



# USAID Okard ໂອກາດ

## Comprehensive Individual Needs Assessment using the CBID Modular Tool



USAID Okard (ໂອກາດ) 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 Lao PDR 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.

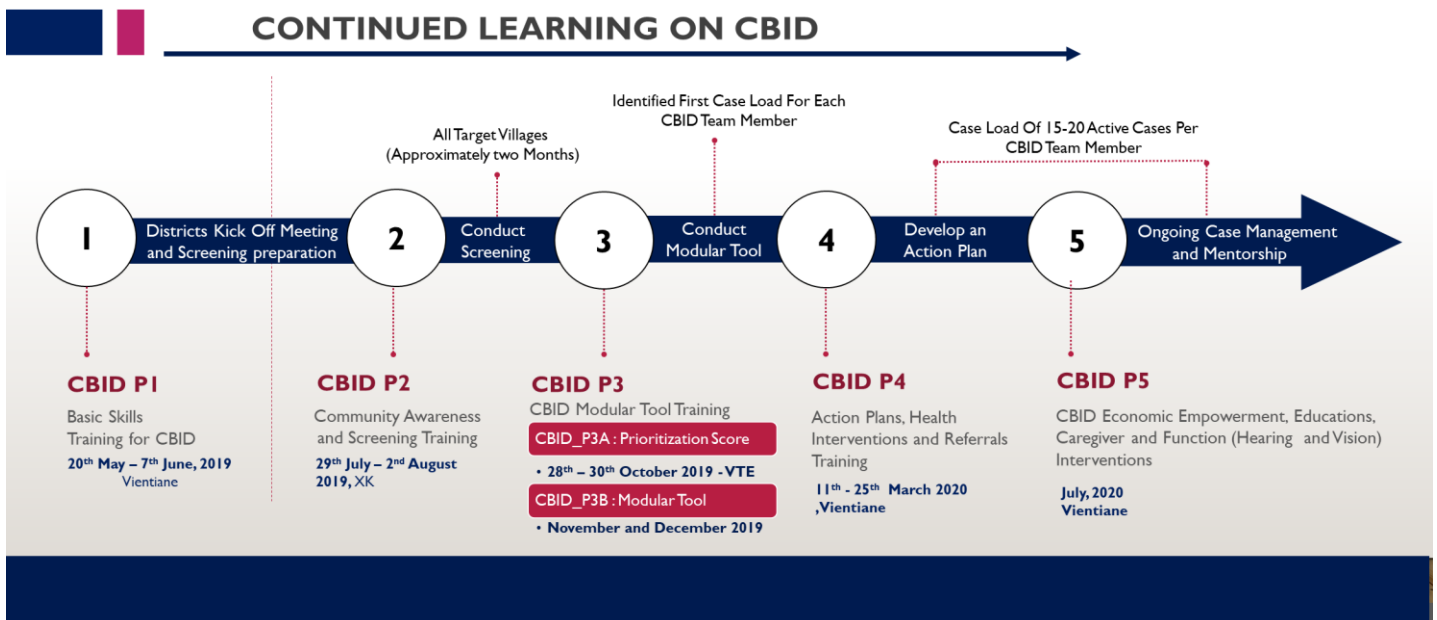
## **5. CBID team members advance rights of persons with disabilities**

- 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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## Training Goal and Learning Objectives

**Training Topic: Introduction to Modular Tool**

**Training Code: CBID\_P3B**

<b>Target Group/ Participants:</b>
<b>Duration: 8 days</b>
<b>Location: STELLA, VTE</b>
<b>Dates and Times: 18<sup>th</sup> – 22<sup>th</sup> Nov 2019 (for ARMI) 4<sup>th</sup> – 13<sup>th</sup> Dec 2019 (for QLA)</b>

### Training Goal/s

By the end of the training, develop the CBID teams' understanding of data collection for case management step 2 on individual needs assessment including developing general interview skills, gaining a detailed understanding and practical skills so they can administer the seven (7) modules of the CBID modular tool using the tablet, and understand the process of data extraction.

### Learning Objectives

By the end of the training, the CBID team will be able to:

#### Conducting the Modular Tool

1. Remember the purpose and importance of conducting an individual needs assessment for step 2 case management (from CBID 3A training)
2. List the 7 modules of the modular tool and describe the overall objectives and needs that will be assessed by each module
3. Describe the data collection process for initial and discharge interviews using the modular tool
4. Explain and demonstrate best practices for conducting a good interview and apply this to the context of conducting interviews in target villages
5. Set up the tablet for an interview, record answers, save and upload completed modules to the database
6. Discuss the meaning of each question per module and be able to ask the questions confidently to CBID beneficiaries
7. Interpret answers provided by CBID beneficiaries and record their responses accurately using the tablet
8. Describe the protocol for taking and saving photographs and videos and gaining consent
9. Plan an orientation session with government partners about case management step 2 and using the modular tool

#### Collecting data on health conditions for module 3

10. Recognize the health conditions listed in module 3 questions and describe their main visible signs
11. Describe what are the possible difficulties in functioning (activity & participation)



## Overview of training topics

- Introduction to modular tool
- Interview Skills
- Photographs, video and consent
- Module 1-demographic data, economic status, education and working situation
- Module 2-function and assistive products
- Module 3-health conditions
- Module 4-mental health
- Module 5-caregiver needs
- Module 6-access and utilization of health services
- Module 7-wellbeing
- Planning orientation session with government partners

### I. Introduction to Modular Tool

In the context of USAID Okard CBID demonstration model, case management is defined as a personalized and family centered process that aims to improve and sustain the independent living and functional ability of persons with disabilities through support to them and their household.

Case management will **assess and analyze the unmet needs of persons with disabilities** and **plan** interventions to meet these needs; **provide** (or refers them to) services and **monitor their outcome** on independent living, function and overall wellbeing. USAID Okard with the technical support of Nossal Institute of Global Health, University of Melbourne have developed a comprehensive needs assessment tool called the CBID modular tool so we can assess and analyze the unmet needs of persons with disabilities.

### I. What is the modular tool?

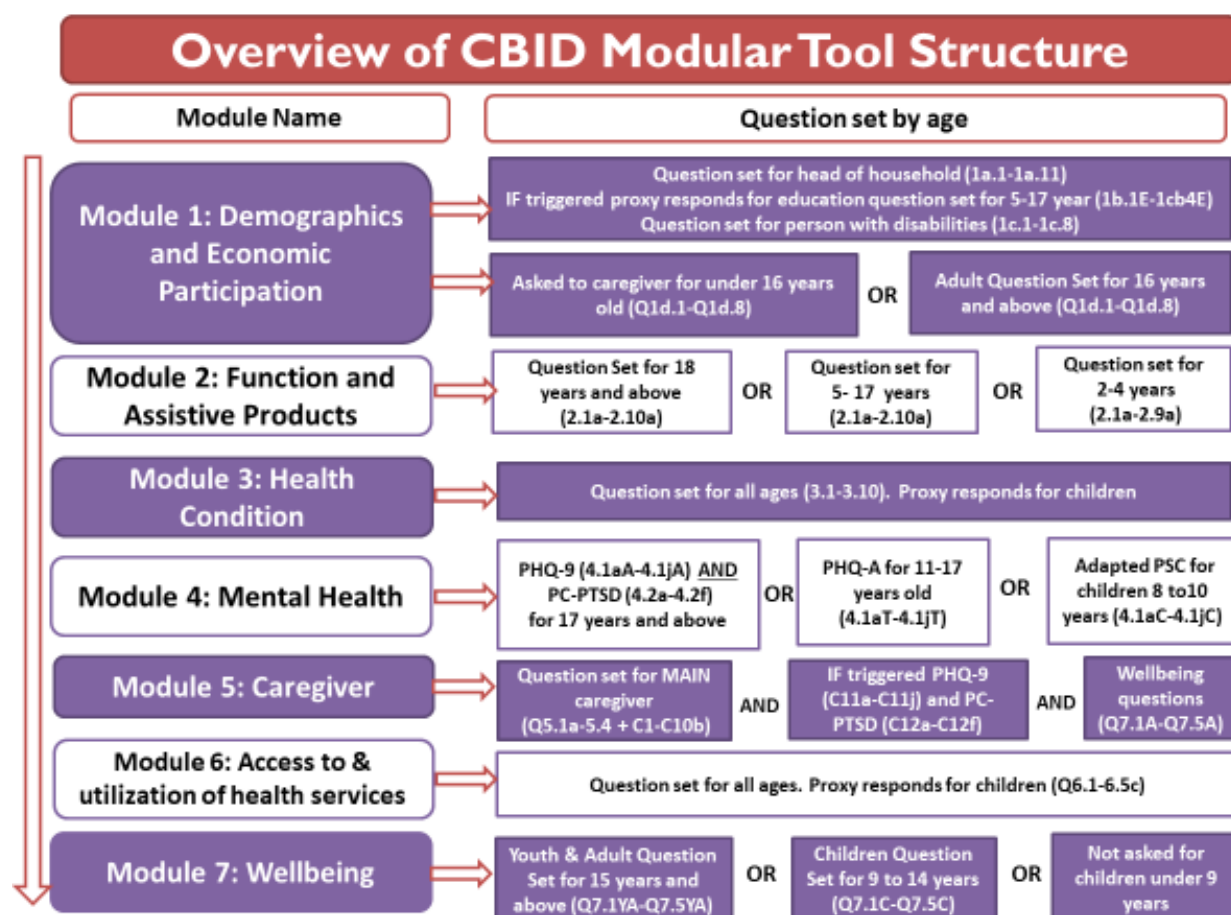
The CBID modular tool is a comprehensive needs assessment tool that will collect data on a person with disabilities' needs and unmet needs. Information is collected on different topic areas using question sets organized into seven (7) interview modules.

Topic Area	Module Number and Name
Demographics: Household and person with disabilities	Module 1: Demographics, education and economic participation
Education level and participation of children at school (including barriers if not attending school)	
Household economic status and work situation of household	

Economic participation of person with disabilities or a parent with a child with disabilities	
Functional ability of persons with disabilities and use of assistive products	Module 2: Function and Assistive products
Health conditions of persons with disabilities	Module 3: Health Conditions
Mental health of persons with disabilities	Module 4: Mental Health
Person with disabilities ideas on needing a caregiver to support them Needs of caregiver- roles and routines, physical and mental health, and wellbeing	Module 5: Caregiver
Health seeking behaviors and use of traditional and/or western medicine Access and utilization of health services (general health, rehabilitation, assistive products, and MHPSS services)- including barriers to access	Module 6: Access and Utilization of health services
Subjective wellbeing of person with disabilities	Module 7: Wellbeing

The CBID modular tool is digitized so can be administered using a tablet. The digitized module forms are available on Kobo Toolbox (<https://www.kobotoolbox.org/>) in English and Lao language- and can be completed online or offline (using the Kobo Collect application).

Dependent on the age of the person with disabilities, the CBID facilitator will choose appropriate question sets that are relevant to that person. The diagram below shows the different modules and questions sets based on age.



## 2. When will the modular tool be used and by whom?

The modular tool will be administered by CBID facilitators and IGA officers. It will be used during two steps of case management:

- **Case management step 2: Individual Needs Assessment.** The objective of case management step 2 is to understand the situation of the person related to functioning and identify the individual specific needs of persons with disabilities and their household. This is called the ‘**individual needs assessment**’ and will be completed using the ‘**CBID Modular Tool**’.
- **Case Management step 7: Discharge interview and plan.** The objective of case management step 7 is to evaluate the progress made by the person with disabilities and their household by conducting a ‘**discharge interview**’ and organize a ‘discharge plan’. CBID facilitators will **conduct a ‘discharge interview’ using the CBID modular tool** to evaluate the persons needs after the interventions. Most of the modules from the CBID modular tool will be repeated and the responses compared with results from the initial modular tool (step 2) to measure changes.

### 3. Objectives of CBID Modules

Each module assesses a different area of need. The table below provides the overall and specific objectives of each module.

Module Number & Name	Overall Objective of Module	Specific Objectives
<b>M1: Demographics, Education and Economic Participation</b>	Collect demographic data on the person with disability and their household, and on the educational status of children.	<p><b>Household Demographics</b></p> <ul style="list-style-type: none"> <li>Identify the composition of the household (by sex and age)</li> <li>Determine household economic status (food consumption, income, house condition and livestock)</li> </ul> <p><b>Individual Demographics of Person with Disability</b></p> <ul style="list-style-type: none"> <li>Age, sex, ethnicity, marital status, children, education level</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>Identify if school age children are enrolled and attending school</li> <li>Barriers to accessing education if not attending</li> </ul>
	Measure the current level of economic participation of the person with disability <u>and</u> the household	<p><b>Economic Participation</b></p> <ul style="list-style-type: none"> <li>Identify working situation of person with disabilities and the household, and barriers to accessing work</li> <li>Identify level of satisfaction (if working)</li> <li>Identify extent the person can access to skills training and barriers (if cannot access)</li> <li>Determines level of debt, and other support being received</li> <li>Financial literacy skills and access to banking services</li> </ul>
<b>M2: Function and Assistive Products</b>	Measure how much the health condition(s) create difficulties in functioning i.e. limits activities and restricts participation with or without out assistance	<ul style="list-style-type: none"> <li>Identify level of functioning and participation (with or without an assistive product)</li> <li>Identify if the person uses an assistive product, including what type and where it was sourced.</li> <li>Identify at what level the assistive product is helpful</li> </ul>

<b>M3: Health conditions</b>	<p>Identify the overall health status of the person with disability:</p> <ul style="list-style-type: none"> <li>• Primary health condition(s) causing difficulties in function and the related impairment</li> <li>• Possible secondary health conditions (co-morbidities)</li> <li>• Suspected cause of health condition</li> </ul>	<ul style="list-style-type: none"> <li>• Identify overall health status on the day of interview (self-reported)</li> <li>• Identify health conditions that are causing difficulties with function and participation</li> <li>• Identify emergency/ immediate medical needs/ health conditions that need to be addressed before starting other interventions</li> <li>• Identify if the person is prescribed medication – type and availability</li> </ul>
<b>M4: Mental Health</b>	<p>Measure mental health symptoms of the person with disability</p>	<p>Identify symptoms of stress, anxiety, depression and PTSD</p>
<b>M5: Caregiver</b>	<p>Identify the level of personal assistance needed, how the person with disabilities is supported by the family, and the effect of caregiving for the person with disabilities on the main caregiver.</p>	<ul style="list-style-type: none"> <li>• Identify what personal assistance is provided to the person with disabilities and by whom in the household, specifically who is the main caregiver.</li> <li>• Identify how does caring for the person with disabilities affect the main caregiver(s) specifically: <ul style="list-style-type: none"> <li>○ Mental health</li> <li>○ Productivity</li> <li>○ Independence and participation</li> </ul> </li> <li>• Identify the current health status of the main caregiver(s) including use of medication.</li> <li>• If triggered identify the current mental health status of the main caregiver(s)</li> <li>• Identify caregiver’s current level of subjective wellbeing</li> </ul>
<b>M6: Access to and utilization of health services</b>	<p>Measure the health seeking behaviors, access and utilization of services of the person with disabilities and their household</p>	<ul style="list-style-type: none"> <li>• Identify what actions the person with disabilities took when they were ill and what services they chose to access.</li> <li>• Identify access to services and barriers that prevented access and utilization.</li> </ul>
<b>M7: Wellbeing</b>	<p>Measure wellbeing of the person with disabilities</p>	<ul style="list-style-type: none"> <li>• Identify person with disabilities current level of subjective wellbeing (from 9 years old and above only)</li> </ul>

## 4. How to use the CBID modular tool

### Planning for administering the CBID modular tool

The CBID team leader will give each CBID facilitator a list of persons with difficulties in functioning identified during step 1 of case management and the prioritization tool's result from the community screening. Dependent on the location, the CBID facilitator will plan to visit the family at home to complete the needs assessment using the modular tool. The person with difficulties in functioning, the head of the household and the main caregiver should be present during the need's assessment. The CBID facilitator should inform the family when they will come so all the people needed during the interview are available.

### Who will answer the questions during the interview?

For children up to the age of 12 years the parent/main caregiver will answer the questions for the child. This should be the parent that spends most time with the child and clearly understands their needs. Once a child is 13 years old and over, the CBID facilitator can ask the questions directly to the child and encourage them to answer themselves with the parent present to support them when needed.

Questions that are specifically for persons with disabilities should be answered by them unless they are unable to do so. In these situations, a proxy (another person in the household) should answer on their behalf.

<b>What is a proxy?</b>	A proxy is a person who has the knowledge to provide information on behalf of the person with disabilities because the person with disabilities is unable to answer the questions even with extra assistance. They must also have the authority i.e. the person with disability has consented that they are the person that can share information on their behalf.
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Different types of health conditions may make it difficult for persons with disabilities to communicate and answer by themselves (e.g. person with stroke with speech impairment). The CBID facilitator should plan different ways to administer the CBID modular tool so the person with disabilities can be assisted to participate as much as possible before using a proxy to answer the questions on their behalf.

<b>Tips to help persons with disabilities answer modular tool questions</b>	
<b>Persons with hearing impairment and deaf</b>	<ul style="list-style-type: none"><li>- If the person is able to use sign language organize that a sign language interpreter is available to support the person to understand and answer questions</li><li>- If the person can lip read, sit directly in front of them so they can see your face clearly. Speak naturally but slightly slower so they can observe your lips.</li><li>- If the person can read let them read each question on the tablet screen.</li></ul>

<b>Persons that cannot speak clearly</b>	<ul style="list-style-type: none"> <li>- Let the person read the response options and point to the answer on the tablet screen or use an illustrated scale on card so the person can point the answer</li> <li>- If the person can write let them type or write their response</li> </ul>
<b>Persons with visual impairment or blind</b>	<ul style="list-style-type: none"> <li>- Display the questions and answer in large font on the tablet screen</li> <li>- Illustrated pictures should be in a large format that are easy to see</li> <li>- The person uses 'alternative text' i.e. a description of the picture to help the person that cannot see to understand the image</li> </ul>
<b>Persons with intellectual impairment</b>	<ul style="list-style-type: none"> <li>- Use visual aids to help the person understand the question</li> <li>- Simplify the question asked in very simple basic language in short sentences</li> </ul>

### **How long will it take to complete the needs assessment?**

The modular tool may take more than one session to complete all information accurately and to ensure the person with disability and their family feel comfortable to answer questions. If a person with disability or the caregiver has psychosocial issues (feelings of sadness, depression or anxiety) it may be difficult for them to answer questions honestly when they are meeting the CBID facilitator for the first time. Compassionate communication and active listening skills are needed to build trust and rapport with the family, so they are confident to share personal information as part of the individual need's assessment.

The length of time needed to answer all questions in the modular tool may also vary based on:

- Which version of the tool you are using-younger and older children versions have less questions.
- Any assisted support needed to help the person with disabilities answer by themselves (instead of a proxy) may take longer
- The complexity of the family's needs- e.g. if a caregiver has psychosocial support needs, the interview will take longer as there are more questions to answer

The CBID facilitator should be observant during the interview to make sure the person with disabilities are not getting tired or appear to be rushing and not answering questions accurately. If a person gets tired, very emotional or is not actively engaged, the CBID facilitator can stop the interview and save it on the tablet, then have a break or return to the house at another time to continue.



Based on the above it is recommended that the CBID facilitators take more than one session to complete the modular tool. 1-2 sessions are recommended but there should not be too long time in-between the sessions. If needed, especially at the beginning when using the modular tool for the first few times 2 CBID facilitators could work together and both visit the family to complete the interview. However, if a family is comfortable and prefers to complete all the modules in one time this is also possible, as long as the CBID facilitator feels the family are answering questions fully and accurately.

### How do you analyze the results of the CBID modular tool?

At the end of the interview the CBID facilitator will save the interview results in the Kobo Collect application. Once connected to the internet, the interview results need to be uploaded to the Kobo Collect cloud database and then checked by the CBID MEL officer to make sure the data recorded is accurate. Once the data is approved by the MEL officer it can be transferred to the USAID Okard database for analysis. Based on the response of the person, the database will automatically identify key questions and ‘red flag’ responses i.e. the person has a need for support.

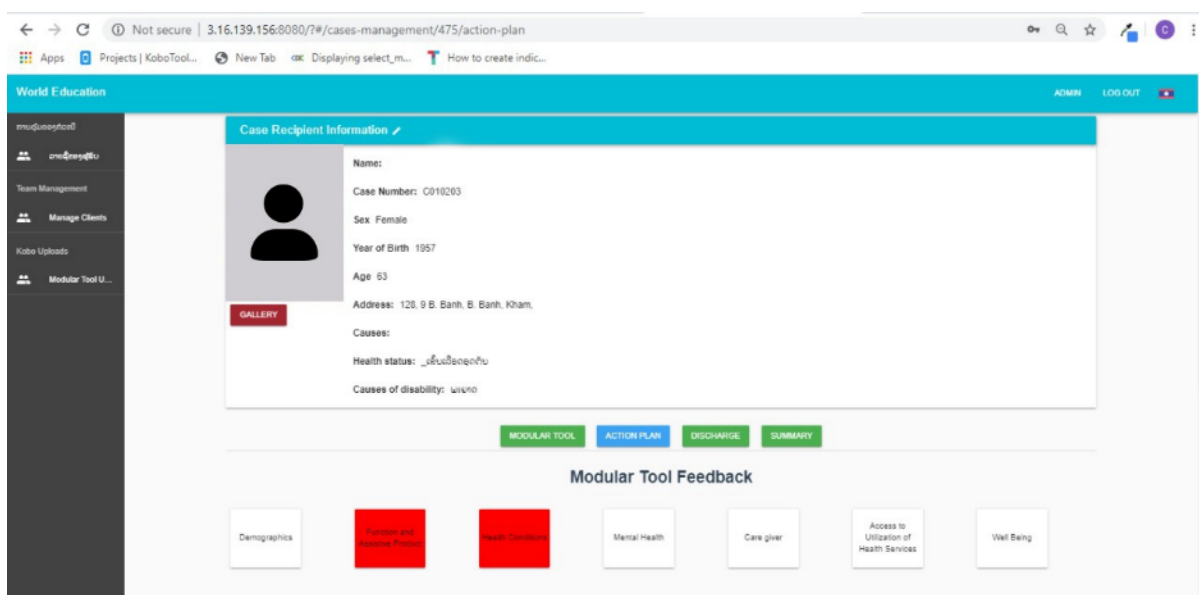
Examples of questions and ‘red flag responses:

Question	Responses (including red flag responses)	How the module tool triggers a red flag
In the last twelve months, in terms of household food consumption, how would you classify your household?	Deficit for the whole year	If the household answer they have a deficit of household food ‘some of the time or for the whole year’ this raises a ‘red flag’ for economic participation needs.
	Sometimes deficit	
	Neither deficit nor surplus	
	Surplus	
Do you have difficulty standing up from sitting down?	No difficulty	If the person answers they have ‘a lot of difficulty’ or ‘cannot do at all’ for this question on function it raises a ‘red flag’ for function needs.
	Some difficulty	
	A lot of difficulty	
	Cannot do at all	



Do you feel stressed due to caring	Never	If the caregiver responds that <b>'a lot of the time'</b> or <b>'always'</b> feels stressed due to caring this response will raise a <b>'red flag'</b> for mental health needs.
	Some of the time	
	<b>A lot of the time</b>	
	<b>Always</b>	

The database will consolidate all red flag responses and then highlight which of the modules identify a clear unmet need that requires interventions. The database will display a summary of the red flags and this information will be used to create an action plan. The CBID team leader and CBID facilitator can see this information by logging into the USAID Okard database platform.



## II. Data collection process: initial and discharge interviews using the modular tool

### Initial Interviews

In step 2 of CBID case management, CBID facilitators use the list of people collected in step 1 and select approximately 20 people (per CBID team member) to visit at home and conduct a comprehensive interview using the CBID modular tool.

The interview will be conducted over 2-3 home visits (or all in one go if the family prefer this). At the end of the interview, the CBID modular tool will automatically generate results- 'priority red flags' that indicate the main needs and confirm that they are persons with disabilities. This information will be used to generate an action plan.

### Discharge interviews

Once all the interventions for cases has been completed the CBID facilitators will then conduct a 'discharge interview' using the CBID modular tool to evaluate the persons needs after the interventions at the CBID case management Step 7. This will be completed according to a specific timeframe (18 months for AGM and maximum 6 months for all other interventions).

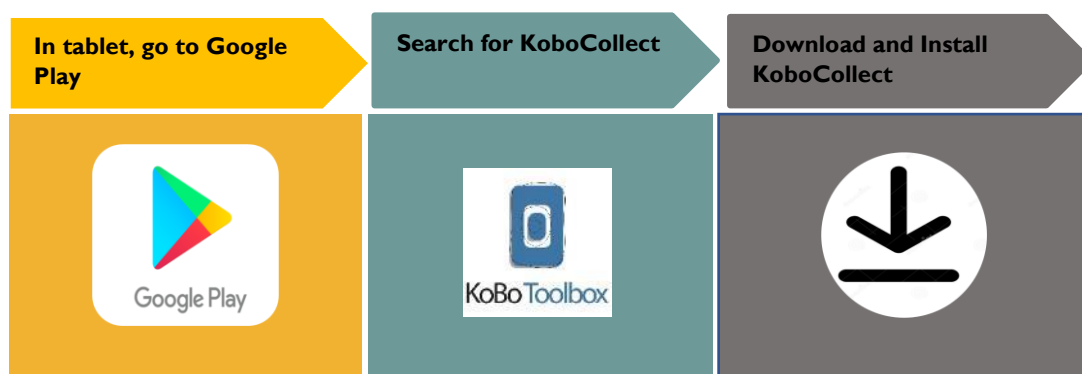
Most of the modules from the CBID modular tool will be repeated and the responses compared with results from the initial modular tool (step 2) to measure changes.

Based on the achievement of objectives and results of the action plan and the results of the second modular tool, the CBID facilitator will use a checklist to create a discharge plan and compile information that needs to be provided to the family to maintain the progress made


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### Let's get started:

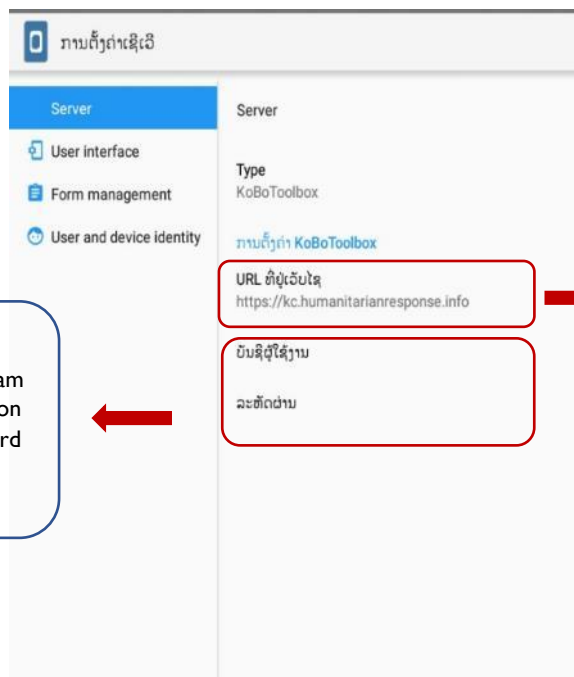
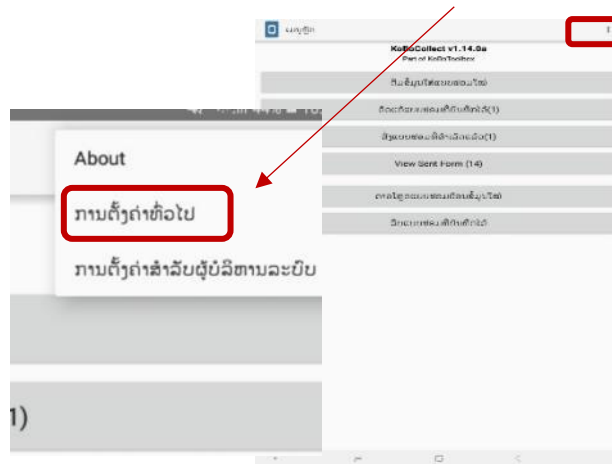
For CBID Demonstration Model, QLA and ARMI, USAID Okard has set the Kobo Account with protected password for each organization.



### System Setting:

In the Tablet, you will find  KoboCollect app which is already linked to your CBID server - see details below. However, in case of a technical problem, the system is easily set to find your details:

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



For ensuring data integrity, the CBID Team leader is the only person who can share password information

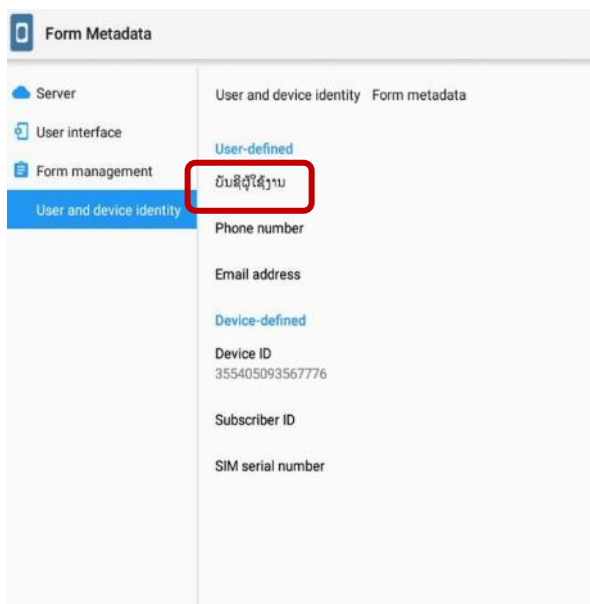
For USAID Okard, the server is hosted by Kobo toolbox humanitarian response, which is always on the following URL:  
<http://kc.humanitarianresponse.info>

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

The identification can be found in:

General Setting >> User and Device Identity

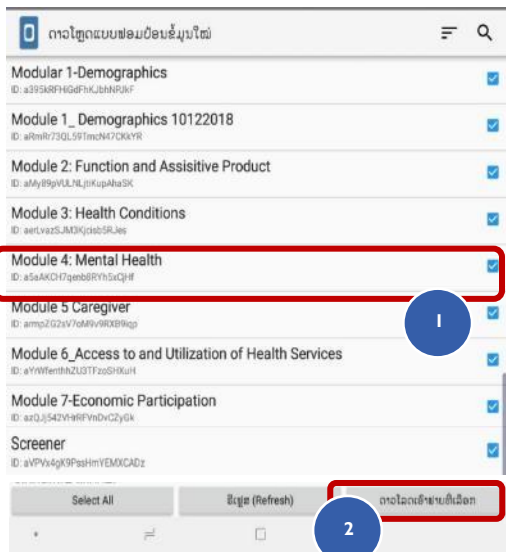
>> User Account



➤ **To get blank forms:**

- Make sure the Tablet is connected to the internet
- In the 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.





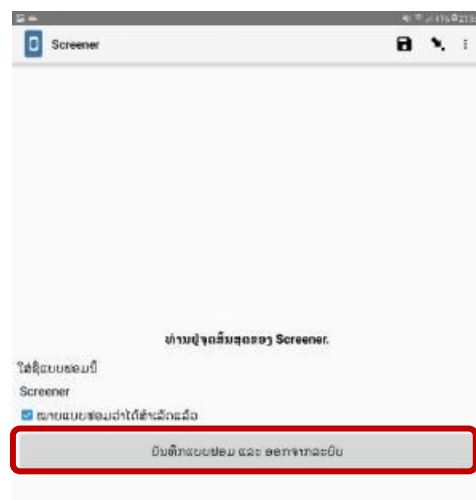
Select the form/forms you want, then click download the file/files

➤ **Data entry:**



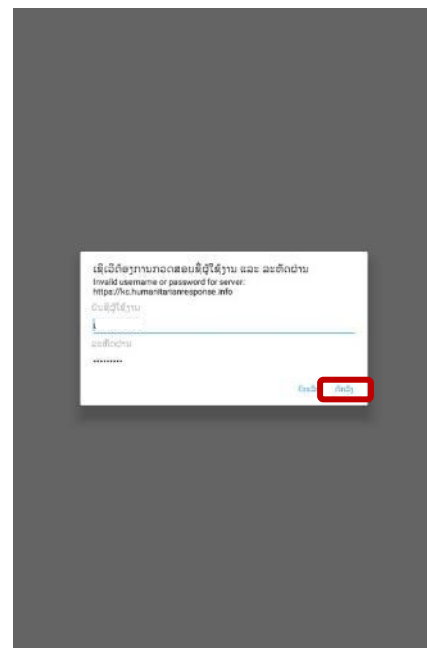
- In the Main Menu of **KoboCollect**, click **Fill Blank FORM**
- Select a form that you want to enter
- Go through and fill all questions in the questionnaire (Swipe your finger from right to left, and save frequently)

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



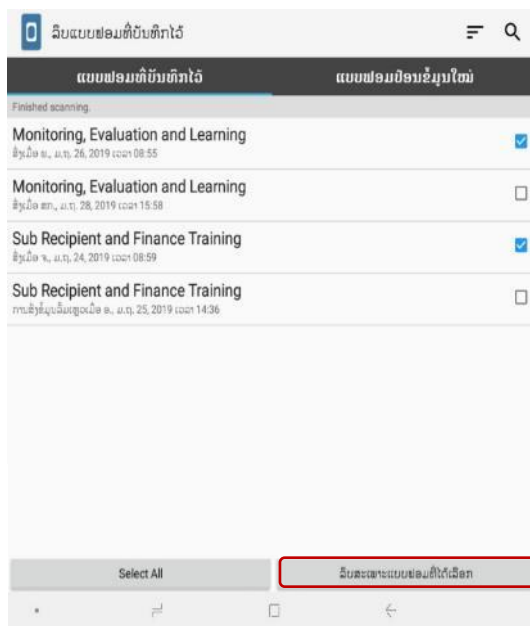
➤ **Send Finalized Form**

- 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 shown in **Blank Form**
- Select the form that you want to delete and then click **Delete Selected Forms**



### III. How to conduct effective interviews?

Effective communication and interviewing skills are essential to collect good quality data with the modular tool. Below are some tips for an effective interview:

#### **Make the interview location friendly, comfortable, private and accessible**

- The interview location needs to be relaxing where everyone feels comfortable- it can be in the family home or under a tree close by the home.
- The location needs to be accessible- so everyone who needs to participate in the interview can go get there, go inside easily and sit comfortably- either on the floor/ mat, a chair or in their wheelchair.
- There should be shelter from the sun, rain and wind.
- Privacy is very important- conduct the interview where other people cannot listen.

#### **Making the interview child-friendly**

- When interviews take a long-time, children can easily get bored, tired or hungry. Try to find some toys for the child with disabilities and any other children in the family. For example, you do not need pencils to draw – you can use charcoal if you are in the field, or use a stick and draw in the dirt/ sand to make pictures instead of paper.
- A hungry child may start to cry and get distracted- which will make it more difficult for the parent to concentrate on answering questions. If a child is not at home and the interview will take a long-time suggest to the family they bring some food or have a small, healthy snack available for the child.
- If you need to ask questions to the child and the parent- try to ask questions to the child first so they are not too tired or uninterested as they have had to wait.

#### **Introductions at the beginning of the interview**

- People are greeted differently in different cultures.
- In some places, interviewers want to encourage friendliness, so they use first names: "Good morning [insert name of person being interviewed], I am Mrs. or Mr [insert name of CBID facilitator]".
- Introduce yourself as what is appropriate and acceptable in yours and interviewees' culture

#### **Using the right level of language**

- Use easy and simple non-technical term
- Use clear and appropriate level of language with children and adult
- Avoids jargon and technical term
- Your tone of voice should be clear and spoken with a normal rhythm
- Be careful your body language, face expression, eye contact
- If you use complicated or scientific words, your interviewee may not understand you



- You need to monitor how you talk

### **Sitting arrangements- spaces between people and how to position the body**

- Interviewing, guidance and counselling go better if you sit close together – but not too close and no barriers such as desk or other object between you and your interviewee
- Make sure the space between you and interviewee is close enough to hear each other.
- The way you arrange your body and face is important as this says how you feel. In some cultures, you can say "go away" or "I am not interested" by crossing your arms, making your body small, turning a shoulder. Instead say "I am interested" by opening your arms and legs, leaning forward a little, and having the right expression on your face.

### **Non-verbal communication**

#### **Eye contact**

- In modern culture people are expecting to look into the eyes of the people with whom they are speaking. If they do not, they may be seen as dishonest.
- In other cultures, a woman who looks directly at men's faces – this is lacking modesty and may be disrespectful.
- In some situations, the person might be shy and not confident to have eye contact with a stranger for the first meeting.
- When doing the interview, observe the eye contact and see if it improves or not after the first few minutes.
- If not, then ask yourself why the person won't have eye contact with you? Is there anything going on between you and the person, sitting that is affecting eye contact?

#### **Touching**

- A touch on the arm in one culture may be seen as friendly; in another it is an attack.
- Sometimes it is only okay to touch people of the same sex, or people of the same age or younger.
- Be careful when using touch that it is perceived as a friendly and respectful touch
- Always ask for permission before touching or holding hand of a person even for the purpose of helping or medical examination of the person.

### **Why is it important to have good listening skills?**

- It is extremely valuable for the person to be able to talk and be heard. Talking about important things can be very hard. The person needs to be able to speak in a safe place, in their own words. Therefore, the interviewer needs to listen carefully to create a conducive environment for the person to feel comfortable to talk and that the person asking questions is interested and compassionate about their story.

## Non-verbal listening skills method

- The **SOLERF** method is a useful way to “listen” without speaking.
- **S: Squarely** face person-not turned to the side.
- **O:** use **Open** posture without crossed arms and legs.
- **L: Lean** slightly toward the person rather than sitting back in the chair.
- **E:** use **Eye** contact instead of staring off into deep space.
- **R: Relax**, keep it nature instead of sitting like a board.
- **F:** look **Friendly** and welcoming rather than neutral or scowling

## Tips for good listening skills

- When listening- try not to interrupt, concentrate on what is being said, not what you need to say or do. Listen to the words said, what the person’s body is telling you, and what they might be not saying.
- When other things are right, such as the way you sit and the words you use, interviewees will talk more openly, and you will listen better. Other body language such as nodding, may also help.
- Verbal responses showing that you are listening. For example: “mmm...mmm,” “uh-huh,” or “yes.” In some cultures the occasional noise “ah ha” helps people to continue talking. In some, repeating the last word, or saying “go on” can also help. You can also pick up on key words an interviewee uses and use them yourself.
- Using verbal responses shows the person you are listening and encouraging the person to continue talking.

## Acknowledging feelings

- When someone has been through a bad time, they often think they are the only one. They may feel that they are no longer normal. They may find it difficult to say how they feel.
- Reflect back to the person in words what they are feeling and saying.
- The right remark at the right time can help, confirming that their feelings are to be expected and are not unusual

## Being honest and respectful during an interview

- **Honesty** is important in two ways- you need to be careful about the promises you make to the interviewee. Never say that you can do more than you can. If you cannot help, say so. Secondly, you need to be honest to yourself, recognizing what you do well and what you can improve.
- You must show respect, and, if possible, feel respect for each interviewee. This is true even when the interviewee is from an ethnic group you do not like, or when they behave badly.

## **Respecting confidentiality**

- Information about interviewees is not passed on – not to husbands or best friends or to anyone except colleagues when you need advice.
- This principle should be important to everyone who works with interviewees.

## **Things NOT to do in an interview**

- Talking about yourself or your own experiences
- Being over-sympathetic
- Talking with other people, answering the phone
- Feeling sorry for the person, and then trying to give hope or platitudes
- Moving around, standing up
- Promising to do everything
- Breaking confidentiality
- Interrupting the person
- Looking irritated or bored, yawning
- Concentrating only on the facts and asking lots of questions
- Minimizing the problem (“It could be worse!”)
- Preaching or judging
- Giving inappropriate advice with which, the person being interview or counselling does not agree
- Not believing what the person is saying
- Feeling uncomfortable with someone else’s feelings
- Over sympathetic
- Feeling sorry for the person and then trying to give false hope

## IV. Photography and Videography Guideline

### How to take pictures for the project work

“A picture is worth a thousand words” is definitely true. A photograph plays an important role in everyone’s life. They connect us to our past, they remind us of people, places, feelings, and stories. They can help us to know who we are and what we do. One single picture can describe more than a thousand of words and it is a universal language understood by everyone.

Meanwhile, a photograph is an effective tool for promoting projects and activities. A quality picture can tell much more about the impact of the project, and a compelling picture can be used in various ways such as for publications, a poster, brochure, newsletter, website, case studies and others.

A good project picture will carry the message of the project’s activities, and the success and improvement of the clients, that picture will attract public interest and audiences can take away the message from that picture.

Here are tips for taking picture for overall project work (such as reports and case studies) and CBID case management.

### I. Before taking a picture

**1. Material preparation:** It is essential to know what kind of equipment are available in your organization, what are their functions and make sure all materials are well prepared such as camera, tablet, battery, SD card, tripod, laptop and etc.



**2. Consent Form:** Before taking pictures or videos of people during the meetings, events, interview or during CBID case management intervention, it is crucial to ensure that you always obtain their consents and their parents/guardians if they are under 18 years old.

Please note that there are two different consent forms for photo/video/image/personal details to be used in reports/case studies and to be used in case management. (See the annex 1 and 2 for both consent form.)

### Here are some steps for obtaining consent:

- **Prepare the consent form:** Digitized Consent forms are recommended to use as it is convenient and eco-friendly. The digitized consent form is available in the Kobo toolbox. However, a few printed versions can be kept in the folder every time when

you travel to events/visits where you may take photos (in case the digitized version cannot be accessed). The consent form is available in both English and Lao.

Note: It is acceptable to get verbal consent when taking a picture of a big group of people (group photo) at meetings, events or workshops.

- **Read the consent:** In order to obtain consent, please always explain the purpose why you would like to take their picture. It is important to read the statement in the consent form to the subject/beneficiaries, so they understand how the project may use the photo or video (website, social media, posters, case studies, etc..).
- **Signatory:** After reading and explaining the purpose of photography, then kindly ask them to sign the consent form.

If individual do not wish to be photographed, please respect their decisions and do not take their pictures.

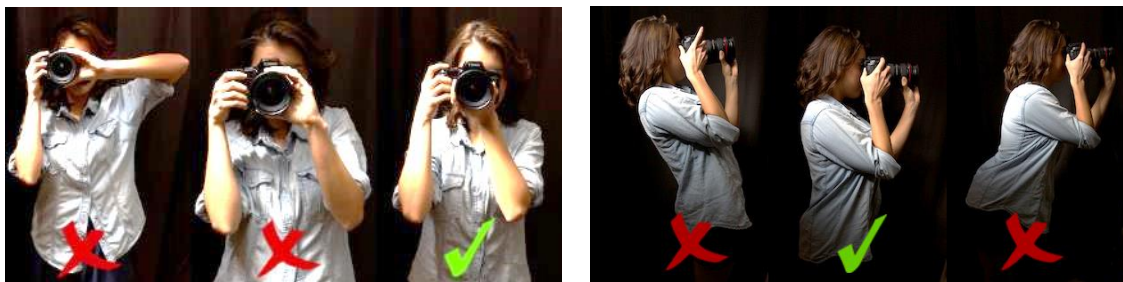
## II. When Taking a picture

Here are some techniques for taking a picture for project work (such as reports, case studies, and compelling video) and CBID case management that you may need to keep in mind:

- **Photography for overall project work**

### 1) Avoid camera shake:

Using a camera tripod is helpful to reduce camera shake, however, you cannot guarantee that you will have the tripod with you every time. Therefore, knowing the right position to hold your camera/phone is important, please see below tips on how to properly hold them:



- Keep your elbows together, against your chest
- Keep your left hand under the lens, rather than on the side
- Lean *slightly* into camera, holding it tight against the forehead
- Keep your legs open to maintain the body balance
- Use both hands to hold your phone while taking photo



## 2) Try to avoid zooming

We sometimes *zoom* in the camera to *get closer* to the action where we *can* see distant details. However, zooming in too much could lower resolution than its original resolution. It is recommended to just move yourself closer to the subject as much as possible if you can, so the resolution of the photo will not be reduced.

## 3) Focus and highlight a subject

Please keep in mind that a good photograph should have a subject that attracts attention. The subject that you would like to focus has to stand out more against the background.

It is essential to check the neatness of the surrounding environment. The photographer needs to ensure that the background does not contain unnecessary details or irrelevant surroundings that distract interest from the subject. For instance, all plastic bottles, snacks, bags, purse, etc. should be completely removed from the table or nearby area.



#### 4) Clear background

Having a clear background is needed for case management's photography. You can use uniform backgrounds to highlight the health condition of the clients. The picture that shows clearly the health condition will help the project following up with the condition for clients effectively. For instance, if the client has a foot ulcer, the photographer needs to focus on the client's foot rather than the whole body.



#### 5) Action shot

A good picture to represent the project work needs to focus on action in the picture. Subjects in the picture should be performing tasks. When taking pictures of subjects at work, during meetings and in the field, make sure they are focusing on their work or activities. The picture should look natural and not posed. If possible, try to avoid taking a serious vibe in the meeting room when people just sit and talk. Change your perspective, outdoors photos are always better. It is also important to get a good balance of men and women engaged in a variety of activities.



## 6) Marking and branding

The visibility of marking and branding is really significant because not only is it what makes a memorable impression for the donor or project to see the results that represent their works but it also allows audiences and clients to know what the project's work, activity and achievement.



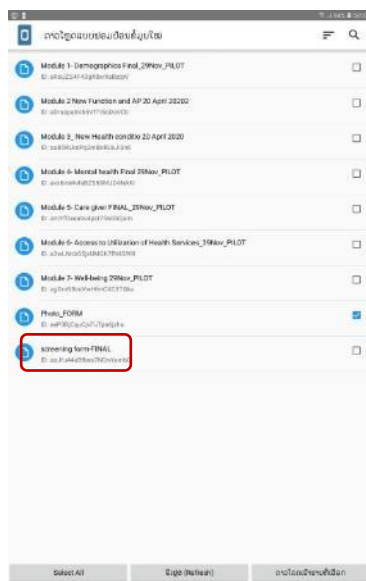
- **Photography for CBID Case management**

During the case management, CBID facilitators need to collect pictures of their own cases and upload them into the database accordingly. Below explains the step of case management photography and what type of pictures to be taken:

- CBID facilitators need to obtain the consent every time before taking any pictures by using the consent form for the case management. (Read more for obtaining consent in page. 1)
- After receiving permission from beneficiaries, CBID facilitators need to use the KOBO form to upload/take a picture for case management.

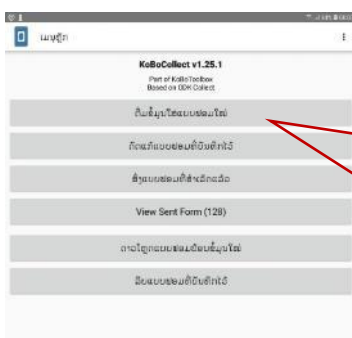


## I. Download the form to the tablet

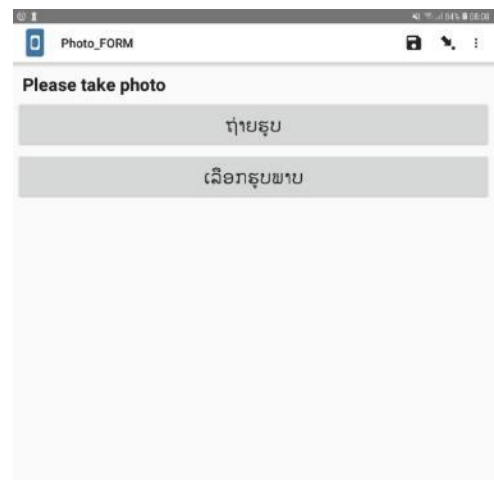


Select the form that you want: "Photo Form", make sure the blue tick is on. And then click "download selected file"

## 2. Go to the form and fill in



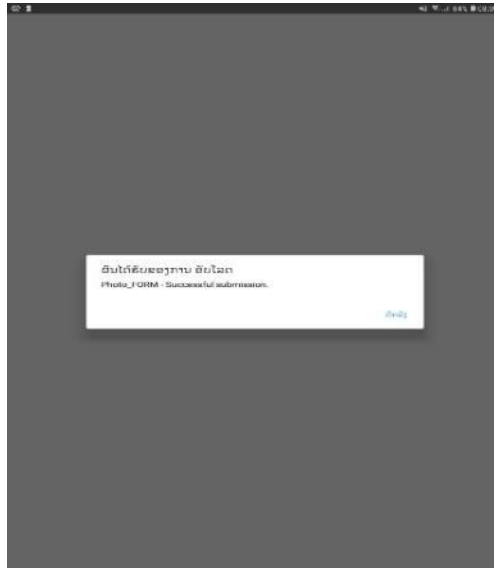
Click on "fill in new form", you will see the form that downloaded as the photo on the right



At this point follow the instruction in the form, click "take photo" or "select from gallery" as you wish. The selected photo will be uploaded to the form.

### 3. Save and Send Form

After you filled everything in the form as needed, click save and come back to the main menu and select the form you want to send and click send, you will see the window on the right which indicates a successful submission.



Moreover, CBID facilitators have to be selective with the types of pictures they upload. Here are three main types of photography that require CBID facilitators to capture:

#### 1). **Clear image of the health condition:**

This type of photography is for technical use. Therefore, when taking pictures of the beneficiary, CBID facilitators need to take a clear picture of the beneficiary’s health conditions to depict their current situation for further follow up. Using uniform and/or clear background is recommended.



## 2). Surrounding Environment:

CBID facilitators will consider the surrounding environment where the beneficiary lives and take photos/videos of their living environment, bathroom, kitchen etc. to understand if there are any barriers that limit their functioning. Pictures will be taken around their house especially the latrine, shower, kitchen, doorways etc. to see the accessibility of their house.



## 3). Intervention:

It is essential to know the beneficiary being before/during/after the intervention, taking photos help to understand their daily life before/during/after the intervention.

- For example: Taking photos when CBID facilitators see the beneficiary during the first visit to know their current situation, during the intervention also require to take photos/videos to see the improvements and after the intervention taking photos/videos to see the final outcome and sustainable change.



Before



During



After

### III. After taking a picture

#### 1) Storage

After taking photos, it is required to keep them properly in the folder of your device or hard drive. Please do not forget to name the files according to the case number, date, place and photographer.

It would be great to include the file of signed consent form in the folder as well, so it is easy for photographer to refer back to it.

#### 2) Uploading to Database via Kobo for case management's picture

After submission of the "Photo Form" by the CBID facilitator, the Administrator of the system will take responsibility for uploading all photos and forms to CBID account

#### 3) Checking and editing

The more pictures you take, the more space you need to store them. Therefore, it is important when you have time to go back to the folder and select and keep the files that can be used throughout the project and remove the ones that you do not need.

You can always go back to them and make some edits such as cropping, adjusting the size or increasing the picture's brightness. Here is some example of how to crop and resizing.

**Cropping:** Making the right cuts in your picture can have a drastic impact on the visuals and can even influence the way the audience engages with it emotionally.



## Resizing:

Resizing works beautifully when you're taking a large photo and reducing the size, but a common problem with resizing photos larger than the original is that it changes the resolution, and ensure to lock/maintain the aspect ratio, so the picture does not look stretchy.



## 4) Use of the pictures

The chosen picture to be used broadly in the project's communicational channels should be those which best illustrate the impact of the action, and should match any written information on the action. People involved in the action are the focus.

Every time when using pictures in the reports, online and other channels, please always include a caption. The caption is the key to unlock the story behind the picture. Every caption should answer the questions of:

- Who: who is in the picture (please be mindful about the consent of all pictures, especially of minors should have parental consent)
- What: what are they doing
- Why: why does it matter
- When and Where: the picture was taken
- The caption should also give the credit to the photographer.

“27 May 2016, Vientiane. Basketball players display their skills for the demonstration match using the newly purchased, USAID-funded WEL-TEAM project basketball wheelchairs. (Photo: Samantha Pike / World Education)”

## Tips for videography for project work

Film and video have the ability to immerse viewers by using personal stories, strong visuals and inspirational narratives to create an emotional connection. Here is some suggestion on videography for project works:

- **Always get the consent:** Before recording videos of people during the meetings, events, interview and case management, it is crucial to ensure that you obtain their consent and their parents/guardians if they are under 18 years old (See page.1).
- **Use landscape mode when filming video:** Making sure to use landscape orientation and not portrait orientation while recording. Not only does landscape make your video seem more aesthetically pleasing in general, it will also make it more enjoyable to watch when viewed on a widescreen or television.
- **Action and compelling shot:**  
A good video to represent the project work needs to show action. It is essential to make sure the video demonstrates the change i.e. before and after project's intervention. The video should look natural and not too scripted or fake; therefore, the story board needs to be prepared before shooting.

The success stories of clients will focus on sending empowering and compelling message to the audiences for positive impact. Adding sub-title/description and voice over in the video is recommended as it will make the video more accessible for all.

**Important note:** all photos and videos before publishing to public audiences need to be viewed and approved by Communication unit of USAID Okard based on the consent and level of sharing.

**For case management:** length of the video to be saved in database for case management needs to be short and match the purposes of case management video. Similar to the photography for case management, the videos should focus on:

### 1). Clear image of the health condition:

This type of video is for technical use. CBID facilitators may need to ask the beneficiary who have observable health conditions such as limp amputation to walk around and CBID facilitators need to follow them constantly to catch the live action of the movement in order to be see closely and clearly to understand the severity of their health condition.



## **2). Surrounding Environment:**

Taking short videos around their household to show the accessibility or barriers that limit their functioning.

## **3). Intervention:**

It is essential to know the beneficiary being before/during/after the intervention, taking photos help to profoundly comprehend their daily living before/during/after the intervention.

**Videography for case management is not allowed to be share with public audiences. There will be level of access to database based on the regulations and consent.**

## V. Health Conditions: Signs and how they affect a person's functional ability?

### Factsheet I: Albinism

#### What is albinism?

Albinism is a health condition that affects the production of melanin, a natural substance in the body that colors the skin, hair and eyes. The melanin acts as a filter that protects the skin and the eyes from ultraviolet (UV) radiation (rays). It is a lifelong health condition, but it doesn't get worse over time. People with albinism have less or no melanin that affects their coloring and eyesight. It is caused by faulty genes that a child inherits from their parents.



© Plan International

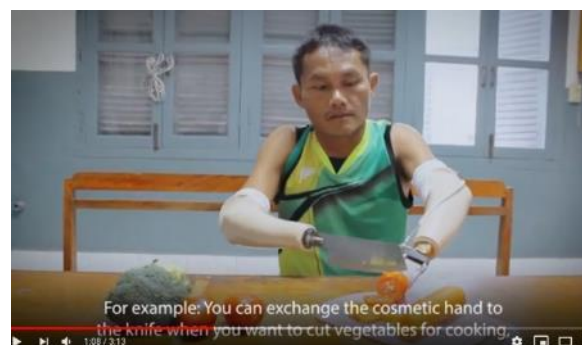
#### What are the signs of albinism and how does it affect functioning?

People with albinism often have white or very blonde hair, and pale skin with red spots that burns easily in the sun instead of tanning.

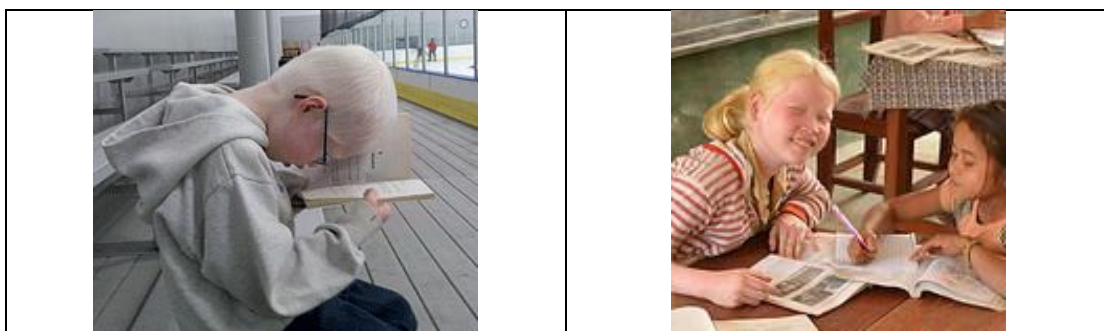
They also have visual problems- low vision, squint (eyes point in different directions), and are highly sensitive to bright light when going out in the sunshine. This may cause difficulties in functioning:

- A lot of difficulty reading a book, looking at images on a mobile phone or TV, or seeing details of items for sale at the market
- Some or a lot of difficulty doing other day to day tasks – self-care (fastening buttons), domestic activities (preparing and cooking food, cleaning, etc.)
- A lot of difficulty moving around and frequently bumping into things
- High risk of moving around under sun shine as it burns the skin and damages eyes.

Persons with albinism often experience stigma and discrimination in the community so may be socially withdrawn and limit their participation in community life.







### **How to prevent complications**

To prevent damage to the skin and eyes:

- Wear clothes that cover the body to protect the skin e.g long sleeved tops, hats, trousers, etc so the arms, legs and face are covered.
- Use sunscreen that has high protection i.e. Sun Protection Factor (SPF) 50+
- Use sunglasses with UV protection lens to protect eyes

### **How to optimize functioning?**

- Use vision aids e.g. eyeglasses to help move around, do day to day tasks, read, use a mobile phone or watch TV.
- For reading, a person can use a magnifier or have large print books so easier to see.



**Self-study:** Answer the questions below to test your knowledge on albinism

**What are the signs of albinism?**

**How does albinism affect someone's functional ability?**

**What is the cause of albinism?**

**What can be done to help people with albinism?**

## Factsheet 2: Cleft lip and cleft palate

### What is cleft lip?

A 'cleft lip' is a gap or split in the upper lip. It is present at birth. The gap is there because parts of the baby's face did not join together properly when developing in the womb (during pregnancy).

### What is cleft palate?

Palate means the top of the inside of the mouth. A 'cleft palate' is a gap or split in the top of the mouth. It is also present at birth and is there because the inside of the baby's mouth did not join together properly during pregnancy.

A baby maybe born with just a cleft lip or cleft palate, but sometimes they have both.

### What are the signs of cleft lip and cleft palate?

There will be a visible gap at the upper lip- this might be a small gap or a big one that goes completely up to the bottom of the nose. There might be one cleft or two. If the gap is big as the child grows the teeth might be visible and grow in the wrong place.



One cleft



Two clefts



Two clefts with teeth growing incorrectly

- A cleft palate is visible if the child opens their mouth. It might just be an opening at the back of the mouth, or it may be a larger split that runs all the way to the front of the mouth.



A small split at the back of the mouth





A larger split in the palate that goes to the front of the mouth

**How does cleft lip and cleft palate affect functioning?**

- For the baby, if they have a cleft lip and/or cleft palate they may have difficulty sucking when breastfeeding or feeding from a baby bottle because they cannot completely close the mouth and get a good seal around the nipple.
- Some babies with cleft palate are also vulnerable to get ear infections and have problems with hearing
- A child’s teeth might not develop properly, and they are at higher risk of tooth decay
- If the cleft palate is not repaired this can lead to problems with speech as unclear sound when talking or a nasal-sounding voice when the child is older.
- The person might have lack of confidence and low self-esteem due to their facial appearance so find it difficult to socially interact with others. They also may experience teasing from others in the community. When an adult has an untreated cleft lip, they can also experience anxiety and depression.

Surgery is available at Mahosot hospital, Vientiane to close the gap in the palate or lip. Dependent on how big the gap is it might need more than one surgery to completely correct but the results usually make a big difference for the person’s facial appearance and self-esteem.

Before surgery	After surgery
	



## How to optimize functioning?

### Before surgery- feeding

- A baby may need help to feed properly to ensure they get enough nutrition if it is difficult to feed- and a doctor can provide this advice. A baby with cleft lip can usually manage to feed from the breast or bottle but the mother may have to put her finger over the gap to help the baby suck.
- A baby with cleft palate can benefit from a special feeding bottle so they can feed easily.
- A doctor and/or speech therapist or specialist trained nurse would usually provide this advice to a family.



### Corrective surgery

- A person with cleft lip and/or palate is usually treated with surgery. A cleft lip can be closed when a child is young (no earlier than 3-6 months), but surgery to close the palate is done later (no earlier than 6-12 months). If the gums are affected the surgery may be done later (8-12 years old).

### Dental Care

- It is important that a person with the cleft cleans their teeth regular as they are more at risk of tooth decay.
- Once the cleft is closed the person when older may also need dental care and to monitor the growth of the jaw and teeth.

## Hearing

- A doctor may test the child's hearing and check if there is fluid building up in the child's ear. Sometimes the doctor will put small tubes in the ear to help the fluid drain if there is too much and to prevent ear infections.
- Sometimes a child may benefit from a hearing aid- the child will need a hearing assessment to decide this.

## Speech

- A child may benefit from speech therapy if they continue to have difficulty speaking clearly after surgery.



**Self-study:** Answer the questions below to test your knowledge on cleft lip and cleft palate

**What are the signs of cleft lip and cleft palate?**

**How does cleft lip and palate affect someone's functional ability?**

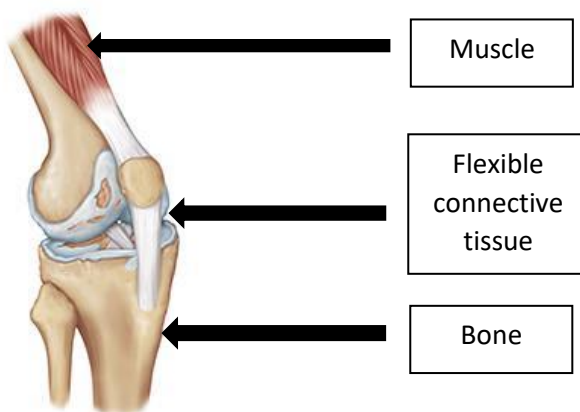
**What can be done to help people with cleft lip and/or palate?**

## Factsheet 3: Health Conditions that affect the joints

### Joint contracture

#### What is a joint?

A joint is where bones join together for the purpose of allowing movement of the body. The bones are normally joined together with soft connective tissue that is flexible.






We have joints all over our body- there is 360 in total. This includes the ankle, knee, hip, shoulder, elbow, wrist, fingers, neck and many more! Sometimes health conditions can affect the joints and restrict movement.

#### What is a contracture?

- A contracture is when flexible connective tissue at the joint becomes less flexible and restricts movement.
- It might also be a 'muscle contracture' as the muscle is tight and shorter might be tight and get shorter.
- If you have an injury when the skin has been damaged e.g. due to a burn, other injury or surgery where this a scar on the skin this might also restrict movement.

The most common causes of contracture are inactivity and scarring from an injury or burn. People who have other health conditions that keep them from moving around are also at higher risk for contractures, for example, cerebral palsy, muscular dystrophy or rheumatism. Joint contractures are common for people that spend a long time in hospital in bed and do not move e.g. in intensive care. It's also very common in people who have had a stroke. **A contracture if not treated can lead to a permanent deformity** (also see factsheet on deformities).

	<p>The burn on this person's back and arm makes the skin under the arm tight so the person cannot lift their arm.</p>
	<p>The flexible tissue that connects the bones of the finger to the hand is no longer flexible-so the person cannot straighten their finger.</p>
	<p>Knee contracture- so the leg will not go straight.</p>

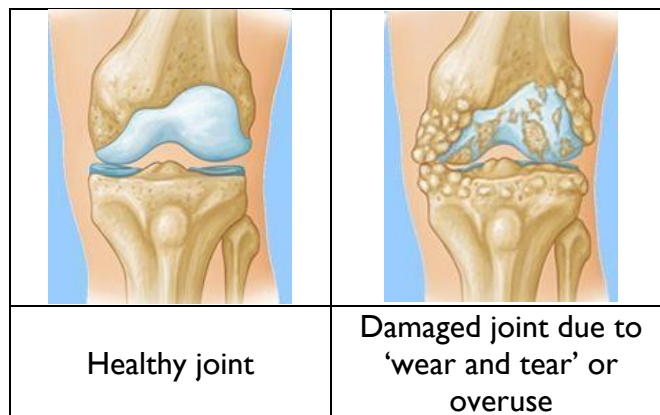
### What are the signs of a contracture and how does it affect functioning?

- The person will not be able to straighten or bend the joint- the movement will be restricted like in the pictures above.
- If a person has restricted movement of the arm(s) due to a contracture at the shoulder, elbow, wrist or fingers and thumb this can make it difficult to do self-care activities e.g. get dressed, wash the body, eating using a fork and spoon, etc. It can also make it difficult to use the hands to pick up objects and use them e.g. opening a bottle, using a knife to cut vegetables, wash the dishes and do other household chores, etc.
- If a person has restricted movement of the leg(s) due to a contracture at the hip, knee or ankle they might have difficulty sitting, moving from a sitting position to standing position, standing for prolonged periods, walking short and long distances, running, jumping.

## What is arthritis?

Arthritis is a health condition that causes painful, stiff and swollen joints usually affecting the hands (fingers and wrist), feet and knees. There are two types of arthritis; osteo arthritis and rheumatoid arthritis

- Osteo-arthritis is usually seen in older people over 65 years of age, and in people who may have an injury to the joint or had a job which means they have overused the joint. This causes the joint to be damaged due to 'wear and tear'.



- Rheumatoid arthritis can start from age 20- 60 years and is four times more common in women. Rheumatoid arthritis is an auto-immune disease. This means that the immune system that usually fights infection in your body attacks the cells inside the joints by mistake making the joints swollen, stiff and painful. People that have rheumatism are also at an increased risk of having a stroke or heart attack.



## What are the signs of arthritis?

- For osteo- arthritis the joints will feel stiff, be swollen and painful but with no redness or feeling warm. It can affect the spine, hips, knees, fingers and toes.
- For rheumatoid arthritis the joints will feel stiff and be painful, look red, feel warm and be tender to touch and it will affect the joints on both sides of the body i.e. left and right wrist. It can affect the hands, feet, wrists, ankles, knees and shoulders. All these signs can feel worse first thing in the morning and if a person has not been active.



### **How does arthritis affect functioning?**

- When the hands and wrists are painful, swollen and stiff it can be difficult to use the hands to do any day to day activity – for self-care (dressing, feeding), domestic activities (cooking, cleaning, etc.).
- When the feet are painful, swollen and stiff it will make it more difficult to walk around for short and long distances.
- An older person with arthritis may experience social isolation as not able to move around easily without pain. This may also lead to depression.

### **How to prevent complications and optimize functioning?**

- Continuing to do regular mild to moderate exercises can help to make muscles stronger and reduce stiff joints. A physiotherapist can advise on the best exercises.
- Go to the doctor for medical assessment to decide if medication can help for reducing painful, swollen joints.
- Assistive devices may help with moving around and using the hands



**Self-study:** Answer the questions below to test your knowledge on health conditions that affect the joints.

**What are the signs of a contracture?**

**How does a contracture at the elbow, wrist or fingers affect functional ability?**

**How does a contracture at the hip, knee or ankle affect functional ability?**

**What are the signs of arthritis?**

**How does arthritis affect functioning?**

**What can be done to help people with joint pain or contracture?**

## Factsheet 4: Muscular Dystrophy

### What is muscular dystrophy?

**Definition:** Muscular Dystrophy is a genetic (hereditary) condition in which the muscles get weaker and weaker over time. The thigh and feet muscles are usually affected first. As it progresses, other muscles become affected, including breathing and heart muscles.

There are different types of muscular dystrophy but there is one type that is most common called 'Duchenne's Muscular Dystrophy (DMD). Other types are very rare so we will just learn about DMD.

Duchenne muscular dystrophy is a serious condition that causes progressive (gradually over time) muscle weakness. This is due to the lack of a protein caused by a mistake in the genetic code (DNA) that causes the muscle fibers to break down and be replaced with fatty tissue. When this happens the muscles gradually get weaker. The condition is severe affecting **ONLY** boys from early childhood. There is currently no cure so the DMD will lead to a premature death.

### How common is DMD?

DMD is not very common. For every 30-40 children you will see with cerebral palsy you might see only one case of DMD.

### What are the signs of DMD and how does it affect functioning?

- The first signs are **delay in motor (movement) skills** when the boys are around 3-5 years old. The child may be **clumsy and walk awkwardly**. They may **run in a strange way and fall down often**.
- When the child stands up they put their hands on the floor, stick their bottom up and walk their hands up their legs (also see video link below).

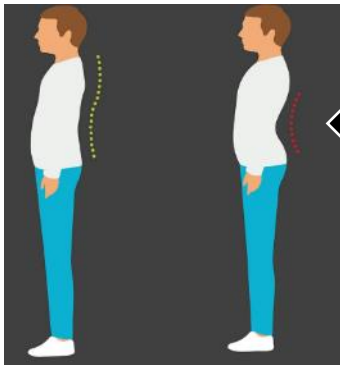


- By age 5, it will be obvious that the **muscles are weaker**, and the child will be **unable to run or jump**. The calf muscles (lower leg) will be bigger than normal.



The calf muscles are usually bigger when compared to other children

- The child will **get tired more easily and find it difficult to walk long distances**. They may **complain of pain in their legs**.
- By age 5-10 years, the child will be **walk on their tiptoes as they cannot put their feet flat**. They will have an exaggerated **curve of the lower back** so when they stand they stick out their bottom.



The person on the left has a healthy spine.

The child with muscular dystrophy will start with a curve of the lower back with their bottom sticking out like the person on the right side

- Most children by the age of 10 years **cannot walk and will need to use a wheelchair** to move around. They may develop a **severe curve of the spine**.



Age 3-5 years



Age 5-10 years



Age 10 years +

- The child may also have **weakness of the arms that makes it difficult to do activities of daily living** such as getting dressed, eating and drinking.
- The child has more and more difficulties breathing and is quickly tired when doing exercises
- In 50% of cases, the child will have mild intellectual disability i.e. be a **slow learner**
- By the age of 20 years (sometimes earlier), the person will be severely affected **by heart failure or a chest infection**. Sometimes they may live longer until their 20s.

Watch the video link to observe some on the physical signs of DMD:

<https://youtu.be/pi3SijFsaA>

### Extra reading

If you want to learn more about muscular Dystrophy you can read more information here:

<https://www.dinf.ne.jp/doc/english/global/david/dwe002/dwe00212.html#part1chap10>

### How to optimize functioning?

#### Referral for physiotherapy

- A physiotherapist can advise on exercises that can help maintain muscle strength, preserve flexibility and prevent stiff joints. They can also suggest assistive devices to help with moving around. A person might use crutches, leg braces or a wheelchair.
- If the chest muscles are weak, a person can do exercises to help with breathing e.g. blowing long breathes into a straw that is in a bottled filled with water.
- When the arms are weak assistive devices can help the person with drinking and eating, and other self-care activities.



**Self-study:** Answer the questions below to test your knowledge on muscular dystrophy

**What is the definition of muscular dystrophy?**

**What changes happen to the body structure due to muscular dystrophy i.e muscles and spine?**

**How does muscular dystrophy affect the ability to move around at 3-5 years, 5-10 years, and 10 years and over?**

**How does muscular dystrophy affect a child's ability to do activities of daily living?**

**Do girls and boys get muscular dystrophy?**

**What can be done to help child/ young adult with muscular dystrophy?**

## Factsheet 5: Down's Syndrome

### What is Down's syndrome?

To understand what Down's syndrome is and why it happens you need to understand a little about the body. What are chromosomes? They're thread-like structures within each body cell and are made up of genes. Genes provide the information that determines everything about people, from hair color to whether they are girls or boys.

Most people have 23 pairs of chromosomes, for a total of 46. But a baby with Down's syndrome has an extra chromosome (47 instead of 46) or one chromosome has an extra part. This happens by chance not because of something the parents did before or during pregnancy.



© Plan International

Down's syndrome is a health condition that causes the body to develop in a different way to other people because of the extra genetic material 47 chromosomes instead of 46.

### What are the signs of Down's syndrome and how does it affect functioning?

- Persons with Down's syndrome will have some level of learning disability- they will be slower to use their bodies and minds. This means they will have a range of abilities. Some persons will be more independent whilst others might need regular care from others.
- At birth, baby seems floppy and weak. The baby is slower than other babies their age to use their hands to hold things, sit up, stand and walk.
- They might be slower to learn to speak
- They might have difficulties with seeing and hearing
- Some body features look different – they have a small head, ears and mouth. The nose might be flat, and the eyes slant upwards. Hands can be wide and short with short fingers.
- They might have other health conditions connected to having Down's syndrome- problems with the heart, eyes and ears. So, they might have difficulty seeing due to cataracts or a squint (eyes turned to one side) and hearing.
- People with Down's syndrome have an increased risk of having epilepsy
- They may experience behaviour and emotional difficulties.

## How to prevent further complications?

### Referral for medical assessment and interventions

- A doctor can check the hearing and vision to see if there are any difficulties and decide the best intervention. This might be an assistive device- eyeglasses or a hearing aid.
- A doctor can assess and decide the intervention if a person is diagnosed with epilepsy or has other health conditions associated with Down's syndrome



## How to optimize functioning?

### Helping with movement skills

- A physiotherapist can provide advice on activities/ exercises to help a child or adult with Down's syndrome to increase strength, move around and walk

### Tips to help learning

- Teach new things by demonstration rather than just giving verbal instructions. Break the task into small steps and do repeated practice.
- Give praise when a person learns something new
- Have a clear daily routine so a person knows what to expect and what to do next- this can help with behavior.
- A teacher can use inclusive teaching methods to help a child with Down's syndrome learn at school, or to train a person to engage in work activities/employment.



**Self-study:** Answer the questions below to test your knowledge on Down's syndrome

**What is Down's syndrome?**

**How does Down's syndrome affect functioning?**

**What other health conditions might a person with Down's syndrome have?**



**What can we do to help a person with Down's syndrome?**

## Factsheet 6: Leprosy

### What is leprosy?

**Definition:** Leprosy is an infectious disease caused by a bacterium. Leprosy mainly affects the skin, the nerves that come out of the spinal cord and the eyes that can lead to long term consequences if not treated. Leprosy is also called 'Hansen's disease'.

The infection can transfer from one person to another by drops of fluid from the nose and mouth when the person has frequent, repeated close contact.

The signs of leprosy do not appear straight away. It might take three to five years on average too see the signs and sometimes it can take as long as 20 years.

Leprosy is curable and if treated in the early stages with medicine this can prevent impairment and difficulties in functioning. People that have leprosy and long-term impairment often experience stigma, discrimination and isolation due to their health condition.

### What are the signs of leprosy and how does it affect functioning?

- The first signs of leprosy are **skin spots**. The person may also experience tingling and numbness of the hands and feet



- Signs will start to show the **nerves are being damaged**. As the disease attacks the nerves the person will start to **lose sensation (feeling)** on the skin spots, hands and feet.
- If not treated this can lead to **paralysis and injuries that go unnoticed e.g. burns or cuts than become infected**. This can lead to **shortening and deformities of the fingers and toes, chronic ulcers on the hands and feet, and blindness**.



- The person may **easily injure their foot** and **have difficulty walking and running** if they have foot deformities or ulcers.
- The person may **easily injure their hands** when working in the field or at home and have **difficulty using their hands** e.g. picking up and holding objects when cooking and cleaning, or doing farming activities, or doing activities with small objects e.g. fastening buttons or zips, sewing, chopping vegetables.



Fingers (or toes) might be bent like 'claws' that will not move.

- The eyes will water a lot as the person will not blink enough due to loss of sensation. This will lead to **eye infections, vision will become blurred and the person may become blind.**

## **How to prevent complications?**

### **Medication for leprosy**

- When the first signs of leprosy are seen the doctor can prescribe medication to cure leprosy

### **How to protect eyes that are at risk**

- Encourage the person to blink- they need to think “close my eyes, open my eyes” and do this several times rather than expecting to blink automatically
- Use eye drops to keep the eyes moist and keep the eyes clean. Do not rub the eyes.
- Ask the doctor to regularly check the eyes if the person is concerned about their ability to see

### **How to prevent and care for wounds on feet and hands**

- Check the feet and hands daily for cracks in the skin, red, swollen areas or blisters. If it difficult to bend down and see the feet use a mirror
- Check shoes daily to make sure there are no small stones or other hard objects trapped inside the shoe that could damage the skin while walking
- Soft skin is less likely to get damaged so soak the feet in water, scrape away dead skin and put cream or oil to keep the skin soft
- Open wounds should be checked and treated by a health worker to keep them clean and protect them with a bandage/ dressing. If the foot has an open wound- rest and avoid walking

## **How to optimize functioning?**

### **Using assistive devices**

- Sometimes using a crutch can help the person move around so they rest the foot and give it time to heal or helps them to balance if part of the foot has been amputated
- When a person has lost fingers or parts of their hands- assistive devices can help them do activities of daily living. See examples below that help with eating and food preparation for cooking



Plastic cup with metal bracelet to help someone hold a bowl



Knife on metal bracelet to help someone prepare food for cooking



Bowl with small handle that can be held with just the thumb or one finger



Spoon attached to metal bracelet that can be worn on hand stump





**Self-study:** Answer the questions below to test your knowledge on leprosy

**What is the definition of leprosy?**

**What changes happen to the body due to leprosy?**

**How does leprosy affect a person's ability to do activities of daily living?**

**How does leprosy affect a persons' mobility?**

**How can we help a person with leprosy?**

## Factsheet 7: Traumatic brain Injury

### What is a traumatic brain injury?

A traumatic brain injury (TBI) is an injury to the brain caused by a trauma to the head such as:

- Road traffic crash-hitting the head inside the car or when falling off a motorbike hitting the head on the ground.
- Fall or accident at home or work- hitting the head when falling out of a tree, off a ladder or building, falling down stairs or on the ground
- During sports- if during a sport game e.g. football two people forcefully knock their heads together
- Due to a physical assault and someone hits the person forcefully on the head



### How does a traumatic brain (TBI) injury affect functioning?

There are 5 main areas of function that can be affected by a TBI and depends on what part of the brain has been injured:

#### Physical - affecting how the body works

- Difficulty with moving- muscle weakness, stiffness, paralysis and coordination movement
- Feeling tired and low energy levels

#### Cognitive - affecting how the person thinks, learns and remembers

- Short term and working memory, for example remembering faces or names, or what someone has just said to you
- Concentration, organizing information and planning ideas so it is difficult to learn new tasks but the person can still do tasks from before the trauma

#### Communication- affecting how the person understands language, can express and share ideas and can speak clearly

- The person has difficulty recognising spoken words, understand sentences or follow conversations
- When speaking the person mixes up the word order in the sentence, uses the wrong words or made-up words. They may have an idea in their head but cannot think of the words to share the idea

#### Emotional - affecting how the person feels

- Difficulty with emotional control- feeling frustrated and irritated, depressed, anxious or angry. Having highly emotional moments and crying over small things, or maybe having less feelings and not reacting emotionally to a difficult situation

### **Behavioural - affecting how a person act**

- Difficulty with behaviour- aggression, disruptive behavior and not controlling speech or actions. Also, the person might tend to laugh or cry uncontrollably

All the above difficulties mean the person can become isolated and lonely. They may feel depressed and anxious or suffer from post-traumatic stress from the accident.

### **How to optimize functioning?**

- A doctor can complete a medical assessment following a traumatic brain injury and prescribe therapy to help with improving function.
- A physiotherapist can provide advice on what exercises to increase strength of muscles, balance and walking. They can also prescribe assistive devices that will help the person to move around.
- Assistive devices can help with transfers from the bed, wheelchair, chair and toilet, and self-care; bathing, dressing, etc.



**Self-study:** Answer the questions below to test your knowledge on traumatic brain injury

**What are the 5 main areas of function affected by traumatic brain injury?**

**How might a traumatic brain injury happen?**

**What type of physical difficulties might a person have after a TBI?**

**What type of communication difficulties might a person have after a TBI?**





**What type of emotional and behavioral difficulties might a person have after a TBI?**

**How can we help someone with TBI?**

## Factsheet 8: Health conditions that affect the eyes and ears

### Blindness and low vision

Difficulties with vision can vary- someone may have no sight at all and is blind, whereas others have low vision as they can see something, but vision is limited.

No vision	
Patchy or spotted vision	
Tunnel vision- can see straight ahead but not to the side	
Can see things on the side but not straight ahead	

### Problems with seeing can be caused by different reasons:

- Brain damage e.g. for person with cerebral palsy
- Infection
- Eye injury
- Squint
- Cataracts
- Diabetes
- Glaucoma- pressure on the eye due to high blood pressure
- Age and general degeneration of vision

### What are the signs?

	
<b>Infection-</b> red, watery or sore eyes - infection	<b>Eye injury</b> e.g. UXO accident and eyeball is missing



	
<p><b>Cataract-</b> white or grey could in the middle of the eye</p>	<p><b>Long sighted-</b> person holds objects or a book close to their face to see it</p>
	 <p>Photo: Bart Verweij/DFAT</p>
<p><b>Squint</b> – when the colored part of the eye turns to the side instead of being in the middle</p>	<p><b>Blindness-</b> unable to see and need help from someone to move around</p>

### How do visual difficulties affect functioning?

- A person may have difficulty reading a book, looking at images on a mobile phone or TV, or seeing details of items for sale at the market
- Difficulty doing other day to day tasks – self-care (putting on make-up, fastening buttons), domestic activities (preparing and cooking food, cleaning, etc.)
- Difficulty moving around and frequently bumping into things and maybe tripping and falling
- Need a bright light to see things more easily
- A person who is blind may feel helpless and scared to move around






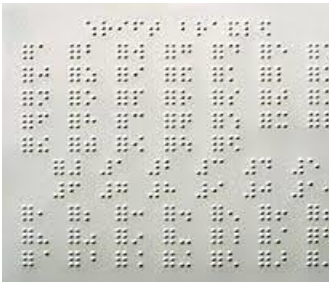
### How to prevent complication and optimize functioning?

#### Referral for medical assessment

- If a person experiences the symptoms of an eye infection (red, watery, sore eyes) they should go to the doctor to get treatment.
- An ophthalmologist is a doctor specialized in the eyes, can measure how much you can see and decide if eyeglasses would be useful.
- Eye surgery may help to improve vision- if a person has a cataract go to the doctor for medical assessment to see if surgery will help

## Using an assistive device

There are different types of assistive devices that can help with vision:

		
<p><b>Eyeglasses</b></p>	<p><b>Magnifying glass</b></p>	<p><b>Large print books</b></p>
<p>Someone who has no eyeball can have a prosthetic eyeball- this will not make it easier to see but will improve the appearance of the eye and face.</p>		
<p>Someone who is blind can learn to use braille to read and write</p>		



## Deafness and partial hearing loss

Difficulties with hearing can vary- some people can hear nothing (deafness) whilst others can hear somethings but not clearer (partial hearing loss).

Difficulties in hearing can be caused for different reasons:

- Infection during early pregnancy that affects the damages the nerves of the ear
- Premature birth of baby
- Taking certain medicines during pregnancy
- Brain injury
- Untreated, repeated ear infections (see picture below)
- Frequent, loud noises
- Injury- foreign object inside the ear

## What are the signs of an ear infection?

	
<p><b>Infection</b>- brown or yellow liquid coming out of the ear</p>	<p><b>Pain</b> – someone might touch and pull the ear. The pain can be felt inside and behind the ear, and also on the face close to the ear</p>

## What are the signs of hearing loss?

- The person often asks others to repeat themselves when talking.
- Difficulty following conversations with more than two people.
- It is hard to understand women and children (who have higher-pitched voices)
- In noisy situations such as crowded public places the person cannot keep up with conversations.
- The person may frequently respond to questions inappropriately as they did not hear the question.
- It is hard to understand others when you can't see their faces.
- The person needs to watch people's faces intently to understand their words.

## How does hearing loss affect functioning?

- A person will find it difficult to communicate with others as they cannot hear sounds clearly in a quiet and/ or noisy environment.
- A person may be at risk when outside as they cannot hear sounds e.g. the sound of an approaching car/ truck when walking at the side of the road or other sounds that mean danger.
- Stress and exhaustion from the effort of trying to understand speech all day and feeling annoyed at others because you have trouble understanding them.
- Being shy or embarrassed to meet new people
- Withdrawal from social situations that you once loved because of your hearing problem

## How to prevent complication and optimize functioning?

### Referral for medical assessment

- If a person thinks they have a foreign object in their ear and experiences the symptoms of an ear infection (pain and brown/ yellow liquid from the ear)- they should be referred to the doctor for medical assessment.
- A doctor specialized in ear, nose and throat (ENT) can assess any problems with the ear. An audiologist is a specialist doctor that can assess someone's ability to hear.

### Using a hearing aid

- A hearing aid can help someone hear more clearly, hear speech better, make it easier to listen to the TV and radio, and help the person feel more confident to talk to other people.
- You need to still have some hearing to benefit from a hearing aid. If someone is deaf a hearing aid will not help.



**Self-study:** Answer the questions below to test your knowledge on vision and hearing difficulties

**What are the signs someone has difficulty seeing?**

**How does difficulties seeing affect functioning?**

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

**What are the signs of hearing loss?**

**How does difficulty hearing affect functioning?**

## Factsheet 9: Other health conditions

Other health conditions can cause difficulties in functioning and put a person at risk of medical complications, long term impairment and disability if they do not treat the health condition. The following factsheet shares information on other general health conditions that are important to know.

### What is diabetes?

**Diabetes is a health condition that causes someone's blood sugar to be too high.** Having too much sugar in the blood for long periods can cause serious health problems.

#### **How the body works- what is blood sugar and how is it controlled by the body?**

The body get sugar from the food we eat and is an important source of energy. The amount of sugar in the blood is controlled by a hormone called insulin. When food is digested and it enters your blood the hormone insulin moves the sugar out of the blood into the body's cells where it is broken down to produce energy.

When someone has diabetes, the body is unable to break down the sugar into energy because the hormone is not working properly or there is not enough hormone. When this happens the sugar in our blood gets too high.

### What is the connection between diabetes, impairment and difficulties in functioning?

- **People with diabetes are at higher risk of having a stroke and heart disease** as well as other health issues. Therefore, it is important to know if someone has diabetes so they can treat the health condition and reduce the risk of having a stroke or heart disease.
- Diabetes can damage the blood vessels of the eye potentially leading to **blindness and increases the risk of other serious vision conditions, such as cataracts.**
- The blood supply to the feet might also be reduced with diabetes leading to **reduced sensation. They might injure their foot at not notice or get a 'diabetic ulcer'. Untreated foot ulcers can lead to infections and in severe cases amputation.**

### How to prevent and care for wounds on feet

- Check the feet and hands daily for cracks in the skin, red, swollen areas or blisters. If it difficult to bend down and see the feet use a mirror.
- Check shoes daily to make sure there are no small stones or other hard objects trapped inside the shoe that could damage the skin while walking

- Open wounds should be checked and treated by a health worker to keep them clean and protect them with a bandage/ dressing. If the foot has an open wound- rest and avoid walking.
- Wearing the correct type of shoes can help protect the foot and reduce the risk of injuries.

## High blood pressure

When you go to the doctor they measure your blood pressure. When blood pressure is too high it puts extra strain on the blood vessels, heart and other body organs. Persistent high blood pressure can increase a person's risk to other more serious health conditions such as stroke and heart disease and heart attack.

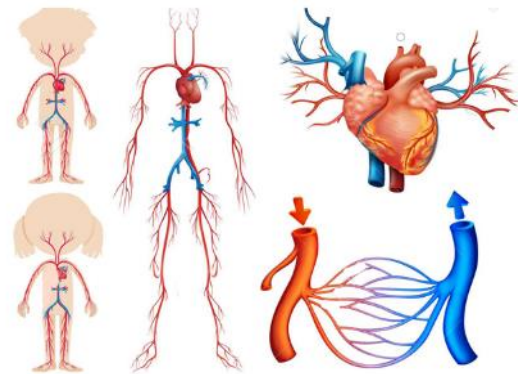


## Heart Conditions

The heart is an important body organ for pumping blood around the body supplying nutrition to the body and removing waste products. If the heart cannot pump blood around the body cells will die. Blood flows around the body from the heart and back again along blood vessels.

If you have a heart condition, the muscle of the heart may not work properly so it cannot pump blood around the body effectively. Blood vessels may be narrowed or blocked.

When blood cannot flow around the body properly the person is at risk of a heart attack, chest pain and stroke. If someone has a heart condition it is important to know due to the risk of stroke. They need to be monitored regularly.



## Chronic headaches

Everyone at some point can have a headache and in most cases they are not serious. A headache may be a sign of other issues so it is important to know if someone is having a persistent, regular severe headache.

- If someone wears glasses and they are the wrong prescription this may cause a headache
- A headache may be a sign that someone is stressed
- Someone who has hit their head and injured their brain may get headaches
- A headache can be a sign of having a stroke or a brain infection

### **Neck and back pain**

- People can have neck and back pain for different reasons.
- Neck and back pain might occur due to an injury of someone has fallen down or had a road traffic crash.
- A caregiver who is regularly lifting and moving a person with disabilities may also suffer from neck and back pain due to the excessive strain on their body.



**Self-study:** Answer the questions below to test your knowledge on other health conditions

**If a person has diabetes what other health conditions are they at risk of having that might lead to difficulties in functioning?**

**Why is it important to know if someone has high blood pressure or a heart condition?**

**Why might someone be having chronic headaches?**



**Why might someone have neck or back pain?**

## Factsheet: Deformities of the body

### What is a deformity?




A **deformity** is a part of someone's body which is not the normal shape because of injury or illness, or because they were born this way. Deformities can be observed of the head, back, arms and hands, legs and feet.

### Head deformities

 <p style="text-align: right; font-size: small;">© Plan International</p>	<p><b>Person with small head</b>          Microcephaly (small brain) is a health condition where a baby's brain has not grown properly or stopped growing during pregnancy, so the head size is smaller.</p> <p>The child can have difficulties with moving around and balancing, vision and hearing. They may have epilepsy and intellectual disability. These difficulties can be mild to severe and affect the person for the whole of their life.</p>
 <p style="text-align: right; font-size: small;">© Plan International</p>	<p><b>Person with big head</b>          Macrocephaly (big brain) is when someone has been born with a larger brain or there is excessive fluid in the brain (also sometimes called hydrocephalus). When a person has extra fluid inside the head it puts pressure on the brain that can damage it.</p> <p>A person may have difficulty walking, blurred vision, headaches and being sick (vomiting). In the long term the person might have difficulty learning and speaking, difficulties remembering and epilepsy.</p>

### Back deformities





The back can be deformed in three different ways:

Bending to the side	Bending forward at the shoulder area	Bending backwards at the lower back area
		



The person may experience pain, have difficulty sitting, moving around, walking short and long distance and picking up and carrying large objects.

**Leg deformities**



 <p>© Plan International</p>	 <p>© Plan International</p>
<p>Knock knees- the knees go inwards so they are touching while the feet are apart</p>	<p>Bowlegs- both legs bend outward and the distance between the knees is greater than normal.</p>
	
<p>Back knee-the knee is bending backwards</p>	<p>The person is born with leg(s) that has a different structure- the joint or bone or section of the leg is missing</p>

## Foot deformities

		 <p style="text-align: right; font-size: small;">© Plan International</p>
<p style="text-align: center;">Clubfoot</p>	<p style="text-align: center;">Untreated clubfoot</p>	

Persons with leg and foot deformities can have difficulty walking, experience pain and tiredness, cannot run or walk long distances.

## Hand and arm deformities

	
<p>The person is born with arm) that has a different structure- the joint or bone or section of the leg is missing</p>	<p>Fingers are bent and cannot go straight. This can be due to an injury</p>

Persons with hand and arm deformities can have difficulty completing self-care activities- washing, dressing and/or eating, and domestic activities- cleaning, preparing and cooking food, and engaging in work. The person might learn to do an activity with one hand or use an adapted method.



**Self-study:**

Answer the questions below to test your knowledge on health conditions that lead to deformities of the body.

**1. What are the three types of deformity to the back and how do they affect functioning?**

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**2. What are the different types of deformities to the legs and feet?**

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**3. How does a leg or foot deformity affect functioning?**

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**4. How does an arm or hand deformity affect functioning?**

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# Annex I: Consent for USAID Okard to use Photos/Video/Images and Personal Details



## Consent for USAID Okard (ໂອກາດ) to use Photos/Video/Images and Personal Details

My Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

I agree that USAID Okard (ໂອກາດ) may use photos/videos/images of me, together with personal details (such as my name, village, age, and other information about my health condition, impairment, cause of impairment, and progress and challenges).

I understand that the photos/video/images/personal details mentioned may be placed in project reports or used for project communications relating to USAID Okard (ໂອກາດ), and I understand they could be viewed by a large number of people in Laos or any country.

I am agreeing to this with the understanding that USAID Okard (ໂອກາດ) will only use my photos/videos/images and personal details in order to promote disability inclusive development.

USAID Okard (ໂອກາດ) will also take all reasonable steps to ensure that my photos/videos/images and personal details are shown/used/shared in a caring and sensitive way, with due regard for my dignity, and cultural and religious beliefs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Annex 2: Consent for USAID Okard (ໂອກາດ) to use Photos/Video/Images and Personal Details in Case management



### Consent for USAID Okard (ໂອກາດ)

#### to use Photos/Video/Images and Personal Details in Case management

My Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

I understand that photos/videos/images of me and personal information (including my name, address, contact details, date of birth, and information about my medical history and/or socioeconomic status) may be shared with the Lao PDR government, if requested by the government, according to the Lao PDR law on statistics No. 24/ NA. Vientiane dated 11 May 2017.

I understand that photos/videos/images of me and personal information (including my name, address, contact details, date of birth, and information about my medical history) may be shared with service providers for the benefit of my health and functional ability.

USAID Okard (ໂອກາດ) will also take all reasonable steps to ensure that my photos/videos/images and personal details are shown/used/shared in a caring and sensitive way, with due regard for my dignity, and cultural and religious beliefs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_