and mobilization session and why do we do it?

**Community awareness raising and mobilization** is an activity to bring new ideas or ways of thinking toward disability inclusion to a community. It is not a one-time event but a continual process. The activities lay the groundwork for community support by changing attitudes and provoking change in behavior towards persons with disabilities.

The pre-screening awareness and mobilization session will share key messages with the community to help people in the community to **self-identified “difficulties in functioning” and come to meet our screening team to register.**

#### What will be the key messages to the community?

Key messages will include:

- What are difficulties in functioning and disability
- What is an inclusive community
- Celebrating diversity: “Disability is a part of human diversity”

Messages will be positive and reinforcing the concept ‘no one should be left behind’ and persons with disabilities can actively participate and contribute in their community.

Sustained behavior change is more likely to happen in a supportive environment, which consists of family and community, social and cultural norms, national policy. Therefore, as many members of the community should be present including village and district authorities.

CBID facilitators will be the core people delivering tailored messages to the community alongside persons with disabilities who can share their real lived experience.



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## **Who should come to the pre-awareness and mobilization session?**

The event is open for all people in the community such as local authorities, service providers, religious leaders, ethnic leaders, general community, persons with disabilities, family members of persons with disabilities, NPAs, community volunteers, so a diverse group of people are participating that represent gender, ethnicity, religion, sexual orientation, disabilities or any other social or personal characteristics. So, everyone in the community will understand about difficulties in functioning, disability and disability inclusive development.

While the session opens for everyone in the community the main target audience would be persons with health conditions that cause difficulties in functioning. The target audiences will be informed to come meet the screening team to register so that they will be prioritized for the need's assessment with the CBID modular tool (case management step 2).

## **What methods will be used to share information?**

Overall the atmosphere of the event should be interactive, fun but sincere to successfully engage the community. Communication materials will be accessible for all to see and hear considering different abilities and languages.

### **Short videos with feedback discussion:**

Videos are a powerful tool to capture an audience's attention and touch people's feelings in the way few other media can. Videos used will entertain, educate and inspire people in the community. The combination of moving images, music, text and voice will transmit a lot of information and simultaneously convey emotion. Three videos will be used during the event.

### **Video 1: Empowering and inspirational video**

The video shows that individuals who have a disability simply do not let their disability affect their daily living in a negative way, they concentrate on living their lives to the best of their abilities. It will also convey that there is no shame in having a disability whether it is intellectual/developmental, or physical impairments. This video will help audiences realize the willpower and perseverance of persons with disability. Both persons with disabilities and persons without disabilities in the community will be inspired and empowered.





## Video 2: Different types of functional difficulties and disabilities

This video will demonstrate different types of functional difficulties due to health conditions to help people in the community self-identified and tell the CBID team.



## Video 3: National Health Insurance (NHI)

This video helps people in the community understand more about the basic information of National Health Insurance (NHI) such as what is NHI? who can access to the service, what are the main condition and benefits of NHI and etc. Therefore, after watching the video, they will know what to do and where to go when they are sick or have acute health conditions.



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### Presentation with the Disability Awareness Toolkit:

An illustrated flip book from Plan International will be used to help identify people with functional difficulties and disabilities in the community, reflect on their own attitudes towards people with disabilities in the community, consider the consequences and causes of their attitudes and behaviors, and think of ideas on how to improve the situation for people with disabilities in the community. (Please refer the Annex I for tips on how to use the Disability Awareness Raising flipbook for Community Screening).

➤ **Group discussion and Q&A:**

A group discussion will give all members of the group a chance to speak about their opinions, to agree or disagree with others, and to have their thoughts heard. This technique will also encourage people who might normally be reluctant to speak their minds. Often, quiet people may have things to contribute, but aren't assertive enough to make themselves heard. A good group discussion will bring them out and make them share information that could be helpful for the screening session. During the discussion, the CBID facilitator will ask questions to check the audience's knowledge, attitude and practice towards persons with disabilities.

➤ **Promotional materials-posters and/or leaflets:**

Posters and/or leaflets will be eye-catching and informative to spread information about the event and as a reminder to the people in the community, so they will not forget to come for the community awareness. These will be shared before the event.



## IV. How to plan the pre-screening awareness raising and mobilization event

It is essential to plan carefully to ensure the success of the event. Think about the key points during 3 key stages- what do I need to prepare, what do I need to do during the event and what do I need to do after the event to ensure its success. Below are some key suggestions to help you plan.

### I) Before the session:

- **Planning logistics:** Prepared logistics in advance using information from village logistics form collected from target villages considering accessible location, timing and invitation (coordination with village authorities), equipment to be used, setting up location for audiences, etc. Refer to the Annex 2 for the form to collect data on logistics.
- **Coordination with target village leaders:** It is important to coordinate early and use the village leaders/ authorities, head of village units, district authorities, community volunteers and persons with disabilities (i.e. Village health volunteers) to help preparation and run the event. They should be clear on the session objectives, the agenda, expected roles and responsibilities (crowd control, etc.) and “mobilize” villagers before the event by providing posters/leaflets or making announcements on village PA system. Promotion of the event is important to ensure a good attendance and not just person with disabilities. The event is about ‘inclusive community development and disability’ and needs everyone from the community to join.
- **Setting up for the event:** The community awareness session should typically be planned 1 day before the disability screening in that location. The community awareness session duration will be approximately 2 hours. It is recommended the awareness raising is conducted at night-time between 6:30 pm- 8.30 pm when people in the community are available (rather than the morning when buy at the farm). However, the timing can be flexible depending on each village preferences and possibilities as well as District Health and District Labour and Social Welfare worker’s availability to join the activities. The screening session will be organized in the morning of next day, starting from 5:00 am-7:00 am. The location must be ready 1 or 2 hour before the event and before the session start officially, the Lao up-beat music by persons with disabilities will be played in order to draw attention from people in the village.

## 2) During the session:

- **Participation:** Department of Labour and Social Welfare and Head of village/Ethnic leader should complete an opening speech/remark and help facilitation. Village health volunteers, and other village leaders should be mobilized to help with the logistics, facilitate and deal with crowd control.
- **Maintaining participants and their interest:** People may have limited attention span and get easily distracted. Some techniques can help mitigate this situation:
  - **Observe the audience:** be aware, if people start talking in small groups, playing on their phones, getting up or look generally disinterested- is it time to move to the next activity or ask some participatory questions? How will you keep them interested and engaged?
  - **Use incentive/prizes for question and answer sessions:** After each activity or piece of information, check recall by asking questions about the last topic and provide small prizes to those who answer correctly. The CBID team should be mindful about what types of incentives the provide. Incentives should be:
    - ✓ Eco-friendly- prizes should try to avoid plastic e.g. plastic bottles of juice, gifts wrapped in plastic, use local products whenever possible.
    - ✓ Healthy- unhealthy snacks and food should not be given out especially to children e.g. sweets. Prizes that promote good health and hygiene e.g. toothbrush, toothpaste, soap, washing powder.
    - ✓ Local produce- select prizes that are appropriate for the local context and make sure they are not too luxurious
  - **Ask the village chief if there are entertainers in the village** who might perform during or at the end of the session to keep people's interest and motivated to stay
  - **Keep different sessions/activities** short and varied, so people do not get bored.
- **Ending message:** The Head of village and/or facilitator should thank everyone for their participation and encourage them to share and discuss the information from the session with family, friends and neighbours so to tell them that if they know anyone with difficulty in functioning (seeing, hearing, self-care, understanding/remembering or communicating) they should persuade those individuals to come tomorrow to \_\_\_\_\_(location) at \_\_\_\_\_ (time) for a brief survey. It needs to be clear and reiterated that we are only looking to survey those individuals with the presented difficulties.

### 3) After the session:

- **Debrief with the Head of the Village-** the CBID team should thank village authorities for their support and collaboration, ask for any feedback on the activity and share next steps.
- **Tidy-up:** make sure that after the event garbage is cleared up and taken away by the CBID team or disposed of safely by the village. Get the community involved to clear up so they learn about taking care of the village environment. The area where the event is held should be left clean and tidy.

### Community Awareness and mobilization tentative agenda

Activities Details	Methodology	Materials	Focal person	Approximate Time
<b>Setup venue</b>	Team ensures the location is ready for the event. All materials such as screen, projector, visuals are in the proper place and ready to be used during the event.	Screen, projector, speakers, microphone, laptop with video files, Plan international flip chart. For chairs, tent or mat to be decided based on the venue.	CBID Team	Setting up will be planned one day before the event
<b>Play up-beat songs performed by Persons with disabilities</b>	The sounds of the music will draw villagers' attention to the event, especially up-beat music. The music will be played after the venue is set and the HoV or CBID team announce and invite people to come.	Speaker, music files, laptop, and/or tablets.	CBID Team	Play before the event start.
<b>MC greeting villagers and welcome them to the event, and ask them to sit properly.</b>	- MC inform villagers to sit properly and be ready for the event to start.  - Invite the DoLSW to give the remarks.	Mic, Speaker, Projector if needed for PowerPoint	MC (CBID team)	1-2 minutes

<b>Welcoming Remarks from DoLSW</b>	- DoLSW welcome all villagers and CBID team to join the activity in the village for the purpose of awareness raising and screening. The DoLSW will highlight “Disability is part of human diversity” and can affect people of different ages.	Mic, Speaker, Projector if needed for PowerPoint	MC (CBID team)	5 minutes
<b>Remarks from chief of village/ethnic chief introduction</b>	- The chief of village expresses their thankful feeling for the activities being conducted in the village and encourage villagers to stay until the activity finish and participate interactively. - Allow the CBID team introduce themselves and state the objectives	Mic, Speaker, Projector if needed for PowerPoint	Chief of village/ethnic chief introduction	5 minutes
<b>CBID Team introduction and present the activity's main objectives</b>	- CBID team members introduce themselves and present about what is CBID and its activities in brief.  - state the main objectives of this activity is to help raising awareness of people about and disability inclusion and screening to identify people who have difficulties in functioning, both physical and mental issue due to health condition.	Mic, Speaker, Projector if needed for PowerPoint	CBID team	5 minutes
<b>Showing VDOI Empowering &amp; Inspirational</b>	- Introduce about the video. This video will help audiences realize the ability of persons with disability and open their mindset on focus ability not disability. They will be inspired from the movie.	Speaker, Screen, projector, Laptop with video files	CBID Team	4 minutes 31 seconds

<b>Questionnaires-Games after watching video</b>	<p>The game will engage with audience and draw their attention to the event with prizes.</p> <p>Also, they will reflect from what they have watched.</p> <p><b>Prepared Questions:</b></p> <ol style="list-style-type: none"> <li>1. What did you see in the video?</li> <li>2. Do you think disabled people should get married?</li> <li>3. Should persons with disabilities attend school?</li> <li>4. Should person with disability be able to work?</li> </ol> <p>- Summary after Q&amp;A:      Persons with disabilities have the ability to do something as equal as persons without disabilities. They are not ashamed of themselves or use the word “disability” to obstruct themselves from living their lives inclusively in the community.</p>	Speaker, Mic and Prizes (if needed)	MC, CBID facilitator and other teammate could be help passing the mic and/or encouraging people to answer	10 minutes
<b>CBID team: Spectrum of human diversity. Why disability is relevant for all? What is in it for you?</b>	<p>- Facilitator could explain by showing the example of the human diversity from observing audiences/villagers today. There are men, women, older and younger persons, person with difficulties in functioning due to health conditions also join the even. This will help audiences understand about the spectrum of human diversity; health condition and disability are relevant to everyone</p>	Screen, projector if needed, speakers, microphone,	CBID Team	3-5 minutes

<b>Plan International flipbooks (projection):</b> What is disability and impairment/difficulties with functioning?	<ul style="list-style-type: none"> <li>- Facilitators interact with villagers following the tips on how to use the Disability Awareness Raising flipbook.</li> <li>- Work as a team to help sharing information using the flipbook by asking and interacting with villagers (follow the initial and probing questions from the tips on how to use the flipbook)</li> </ul>	Plan flips book, Mic, Speaker, Projector if needed for sliding images from the cards (or could do this in one group or small groups depending how many people)	CBID Team and other teammate could be help passing the mic and/or encouraging people to answer	30-40 minutes
<b>Showing VDO2</b> Explanations types of disabilities by using footages and drawing picture from Plan International flip chat	<ul style="list-style-type: none"> <li>- Briefly introduce about the video, after the audiences go through the Plan flipbook with facilitator and again, the video will help recall the type of health conditions and impairment. Then, they will be able to refer or tell the team more about person with disabilities in their village</li> </ul>	Speaker, Screen, projector, tablet, Laptop with video files	MC CBID facilitator	4 minutes 32 seconds
<b>Questionnaires-Games after watching video</b>	<p>The game will engage with audience and draw their attention to the event with prizes. Also, they will think more on disabilities after the video</p> <p>Speaker, Mic and Prizes</p> <ol style="list-style-type: none"> <li>1. What did you see in the video?</li> <li>2. Do you know or see anyone who has disability?</li> <li>3. If you know or see persons with difficulties in functioning due to health conditions, what would you do?</li> </ol> <p>Summary after Q&amp;A: people experience/have difficulties in functioning differently. If you know someone who happened to be like what we have shown in the video and flipbook, please kindly let the CBID facilitators know and register.</p>	Mic, speaker, Screen, projector.	MC CBID facilitator	15 minutes

<b>MC/CBID Facilitator address on the mental illness.</b>	<ul style="list-style-type: none"> <li>- Following the statement in the handbook as following:</li> </ul> <p>“I understand you have someone in your house who is ill, and you have tried to protect them by chaining/ locking them up. Our team has the support of a specialist doctor who can help the person and your family, and she will plan to visit your village in the future. Can you share some basic information about the person and your household and give us consent to share it with the doctor We will inform the head of the village and you when the doctor will come to visit again”</p>	Mic, speaker, Screen, projector	MC/ CBID facilitator	3 minutes
<b>MC invites District Health workers to present shortly about accessing the National Health Insurances (NHI) service and other available services.</b>	<ul style="list-style-type: none"> <li>- Invite district health workers/officers to briefly explain on the NHI</li> </ul>	Mic, speaker, Screen, projector	Representative from District Health Worker	5 minutes
<b>VDO 3: National Health Insurance (NHI)</b>	<p>After District health workers/officers explain about the NHI, the video will help the audience understand more about the service and basic requirements.</p> <ul style="list-style-type: none"> <li>- When the video finish, ensure villagers understand and ever use the service before.</li> </ul>	Speaker, Screen, projector, tablet, Laptop with video files	MC/ CBID facilitator	3 minute 24 seconds

<b>Closing remark by HoV/ DoLSW</b>	Thank you everyone who come to the activities. - encourage people who have difficulties in functioning due to health conditions	Speaker and Mic	HoV/ DoLSW	3-5 minutes
<b>Telling villager to come back again (in the afternoon/tomorrow)</b>	Thank you everyone for coming to the event and emphasize for those who can identify themselves to stay and/or come back in the afternoon	Speaker and Mic	MC/CBID	3 minutes
<b>Washington Group Questions introduction: Read through 6 questions and responses in plenary –</b>	The screening will be started some and could be a good lesson learnt for the screening on next day	Questionnaire, tablets	MC CBID facilitator	20 mins

## V. How to use the projector with tablet?

During the community awareness and screening session, the tools that will be mainly used would be mini projector and tablet. Hence, it is important for CBID facilitators to proficiently operates the tools. Here is some information about mini projector and tablet usage:

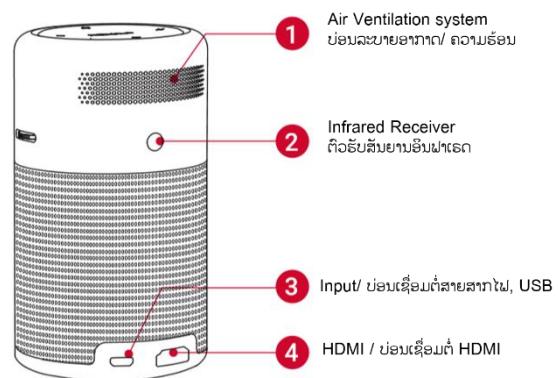
Anker's Nebula Capsule portable projector is the main tool for the session. The projector has a pocket-sized design with immersive 360° Audio. It lasts 4-Hour Video Playtime.

### I) Basic Features

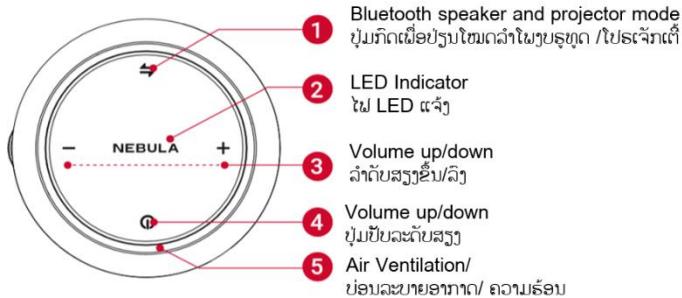
#### ○ Front view



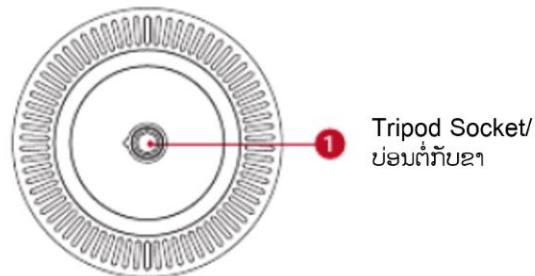
#### ○ Rear View



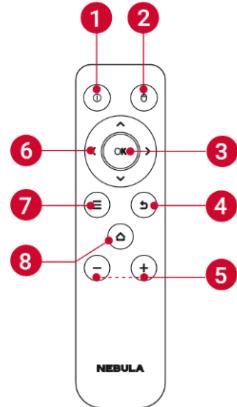
#### ○ Top View



#### ○ Bottom View



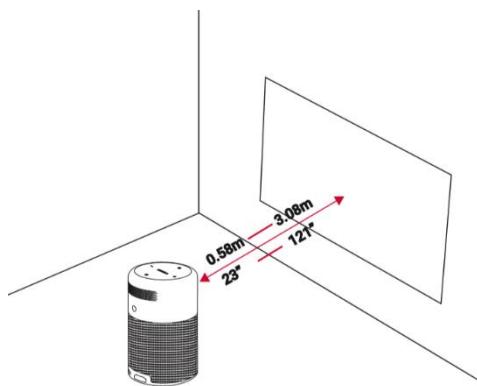
## 2) Remote Control



- ① ⚡ • Press to select an option: shutdown, standby, reboot or enter Bluetooth Speaker mode.
- ② ⌂ • Press to enter / exit mouse key mode.
- ③ OK • Press to confirm a selection or entry  
• Pause / resume during play
- ④ ▲/▼/◀/▶ Navigation buttons
  - Navigate menus or adjust the selected contents.
- ⑤ ⚓ • Access more options during play (available depend on the source).
- ⑥ ⌄ • Return to a previous menu.
- ⑦ ⌃ • Return to a previous menu
- ⑧ -/+ • Volume down / up

## 3) How to place the projector

Place this device on a surface table/flat table or on the tripod. For the best results, the projection surface should be white and flat. The recommended distance between this device and the projection surface must be a minimum of 0.58 meters (23 inches) and a maximum of 3.08 meters (121 inches) to get a projection image from 20 to 100 inches.





## 4) How to connect projector

### Connect through Screencast for Tablet with Android mode:



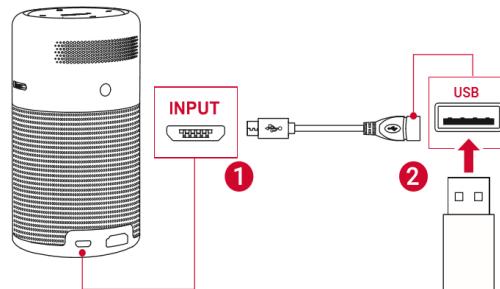
- 1) Open “Screen Cast” on projector, then Setting> General> Screen Mirroring
- 2) Open the “Screen Cast”, “Multi-screen”, “Cast Screen” or “Wireless Display” via the Pull-Down Menu, Settings on the tablet.
- 3) Select the projector “Nebula-xxxxxx” to connect.



### Connect to USB flash drive

The projector can connect with USB directly.  
To connect with the USB, it needs to use through the supplied cable.

- 1) connect the cable with projector
- 2) please plug the USB to the cable.
- 3) select <File Manager> and press OK.
- 4) select a file, then press OK.



### Connect with HDMI



The projector supports connections with HDMI playback devices,  
1) connect the projector to an HDMI playback device with an HDMI cable (the cable is not yet available)  
2) press to access the home menu, select <HDMI> and press.

## 5) Things to consider while using projector:



**Lighting/brightness:** It is essential to use projector where the light is not too bright. The night-time or the darker space would be recommended.



**Sound systems:** The projector has a speaker built-in that would be great to project in the small space and quiet space, however, it is in need to find the Bluetooth speaker with louder sound systems.



**Electricity:** It is built-in battery projector with 4-hour video playtime. However, in case the projector is needed to be used where there is no power. It is recommended to bring the power bank along.

## 6) Do and Don't:



A user should:

- Protect this device against direct sunlight, heat, large temperature fluctuations and moisture. Avoid extreme temperatures. The suitable temperature for this device and accessories is 0°C to 35°C.
- Shut it down immediately and unplug the charger when this device is running for a long period of time, the surface becomes hot. Only after this device has cooled down, you can continue to operate.
- Understand the conditions of use and will exercise the expected care, security and careful use of the mini projector, accessories and tablet.
- will immediately report to the CBID team leader and/or USAID Okard Communication Unit if encountering technical problems relating to either the connection with the tablet or projector itself.
- will store the projector in a safe place in the office or guest house where it is unlikely to get wet, used by other people, or stolen.
- will ensure the readiness of the projector, such as battery, powerbank, cable/connector, and tablet etc., before going to the community, for CBID training sessions or doing activities which require the projector.
- properly troubleshooting such as:
  - I) when the remote control doesn't work please remove the protective tab to activate the remote-control batteries. Replace the remote-control battery only with the same or equivalent type.

- 2) blurred image: please rotate the focus adjusting knob to get the best focus
- 3) Cannot connect to a Wi-Fi network: please refresh the list of available networks and retry
- 4) Update the firmware: When new version is detected for updating or reboot, please inform the team leader or USAID Okard communication unit prior updating by yourself.



A user should not:

DON'Ts

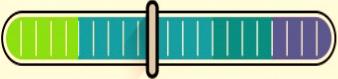
- touching the lens.
- make any repairs or disassemble to this device yourself.
- expose the device to rain or moisture, and objects filled with liquids, such as vases, should not be placed on this device to reduce the risk of fire and/or electric shock.
- place this device on soft surfaces such as tablecloths or carpets. Otherwise the device could catch fire.
- block or clog the ventilation openings to prevent overheating,
- replace the built-in battery yourself.
- use any liquid cleaning agents for cleaning the lens, to avoid damaging the coating film on the lens. Use lens cleaning paper to clean the lens.
- use the projector for personal use or any other purposes outside the work. Failure to comply with this rule may result in disciplinary action as detailed on the disciplinary action of your association's policy.
- will not leave my projector and tablet in the motorbike box or basket at any time. They must be kept in my backpack or a safe place.
- allowed to give/lend the projector and tablet to anyone (friends or family), including colleagues. Or if it is needed, please inform the CBID team leader.



## VI. Basics on collecting disability data

### Defining disability

Definitions of **disability** have **changed over time**:

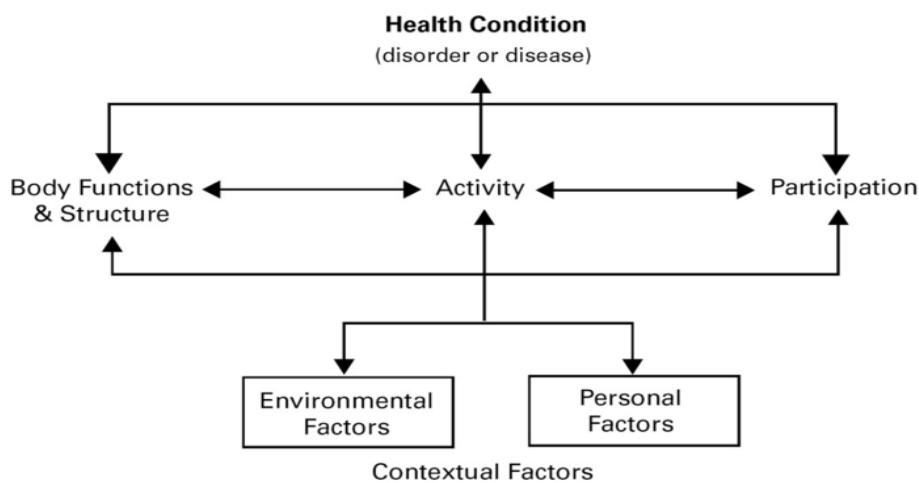
Old Definition	VS.	New Definition
A person can have a disability OR does not have a disability.		Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning.
 <b>ONLY YES or NO</b>		 <b>Level of Severity</b>
The medical model focused on the individual and sees disability as a health condition. It assumes that by addressing the health condition this will resolve the problem. In this approach a person with disability is defined as a patient in terms of their diagnosis requiring medical intervention.		Shifting model to a social and rights based approach to disability. Due to barriers in society (physical, attitudes, policy, etc) persons with disabilities are excluded. Barriers need removing barriers and society needs to change to include all people equally within society.
 <b>Individual Medical Problem</b>		 <b>Environment and Societal Factors</b>
Persons with disabilities are recipients of charity and need experts to provide medical interventions		Persons with disabilities are full citizens of society. They are experts and understand their own needs based on the real and lived experience of disability.

Persons with disabilities are recipients of charity and need experts to provide medical interventions	Persons with disabilities are full citizens of society. They are experts and understand their own needs based on the real and lived experience of disability.
 <b>Beneficiary/ Vulnerable</b>	 <b>Policy Proposer/ Empower</b>

## Measurement of Disabilities

Like the change in the definition of disability, the measurement of disability also required to be changed. The International Classification of Functioning, Disability and Health (ICF) is a framework for organising and documenting information on functioning and disability (WHO 2001). It defines functioning as a ‘dynamic interaction between a person’s health condition, environmental factors and personal factors.’

### Conceptual Framework of ICF:



Source: WHO, 2001

In the ICF, problems with human functioning are categorized in three inter-connected areas:

- **Impairments** are problems in body function or alterations in body structure – for example, paralysis or blindness;
- **Activity limitations** are difficulties in executing activities – for example, walking or eating;
- **Participation restrictions** are problems with involvement in any area of life – for example, physical barriers for example stairs that prevent us accessing a building or public transport or facing discrimination in employment.

Disability refers to difficulties encountered in any or all three areas of functioning. The ICF can also be used to understand and measure the positive aspects of functioning such as body functions, activities, participation and environmental facilitation. Based on the conceptual framework of ICF, the Washington Group question sets on disability was developed and tested focusing on the component of activity, functioning and limitations.

## Washington Group Question Sets

**Washington Group Short Set (WG-SS)** are the most commonly used questions advocated by the United Nations with the purpose to identify people at greater risk than the general population for participation restrictions due to the presence of difficulties in functioning. As the name describes it is a ‘short set’ of 6 questions that takes a short time to answer. It collects information on 6 functional areas- vision, hearing, mobility, cognition, self-care, and communication.

### Of importance the WG-SS are:

- a) not designed to measure all aspects of difficulty functioning that people may experience, but rather those domains of functioning that are likely to identify a majority of people at risk of participation restrictions in the smallest number of questions that could be easily integrated in census/surveys.
- b) the questions rely on a method of self-reporting rather than clinical assessment and can be administered by data collectors.
- c) The questions are specifically designed to avoid referring to disability and do not require respondents to label themselves but instead uses a scale of difficulty.

**Washington Group Extended Set on Functioning (WG-ES-F)** are a longer set of questions designed to collect more detailed information on disability. They collect information on the same 6 functional areas as WG-SS plus some extra areas- affect (anxiety and depression), pain, fatigue, upper body functioning, functioning with or without an assistive product, when the difficulty started, and any environmental factors that restrict participation.

**Washington Group/ UNICEF Module of Child Functioning (WG-CF)** that covers children between 2 and 17 years to assess functional difficulties in different domains including hearing, vision, communication/ understanding, learning, mobility and emotions.

There is also an adapted set of questions, derived from the short set, called the enhanced short set of questions: recommended when people with mental health and psychosocial difficulties are important to be identified.

## What questions will we use for CBID community screening?

In CBID Demonstration Model, a short set questions will be asked based on the age of the person:

Age of person	Question set	Number of questions
Adults 18 years and over	WG-SS	6
Children 5- 17 years	WG-CF	8
Children 2-4 years	WG-CF	5
Children under 2 years	WG-CF	1

### WG-SS for adults over 18 years

Each question relates to one of the six core functional areas: seeing, hearing, walking, cognition, self-care, and communication. The introduction is to be read to participants before the questions are asked to them.

**Introduction:** “The next questions ask about difficulties you may have doing certain activities because of a **HEALTH PROBLEM**”.

<b>Seeing</b>	1. Do you have difficulty seeing, even if wearing glasses?
<b>Hearing</b>	2. Do you have difficulty hearing, even if using a hearing aid?
<b>Walking</b>	3. Do you have difficulty walking or climbing steps?
<b>Cognition</b>	4. Do you difficulty remembering or concentrating?
<b>Self-Care</b>	5. Do you have difficulty (with self-care such as) washing all over or dressing?
<b>Communication</b>	6. Using your usual language, do you have difficulty communicating (for example understanding or being understood by others)?

**Note:** Two questions (Q1 and Q2) ask about difficulties ‘when using an assistive product’. This is done for questions on seeing and hearing. This is because difficulties in these areas can easily be overcome by using glasses or a hearing aid so it is likely that some people might already have

and use these devices. For all other questions, the difficulty is when the person does not use an assistive product.

### **WG-CF questions for children**

These questions follow the 6 core functional areas: seeing, hearing, walking, cognition, self-care and communication but are adapted slightly to relate to the daily life of children.

All questions (WG-SS and WG-CF) have four response categories, which are read after each question:

#### **Level of Difficulty**



No Difficulty  
at all

Yes, some difficulty

Yes, a lot of difficulty

Cannot do it

## Frequently Asked Questions (FAQ) on WG-SS

### I. Can I change the questions or the answer categories?



You should **never** change the questions or the answer categories as this will affect how we can compare data from different groups of people and may make the answer unreliable. You can contextualize the question so it matches the local context- but the overall meaning of the question must NOT change. For example, if you know hearing aids are not available you can change Q2 to “do you have difficulty in hearing?”

### 2. If I mention assistive products with the WGQs will it raise expectations of people in the village they will get these?



Yes, it might so you should always be very clear from the beginning what the objective of the questions is and repeat this at the end, so the person is clear. If you know hearing aids and glasses are not available, these references can be removed from questions to avoid raising expectations.

#### ACTIVITY

**What is the purpose of the community screening questions? What will you say to people in the village, so they understand the objective of the survey and the CBID team do not raise unrealistic expectations?**

**Write your answer below:**

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**3. Who do I ask WG questions to? Can I ask a first question to check they have a disability?**



No. You cannot use a screening question such as “Do you have a disability?” to determine who will be asked the WG questions. Rather, it is the WG questions that should be used to determine who has a disability.

The community awareness raising session with videos, pictures and discussion is designed to get persons to come forward as they think they have a difficulty in functioning. Anyone who comes forward should start with answering WG-SS questions.

**4. Will I be able to identify all persons with disabilities in the village?**



Maybe not. The WG Short Set will identify most, but not all, people with disabilities. But it will identify the majority of cases and those most at risk.

**5. Will I know the health condition or diagnosis of a particular person with disabilities by asking the WG questions?**



The WGQs do not identify particular health conditions or medical diagnosis but rather captures the possible impact of these conditions on functional abilities. This data will be collected at a later stage during case management step 2 when using a more detailed set of survey questions- the CBID modular tool.

## VII. What data will be collected during community screening?

As mentioned above the data collection tool in community screening is called: “Disability Screening Form\*” which consist of 5 sections:

<b>Section Name</b>	<b>Types of Questions Asked</b>
<b>Pre-section</b>	Introduction and administrative process of form
<b>Section 1</b>	Disability- Washington Group Short Set (WGSS) and WG/ UNICEF Module on Child Functioning <ul style="list-style-type: none"><li>a. Adult (18 years and older)</li><li>b. Children (5-17 Years)</li><li>c. Children (2-4 Years)</li><li>d. Children under 2 years old</li></ul>
<b>Section 2</b>	Health Condition and Cause
<b>Section 3</b>	Socio-Demographic Information
<b>Section 4</b>	Work and Employment
<b>Section 5</b>	Financial Situation

Data collected by using Disability Screening Form will enable CBID team to identify a list of potential people with difficulties in functioning, who will be prioritized for the Need Assessment with the CBID Modular Tool (case management step 2).

\*For more and detail information please refer to Annex 3.

## **VIII. How do we collect data during community screening?**

### **Documents required for community screening data collection:**

As well as the Disability Screening Form digitized and completed on the tablet using Kobo Toolbox (see Section IX for more information), to ensure smooth implementation and quality data the following items are required:

#### **I. Information Sheet**

this is a one-page document to be given to the participant. This sheet provides information to introduce the project, its objectives, how the result of community screening activity will be used, and the contact details of the team in case participants want more information or have any questions.

#### **2. Consent Form**

this is obtained from all participants of the activity to document they understand what the activity is based on the information provided on the information sheet, they understand the risks when sharing personal information and agree to share data. This document outlines their voluntary participation and that the CBID team and USAID Okard will use the data in an ethical manner. If a person does not give consent the CBID staff cannot collect information. At any point when collecting data and afterwards the person has the right to change their mind and withdraw consent. This form must be completed before starting to ask questions for every person. If a person does not give consent the CBID staff cannot collect information.

#### **3. Running Sheet**

this sheet keeps a daily record of people screened by CBID team and is a helpful tracking tool for the team to know how many people have been screened and data collection has been completed. It is recommended that CBID staff upload their running sheet to the database daily.

### **During Awareness Session and the Screening appointment**

After the awareness raising session, the villagers are informed to go home and share information with their family and friends where they know someone that has difficulties in functioning, and request those persons come back for the data collection session (later in evening or the next morning).

Some people in the audience will already recognize they have difficulties in functioning. It is recommended the CBID team ask these persons the screening questions right on spot. They don't have to wait until the screening session.

Some people might know of someone who needs to complete screening, but they are unable to return to the screening session because they are not available, or it is too difficult to travel to the meeting point. In this case, **it is recommended to the CBID team to:**

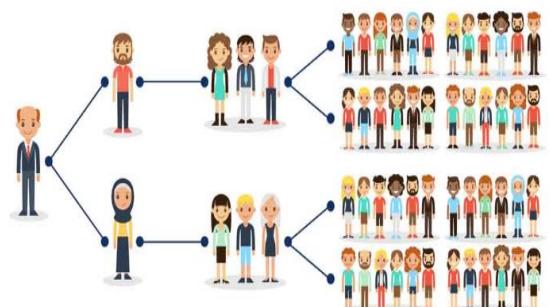
1. Write down on the running Sheet the persons details detail (Name, House number, age, gender, and telephone number if possible)
  2. Make an appointment and prepare a team with district and village authorities to do a walk through the village to visit these households
  3. Go visit the person at their house to ask the screening questions.

## **Village walk through and Snow balling:**

During the awareness session and the screening data collection session, there might be someone who has difficulties in functioning that was not able to come to those events. The CBID team need to try and identify if anyone was missing so they can visit the person's house to collect data. To make sure no-one is missing from screening data the CBID team will walk through the village and use the 'snowballing' technique to identify other persons.

**Snowballing technique** is used when there are potential participants that are hard to find. It is a method to help the CBID team identify more and more participants by asking participants provide data do they know anyone else in the village who is missing.

The CBID staff will simply ask the participants in the awareness session or persons with difficulties in function that provide data by answering the survey questions 'do you know anyone else in your village who has difficulties in functioning that is not here today?' If yes, where do they live so we can go and interview them'.

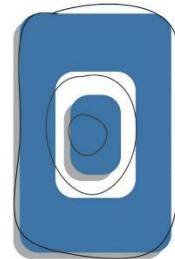


## IX. Introduction to Kobo-Toolbox and data collection

KoBo Toolbox is a free open-source tool for mobile data collection, available to all. It allows you to **collect data** in the field using mobile devices **such** as mobile **phones** or tablets, as well as with paper or computers. KoboCollect is the application used on an Android device.

### Features Form Builder

- Design forms quickly and easily
- Using our intuitive form builder
- Reuse existing questions and blocks of questions and manage them in the question library
- Build complex forms with skip logic and validation
- More than 20 different question types available including location, image, video, rating, matrix, etc.
- Easily share projects with colleagues and set granular permission levels
- Import and export XLS Forms
- Import via URL or upload from your computer



**KoBo Toolbox**

### Feature on collect data:

- Online & Offline from phone, tablet, browser
- Manage & Analyse Data
- Online and Offline
- On phones, tablets or any browser
- Using Kobo Collect on Android devices and Enketo on any modern browser
- Synchronize data via SSL
- Ensures data can't be read by a third party
- Strong safeguards against data loss
- Even on very long interviews
- Data immediately available right after it's collected

## Let's get started:

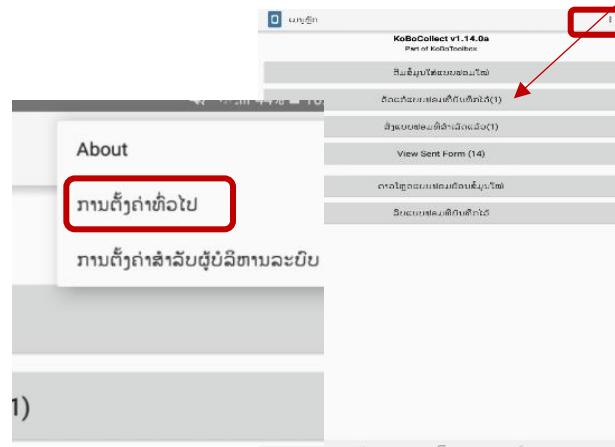
For CBID Demonstration Model, QLA and ARMI, USAID Okard has set the Kobo Account with protected password for each organization.

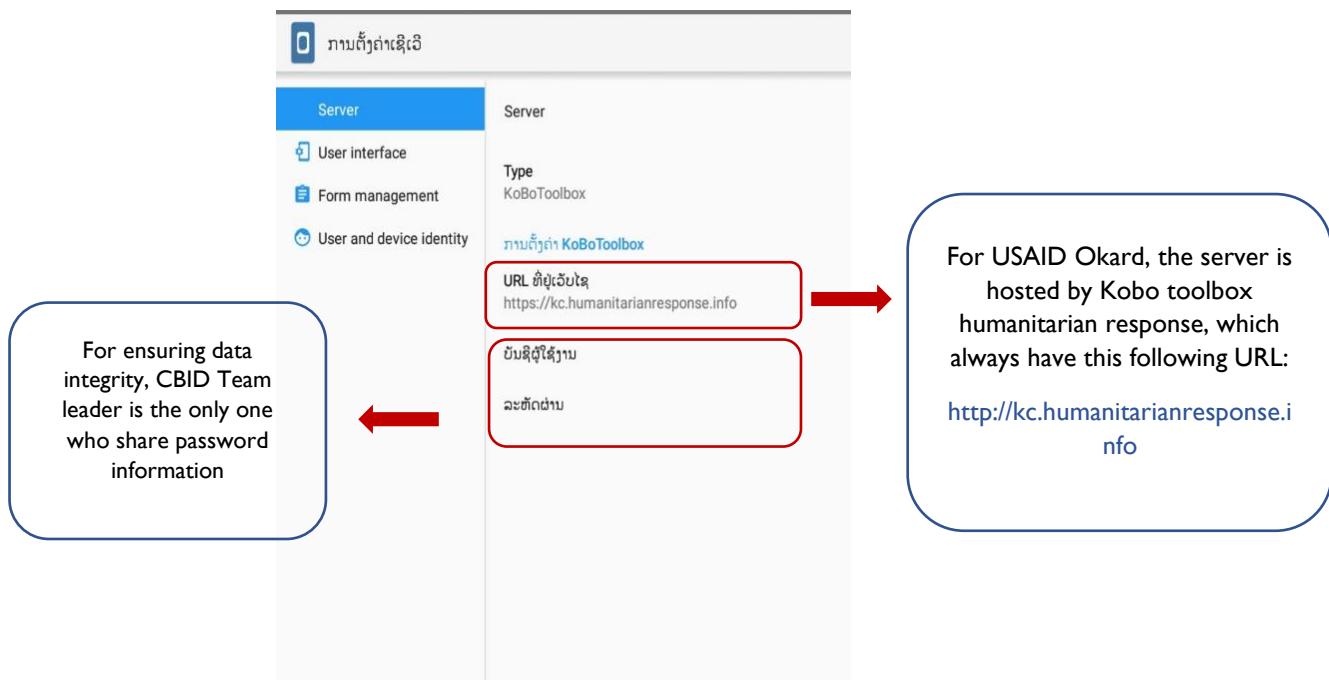


## System Setting:

In the Tablet, you will find  KoboCollect app which already linked to your CBID server which detail can be find below. However, in case of technical problem, the system is easily set as detail below:

1. On the main menu go to, on the up-right corner
2. Select  the “General Setting”
3. Select, server setting



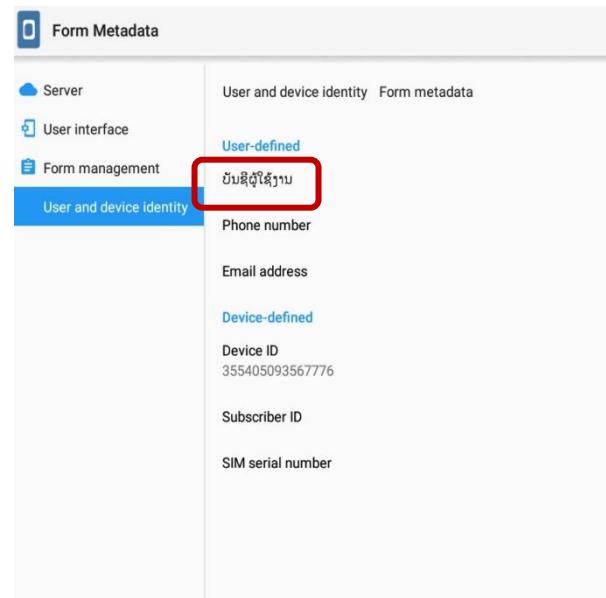


Each CBID facilitator, and IGA officer will have their own identification code which link to the server and each collected questionnaire.

The identification can be found in:

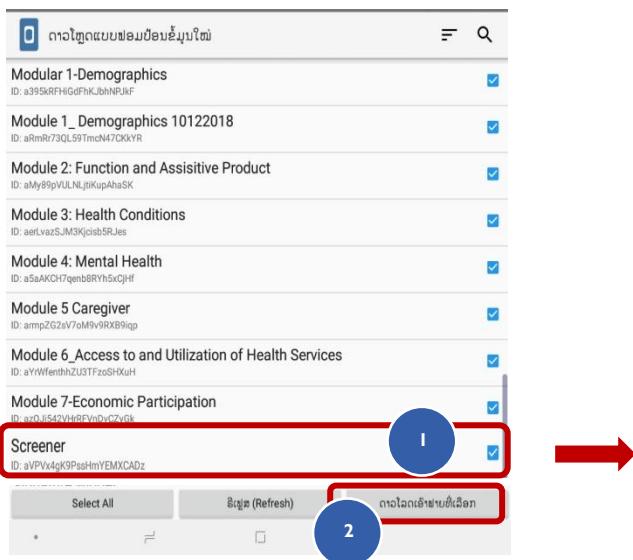
General Setting >> User and Device Identity

>> User Account



➤ **To get blank forms:**

- Make sure Tablet is connected to the internet
- In Kobocollect app go to **Get Blank Form**
- This will connect to the server. All forms that have been deployed in the server will appear here. Then, select a form / forms that you wish to download. This only need to be done once, unless there is an update.

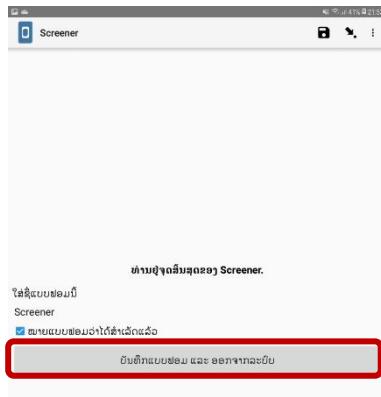


Select the form/forms you want, then click download the file/files

## ➤ Data entry:



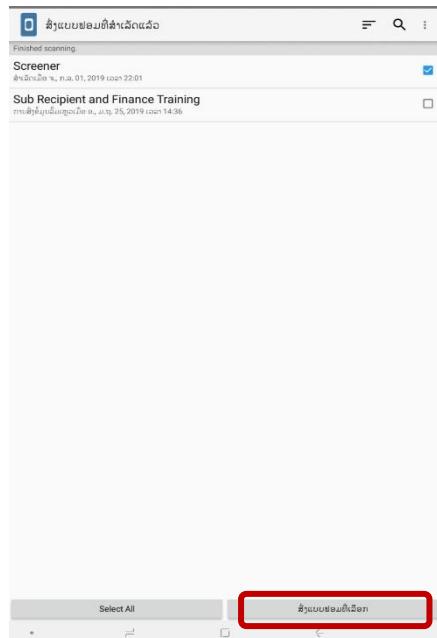
- In the Main Menu of **KoboCollect**, click **Fill Blank FORM**
- Select a form that you want to enter
- Go through and fill all questions in the questionnaire (Swipe your finger from right to left, and save frequently)



- At the end, you are required to **Save Form and Exit**
- Before saving, be sure your form is finalized, and all questions are answered.

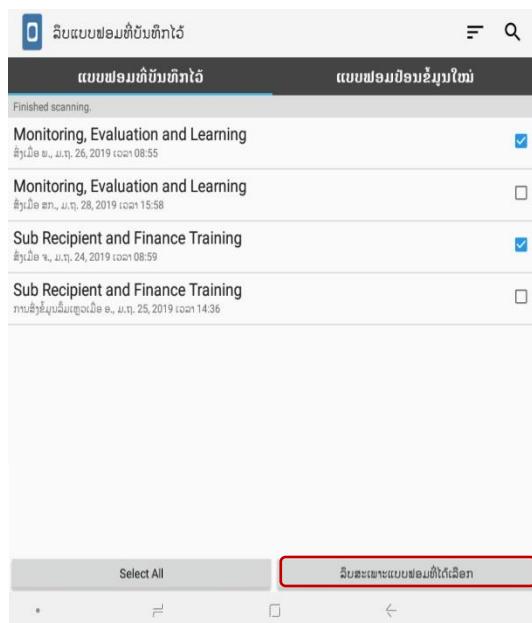
## ➤ Send Finalized Form

- From the Main Menu in KoboCollect, click on **Send Finalized Form**
- All the forms that you have recently saved will appear
- Select the form that you want to upload and then click **Send Selected**
- However, if you do not have all the data that you need to complete the form, you choose the Save as Draft option, and then on the Save Draft so that the data is saved. You can then return to the form, reload it, complete the data (e.g. in consultation with other assessment team members and the team leader) and submit it. The form will then be submitted to the Kobo Server of your CBID organization.



## ➤ Delete the Saved Form and Blank Form

- From the Main Menu in KoboCollect, click on **Delete Saved Form**
- All the forms that you have recently saved will appear in **Saved Form**, and all your blank forms will be showed in **Blank Form**
- Select the form that you want to delete and then click **Delete Selected Forms**



## X. Interview skills using compassionate communication

**Compassionate communication** is defined as 'a way of communicating with people that shows you understand what they are saying, demonstrate empathy when talking to them, and express yourself in a respectful, honest and non-judgmental way, which is one of the most important skills to be used for both Awareness raising and screening session.

When a person is sharing information with you:

- Try and view the situation they are describing from their perspective- what is their point of view and how are they feeling about what they are describing?
- Try to answer in a positive and respectful manner
- Do not be judgmental - do not be critical and do not ignore their opinion and only thinking of your own opinion and ideas
- Describe what they have said to show them you understand.

As a CBID facilitator you need to show compassion to connect with the person with disabilities and their families to build a strong relationship. To make this happen the person with disabilities and the family need to feel that the CBID facilitator listens to them, understands and cares about their perspective and there is trust.

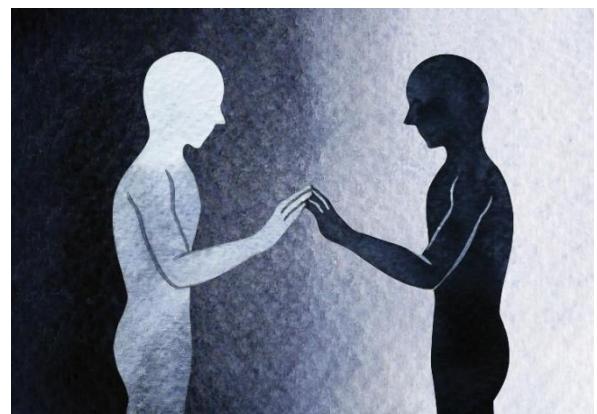
**The first and most important tool for compassionate communication is your attitude and intention to be compassionate.**

---

### What are the basic skills of compassionate communication? ■

#### I. Prioritize making a connection with the person with disabilities and the family

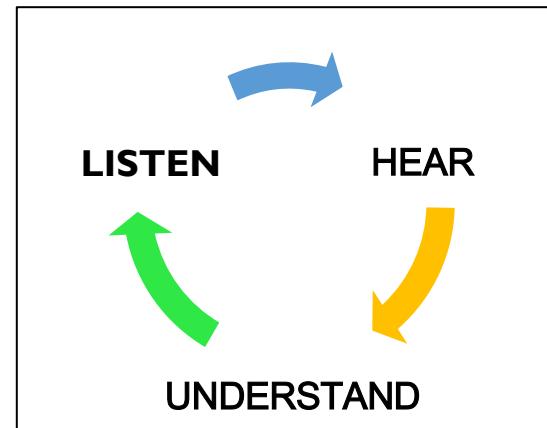
- It is important to connect with each other **with compassion and from the heart.**
- When discussing challenging situations try to prioritize the connection through compassionate communication.
- First, connect open-heartedly with the person with disabilities and their families to understand their needs instead of trying to quickly find a solution to the challenges they face.
- Once you have made a strong connection, it is easier to find solutions and work together.



## 2. Understand the person with disabilities and family's needs and desires

- Listen and show you have heard the person with disabilities and family's needs, desires and dreams, and the underlying beliefs and values to why they want this.
- Sometimes they might find this difficult to communicate so help them to express this.
- Stay connected to them during these conversations.
- Understand it is important just to listen and show them you have heard what they said EVEN if you disagree with what they are saying.

Note, understanding does not mean that they are right, and you are wrong. Learning what is important to someone else does not mean that we must do what they want or have to agree with them.



## 3. Avoid judging others or placing blame

- When responding to the stories told by persons with disabilities and their families it is important that you do not openly disagree with them and make judgements about their choices and decisions.
- You can show you have heard what they have said by repeating what you observe or what they have said. But you are not analyzing and making judgements about their actions.

**For example,** a caregiver describes that they took their child to the traditional doctor and got a blowing spell to take away their illness. But the child did not get better. You disagree with this action.

**Which statement below is judging and placing blame?**

- a) "Why did you take your child to the traditional doctor- a blowing spell will not help them get better. That was not a good thing to do! You should have gone to the hospital."
- b) "So I understand you went to the traditional doctor because you thought a blowing spell would help them and does that connect with your family's traditional beliefs? I'm hearing the spell did not work. Did you do anything else?"



**4. Let people know what you need as a CBID facilitator and that you are requesting NOT demanding**

As a CBID facilitator once you have understood the needs of the person with disabilities and family you will be discussing the possible solutions as part of the action plan. This will involve asking the family to take actions and possibly change their behavior. When communicating this CBID facilitators need to do this in a respectful and honest way. You are requesting these actions and changes NOT demanding.



## XI. Collecting data on observable health conditions

Understanding how many people in the villages have certain health conditions will help the Ministry of Health at central, provincial and district level, USAID Okard and the CBID teams to plan interventions. In section two of the disability screening form the CBID facilitator can tick a box if they identify any of the following observable health conditions:

Name of Health Condition and Observable Signs	What does it look like?
<b>Cleft lip</b>	
<b>Club foot- baby</b> <ul style="list-style-type: none"><li>▪ The foot (especially the heel) is usually smaller than normal.</li><li>▪ The foot may point downward.</li><li>▪ The front of the foot may be turned toward the other foot.</li></ul>	

### **Club foot- untreated in child or adult**

- The foot (especially the heel) is usually smaller
- than normal.
- The foot may point downward.
- The front of the foot may be turned toward the other foot.



© Plan International

### **Limb deformity**

#### **Image 1**

- Knees that do not touch when standing with feet together (ankles touching)
- Bowing of legs is same on both sides of the body (symmetrical)
- Bowed legs continue beyond age 3



© Plan International



#### **Image 2**

Part of the body that is a different size or shape. Part of the body might be missing or there is an extra part e.g. extra toe or finger

### **Amputation- lower limb**

A loss of some part of the body, being a leg/two legs from the knee down, or a leg/two legs from above the knee



© Plan International

### **Amputation- upper limb**

A loss of some part of the body, being a hand/hands, or an arm/arms



© Plan International

### **Spina bifida**

- A health condition that affects the spine and is usually apparent at birth
- Soft unprotected area on the back
- Round dark sac on the back



### **Hydrocephalus**

- Large head
- Person may have headaches and difficulty seeing



### **Albinism**

- Absence of colour in the hair, skin, or iris of the eye, lighter than normal skin and hair or patchy, missing skin colour
- Vision problems



© Plan International

### **Blind**

An inability to see anything



© Plan International

<p><b>Cataract</b></p> <p>Middle of the eye looks white or grey</p>	
<p><b>Stroke</b></p> <ul style="list-style-type: none"> <li>▪ Paralysis on one side of the body</li> <li>▪ Arm hangs down floppy</li> <li>▪ Hand maybe be held in a fist</li> <li>▪ Difficulty walking and balancing</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>▪ Possible difficulties with communicating, and the mouth droops down on one side</li> <li>▪ Possible difficulties with swallowing affecting drinking and eating</li> </ul>	

## XII. What action to take when identifying someone with mental health issues?

### Introduction

In Lao PDR, there is a lack of trained specialists and services on mental health and psychosocial support (MHPSS). Health centers, district and provincial hospitals may have a general doctor and nurse that has some training on MHPSS, but they are not able to provide regular care and services for people with mental illness and psychosocial distress, and their family. Services at community level do not exist. This means that many people live with the mental health and psychosocial condition with support, and persons with severe mental illness have been chained or locked up as a way of protection and prevention- from them harming themselves or others in the community. During community screening, the CBID team may observe or be told about a person with severe mental illness that has been chained or locked up.



### Does a person with MHPSS issues need an immediate referral to the district hospital?

When a person has MHPSS issues possibly or many years it does not mean that person needs urgent mental health care. However, if the person with MHPSS issues also has an acute 'physical' health condition (as described in the previous section) the family should be encouraged to take the person to health services as per the MoH system, then gain consent to share key information with the VHV or community health center staff.

### What should the CBID team do when finding someone chained or locked up?

During community screening, the CBID team may observe or be told about a person with severe mental illness that has been chained or locked up. In this initial phase of community screening, the CBID team will not have much time to spend with the family to interview the person locked up and the caregiver to fully understand the situation and plan to provide support.

Therefore, to make sure we ‘do no harm’ by rushing to helping the family, instead during step 1 of case management, the CBID team will only collect data on persons they find chained or locked up. This data will be shared with the MHPSS consultant, Dr Manivone, and she will return to the village at another time to do an assessment to support the person living with mental illness and their family.



When collecting data, it is important to not make assumptions why the person has been locked up or to judge the family. The CBID staff should use compassionate communication with the family and explain:

*“I understand you have someone in your house who is ill, and you have tried to protect them by chaining/ locking them up. Our team has the support of a specialist doctor who can help the person and your family, and she will plan to visit your village in the future. Can you share some basic information about the person and your household and give us consent to share it with the doctor. We will inform the head of the village and you when the doctor will come to visit again”.*

The CBID facilitator will use the data collection form to collect the information from the family and tick they have given consent to share information.

## XIII. Acute Health Conditions: Identification and Referral for Medical Treatment

### INTRODUCTION



#### Why do we need to refer some persons to the health center or hospital?

When CBID Facilitators are in the village conducting community screening they will identify persons with health condition that have difficulties in functioning. **Some people may present with an acute health condition or severe medical complications that may need an immediate referral to health center or hospital to see a doctor.** This needs to be done as if the person does not receive medical treatment their acute health condition may get worse resulting in permanent impairment and in severe cases possibly death.

#### What is an acute health condition?

When a health condition is acute it means it has happened suddenly, is severe and can quickly get worse if not treated as it needs immediate medical treatment.

For example, someone falls and breaks a bone in their leg. The person needs medical treatment to position the bone correctly in a cast so it can heal.

#### What are severe medical complications?

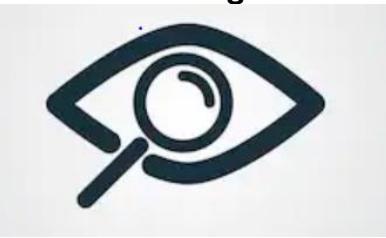
This is when there are unanticipated and/or extra symptoms observed due to the health condition that need immediate, urgent medical care. This might be caused because the health condition is getting worse and it has not been treated properly.

For example, someone who has diabetes and gets a small wound on their foot. They cannot feel it and without treatment the ulcer gets bigger and infected leading to a large open wound. In severe cases the foot may need to be amputated, or a person with a fracture (broken bone) gets an infection that is not treated and is so severe it may lead to an amputation.



## How will CBID staff identify acute health conditions?

CBID facilitators need some basic knowledge on acute health conditions so they can observe signs i.e. the symptoms of the acute health condition. During the community screening, CBID facilitators will work with VHV using observation skills by seeing and smelling.

<p><b>Seeing</b></p> 	<p><b>For example, looking at the body and seeing a ‘sign’ e.g. a red eye with sticky, yellow fluid</b></p> 
<p><b>Smelling</b></p> 	<p><b>For example, when observing the person smelling an odor e.g. a chronic wound like gangrene (black digits) will have a strong smell</b></p> 

The CBID facilitator, VHV and/ or doctor or nurse will clearly see medical ‘signs’ (symptoms) that tell you the health condition is ‘acute’. The CBID facilitator will share information with the VHV and district health officer to ensure the person is referred immediately for medical assessment and treatment at the health center or district hospital.

## Overview of acute health conditions



### What acute health conditions should be referred for medical treatment during USAID Okard CBID community screening?

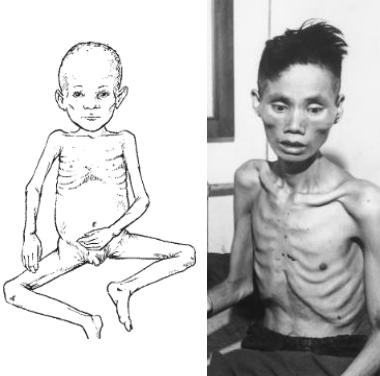
There are many different acute health conditions but not all will be referred for medical treatment during USAID Okard CBID community screening. The USAID Okard CBID Demonstration Model will focus on specific acute health conditions that are at risk of causing long term impairment and disability:

- An acute health condition caused by an existing long-term impairment e.g. a person with disabilities that is paralysed and is lying on the floor all day resulting in a chronic wound/pressure sore on their back or bottom.
- An acute health condition that if untreated may lead to a long-term impairment and disability e.g. someone with a severe eye infection that may cause partial, permanent loss of vision or blindness if not treated, or someone with an untreated fracture that could lead to permanent functional difficulties moving as the bone does not heal in a good position leading to a deformity.

For other health conditions (not included in this handbook), the VHV can coordinate with the community health center doctor or nurse to make sure the person receives a medical assessment and necessary treatment.

Here are the main acute health conditions that are important for the CBID team to identify with the district level health staff and VHV:

		
<b>Frequent coughing</b>	<b>Untreated fracture</b>	<b>Chronic wound/ pressure sore</b>

		
<b>Foot ulcer</b>	<b>Gangrene (black digits)</b>	<b>Eye infection</b>
		
<b>Ear infection</b>	<b>Acute or recent injury/ trauma</b>	<b>Acute skin infection</b>
		
<b>High fever</b>	<b>Severe diarrhoea</b>	<b>Severe vomiting</b>
		
<b>Dehydration</b>	<b>Difficulty breathing</b>	<b>Severe acute malnutrition</b>



**Epilepsy**

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## Referral process and National Health Insurance

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### How will the person be referred for medical assessment and treatment?

It is important that the CBID team follows the protocol of the Ministry of Health Community Health Center and/or District Hospital for referral. When the CBID facilitator observes someone, they suspect has an acute health condition they will share this information with the VHV and district health officer for them to organize the referral. Following the correct referral protocol is also important so a person can access National Health Insurance (see section below for more information).



## National Health Insurance (NHI)

This leaflet from the Ministry of Health gives basic information on the NHI scheme

**01 ກປຊ ແມ່ນຫຍຸງ?**



1. ແມ່ນນະໄຍບາຍຂອງລັດຖະບານເພື່ອຊ່ວຍເຫຼືອປະຊາຊົນໄດ້ປິ່ນປົວເວລາເຈັບເປັນ.  
2. ແມ່ນກອງທີນເພື່ອຈ່າຍຄໍາປິ່ນປົວໃຫ້ປະຊາຊົນເວລາໄປປິ່ນປົວຢູ່ສຸກສາລາ ແລະ ໄຮງໝໍຂອງລັດ.

**02 ຜູ້ໄດ້ສາມາດໃຊ້ສິດໄດ້ແດ່?**

ປະຊາຊົນລາວທຸກຄົນທຸກເພດ, ທຸກໄວ້ທີ່ມີພຸມລ້າເນົາໃນ ສປປ ລາວ



ນັກງຽນ ນັກສຶກສາ ຜ່ານຊາວອານ ອາວໄຊສ່າວນ ປະຊາຊົນທີ່ດີນ

**03 ຕັ້ອນໄຂໄດ້ສິດປິ່ນປົວຕ້ອງມີ/ຈ່າຍຫຍຸງແດ່?**

1. ຕ້ອງມີເອກະສານຫຍຸງປິ່ນສິດຢ່າງໃດໜີ້ເຊັ່ນ:  
ປິ່ນໆມ່ານະໃນເຄືວ, ບັດປະຈ້າເດືອ, ໃບຢັ້ງຢືນຈາກນາມບັນ, ເອກະສານໄໂຮງໝໍອອກໃຫ້ ຫຼື ອິ່ນງ...

2. ຈ່າຍເງິນສິມທິບ  
○ ສຸກສາລາ (ກວດເຂດນອກ+ນອນປິ່ນປົວ): 5,000 ກີບ/ຄັ້ງ  
○ ອົບໝໍເມືອງ (ກວດເຂດນອກ): 10,000 ກີບ/ຄັ້ງ  
○ ອົບໝໍແຂວງ (ກວດເຂດນອກ): 15,000 ກີບ/ຄັ້ງ  
○ ອົບໝໍ ເມືອງ/ແຂວງ (ບອນປິ່ນປົວ): 30,000 ກີບ/ຄັ້ງ  
ກະລະນີ ຮິນເຈັບໄດ້ຈ່າຍເງິນຕອນກວດເຂດນອກແລະຈຸດຕັ້ງເຂົ້ານອນໃຫ້ຈ່າຍເພີ່ມໃຫ້ຄືບ 30,000 ກີບ

ພິເສດ: ຄືນທີ່ຖືກອີກເວັ້ນຈ່າຍເງິນສິມທິບມີ:



ແມ່ຍຸ່ງໆພາ ເຕັກນອຍຄຸນ 5 ປ ນັກບອດ ປະຊາຊົນທີ່ດີນ

(ຜູ້ທຸກຍາກທີ່ຂັ້ນບັນຊີລັດຖະບານເທົ່ານັ້ນ)

**04 ຜົນປະໂຫຍດທີ່ຈະໄດ້ຮັບມືຫຍຸງແດ່?**

1. ໄດ້ຮັບການບໍລິການທຸກຢ່າງ, ລວມທັງການປິ່ນປົວທີ່ມີລາຄາສູງ ແລະ ພະຍາດຊ່າເຮົ້າ ຫຼືມີໃນໄຮງໝໍຂອງລັດ  
2. ໄດ້ຮັບຄ່າອາຫານ ແລະ ຄ່າເດີນຫາງ ຈ້າລັບຜູ້ທຸກຍາກເຂົ້ານອນໄຮງໝໍ

**ຜົນປະໂຫຍດທີ່ ກປຊ ບໍລິກຄຸມ ເມື່ອ:**

○ ຕັ້ອນຈ່າຍໃຫ້ແລວເຊັ່ນ:  
        ຄຸ້ມັກະນີ, ໂດຍການຊ່ວຍເຫຼືອ ແລະ ປະກັນໄລຂຶ້ນງ  
○ ອົງກວ້າກັບເຄື່ອງສ່ວນຄົວ:  
        ເຮັດວຽນ, ທ່ານຊ່າຍເກີນເອງ ແລະ ຜູ້ອື່ນ, ໃສ່ແຂວ້ຫຽມ, ຕັດແວ່ນຕາ, ເສີມຄວາມງາມ, ກວດສູນະພາບປະຈ່າຍ  
○ ໄປບໍລິການຜູ້ສະຖານບໍລິການເອກະຊົນ:  
        ໄຮງໝໍເອກະຊົນ, ຄລິນິກ, ຮ້ານຂາຍປາ...

**ຂໍ້ມູນເພີ່ມຕົ້ນແມ່ນຕິດຕາມໄດ້ທີ່  
ຄຸ້ມັກອງທີນປະກັນສຸຂະພາບ**

**05 ສະຖານທີ່ໃຫ້ບໍລິການມີຢູ່ໃສແດ່?**



1. ສຸກສາລາ  
2. ໄຮງໝໍເມືອງ  
3. ໄຮງໝໍແຂວງ

ກະລະນີສຸກເລີນເຖິງຂັ້ນນອນໄຮງໝໍ, ຖ້ານສາມາດໄປປິ່ນປົວຢູ່ໄຮງໝໍຂອງລັດໃດກ່າວ

**06 ສອບຖາມຂໍ້ມູນເພີ່ມຕົ້ນໄດ້ຢູ່ໃສ?**



ຖ້າທ່ານມີບັນຫາເວລາມາບໍລິການທ່ານສາມາດຖາມເພັດໜໍຜູ້ໃຫ້ບໍລິການຫຼື ຫ່ວຍງານຄຸນຄອງ ກປຊ ຂອງ ໄຮງໝໍ

ສະໜັບຮະຫຼຸມໄດ້ຍ:

LUXEMBOURG AID & DEVELOPMENT Swiss Red Cross

**ກອງທີນປະກັນສຸຂະພາບແຫ່ງຊາດ (ກປຊ)**



You can watch two videos on YouTube to learn about National Health Insurance in Lao PDR at:



<https://www.youtube.com/watch?v=dae-AfH9BaE&feature=youtu.be>

<https://www.youtube.com/watch?v=NT30IzGXWk0&feature=youtu.be>

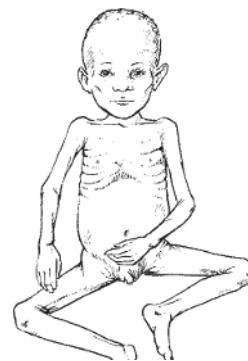
## XIV. Acute Health Conditions: What are the signs and why to refer for medical treatment

### I. WHAT IS SEVERE ACUTE MALNUTRITION (SAM)?

- Lack of good food that can cause severe wasting (very thin body) or swelling in the legs and stomach
- Sometimes accompanied by vomiting and diarrhoea (see sections below)
- May be easier to observe in children than adults

#### What are the key signs of Severe Acute Malnutrition?

- Very thin, can see the bones
- Stomach and legs appear swollen



#### Why does Severe Acute Malnutrition require immediate medical referral?

- May result in death
- Higher risk of infection that could lead to impairment or death

#### What might happen if the person does not see the doctor?

Children: When a child is hungry, they cannot play and interact with their environment or attend school. If this nutritional status continues, they can face delayed development of their bodies and their brains. Chronic, untreated malnutrition may lead to 'stunting' i.e. the child may not grow properly and be small for their age.

Adults: Due to fatigue (tiredness) and muscle weakness an adult has decreased ability to engage in education, income-generating, or social activities.



Image Sources: WHO Pocketbook-Second Edition

#### What kind of health service is needed?

- Referral to Health Center and/or District Hospital

## 2. WHAT IS HIGH FEVER?

A fever is when the body temperature is above normal and is the body's reaction to deal with illness. A high fever is when the body temperature is over 39 degrees Celsius



### What are the key signs of a high fever?

- Person feels light-headed/drowsy
- Difficulty moving/ as feeling weak
- Person feels hot and sweating, or feels cold and shivery
- Appears pale
- Poor feeding

### Why it requires immediate medical referral?

- There could be an underlying infection/ illness that needs to be treated
- Especially dangerous for a young child
- Can be dangerous if other 'signs' are observed e.g. severe headache, feeling sick, vomiting, stiff neck



### What might happen if the person does not see the doctor?

- The underlying illness causing the fever gets worse and could lead to more severe complications
- If the fever is very high it may cause "fits" (seizure)



### What kind of health service do they needed?

- Referral to Health Center and/or District Hospital
- Follow-up by Village Health Volunteer (VHV)

### **3. WHAT IS AN UNTREATED FRACTURE OF ARM AND/OR LEG?**

- A bone of the arm or leg that has broken and not be treated

#### **What are the key signs of an untreated fracture?**

- If after an accident or a strong shock on a hard structure the arm or leg feels very painful and the skin is dark there is a high risk of the bone is broken.
- Pain any time there is a movement of the arm or leg
- Abnormal movement of two extremities
- Observable twist in a joint
- Visible break in a bone
- Sometimes the bone breaks through the skin
- If after several days, the fracture is not treated, the pain remains very high and the part of the limb moves abnormally.



#### **Why it requires immediate medical referral?**

- The broken bones need to be positioned correctly so they can heal together. This might involve putting the limb in a cast.
- Soft tissues such as nerves and veins can be damaged by the sharp bones inside the body
- There is a risk of infection if the bone breaks through the skin
- For older person's bones take longer to heal and may never join



#### **What might happen if the person does not see the doctor?**

- If not treated, it can lead to chronic difficulty moving that part of the body and continued pain
- The two pieces of bone can be fixed in a wrong position or may never fix together



#### **What kind of health service is needed?**

- Referral to Health Center and/or District Hospital
- Follow-up by Village Health Volunteer (VHV)



## 4. WHAT IS A CHRONIC WOUND/PRESSURE SORE?

- A chronic wound is a wound that doesn't heal or close as quickly as it would normally.
- A pressure sore is a chronic wound that forms over bony parts of the body, especially where skin is pressed against a cushion (when sitting) or on bedding (when lying down).
- A pressure sore can occur when person has a health condition i.e. spinal cord injury or severe illness where they have decreased feeling in their skin and limiting ability to change their position e.g. move buttocks when sitting, or roll when lying in bed
- Common locations for pressure sores are on the buttocks, thighs, back, shoulders, elbows, or feet



### What are the key signs of a chronic wound/ pressure sore?

- Red spot or an open sore (open skin and bleeding)
- A chronic wound or pressure sore is often skin open and bleeding
- When infected, the chronic wound or pressure sore often has a strong smell



### Why it requires immediate medical referral?

- Medication may be needed to reduce pain
- There is a risk of infection that could be treated with antibiotics
- The wound needs to be cleaned and can get worse- bigger and deeper sore if not treated

### What might happen if the person does not see the doctor?

- If there is an increased risk of infection especially if the wound gets bigger.
- The wound and infection can spread to other parts of the body
- The wound can get so big it cannot heal by itself and needs surgery
- In very severe cases it can cause death

### What kind of health service is needed?

- Referral to Health Center and/or District Hospital
- Follow-up by Village Health Volunteer (VHV) to check status of wound and ensure regular cleaning of skin to reduce risk of infection, check on diet as good nutrition and good hydration help the skin to heal.

## 5. WHAT IS A FOOT ULCER (DIABETIC FOOT)?

- A foot ulcer is a wound under the foot that goes deep in the soft tissues.
- When a person has a health condition called diabetes sometimes they cannot feel their foot properly, so they do not notice the wound or the pain it causes.



### What are the key signs of a foot ulcer?

- At the beginning, a foot ulcer is a small wound on the foot. There is redness or an observable sore (pink, red, yellow, purple, or black) on one or both
- Often the person does not pay attention to the sore because they cannot feel it



### Why it requires immediate medical referral?

- The ulcer can quickly become a bigger and deeper as the soft tissue of the foot is damaged. The ulcer needs to be cleaned and protected with a dressing to prevent infection.
- Medication may be needed to prevent the spread of infection



### What might happen if the person does not see the doctor?

- The foot ulcer can quickly become a bigger and deeper
- If the ulcer is not treated immediately an amputation is often required to prevent general gangrene or infection

### What kind of health service is needed?

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up



## 6. WHAT IS GANGRENE?

- Gangrene is when the soft tissues (muscles) under the skin die. This happens due to loss of blood supply caused by illness, injury or infection.
- Fingers, toes and limbs are most affected



### What are the key signs of gangrene?

- You can see the skin is black in certain places- it can be small digits or large surface of the skin.
- Often there is a strong smell of infection from the soft tissues under the skin
- Liquid may leak from the sore
- The area is swollen and painful



### Why it requires immediate medical referral?

- The gangrene can get worse and spread very quickly in other soft tissue
- Medication may be needed for infection, and the dead skin needs to be removed to prevent the spread of the gangrene.

### What might happen if the person does not see the doctor?

- The limb extremity with gangrene may need to be amputated to prevent extension of the gangrene to other parts of the body.
- The whole body can be infected causing high fever.
- The person can die from general infection

### What kind of health service do they need?

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up

## 7. WHAT IS ACUTE INJURY/TRAUMA?

- **An acute injury may be visible or not visible:**

- **A visible injury** is when part of the body is in an abnormal position, when the skin is open, and the wound is bleeding. The joints are often bigger than normal.
- **An invisible injury** is when none of the signs above can be seen but has a lot of pain and cannot move normally.



### What are the key signs of acute injury/trauma?

- Active bleeding
- Object still stuck in limb or body (like chest or stomach) (“penetrating injury”)
- Broken bones in multiple limbs
- Head injury



### Why it requires immediate medical referral?

- The wound needs to be cleaned and protected with a dressing to prevent infection
- An X-ray may be needed to check if a bone is broken (fracture).
- Medicine might be needed to reduce any pain, or to reduce the risk of infection (antibiotics)



### What might happen if the person does not see the doctor?

- Risk of further injury, infection, or maybe death

### What kind of health service do they need?

- Referral to Health Center and/or District Hospital for wound treatment and disinfection, wound dressing to protect against dust, and possibly an X-Ray to check if there is a fracture. Sometimes antibiotics are needed to prevent infection.
- Village Health Volunteer (VHV) should follow-up



## **8. WHAT IS EPILEPSY?**

- Epilepsy is a common health condition that affects the brain and causes seizures in people
  - Seizures are bursts of electrical activity in the brain that temporarily affect how it works, and can cause a wide range of symptoms



### **What are the key signs of epilepsy?**

- Strong, uncontrollable jerking and shaking- called a 'fit' jerky and, sometimes, violent movements
- Eyes may roll back in the head
- Losing awareness and staring blankly into space
- Becoming stiff
- Collapsing and person may lose consciousness (appear asleep), and the person may not remember what has happened
- Seizures may be over quickly or last a long time
- A person or caregiver may describe having lots of seizures within a short period of time, or long gaps in between seizures
- Sometimes occur with high fever

### **Why it requires immediate medical referral?**

- Health professionals will find out the cause of the seizures and treat this issue
- Medicine might be needed to control the convulsions to prevent damage to the body especially the brain)

### **What might happen if the person does not see the doctor?**

- The seizures may get worse then there is an increased risk of injury when they happen
- Severe seizures may damage the brain
- There is a small risk that a severe seizure may cause death

### **What kind of health service is needed?**

- Referral to Health Center and/or District Hospital
- The District or Provincial Hospital may decide to refer the person to a specialist clinic
- Village Health Volunteer (VHV) should follow-up



## **9. WHAT IS AN EYE INFECTION?**

Infection of the eye- there are different types of eye infections that might be caused by a virus or bacteria



### **What are the key signs of an eye infection?**

Signs might include:

- Redness
- Watery liquid draining from eye
- Pus coming from eye- yellow, sticky fluid that causes the eyelashes to stick together
- Pain- burning sensation or eye feels gritty
- Eye feels itchy
- The infection might be caused by an object stuck in or around the eye (dirt, insect, another small object)



### **Why it requires immediate medical referral?**

- The eye can be cleaned by the doctor or nurse with sterile (clean) water
- May need medicine to treat the infection

### **What might happen if the person does not see the doctor?**

- May result in loss of vision if untreated

### **What kind of health service is needed?**

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up

## **10. WHAT IS AN EAR INFECTION?**

Infection of the ear, especially common in small children



### **What are the key signs of an ear infection?**

- Pain inside the ear (a child might pull the ear or touch their cheek due to the pain)
- A high temperature/ fever
- Difficulty hearing
- Liquid running out of the ear
- Feeling sick
- A lack of energy
- Itching and irritation around the ear

### **Why it requires immediate medical referral?**

- May need medicine to treat the infection
- The doctor or nurse may carefully clean the ear



### **What might happen if the person does not see the doctor?**

- May result in loss of hearing if untreated

### **What kind of health service is needed?**

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up

## **II. WHAT IS AN ACUTE SKIN INFECTION?**

- A rash or red area on the skin
- This can be an issue for persons who have difficulty moving and using the toilet and their skin is exposed to urine and faeces and not kept clean



### **What are the key signs of an acute skin infection?**

- Itchy skin or pain
- Redness of skin, maybe blisters or scabs
- Liquid oozing from the affected skin area
- May smell
- Fragile thin skin



### **Why it requires immediate medical referral?**

- The skin can be cleaned by the doctor and maybe medicine provided to treat the infection
- Without immediate treatment the infection can spread quickly and cause discomfort in the day and difficult to rest and sleep at night

### **What might happen if the person does not see the doctor?**

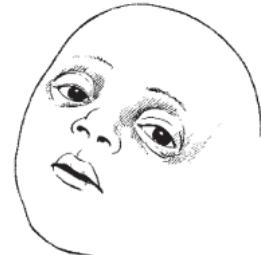
- Infection can become worse spreading to other areas of the body
- The skin may crack and cause open wounds

### **What kind of health service is needed?**

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up

## 12. WHAT IS DEHYDRATION?

- Dehydration means the body loses more fluids than you take in.
- Babies, children and older persons are more at risk of dehydration
- Dehydration may occur more easily due to other health conditions e.g. severe diarrhoea or vomiting, being in the sun too long, diabetes, high fever, drinking too much alcohol or when someone is too sick to eat and drink



Sunken eyes

### What are the key signs of dehydration?

- Feeling thirsty
- Feeling dizzy and light-headed
- Feeling tired
- Dark yellow and strong-smelling pee
- Dry mouth, lips and eyes
- Peeing very little, and fewer than 4 times a day
- Feeling confused
- The eyes are sunken (see image) especially in children
- Late signs—fast, deep breathing, fever, fits/seizures,

Image Source: WHO  
Pocketbook-Second Edition

### Why it requires immediate medical referral?

- Person needs treatment to get normal level of fluids in the body.
- This might need doing with an IV drip- needle put in arm so the fluid can go directly in the body rather than through the mouth



### What might happen if the person does not see the doctor?

- Can cause seizures
- Can lead to death

### What kind of health service is needed?

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up

## **13. WHAT IS SEVERE DIARRHEA?**

- Diarrhoea is passing looser or more frequent poo than is normal for the person.
- Severe diarrhoea happens for more than 24 hours and there are other signs (see list of key signs below)

### **What are the key signs of severe diarrhoea?**

- Very frequent diarrhoea for more than 24 hours
- Signs of dehydration- dizziness, not peeing very often and feeling sleepy
- Blood is present in the poo
- Severe and continuous stomach-ache
- Weight loss
- Person also has severe vomiting



### **Why it requires immediate medical referral?**

- The person may need treatment for dehydration and medicine to help them stop vomiting and to treat any potential infection

### **What might happen if the person does not see the doctor?**

- High risk of dehydration that can lead to seizures and death
- Diarrhoea is a major cause of death in young children

### **What kind of health service is needed?**

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up

## **14. WHAT IS SEVERE VOMITING?**

- Vomiting is the body's way of getting rid of harmful substances in the stomach, or a reaction to something that has irritated the stomach
- Severe vomiting is when it happens repeatedly for more than a day or two and there are other signs (see list of signs below)



### **What are the key signs of severe vomiting?**

- Repeated vomiting for more than one or two days
- Person is unable to keep any liquids in the body as they keep vomiting
- Vomit is a green colour or there is blood in the vomit
- Signs of severe dehydration- confusion, rapid heartbeat, confusion, sunken eyes, passing very little or no urine
- The person has lost a lot of weight
- Sudden, severe headache

### **Why it requires immediate medical referral?**

- The person may need treatment for an infection or a stomach problem
- Babies, children and older persons are at high risk

### **What might happen if the person does not see the doctor?**

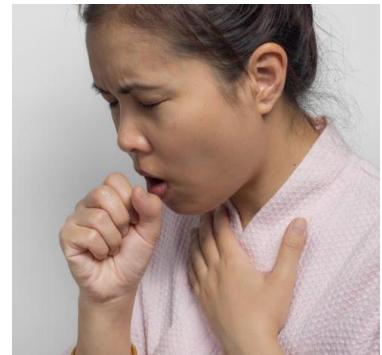
- There is a high risk of severe dehydration that can result in seizures and maybe death

### **What kind of health service is needed?**

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up

## **15. WHAT IS SEVERE COUGHING?**

- Coughing has a purpose. It is your body's way of keeping unwanted stuff from getting into your lungs and helps to clear extra mucus from your airways (small tubes in your lungs).
- Severe coughing is when it does not go away for more than 3 weeks and there are other 'signs' (see list below)



### **What are the key signs of severe coughing?**

- The person has had a cough that does not go away for more than 3 weeks
- The cough is very bad or getting worse quickly
- The person also generally feels unwell
- The person has chest pain and may find it difficult to breathe
- A severe sign is when the person coughs up blood
- The person may cough up mucus (especially dangerous if it is bloody)

### **Why it requires immediate medical referral?**

- The person may have an infection that needs to be treated
- The infection if not treated could easily spread to other persons in the household and make them sick

### **What might happen if the person does not see the doctor?**

- There is a particularly dangerous type of cough for young children that can lead to death (pertussis/whooping cough)

### **What kind of health service is needed?**

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up

## 16. WHAT ARE RESPIRATORY DIFFICULTIES?

- The word ‘respiratory’ relates to the lungs; the organ of the body that you use to breath
- When you have difficulty breathing you may quickly run out of breath, get tired and breath in a different way to other people.

### What are the key signs of breathing difficulties?

- Depth: the person takes very shallow breaths or very deep breaths
- Speed: the person breathes very fast or very slow
- Difficulty: appears very difficult for the person to breath in or out – you may be able to see their ribs stick out when they breath in
- May hear a sound (the chest is noisy- wheezing or whistling sound) when the person breathes in or out



### Why it requires immediate medical referral?

- The person may have an underlying illness or allergic reaction that is causing the difficulties in breathing that may need to be treated.
- If someone is struggling to breath or has sudden shortness of breath it may be a sign of a heart attack or that something is blocking the airway of the lungs- so it should be checked urgently by a doctor

### What might happen if the person does not see the doctor?

- Person may lose consciousness/faint if cannot get enough good, clean air in their body.

### What kind of health service is needed?

- Referral to Health Center and/or District Hospital
- Village Health Volunteer (VHV) should follow-up

## **Annex I: Tips on how to use the Disability Awareness Raising flipbook for Community Screening**

The flipbook provided can be used in many different ways during community awareness raising activities. During community screening the objective of using the flipbook is so people in the village can recognize the signs for the different health conditions and identify if they observe those signs in themselves or a family member, friend or neighbor.

### **General tips on using the flipbook**



**Tip 1: Work as a team-** have 2-3 people help to share information using the flipbook. This will increase the success of sharing information effectively. One person can hold the flipbook, turn the pages and point to parts of the pictures, the second person can ask questions to the audience, the third person can observe the audience, assist the person asking questions and if needed demonstrate the signs e.g. holding their hand close to their ears

**Tip 2: Engage the audience by asking questions.** An audience will not keep their attention on the pictures if we just talk to them- they will start to think about something else or get sleepy! We can use questions to make the activity participatory and actively involve them to look and discuss what they see. They will stay alert if they think someone will come to ask them a question.



**Tip 3: Interact with the audience in a fun but respectful way.** Approach a person gently and ask their name before asking a question. Give praise and encouragement even if their answer is not complete or correct. Ask other people in the audience to help if someone is shy and cannot think of the answer.

**Tip 4: Move around the audience.** This way you can interact more with the audience and directly engage more people in the discussion. By moving around you can go to people who are quiet and get them involved, make sure both women and men talk equally. It helps to keep the audience active.

**Tip 5: After talking about the pictures in a big group let people sit in small groups and look at the pictures again.** Encourage people to chat together and share stories about

people they know. Telling stories is a good way to help people understand, get them interested and so they go home and share with other people.

### Suggested questions to use with pictures

	<b>Initial question</b>	<b>Positive, confirming response</b>
	What do you see in the picture?	Yes, that is right- this girl has <b>difficulty seeing. She is blind</b>
<b>Follow- up questions (if unable to ask initial question)</b>		
What is the girl doing?	Yes, your right- she is walking with a stick	
Look at her eyes-what do you see?	Yes, her eyes are closed	
What is she doing with the stick?	Yes, she is using a stick to help her to move around as <b>she cannot see</b> .	
Do you know anyone in the village like this? <b>Please tell them to come to the screening to provide information to our team.</b>		

	<b>Initial question</b>	<b>Positive, confirming response</b>
	What do you see in the picture?	Yes, that is right- this woman has <b>difficulty hearing</b>
<b>Follow- up questions (if unable to ask initial question)</b>		
What is the woman doing?	Yes, she is holding her hands near her ears OR	
What is she doing with her hands? (Point to her hands)	Yes, they are next to her ears	
Why do you think she has her hands near her ears? (Demonstrate with your own body)	Yes, she is trying to hear. She has <b>difficulty hearing</b>	
Do you know anyone in the village like this? <b>Please tell them to come to the screening to provide information to our team.</b>		

	<b>Probing question</b>	<b>Positive, confirming response</b>

 <small>© Plan International</small>	What do you see in the picture?	Yes, that is right- this woman has lost part of her left arm
	<b>Follow- up questions (if unable to ask initial question)</b> Look at the woman's arms. What do you see?	Yes, she has lost part of her left arm. She has no hand. (Point to the arm)

Do you know anyone in the village like this? **Yes, please tell them to come to the screening to provide information to our team.**

	<b>Probing question</b>	<b>Positive, confirming response</b>
	What do you see in the picture?	Yes, that is right- this man has lost part of his leg
	<b>Follow- up questions (if unable to ask initial question)</b>	
	What is the man holding?	Yes, he is walking with a stick
	Look at the man's legs. What do you see?	Yes, he has lost part of his leg. He has no foot.
	What is the man holding?	Yes, he has a wooden stick.
	Why is he holding a stick? (Point to the stick)	Yes, he has lost part of his leg and the stick helps him to walk

Do you know anyone in the village like this? **Yes, please tell them to come to the screening to provide information to our team.**

	<b>Probing question</b>	<b>Positive, confirming response</b>
	What do you see in the picture?	Yes, that is right- this girl is on the floor because she has <b>difficulties standing and walking</b> . She had a health condition called <b>polio</b> .
	<b>Follow- up questions (if unable to ask initial question)</b>	
	Look at the girl's legs. (Point to the legs) What do you see?	<b>Yes, her legs are thin and weak. (Point to her legs)</b>

	How do you think this girl moves around?	Yes, she crawls on the floor as she cannot walk.
Do you know anyone in the village like this? Please tell them to come to the screening to provide information to our team.		
 © Plan International	<b>Probing question</b>	<b>Positive, confirming response</b>
<b>Follow- up questions (if unable to ask initial question)</b>		
	What do you see in the picture?	Yes, this girl is having <b>difficulty sitting and moving</b> . We can see this as her legs and arms are in a different position. She has a health condition called <b>cerebral palsy</b> .
	Look at the girl's arms. (Point to the arms). What do you see?	Yes, her arms are bent and folded across her body.
	Look at the girl's legs. (Point to legs). What do you see?	Yes, her legs are twisted inwards
	Why do you think the girl's arms and legs are in this position?	Yes, she has <b>difficulty moving her body</b> . It is difficult for her to sit straight
Do you know anyone in the village like this? Yes, please tell them to come to the screening to provide information to our team.		

 © Plan International	<b>Probing question</b>	<b>Positive, confirming response</b>
	What do you see in the picture?	Yes, this girl has a big head. <b>She has a health condition called hydrocephalus</b> (use simple local term).
<b>Follow- up questions (if unable to ask initial question)</b>		
	Look at the girl's head. What do you see?	Yes, her head is big. She has a health condition called hydrocephalus.
Do you know anyone in the village like this? Yes, please tell them to come to the screening to provide information to our team.		

 <small>© Plan International</small>	<b>Probing question</b>	<b>Positive, confirming response</b>
	What do you see in the picture?	Yes, this woman's legs turn in and her knees touch. This makes it <b>difficult for her to walk.</b>
<b>Follow- up questions (if unable to ask initial question)</b>		
	Look at the woman's legs. (Point to legs) What do you see?	Yes, her knees touch together, and her legs turn in. <b>This makes it difficult for her to walk.</b>

**Do you know anyone in the village like this? Yes, please tell them to come to the screening to provide information to our team.**

 <small>© Plan International</small>	<b>Probing question</b>	<b>Positive, confirming response</b>
	What do you see in the picture?	Yes, this man's knees do not touch when he stands, and his legs are bowed. This makes it difficult for him to walk.
<b>Follow- up questions (if unable to ask initial question)</b>		
	Look at the man's legs. (Point to the legs). What do you see?	Yes, the knees do not touch together.
	Are the legs straight?	Yes, the legs are bowed. This makes it <b>difficult for him to walk</b>

**Do you know anyone in the village like this? Yes, please tell them to come to the screening to provide information to our team.**

 <small>© Plan International</small>	<b>Probing question</b>	<b>Positive, confirming response</b>
	What do you see in the picture?	Yes, the man has fallen down and is shaking. He has a health condition called <b>epilepsy</b>
<b>Follow- up questions (if unable to ask initial question)</b>		
	Look at the man on the floor. What has happened?	Yes, he has fallen down.

	What else do you see? Is the man sleeping	Yes, his body is shaking
	Look at his mouth- what do you see?	Yes, there is liquid coming out of his mouth. This man has a health condition called <b>epilepsy that causes him to have seizures (use local name)</b> .
Do you know anyone in the village like this? <b>Yes, please tell them to come to the screening to provide information to our team.</b>		

 © Plan International	<b>Probing question</b>	<b>Positive, confirming response</b>
	<b>Follow- up questions (if unable to ask initial question)</b>	
	What do you see in the picture?	Yes, this girl's feet turn inwards. She has a health condition called <b>club foot</b> . <b>This makes it difficult to walk</b> .
Do you know anyone in the village like this? <b>Yes, please tell them to come to the screening to provide information to our team.</b>		

 © Plan International	<b>Probing question</b>	<b>Positive, confirming response</b>
	<b>Follow- up questions (if unable to ask initial question)</b>	
	What do you see in the picture?	Yes, this man has light colored skin and hair. He has a <b>health condition called albinism</b> .
	Look at the man's hair and skin. What do you see?	Yes, his skin and hair are a light color.
	Look at his eyes- are they open or closed?	Yes, they look like they are closed. His eyes are sensitive to bright lights and he has difficulty seeing. He has a health condition called <b>albinism</b>

**Do you know anyone in the village like this? Yes, please tell them to come to the screening to provide information to our team.**

	<b>Probing question</b>	<b>Positive, confirming response</b>
  <small>© Plan International</small>	<p>What do you see in the first picture?          What do you see in the second picture?</p>	<p>Yes, there is a woman sat in a wheelchair.          Yes, it shows the woman's body and the bones in her back. She has an injury to her spine that makes it difficult to walk. This health condition is called <b>spinal cord injury</b>.</p>
<b>Follow- up questions (if unable to ask initial question)</b>		
	<p>Where is the woman sitting?</p>	<p>Yes, she is sat in a wheelchair as she has difficulty walking.</p>
	<p>Look at the picture of the woman's back in the second picture. (Point to the spine). What do you see?</p>	<p>Yes, you can see the bones of her back. She has an <b>injury to her spine that makes it difficult to walk</b></p>

**Do you know anyone in the village like this? Yes, please tell them to come to the screening to provide information to our team.**



## **Annex 2: Form to collect data on logistics**

### **CBID Awareness raising and screening: Preparation and logistics**

**Use this** form is to collect basic information from target village to ensure that CBID team and each village are well prepared for the CBID awareness raising and Screening process in the communities.

Name of village: \_\_\_\_\_

Date of proposed activities: \_\_\_\_\_

Name of village chief / representative: \_\_\_\_\_

Contact number of village chief: \_\_\_\_\_

Form completed by: \_\_\_\_\_

#### **I. Geographical conditions**

1.1 How is the road condition? (Choose one)

Dry season:  Sealed road,  good road,  Dirt road,  Poor condition

Wet season:  Sealed road,  good road,  Dirt road,  Poor condition

Accessible:

Inaccessible:

1.2 Is there any river that team needs to cross? (Choose one)

Yes  No

If click “yes” how can we go and what we need to prepare for? Do we need to pay any fee? Please explain

.....  
.....  
.....

1.3 How far is the target village from district capital?

.....km

1.4 How long will it take if travelling by car from district capital? (Choose one)

Dry season:  less than 10 minutes,  10-20 minutes,  20-30 minutes, Other ..... minutes

Wet season:  less than 10 minutes,  10-20 minutes,  20-30 minutes, Other ..... minutes

## **2. Infrastructure:**

No	Description	Yes	No
1.	Does the village have electricity? (Choose one)		
2.	Does the village have the benches or chairs for group discussion that we can use?		
3.	Does the village have a village office?		
4.	Does the village have a temple for any village activities that we can use?		
5.	Does the village have a local market? If your answer is "Yes" please explained what local products that team can buy for cooking? ..... .....		
6.	Does your village have a Health Center to hold event?		
7.	Does the village have the speaker for making announcements that we can use?		
8.	Does the village have mobile speaker and are they allow us to use it? If your answer is "Yes" please answer Q 9.		
9.	Can team use that mobile speaker?		
10.	Does the village have long extension cord that we can use?		
11.	Does the village have a back-up generator for power that we can use?		
12.	Are there any restaurants?		
13.	Does the village have village health volunteers, other village leaders and people with disability that could be mobilized to help with the logistics and set-up of the event?		
14.	Does the village have any guesthouse or home stay? If your answer "No" where a good place for team to stay overnight? .....		

## **3. Village life**

3.1 What is the total population? (Male: Female if known)  
.....

3.2 What are the major ethnic groups in this village? (choose any that are relevant)  
 Hmong,  Lao loom,  Thai dam, Other.....

3.3 Do most people understand Lao language? If not, what is the main language for communication?  
.....

3.4 How many households are there?  
.....

3.5 What do most people do for a living?  
.....

3.6 What time do you think is best to conduct activities so most people can attend?

Morning.....am ,  Afternoon.....pm   
Evening.....pm

3.7 How can we ensure both women and men attend the activities?

.....

.....

3.8 Will people with disability be able to access the event?  Yes  No

If your answer "No" What help do they need? Please ensure on that

.....

.....

.....

#### 4. (For CBID team)

Confirmed date of activities: \_\_\_\_\_

Confirmed time of activities: \_\_\_\_\_

Confirmed location of activities: \_\_\_\_\_

Things CBID team need to bring to this village (things the village does NOT have):

.....

.....

.....

Notes about transport / special conditions (language etc.):

.....

.....

.....

Any other recommendations from the CBID team:

.....

.....

.....

.....

Checked by ...../...../.....2019

## **Annex 3: Community Screening Questions**

### **Section I: DISABILITY – Washington Group Short Set (WGSS) Questions and WG/ UNICEF Module on Child Functioning (dependent on age of subject)**

The next questions ask about difficulties you may have doing activities because of a HEALTH PROBLEM.

*(Read out all options a-d)*

#### **(If) Adult is 18 years and older (Skip if under 18 years old)**

1.1 Do you have difficulty seeing?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.2 Do you have difficulty hearing?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.3 Do you have difficulty moving around inside or outside your home?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.4 Do you have difficulty remembering or concentrating?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.5 Do you have difficulty with self-care such as washing all over or dressing?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.6 Usual your usual language, do you have difficulty communicating, for example understanding or being understood?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

#### **(If) Children aged 5-17 years (Skip if under 5 years and over 17 years old)**

*(Parent answers for child, unless the child is 13-17 years they can answer the questions (if capable dependent on impairment)- CBID facilitator needs to decide based on the actual situation).*

1.1 Does [child's name] have difficulty seeing?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.2 Does [child's name] have difficulty hearing noises like people's voices or music?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.3 Compared with children of the same age, does [child's name] have difficulty walking 100 meters on level ground?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.4 Compared with children of the same age, does [child's name] have difficulty walking 500 meters on level ground?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.5 Compared with children of the same age, does [child's name] have difficulty picking up small objects with his/her hand?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.6 Does [child's name] have difficulty with self-care such as feeding or dressing him/ herself?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.7 When [child's name] speaks, does he/ she have difficulty being understood by people outside of this household?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.8 Compared to other children, does [child's name] have difficulty learning a new task?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

**(If) Children aged 2-4 years** (*Skip if under 2 years and over 4 years old*)

(Parent answers for child)

1.1 Does [child's name] have difficulty seeing?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.2 Does [child's name] have difficulty hearing noises like people's voices or music?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.3 Compared with children of the same age, does [child's name] have difficulty walking?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.4 Compared with children of the same age, does [child's name] have difficulty picking up small objects with his/her hand?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

1.5 Compared with children of the same age, does [child's name] have difficulty playing?

- a) No difficulty b) Some difficulty c) A lot of difficulty d) Cannot do at all

### **If children under 2 years**

(Parent answers for child)

1.1 Compared with children of the same age, do you think [child's name] has an impairment (difficulty)?

- Yes
- No

## **Section 2: HEALTH CONDITION and CAUSE**

### **2.1 Observable health conditions: (If child is under 4 years old)**

Cleft lip  Club Foot  Limb Deformity  Missing body part

Spinabifida  Hydrocephalus

Albinism  Blind  Cataract  Other.....

### **2.1 Suspected health condition (observations noted by CBID facilitator): (Over 4 years of age)**

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**Note for CBID facilitator: If acute health condition that requires immediate attention the persons should be referred immediately to the appropriate health services.**

**Note for CBID facilitator:** (If no difficulties from WG question sets or observable health conditions end interview at this point)

**2.2. What is the cause of your impairment (difficulty)? (Read all options and select all that applicable) (For all ages)**

- Congenital (born with)
- Illness
- Accident (Non UXO)
- UXO accident (post war)
- War (during)
- Old Age
- Unknown
- Other (specify) \_\_\_\_\_

## **Section 3: SOCIO-DEMOGRAPHIC INFORMATION**

### **3.1 Marital status (read out all options and select one option)**

- Never married
- Married
- Separated
- Divorced
- Widowed
- Do not want to respond

**3.2 How many children do you have or care for?** \_\_\_\_\_

### **3.3 What is the highest level of education you have completed? (read out all options and select one option)**

- None
- Some of level of primary
- Primary
- Lower secondary
- Upper secondary
- Post-secondary

## **Section 4: WORK AND EMPLOYMENT**

### **4.1a Are you involved in any activities or work, which earns you or your family income, food or other material assets? (Skip if under 18)**

- Yes
- No

### **4.1b If yes, what type:**

- Farming/gardening
- Animal Raising
- Trade/market
- Waged employment
- Day labor
- Other (specify) \_\_\_\_\_

**4.2 In the last 3 months, to what extent have you been able to work as much as you wanted? (Read out options) (Skip if under 18)**

- As much as I needed
- Most times
- Sometimes
- Not at all
- Have not needed
- Don't know

## **Section 5: FINANCIAL SITUATION**

**Given the resources available to your household:** (*Answered by adult 18 years and over, or by parent of child*)

**5.1a Can you meet basic food needs?**

- As much as needed
- Most times
- Sometimes
- Not at all

**5.1b Given the resources available to your household can you meet basic medical costs?**

- As much as needed
- Most times
- Sometimes
- Not at all

**5.1c Given the resources available to your household can you meet basic education costs?**

- As much as needed
- Most times
- Sometimes
- Not at all