



Field-testing an earlier draft of the WG/UNICEF Question Set in Cameroon and India



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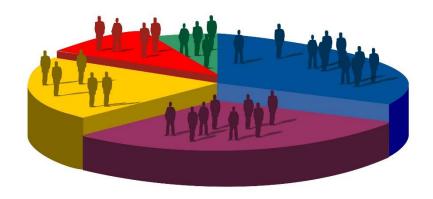
Outline



- 1. Measuring Disability
- 2. Building Evidence study Aims and Objectives
- 3. Building Evidence study Methods
- 4. Field testing the WG/UNICEF ESF in Cameroon and India







1. Measuring Disability



1. Measuring Disability



Type	Example	Pros	Cons
1. Direct Questioning	"Do you have a disability?"	-Rapid - Limited Space	- Underreport (stigma + lack of self identification)
2. Self-reported functional limitation	"Do you have difficulty in seeing?"	-Simple to administer - Info on experience/impact	- Limited data for planning services/interventions
3. Objective clinical criteria on impairment	Visual Acuity measurement	- Info on impairment type, severity and causality for intervention	-Resource intensive - Impairment only one component of disability
4. Self-reported restrictions in participation	"Do you have difficulty getting and keeping a job in your current environment?"	- Understand accommodations and impact	- Does not give information on what accommodations (if any) are



- •Different methods provide different information within the overall framework of the ICF
- •Different methods preferable depending on aims and objectives



2. Building Evidence
Study aims and
Objectives





2. Study Aim



To develop a comprehensive population-based survey methodology that is compatible with the ICF, and to explore the interrelationship between the *different* components of this framework.





2. Study Objectives



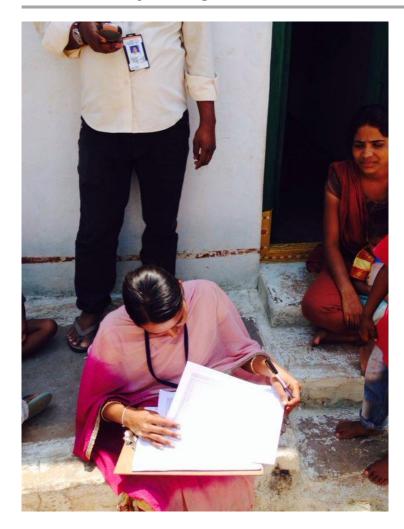
- 1. Identify available tools for disability measurement
- 2. Develop comprehensive survey methodology to explore components of the ICF
- 3. Explore the relationship between disability measurement options within the context of the ICF





2. Study Objectives





- 4. Assess the impact of disability on access to education, livelihoods, participation and quality of life
- Identify socio-demographic, economic, environmental and clinical predictors of access to health, education and employment among people with disabilities







3. Building Evidence study - methods





3. Methods – Study Design Overview



- 1. All age population-based survey of:
 - 1. Self reported functional limitations
 - 2. Clinically measured visual impairment, hearing impairment, musculoskeletal impairment and depression
- 2. Nested Case-control study (age 5+):
 CASES: People with disabilities
 CONTROLS: People without
 disabilities





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Inc. module on participation

3. Methods – Study Settings



Cameroon: North West Region (July-Sept 2013)



India: Mubabnager, Andra Pradesh (Feb-April 2014)





3. Methods - Sampling



- 1. Sample size
 - 4,056 per country (precision 20%, 95% CI, design effect of 1.5 and 20% non-response)
- 2. Selection of clusters (villages): 51 clusters of 80 people per site
 - Probability proportionate-to-size sampling
- 3. Selection of households within clusters
 - Compact segment sampling
 - All eligible participants enumerated and asked to attend screening





3. Methods – Screening Protocol



5. Screening tools

- 1. WG/UNICEF and WG-ESF Self-Reported Screen (2+)*
- 2. PHQ-9 Clinical Depression Screen (18+)
- RAAB Vision Screen (all ages)
- 4. WHO E&H Hearing Screen (all ages)
- 5. RAM Musculoskeletal Screen (all ages)



- Clinical examination, diagnosis and referral for all participants screening positive to any clinical screen
- Case/Control interviews for all participants screening positive to any screen aged
 5+

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*NB. Children 8-17 (unless unable to communicate) respondindependently (recorded)



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DOMAIN TYPE	AGE GP	No.	DOMAIN OF FUNCTIONING
	2-17	D1	Seeing
		D2	Hearing
		D3	Walking
Basic		D4	Understanding
activity domains		D5	Being Understood
		D6	Learning
	5+ only	D7	Remembering
		D8	Self Care

DOMAIN TYPE	AGE GP	No.	DOMAIN OF FUNCTIONING
	2-17	D9	Controlling Behaviour
		D10	Playing
Complex activity/	5+ only	D11	Worry
participation		D12	Completion of Task
domains		D13	Accept Change
		D14	Get along with other children

Draft Module Domains



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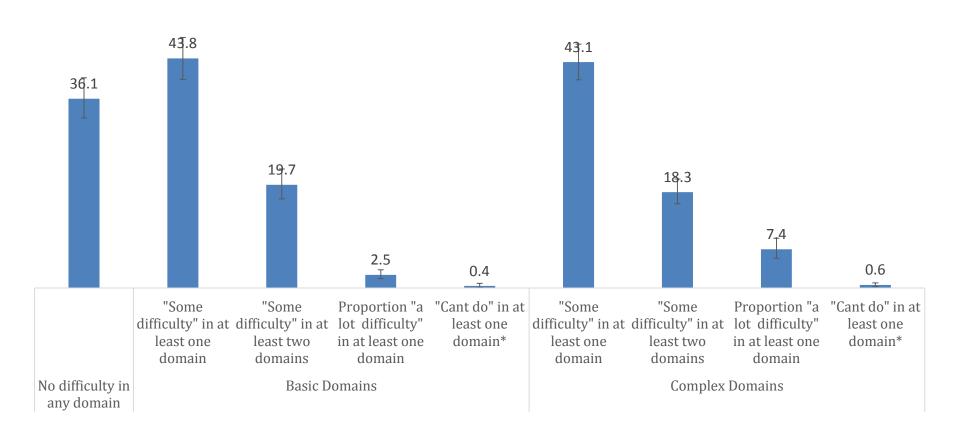
Draft Module Domains



Cohort Descriptives								
	Cameroon			India				
	Male	Female	Total	Male	Total			
	n (%)	n (%)	n (100%)	n (%)	n (%)	n (100%)		
2 to 5	237 (46.9)	268 (53.1)	505	113 (48.5)	120 (51.5)	233		
6 to 9	256 (51.3)	243 (48.7)	499	163 (53.8)	140 (46.2)	303		
10 to 13	230 (51.7)	215 (48.3)	445	138 (50.5)	135 (49.5)	273		
14 to 17	126 (47.7)	138 (52.3)	264	161 (55.1)	131(44.9)	292		
Total	849 (49.6)	864 (50.4)	1,713	575 (52.2)	526 (47.8)	1,101		

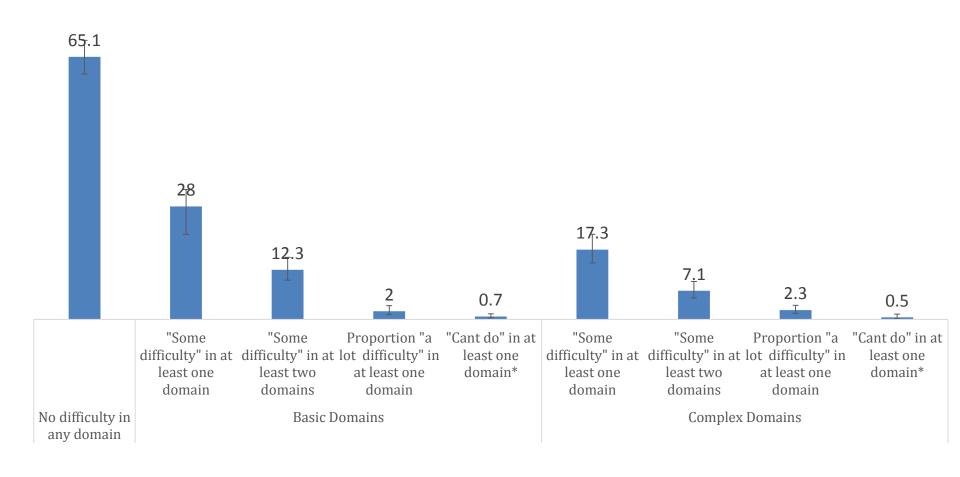


Overall endorsement - Cameroon



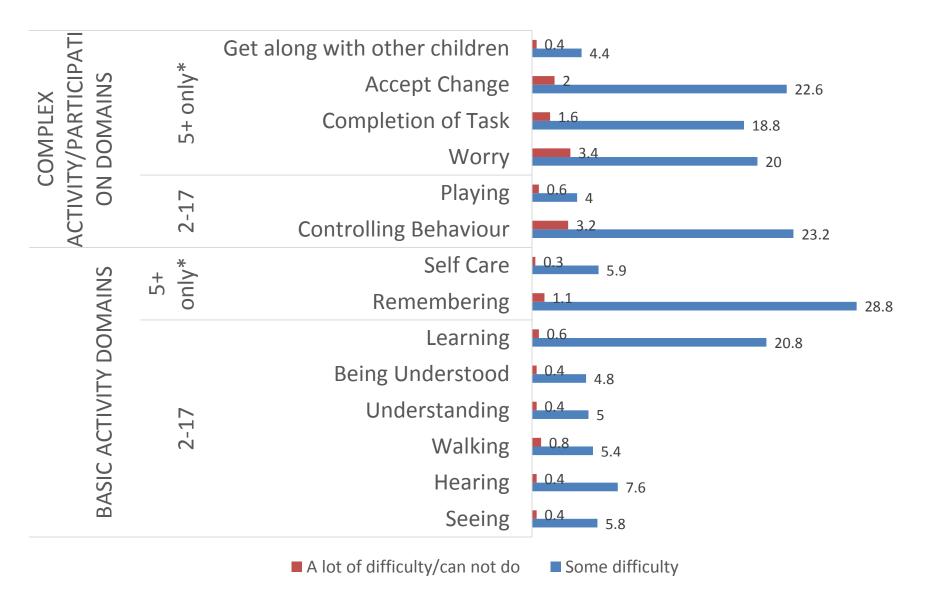


Overall endorsement - India



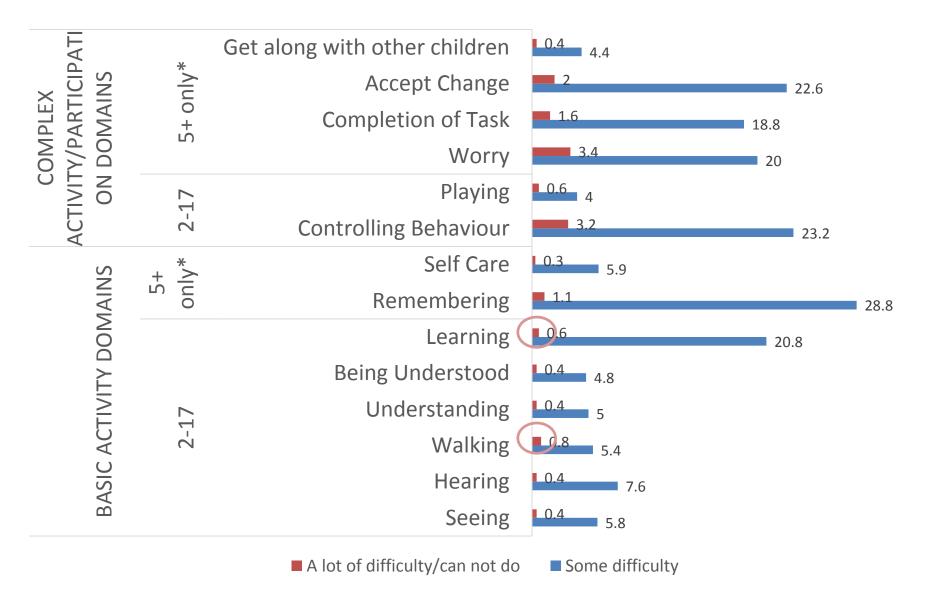






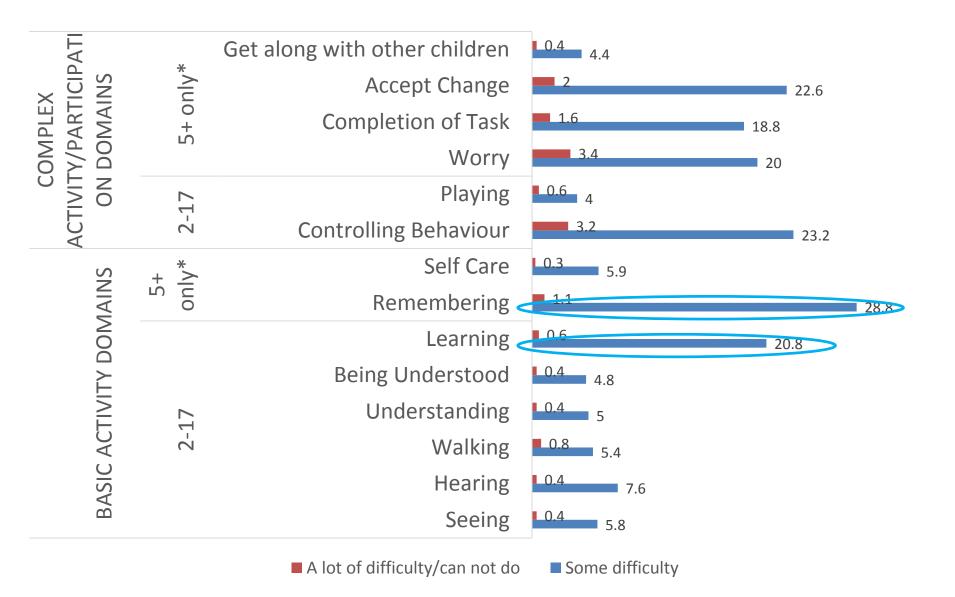






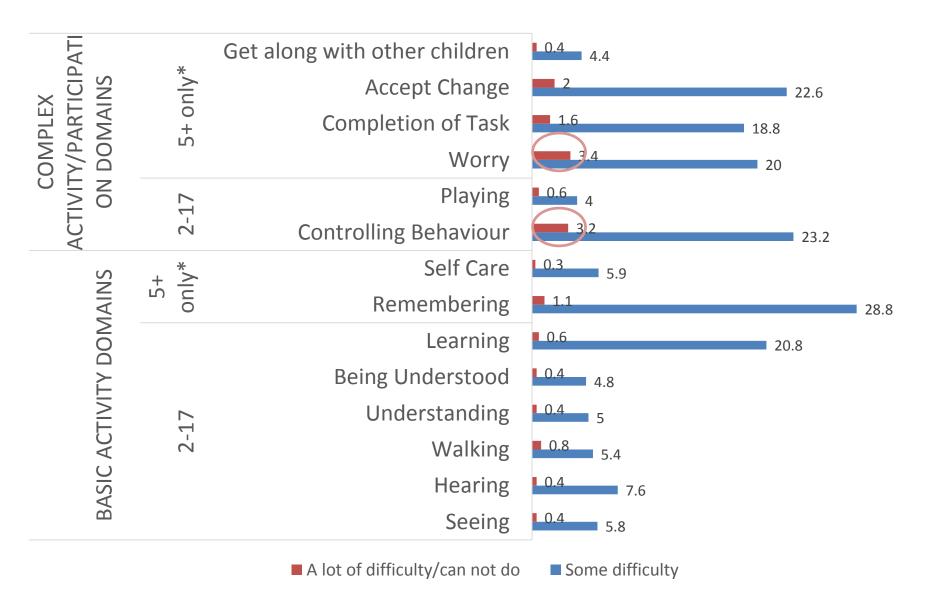
4. Proportion Endorsing Each Domain - Cameroon





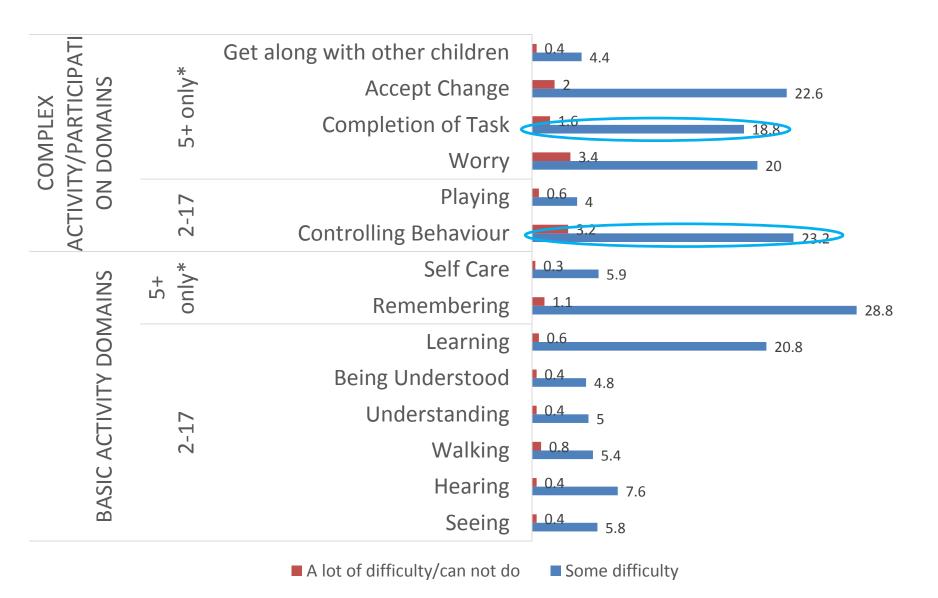
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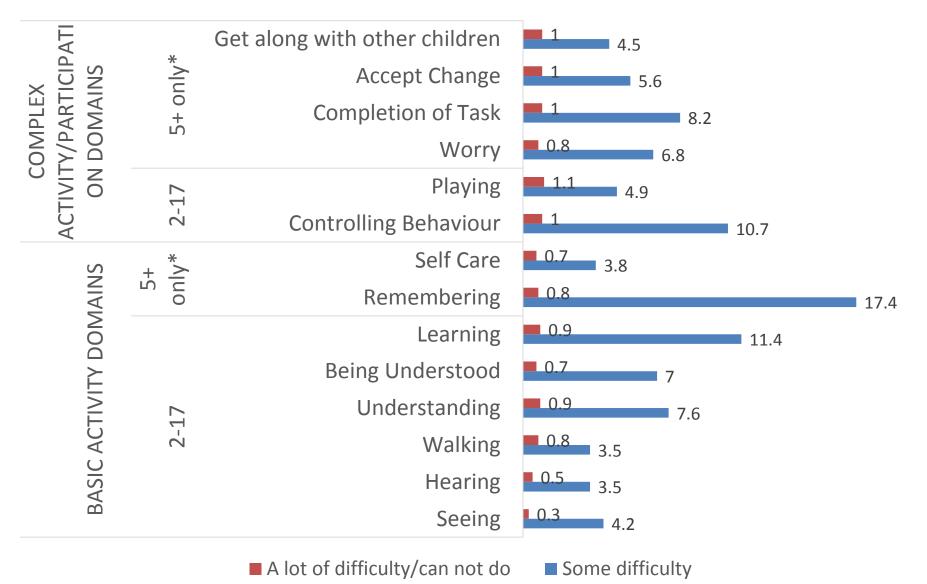


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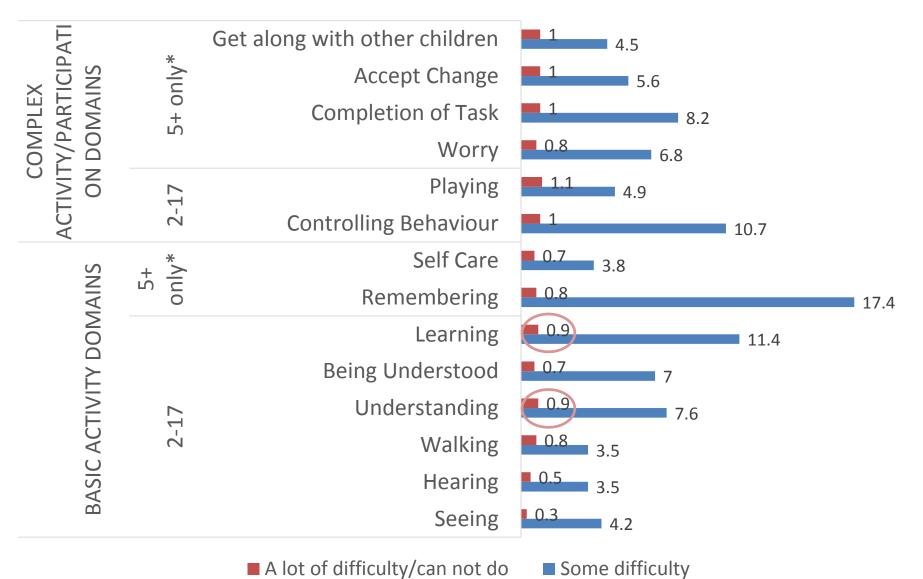






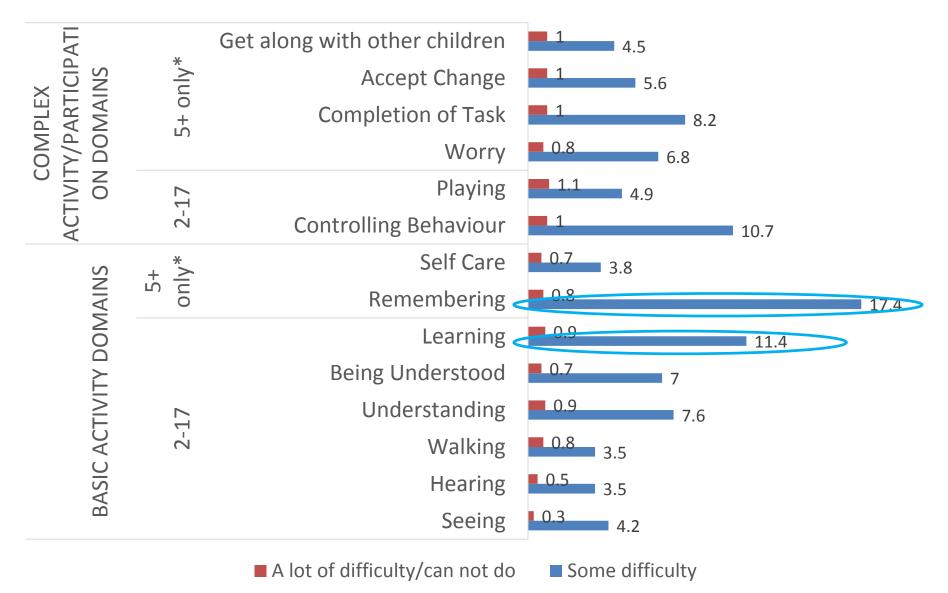




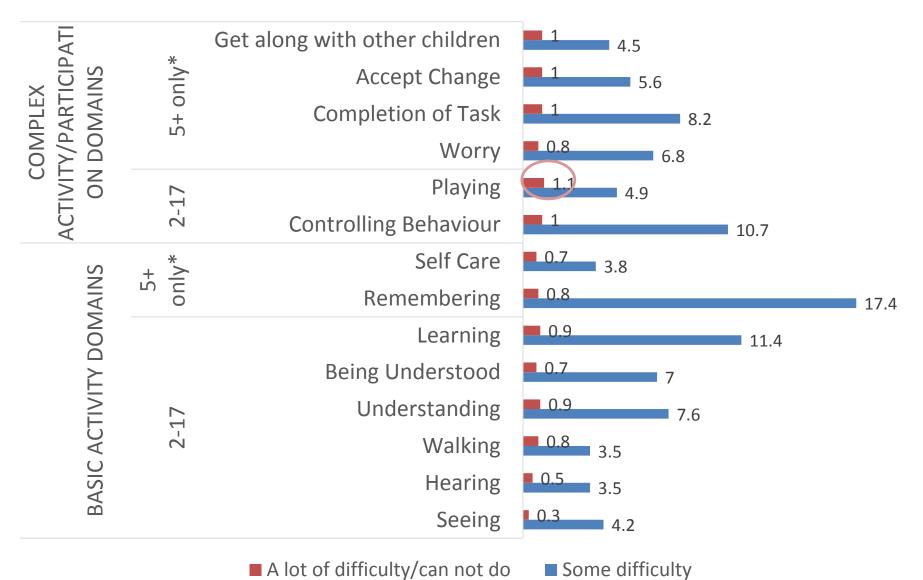




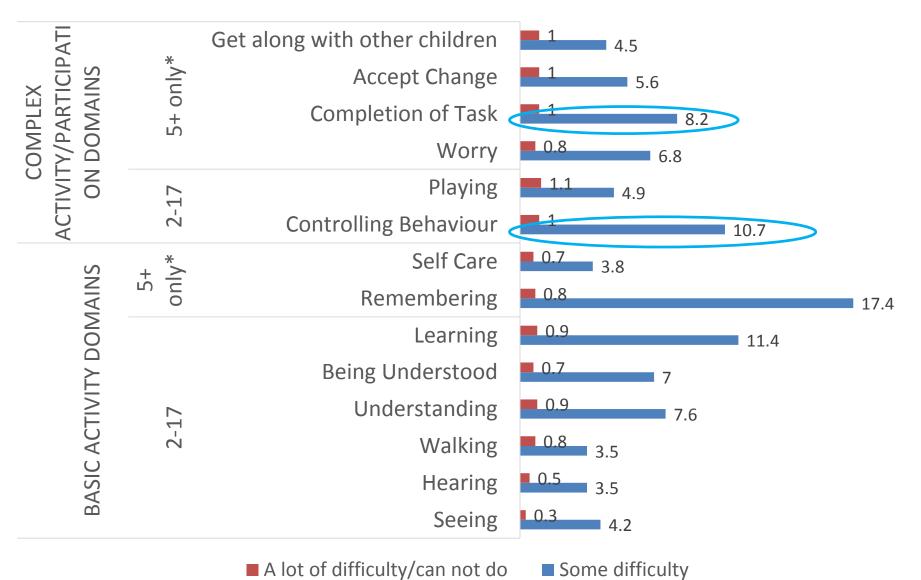












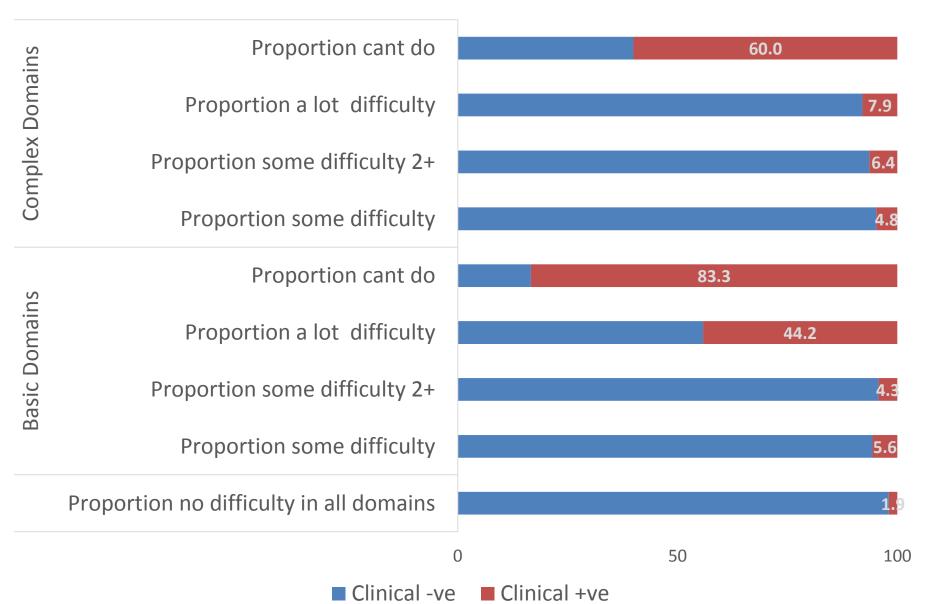
4. India – Single question vs. WG





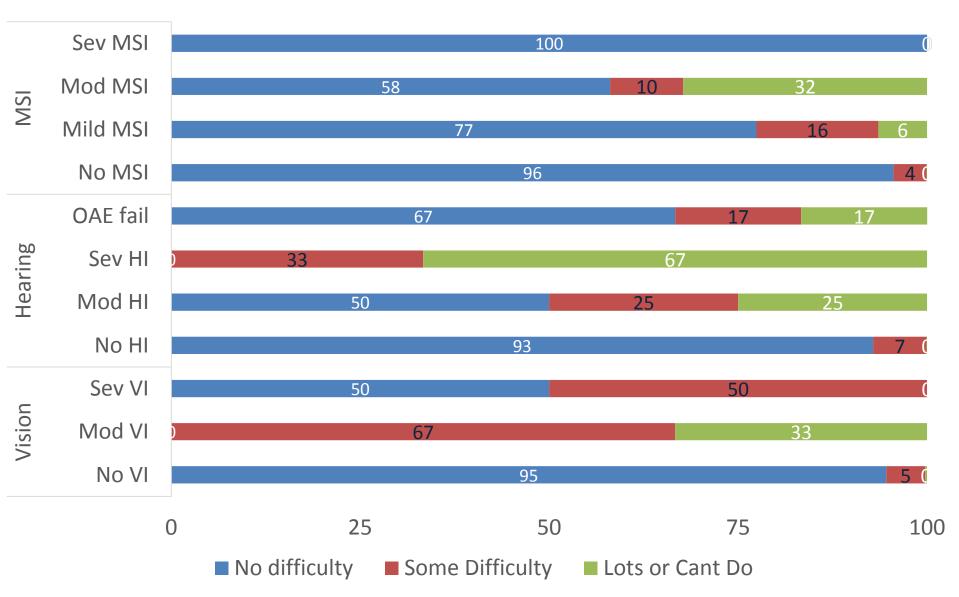
4. Relationship to clinical screens - Cameroon





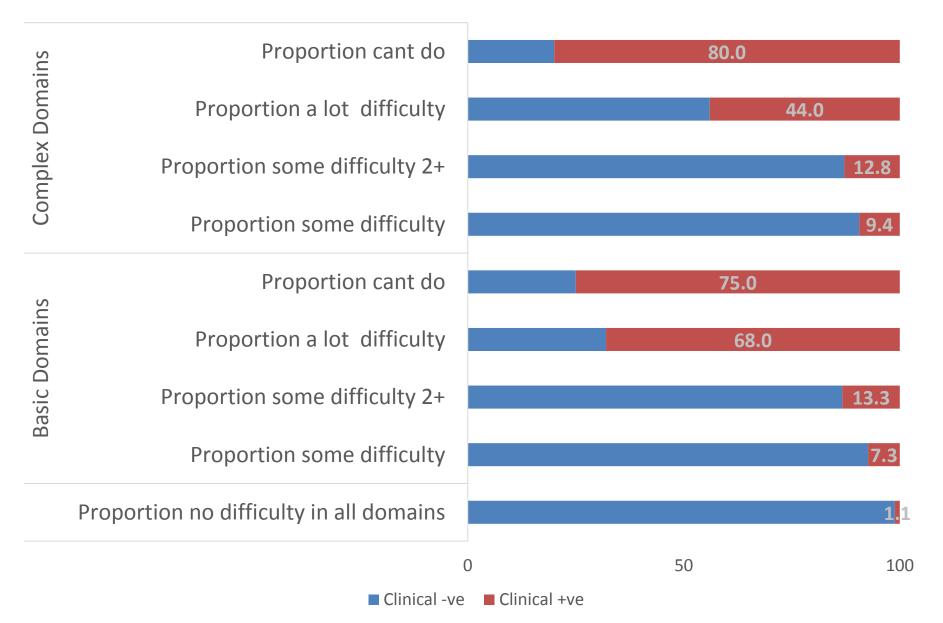
4. Relationship to clinical screens - Cameroon





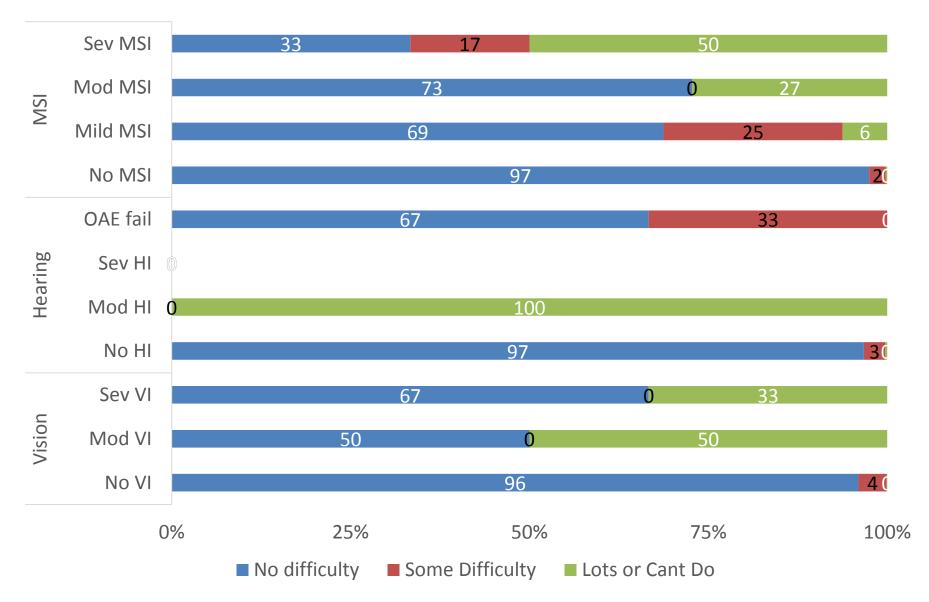
4. Relationship to clinical screens - India





4. Relationship to clinical screens - India





4. Summary of Field Test



Almost 3000 children screened

- 63.9% of children in Cameroon and 34.9% of children in India endorsed at least one domain with at least "some difficulty"
- Much smaller percentage endorsing at least one domain with at least "a lot or can not do" – 8.9% Cameroon and 3.5% India
- Similar proportions endorsing basic domains in both countries; higher proportion endorsing complex domains in Cameroon

4. Summary of Field Test



- Reasonable relationship with clinical tools (but small sample) – more false negatives than false positives vs. clinical criteria
- Draft module seen as best available during review but since updated - results as field test
- No strong significant pairwise relationships between domains either country
- <0.5% in Cameroon and 0.6% in India answered "Don't Know" to any question

4. Summary of Field Test



 Further results from study forthcoming end 2014

- WG-ESF functional limitations in adults
- Clinical Impairment prevalence
- Case-control data on impact of disability
- Relationship between self-reported functional limitations and objectively assessed impairments





Thank you for listening!

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http://disabilitycentre.lshtm.ac.uk