

Rapid Assessment of Disability Toolkit



**This Toolkit was developed by the Nossal Institute for Global Health and
the Centre for Eye Research Australia at The University of Melbourne**

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The RAD toolkit was developed with in-country partners

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The Nossal Institute for Global Health

The Nossal Institute for Global Health is an Institute within the School of Population and Global Health, of the University of Melbourne. Established in 2006, it encompasses all of the work and activities of the Nossal Institute Limited (NIL), a wholly owned not-for-profit subsidiary company of the University. The Institute supports the provision of equitable and affordable health care through sustained improvements in global health practice, learning and research. An integral part of the University of Melbourne, the Institute unites the expertise of leading international researchers, educators, development practitioners and governments, in a unique collaboration driven by a common desire to improve the health of the world's poorest populations.

The Nossal Institute's Inclusive Development Practice Unit comprises a team of researchers and development practitioners committed to promoting genuinely inclusive development through the design and delivery of tools and strategies, research and training, to overcome discrimination and ensure the participation of the most disadvantaged groups. The Unit offers a wide range of expertise across all areas of disadvantage, with a particularly strong foundation of work in gender, disability and displaced populations. Expertise is offered across all stages of the program cycle, including design, implementation, and monitoring and evaluation. The Unit's core activities, primarily focused on the Asia-Pacific, include development practice, capacity building and research, and the Unit also acts as the liaison point for the CBM-Nossal Institute Partnership in Disability Inclusive Development.

Centre for Eye Research Australia

Centre for Eye Research Australia's (CERA) mission is to eliminate the major eye diseases that cause vision loss and blindness and reduce their impact in the community. CERA is affiliated with the University of Melbourne and the Royal Victorian Eye and Ear Hospital, and is a WHO Collaborating Centre for Prevention of Blindness.

The CERA Population Health Research Unit aims to prevent blindness and improve eye care delivery in the Asia-Pacific region through epidemiology research into the prevalence, causes and impact on quality of life of vision loss, population-based surveys on low vision, and evaluation of eye care and low vision models of care and delivery.

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FOREWORD

People with disability in most parts of the world experience discrimination and exclusion from the social, economic and political life of their communities and are not adequately included in development activities. Globally, many governments, donors and international development implementers, in line with the United Nations Convention for the Rights of Persons with Disabilities (UNCRPD) have committed to work towards disability inclusion across their programs. Implementing disability inclusive development however is challenging. Factors contributing to this challenge include limited internationally comparable data on the prevalence and trends of disability across and within countries and limited knowledge of how to undertake disability inclusive development.

The Rapid Assessment of Disability (RAD) toolkit aims to contribute to efforts to address these challenges. Funded by the Australian Government, the RAD toolkit was developed as part of collaboration between the University of Melbourne's Nossal Institute for Global Health and Centre for Eye Research Australia (CERA). In-country partners included the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) and the Pacific Eye Institute (PEI) in Fiji. The RAD toolkit has been developed to support governments and organisations to estimate prevalence of disability in a population, to establish baseline information on disability among adults (18 years or older), and to support the design, implementation and evaluation of disability inclusive development projects.

The RAD toolkit has been designed with a range of potential end users in mind including governments, development agencies, Disabled Persons Organisations (DPOs), Non-Government Organisations (NGOs), civil society organisations (CSOs) and research institutes.

The RAD toolkit is presented in two Modules. Module 1 contains a manual on how to implement a RAD survey, and Module 2 contains the RAD questionnaires and examples of a consent form and plain language statement. The RAD manual provides guidance on the principles of the RAD; content and structure of the RAD questionnaires; RAD survey methodology, such as determining sample size and mapping of clusters; planning and preparing for a RAD survey; training of survey teams; implementation in the field; and data management including analysis of data collected during a RAD survey.

The RAD manual reflects current understanding on how the RAD toolkit may be used by organisations to support the design, implementation and evaluation of disability inclusive development projects. The manual should be seen as a work in progress and will be updated as new understandings emerge from the implementation of the RAD survey in the field. We encourage organisations to share their experience of using the RAD toolkit to help with continuous improvement.

For further information about the development of the RAD toolkit or to share findings from a RAD survey and/or provide feedback on implementing and using the RAD toolkit, please contact the Nossal Institute for Global Health (RAD-enquiries@unimelb.edu.au) or CERA

cerainfo-phd@unimelb.edu.au). Information provided will be used to update the toolkit as required.

The University of Melbourne holds the copyright for the RAD toolkit. The RAD toolkit is designed to be used by other government, research, education and development organisations for non-commercial purposes. When using the RAD toolkit, an acknowledgement such as the following should be included in any document reporting on findings from a RAD survey: “This survey was conducted using the Rapid Assessment of Disability toolkit, developed by the University of Melbourne’s Nossal Institute for Global Health and Centre for Eye Research Australia and funded by the Australian Government through the Australian Development Research Awards.”

For more details on use, sharing and adaptation please contact the organisations on the above contact details.

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MODULE 1

RAPID ASSESSMENT OF DISABILITY MANUAL

ACRONYMS

ALS/PRS | Activity Limitation Scale and Participation Restriction Scale

CERA | Centre for Eye Research Australia

DPO | Disabled Persons Organisation

icddr,b | International Centre for Diarrhoeal Disease Research, Bangladesh

ICF | International Classification of Functioning, Health and Disability

ILO | International Labour Organisation

ISCED | International Standard Classification of Education

ISCO | International Standard Classification of Occupations

K6 | Kessler Psychological Distress Scale

NDA | National Disability Authority

NGO | Non-Government Organisation

NHMRC | National Health and Medical Research Council

PCA | Principal Component Analysis

PEI | Pacific Eye Institute

RAAB | Rapid Assessment of Avoidable Blindness

RAD | Rapid Assessment of Disability

UNCRPD | United Nations Convention on the Rights of Persons with Disabilities

WASH | Water, Sanitation and Hygiene

WG | Washington Group on Disability Statistics

WHO | World Health Organization

WHODAS II | World Health Organization Disability Assessment Schedule II

WHOQoL-BREF | World Health Organization Quality of Life-BREF

1. BACKGROUND

Information on the magnitude of disability and the impact of disability on the lives of people with disability is essential for planning, designing and evaluating effective disability inclusive development projects. The concept of disability has evolved over the years and different methodologies and definitions are used to measure disability. Therefore, it is important to understand how disability and disability inclusive development are defined in this Rapid Assessment of Disability (RAD) toolkit. This section describes these two concepts.

1.1 WHAT IS DISABILITY?

The conceptual frameworks guiding the development of the RAD toolkit were the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the International Classification of Functioning, Disability and Health (ICF).

The UNCRPD describes disability as “an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”. People with disability are recognised by the UNCRPD as “people with long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” [1]. The UNCRPD uses a rights-based approach to disability, as its conceptual framework promotes and protects the rights of people with disability to equal opportunities and participation in society. Two important elements of the rights-based approach are empowerment (the participation of people with disability as active stakeholders) and accountability (the duty of public institutions) [2].

The distinction between impairment and disability is an important concept and reflects the changing understanding of disability from the “medical” and “charity” perspectives to a “social model” of disability. This shift recognises that whilst medical treatment of impairment is essential and a basic human right, it is society that needs to be more inclusive of people with disability, rather than people with disability needing to be “fixed” to fit in to society. The social model of disability recognises that disability is not an attribute of the individual but rather the inability of society to take the different needs and abilities of its citizens into account. It acknowledges that society needs to change to be inclusive of people with disability, and that activities need to focus on eliminating the barriers that hinder the full participation of people with disability [3, 4]. Major barriers include:

- **Attitudinal** - prejudice, stigma and beliefs about disability
- **Environmental** - poor access to the environment e.g. lack of wheelchair ramps in schools, and lack of accessible communication for information and technology in the community
- **Institutional** - laws or policies that prevent people with disability enjoying rights others enjoy.

The ICF, widely promoted as a universal framework to inform the measurement of disability, was developed by the World Health Organization (WHO) in 2001. The ICF conceptualises functioning and disability as “a dynamic interaction between health conditions and contextual factors, both personal and environmental” [5]. The ICF adheres to a bio-psycho-social model, which links the medical and social models, to view health from the biological, individual and socio-cultural perspectives. Assessment of disability in the ICF framework is categorised in five interrelated areas: impairments, problems in body functions or structures, activity limitations (difficulties executing activities), participation restrictions (difficulties in participating in any areas of life) and environmental and personal factors [5].

1.2 WHAT DO WE MEAN BY DISABILITY INCLUSIVE DEVELOPMENT?

Disability is recognised as a development issue due to the cyclical relationship between disability and poverty; people with disability and their families are more likely to experience socio-economic disadvantage when compared with people without disability [1]. A multitude of factors may contribute to the lower socio-economic status of people with disability including unequal access to appropriate education for children with disability which negatively impacts on future access to economic resources and livelihoods; additional costs associated with living with a disability; and the fact that many families with a person with a disability may have reduced opportunity to access paid employment as a result of caring for a family member with a disability [1].

People experiencing poverty are more vulnerable to experiencing disability, as poverty may contribute to health conditions associated with disability through its impact on maternal and childhood nutrition, unsafe living conditions, and reduced access to clean drinking water and appropriate health and rehabilitation services, thereby increasing the likelihood that an impairment becomes a longer term disability [1, 6].

Disability inclusive development can be understood as a human rights based approach to development, ensuring that people with disability are recognised as equal rights bearers along with other members of society, and are part of the development process [7]. It is both a process and an outcome that ensures that people with disability are included in all aspects of development programming, for example:

- Consultations with stakeholders include people with disability,
- Planning activities reflect the needs and priorities of people with disability in the community,
- People with disability have the same opportunity to access and participate in development activities, and
- People with disability benefit from activities (at least) as much as the wider community, e.g. have the same opportunity to benefit from community training such as health promotion or disaster response activities, are equally able to access safe water and sanitation, or have equal opportunity to participate in livelihood programs.

Disability inclusion is relevant to most development activities including education, health, and infrastructure programs. In low and middle income countries, disability inclusion can be achieved through the Twin Track approach which consists of two broad strategies; disability specific initiatives and disability inclusive programs [3, 7, 8], and is supported by disability inclusive research.

Disability specific initiatives are designed to target people with disability directly, for example provision of technical and assistive devices, rehabilitation, medical interventions for disabilities or capacity development for Disabled Persons Organisations (DPOs) [3, 7, 8].

Disability inclusive programs are mainstream development activities designed to ensure that they are accessible to people with disability and that they benefit people with and without disability equally.

Disability inclusive research is disability focussed research which ensures the meaningful inclusion of people with disability throughout the research process, from the initial development of a research idea to the dissemination of research findings. Key considerations for inclusion are:

- Research collaboration with local DPOs.
- Planning for inclusion at all stages of the research.
- Ensuring information about the research such as plain language statements and research findings are available in accessible formats (e.g. Braille, large print, use of sign interpreter).
- Inclusion of people with disability in the research team.

For further guidance on inclusive development practice, implementers are referred to *Inclusion Made Easy: A quick program guide to disability in development*. *Inclusion Made Easy* has been produced by CBM for mainstream development organisations as an introductory program guide to disability inclusion in international development activities. This guide draws from existing inclusive development practice experiences to identify strategic processes for change within programs as well as development organisations at every level in order to improve the lives of people with a disability.¹

2. ABOUT THE RAPID ASSESSMENT OF DISABILITY TOOLKIT

2.1 RATIONALE

The World report on disability (2011) estimates that 15% of the world's population is living with disability [1]. People with disability, in most parts of the world, experience discrimination and are excluded from the social, economic and political life of their communities. In many contexts, people with disability do not have equal access to health care, education and employment opportunities when compared to people without disability and subsequently are more likely to experience poverty [1, 6].

¹ Available from: <http://www.cbm.org/Inclusion-Made-Easy-329091.php>

Despite the growing body of evidence on the relationship between disability and poverty, people with disability have not been adequately included in development activities [1, 9]. Article 32 of the UNCRPD states that all international development programmes should be inclusive of people with disability [10]. In response, several implementing agencies, governments and international donors, including the Australian aid program have developed policies and made broad commitments to mainstream disability across their development programs.

In turn, program implementers increasingly understand why development activities need to be inclusive of people with disability but have limited knowledge and experience of how to do this [9, 11, 12]. In addition, limited internationally comparable data on the prevalence and trends of disability across and within countries limits understanding of the incidence, needs and priorities of people with disability [1, 9, 12]. The Rapid Assessment of Disability (RAD) toolkit aims to address these challenges.

2.2 WHAT IS THE RAPID ASSESSMENT OF DISABILITY TOOLKIT?

The Rapid Assessment of Disability (RAD) toolkit is a set of quantitative questionnaires and accompanying guidelines which can be used to establish baseline information on the prevalence and effect of disability among adults (18 years or older), and to measure the impact of programs which aim to target or include people with disability.

The RAD toolkit contains household and individual questionnaires and a manual, which details the content of the questionnaires and their use.

The RAD survey consists of interviewer administered household and individual questionnaires. Each head of household is invited to complete the household questionnaire, which is designed to assess household demographics and socio-economic status. Individuals residing in the household who are 18 years of age or older are then invited to complete the individual questionnaire with the interviewer. The individual questionnaire consists of four sections:

- Section one: Demographics
- Section two: Self-assessment of functioning
- Section three: Well-being
- Section four: Access to the community.

For more information on the development of the RAD survey please refer to the following publications.

1. Goujon N, Devine A, Baker SM, Sprunt B, Edmonds TJ, Booth JK, Keeffe JE. A comparative review of measurement instruments to inform and evaluate effectiveness of disability inclusive development. *Disability & Rehabilitation*. 2013. Published online on 9 August 2013.
2. Huq NL, Edmonds TJ, Baker S, Busija L, Devine A, Fotis K, Marella M, Goujon N, Keeffe JE. The Rapid Assessment of Disability – Informing the development of an

instrument to measure the effectiveness of disability inclusive development through a qualitative study in Bangladesh. *Disability, CBR & Inclusive Development*. 2013;24(3):37

3. Marella M, Busija L, Islam A, Devine A, Fotis K, Baker S, Sprunt B, Edmonds T, Huq NL, Cama A, Keffe JE. Field-testing of the Rapid Assessment of Disability questionnaire. *BMC Public Health* 2014; 14(1):900

2.3 WHO THE RAD TOOLKIT IS FOR?

The RAD toolkit has been developed for users including donor agencies and partner governments, development implementers and research institutes planning for and implementing disability inclusive development activities. Development implementers include managing contractors, disabled persons organisations (DPOs) and non-government organisations (NGOs), as well as other organisations interested in learning more about disability in the communities they work with.

2.4 WHAT CAN A RAD SURVEY BE USED FOR?

The RAD survey can be used for the following purposes:

- To measure the prevalence of disability within a target population.
- To understand the impact of disability on well-being and access to services, including barriers to access. This information can assist program designers to understand the priorities of people with disability in order to inform the design of inclusive development projects.
- To contribute to the evaluation of disability inclusive development projects.

Information collected in a RAD survey is intended to enable comparison of people with and without disability by disaggregating data by age, gender, socio-economic status, education and occupation. If a comparison between people with disability and without disability is required, matched controls (by age and gender) are included in the sample.

2.5 WHAT A RAD SURVEY IS NOT

A RAD survey does not include a health examination of respondents. Instead, it is designed to identify people at 'risk of disability' in their current environment, and understand other factors contributing to their lives such as well-being and access to the community. As such, the RAD survey may not recognise all people who self-identify as having a disability, particularly those who may have an impairment but are able to function as well as they would like in their own environment. Whilst the RAD survey does collect information on health conditions such that inferences may be drawn between the health condition and the functional limitation, it does not categorically identify the disease or health condition causing the impairment.

The RAD survey is not stand alone instrument that will provide all information required to design or evaluate disability inclusive development projects. For example, whilst it will provide data on what the barriers to access to the community are, it will not provide information on why these barriers occur. The RAD survey is a quantitative survey

instrument that is designed to provide a snapshot on the situation of people with disability. To gain in depth understanding of needs specific to design an inclusive development project and/or measure a project's effectiveness in including people with disabilities, we recommend using additional tools and approaches to complement the RAD survey.

2.6 AN INCLUSIVE PROCESS

The development of the RAD toolkit was inclusive of people with disability throughout all stages of the research project. Consultations with people with disability in Australia, Bangladesh and Fiji were conducted throughout the development of the RAD toolkit to ensure that the questionnaires were relevant to people with disability, and that cultural aspects of living with a disability were effectively included. People with disability were recruited to work on the project wherever possible, including data collectors in Bangladesh and Fiji.

It is strongly recommended that organisations implementing a RAD survey identify and establish collaborations with local DPOs early in the planning of any RAD survey. DPOs are community-based organisations managed by a majority (51%) of people with disability at the board and membership levels, and typically mix components of service delivery with advocacy activities. They provide an important role in giving voice to people with disability. DPOs can inform research planning and implementation by enabling understanding of the local context of disability and the challenges faced by people with disability in the community, and by supporting engagement of people with disability in the research as staff and respondents.

2.7 WHAT MAKES THE RAD SURVEY RAPID?

A RAD survey is rapid because of the sampling methodology used to collect the data (stratified cluster random sampling) and the time taken to identify people with disability. This is based on the method used in the Rapid Assessment of Avoidable Blindness (RAAB) studies[13]. By using stratified cluster random sampling, 50 people are recruited from each cluster, making it possible to interview 50 people in a day by one survey team (see Section 4.1). Considering that prevalence of disability ranges between 5-10% in adults, we would expect 3 to 5 people with disability in a segment of 50 people. Only those people who are identified as having a disability based on section 2 of the questionnaire will be administered the complete questionnaire (the questionnaire takes approximately 45 minutes to complete all sections). If age and gender matched controls are also considered in the study, it could take approximately 15 hours to complete the survey in one segment. If a team of 3 interviewers conduct the survey in the segment, each interviewer will take approximately 5 hours. This is thereby considered 'rapid'. However, this depends on the size of the area, population density, geography and logistics (refer to section 4 for more on the sampling methodology).

2.8 VALIDITY OF THE RAD QUESTIONNAIRES

Questionnaire validity is the degree to which an assessment (or a question) measures what it is supposed to measure. The RAD questionnaires were found to be valid in identifying

disability in accordance with the areas of assessment of disability according to the ICF framework (functional limitation, well-being, access to the community, and contextual components such as environmental and personal factors associated with disability). The development of the questionnaire involved reviewing the literature, workshopping ideas with advisory committees, consultation with people with disability, qualitative interviews and a focus group discussion. The RAD questionnaire was validated in Bangladesh which involved pre-testing and field testing. The psychometric validity was assessed using statistical procedures such as factor analysis and Rasch analysis. The questionnaire was further tested for its cultural relevance in Fiji. There were a small number of changes required following cultural adaptation of the questionnaires from a Bangladesh to Fiji context. The final version of the questionnaire was developed based on the findings from both Bangladesh and Fiji.

Further studies are needed to test the ability of the RAD questionnaires to detect changes when used before and after a disability inclusive development project, and to help determine its usefulness as part of a development project's evaluation.

Future studies would also need to test the sensitivity and specificity of Section 2 to assess specific types of functional limitations, such as vision or hearing impairment.

During the development of the RAD questionnaires, a section to obtain information about the awareness of the rights of people with disability was trialled. It included questions related to the right to access information, a safe home environment, school, work, health care, assistive devices, relationships with others, living as part of society. However, this section had poor validity and therefore removed from the final RAD questionnaire. Understanding and measuring awareness of the rights of people with disability is nonetheless important. To achieve this, further research is required. Implementers may therefore consider developing new items to measure awareness of rights for inclusion in their surveys. Initial steps would be to determine appropriate terminology to use when asking about rights by exploring what people mean when they think about rights. Other approaches might be to ask participants the extent to which they feel informed about their rights under the UNCRPD, or under the law of their own country. It would also be useful to determine the source of information people access to learn about their rights.

Note: RAD questionnaires suitable for use with children (less than 18 years old) are currently being tested prior to being made available for use.

3. CONTENT AND STRUCTURE OF THE RAD QUESTIONNAIRES

The RAD questionnaires are provided in Module 2 of the RAD toolkit.

The following section provides an outline of the household questionnaire and each section of the individual questionnaire for adults (18 years or older).

3.1 HOUSEHOLD QUESTIONNAIRE

The household questionnaire is conducted with the head of the household. The first step in each interview is to assign an identification number and record information about the interview including household identification, interview status (availability for interview), consent (whether the consent form was signed), reasons why the interview may not have been completed, and use of a proxy (whether a participant answered for himself/herself, or if someone else answered some or all of the questions on the participant's behalf).

Information on consent and use of proxies can be found in Ethical considerations (see section 9).

The household questionnaire contains items designed to assess household demographics and socio-economic status. Household characteristics used to estimate a wealth index include type of water source, having electricity or not, sanitation facility, roof, wall and floor materials, household assets including durable goods (e.g. television, radio, bicycle and motorcycle), and ownership of the house, land and cattle.

3.2 INDIVIDUAL SURVEY – ADULT QUESTIONNAIRE

The individual questionnaire is for people aged 18 years or older. The first step in each individual interview is to assign an identification number and record important information about the interview including interview status, consent, interview completion, use of a proxy, and whether or not the respondent is a matched control.

The interviewer is asked to record any referral information that was provided to the respondent on the front page after completing the interview. It is also important to keep a separate record of identifiable information of respondents who may require follow up with a particular service. For example, if a respondent requires a vision assessment, the interviewer should ask the respondent if they are happy for their details to be given to an available service provider who can follow up with them (refer to section 5.5 for more on referral information).

3.2.1 SECTION ONE: DEMOGRAPHICS

The demographic section aims to capture individual demographic information relevant to development programs including factors specific to the participation of people with disability in the community. These factors, including barriers to education and employment, are often missed in mainstream survey tools [14]. This section comprises 17 items including

age, gender, ethnicity, religion, marital status, education level, and occupation. Individuals are also asked about their general health, health conditions and information on any assistive devices used. A picture card of assistive devices can be used if required (refer to Module 2 of the RAD toolkit).

3.2.2 SECTION TWO: SELF-ASSESSMENT OF FUNCTIONING

The purpose of section two is to identify people ‘at risk of disability.’ In accordance with the ICF, this section asks participants to report on their perception of functioning in their own environment in the last 6 months when using assistive devices (e.g. seeing even if wearing glasses) [5]. This recognises that ascertaining a person’s function in their usual environment is more important when trying to measure disability than a measure of a person’s body function and structure.

Items were drawn from the Washington City Group (WCG) and informed by the World Health Organization Disability Assessment Schedule II (WHODAS II), the Activity Limitation Scale and Participation Restriction Scale (ALS/PRS), the Kessler Psychological Distress Scale (K6), and the ICF checklist [15-19].

Section two comprises 16 items. Nine items address difficulties in functioning in seven domains: vision, hearing, communication, mobility, gross and fine motor skills, cognition, and appearance. Six items address psychological distress in a separate domain.

The response categories for items 2.01 to 2.15 (functioning items) in this section are ‘Never’, ‘Some of the time’, ‘Most of the time’, and ‘All of the time’. A response of ‘Do not want to respond’ is also included.

Participants responding ‘Most of the time’ or ‘All of the time’ to any one of the first nine questions, and/or ‘Most of the time’ or ‘All of the time’ to at least two psycho-social items, are identified as at risk of disability. Only those participants identified to be at risk of disability are administered the remaining sections of the questionnaire. If a comparison between people with and without disability is required, matched controls (people without disability matched for age and gender) are also invited to complete the remaining two sections of the questionnaire.

The final question (2.16) asks respondents about the rights of people with disability to gain an understanding of attitudes from a cross-section of the community.

3.2.3 SECTION THREE: WELL-BEING

The purpose of section three is to assess the individual’s perception of their well-being including quality of life and activity limitations. There are 16 items addressing themes on self-perception of health, sleep, confidence to try new things, enjoyment of life, respect in the community, value of individuals’ opinion in the family, acceptance of appearance, meaningfulness of life, safety in living environment, ability to maintain family relationships, ability to make new friends, interactions with persons of authority, taking care of oneself,

taking care of one's household, living conditions in comparison with other family members, and opportunity to help others. Items were mainly selected from the World Health Organization Quality of Life-BREF (WHOQoL-BREF) with the remaining items sourced from the ALS/PRS, the Participation Scale, WCG and WHODAS [15-17, 20, 21].

Similar to the items in the Self-Assessment of Functioning section, the prefix for each question is "In the last 6 months, how often have you ...". Respondents rate the frequency for each item: All the time, Most of the time, Some of the time, or Never. A response of "Don't know/ can't remember" is included.

3.2.4 SECTION FOUR: ACCESS TO THE COMMUNITY

The objective of section four is to understand the individual's perception of their access to different services and in aspects of community life, and to identify and prioritise barriers related to access. Section four consists of 14 domains relevant to disability inclusive development: access to education/vocational training, work outside the home, health services, community consultations, assistive devices, rehabilitation, safe drinking water, sanitation, social activities, religion, government social welfare services, DPOs, disaster management, and justice.

The structure of items in this section firstly asks if participation in each domain (e.g. education) has been as much as they liked/needed. Each question is phrased "in the last 6 months to what extent have you been able to access...". Responses are recorded as 'as much as I liked/needed', 'to a large extent', 'to some extent', 'not at all', and 'have not needed to access (domain)'. If participants respond that they have accessed the domain as much as they would have liked/needed, they move on to the next question which addresses another domain. If they respond that they haven't accessed services in this domain as much as they would like, they are asked what the reasons are for this. Respondents are then asked which of the reasons they have given has limited access to the domain the most. This prioritising of barriers enables development workers to design programs to address the most significant barriers to participation and direct their resources accordingly.

Depending on the purpose of the RAD survey to be implemented, the implementing organisation may choose not to use all the items in section four. Follow up qualitative techniques may also be needed to further inform the program design. For example, some programs may need more in-depth information on specific needs of people with disability related to a service and the reasons for barriers associated with poor access (see Section 10).

3.3 LENGTH OF TIME REQUIRED FOR EACH INTERVIEW

The average time to administer a complete RAD questionnaire is about 45 minutes. It takes about 10-15 minutes to administer the household questionnaire and the first two sections of the individual questionnaire. Up to 35 minutes is required to administer the remaining sections in the questionnaires.

3.4 TRANSLATION OF THE RAD QUESTIONNAIRES

The questionnaires, consent form and plain language statements should be translated into the local language and pre-tested. Translating the questionnaires into the local language is important because:

- i. It may be difficult for interviewers to translate during the interview due to language barriers.
- ii. Different interpretations by the interviewers may be offered if translation occurs during the interview leading to inconsistencies in data collected.

Two people should be recruited to perform the translation of the questionnaire. The first person translates the questionnaire from English into the local language, and the second person back-translates the questionnaire from the local language into English. The two English versions can then be compared. Any confusing or disparate questions should be investigated, and a more suitable translation should be used. It is important to ensure that the order of the questions is not changed during translation, and that the translators are clear about the meaning of the questions.

3.5 CULTURAL ADAPTATION OF THE RAD QUESTIONNAIRES

Following translation, the questionnaires should be culturally adapted for the local context. It is important to consider the cultural setting as translation itself will not account for cultural differences. Cultural adaptation can include activities such as seeking advice regarding terminology or categories from the National Statistics Office in countries in which the RAD questionnaires are to be used, and consultation with key stakeholders, including an advisory committee which may have been set up to guide a RAD initiative, and people with disability.

The following section reviews a number of items in the RAD questionnaires that may require cultural adaptation.

3.5.1 HOUSEHOLD QUESTIONNAIRE

The items in the household questionnaire are based on the commonly used household characteristics by the Demographic and Health Survey [22]. Some of the household characteristics may require country specific adaptation such as facilities for sanitation, source of water, or household assets.

3.5.2 INDIVIDUAL QUESTIONNAIRE

Section one: Demographics

Most of the items and response categories are standard and will not require changing, however some items and responses are context specific and will require adaptation.

Q1.01 What is your current place of residence? (*Village or town*)

Item Q1.01 asks respondents about where they live. Respondents are then asked if their current place of residence is urban, peri-urban, rural or remote. The definition for these categories will be context and project specific. The National Statistics Office may have context-appropriate categories and definitions. If not, appropriate definitions for each category will need to be determined. Factors to consider include geographical proximity to local government areas, proximity to services, population density of the area, and type of livelihoods typically present in each setting.

Q1.04 What is your ethnicity?

Appropriate categories for this item will need to be identified. The questionnaire lists categories for ethnicity as 'Code 1', 'Code 2' etc. For example, 'Code 1' in Bangladesh was 'Bangladeshi' and in Fiji was 'I-Taukei (Indigenous Fijian)'. The National Statistics Office may have a current list of context specific ethnicities to include.

Q1.05 What is your religion?

As for the item on ethnicity, appropriate contextually specific categories for item Q1.05 on religion will need to be identified. The questionnaire lists categories for religion as 'Code 1', 'Code 2' etc. For example, 'Code 1' in Bangladesh was 'Islam' and in Fiji was 'Christian'.

Q1.07a Do you have any children?

All participants are asked whether or not they have any children. In some cultures, however, this is a sensitive topic and would only be asked of people who are married. Depending on the country and cultural sensitivity this question may be asked of everybody or only of people who are married. This could be decided through consultation with a project advisory committee. For example, in Bangladesh this question was only asked if participants had indicated in the previous question that they were married.

Q1.09 What is the highest level that you have completed in school?

This item was developed in line with the International Standard Classification of Education (ISCED) 2011. In the RAD questionnaire, the below response categories are used. These categories can be revised depending on the education system in your country.

- Pre-primary
- Primary
- Secondary
- Post-secondary/Tertiary

Q1.10 What is your main occupation?

The occupation item was developed in line with the International Standard Classification of Occupations (ISCO). This is a hierarchical classification structure for organising information on occupations according to tasks and duties undertaken in a job. The ISCO is an International Labour Organization (ILO) classification and forms part of the economic and social classifications of the United Nations. The current version (ISCO-08) was published in 2008 [23]. The ISCO-08 has 10 major groups which are then divided into 43 sub-major groups, 130 minor groups (not shown) and 436 unit groups (not shown)(Appendix A). The full list of groups can be found on the ILO website at www.ilo.org.

The categories listed can be adapted according to the context within which the survey will take place, if appropriate. In the case of more than one occupation, the occupation considered to be the main occupation by the respondent should be recorded.

3.6 COGNITIVE TESTING OF THE RAD QUESTIONNAIRE

After cultural adaptation of the RAD questionnaire, cognitive testing of the questionnaire should be performed to ensure the respondents understand the questions as intended and responses accurately reflect what is being asked. It is a method of pre-testing the questionnaire to identify the questions that may need rephrasing because they are not understood, sensitive to answer, difficult to recall, or the response options are not clear. The common problems encountered by respondents in answering questions are:

- 1. Comprehension:** If the respondent does not understand the question or response options as intended by the survey designers, drawing accurate conclusions from respondent's answers may be difficult. Another possibility is that the same question could be understood differently by different respondents and they could effectively be answering different questions.
- 2. Recall:** The design of questions may assume respondents have the information to be able to respond to the questions. However, respondents may find it difficult to recall or may not have learnt or experienced something that is needed to be able to respond.
- 3. Judgement:** The phrasing of the question or response options provided may influence the way the respondent makes a judgment about the question. The respondent may choose to provide a more socially accepted or desirable answer.
- 4. Response:** In such cases where response options may be incomplete or do not fit with understanding or judgement of question, the respondent is forced to make a choice from the given response options. Responses may also be influenced by willingness to provide information in the required format.

Cognitive testing is essentially a qualitative method of data collection that involves semi-structured and in-depth interviews with a purposive sample representing the target population. The interviews involve 'verbal probing' after each question to assess

participants' understanding of questions and to identify poorly phrased questions. This process will also identify any difficulties related to recall, judgement and response. The probes used after each question in Sections 2-4 are:

'In your own words, what is this question asking?'

'Can you tell me why you answered this question that way?'

In addition, interviewer's observations should be recorded in the following format for each question in Sections 2-4:

Did the respondent	
1. Need you to <u>repeat</u> any part of the question?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have any difficulty using the <u>response options</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Seem <u>uncomfortable or distressed</u> with the question?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <u>Refuse</u> to answer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Ask for <u>clarification</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observations, clarifications, comments:	

Potential participants may be identified through the networks of local DPOs. Interviews can be conducted by the survey coordinator and members of the field teams as supervised field practice. Ideally, the sample should have:

- A mix of male and female participants
- A mix of ages
- A mix of direct and proxy respondents
- Be representative of the various impairments
- Include people without disability
- A mix of people from different socio-economic and educational backgrounds.

Each interview will proceed as follows:

1. Provide information to potential respondents on the purpose of the pre-testing and what is required of respondents.
2. Administer Section 1 of the individual RAD questionnaire for demographic information.
3. Ask complementary open-ended questions (in the given format above) after each item in Sections 2-4 to identify whether the respondent understood the question correctly and if the answer provided was accurate.
4. Interviewer should record observations (in the given format above) for each item in Sections 2-4 on whether the respondent needed clarification or prompts, had

difficulty understanding specific phrasing or words in the questionnaire, felt distressed or uncomfortable responding to any questions, or refused to answer any questions.

5. General comments from respondents about the questionnaire.

Cognitive interviews can be audio recorded (with participants' consent), transcribed and analysed using qualitative analysis techniques. The analysis of each item is reviewed and recommendations are made on whether items should be retained, deleted or modified and what modifications are required. Questions may undergo a number of rounds of testing and revision until no further problems are revealed.

4. STUDY DESIGN

Depending on the objectives of the study, there are a number of different ways a RAD survey can be implemented. This section describes how to conduct a population-based survey to estimate the prevalence of disability and its impact. Other possible study designs for different study objectives are also briefly discussed.

4.1 POPULATION-BASED STUDY DESIGN

The prevalence of disability in a survey area is ideally measured by examining all members of a target population. However, as it is not feasible to include all people in a large population, a sample that is representative of the target population in the area is studied.

A **population-based study design** is recommended when estimating the prevalence of disability and its impact in a country, province or large district. When using this type of study design, **two stage stratified cluster random sampling** is recommended².

A population-based study design involves a cross-sectional survey using a two-stage cluster random sampling method to interview people aged 18 years or above in selected households. The primary sampling units will be population units (clusters) in the survey area (sampling frame). A list of population units and their respective population sizes of people aged 18 years or above in the survey area are obtained from the national census. Population units are enumerating areas from the latest national census, or the smallest administrative units that have a maximum of approximately 500 households. Larger population units will be divided into smaller areas of approximately 500 households. In the first stage of the cluster random sampling method, required number of clusters will be randomly selected with a probability of selection proportional to cluster size.

The second stage involves compact segment sampling where each cluster will be divided into clearly demarcated segments of equal population of about 50 people aged 18 years or above. Detailed maps with landmarks and roads will be obtained from the census offices or the maps will be prepared with the help of the village leaders (e.g. Figure 1). One segment from each cluster will be randomly selected by drawing lots for data collection. Within the selected segment, the survey team will visit all households door-to-door until 50 people aged 18 years or above are recruited. A household is defined as a group of people who live together, pool their money and eat at least one meal together each day for at least 6 months in a year. In case a sample of 50 people aged 18 years or above is not reached in a segment, households from another randomly selected segment from the same cluster will be recruited.

² This methodology was used to validate the RAD in Bangladesh and is the recommended methodology for population-based study designs. This is based on the method used in the Rapid Assessment of Avoidable Blindness (RAAB) studies.

4.1.1 CALCULATING THE SAMPLE SIZE

It is important to calculate a sample that is not too large as this could incur unnecessary time and costs. Similarly, it is important that the sample is not too small as it may not be sufficient to statistically detect differences between groups.

The following parameters are required to calculate the sample size for a population-based cluster sample:

- a) **Expected prevalence of disability in the population of interest:** Prevalence from previous surveys in the area, or if not available estimates from local DPOs, can be used but are likely to be underestimates. The prevalence of disability varies across age-groups and is approximately between 5-10% in adults. Table 1 shows examples of how prevalence impacts on sample size. A larger sample is required when the assumed prevalence is small and vice versa.

TABLE 1. EXAMPLES OF PREVALENCE AND IMPACT ON SAMPLE SIZE

	Assumed prevalence (b)	Confidence Interval (d)	Sampling error (c)	Design effect (e)	Minimum sample size	Add 10% non-response (f)
1	5%	95%	20% (0.01)	1.5	2,737	3,011
2	10%	95%	20% (0.02)	1.5	1,297	1,427

- b) **Confidence interval:** A confidence interval is a range of plausible values of the true population estimate derived from the sample. For example, 95% confidence interval for prevalence of disability would mean that there is 95% probability that the interval values calculated from the sample would contain the true population estimate of disability. To calculate sample size, we use Z values of a standard normal distribution corresponding to confidence intervals of a large sample. The Z values for different levels of confidence levels are shown in Table 2. A 95% confidence level is usually used for sample size calculation.

TABLE 2. CONFIDENCE LEVELS AND CORRESPONDING Z VALUES

Confidence level	Value for Z
90%	1.645
95%	1.960
99%	2.575
99.9%	3.29

- c) **Maximum sampling error or precision:** Sampling error is the amount of inaccuracy in estimating the true prevalence caused by selecting only a portion of the population. A range of between 20% - 50% of error is usually acceptable.
- d) **Design effect:** Cluster sampling introduces bias into the sample as individuals within a cluster are more likely to have similar characteristics. The true design effect can only be calculated after the data have been collected, however estimates from previous studies can be used.
- e) **Non-response rate:** It is expected that a portion of the sample may not complete the interviews so the sample size is increased to allow for non-responders. The rate of non-response will vary between surveys depending on the research question. In Bangladesh RAD survey an expected non-response of 10% was used.

The formula to determine the sample size for cluster-based sampling for populations greater than 5,000 people is:

$$n = d * d [b (1-b)/(c*c)]$$

where:

n = required sample size

b = the expected prevalence of disability in the area

c = sampling error

d = confidence level

The sample size is then multiplied by design effect (e) and non-response rate (f).

During RAD field testing in Bangladesh, a sample size of 3,351 was calculated using a prevalence of disability of 5.6%, a sampling error of 20%, a 95% confidence interval, a design effect of 1.5 and an expected non-response of 10%.

4.1.2 IDENTIFYING CLUSTERS AND SEGMENTS

A sampling frame is used to randomly select who or where to interview and is a complete list of all villages, towns or communes (enumeration units) in an identified cluster. Sampling frames for individuals can be developed with the use of recent census information, which is usually provided with 5 or 10 year age breakdowns. There are two points to consider when selecting the clusters from the sampling frame: (i) the number of clusters required; (ii) the starting point on the sampling frame to select the first cluster. To determine the number of clusters to be selected from the sampling frame, the sample size for the survey is divided by the number of people per cluster. It is recommended that there are approximately 50 people (18 years or older) per segment for RAD surveys. Once the number of clusters required has been determined, the starting point for the selection of the first cluster can be

calculated. A number of steps in the calculation are required to ensure random selection of clusters (Table 3).

TABLE 3. EXAMPLE CALCULATIONS FOR DETERMINING WHICH CLUSTERS TO BE CHOSEN FROM THE SAMPLING FRAME FOR THE EXAMPLE RAD STUDY IN BANGLADESH

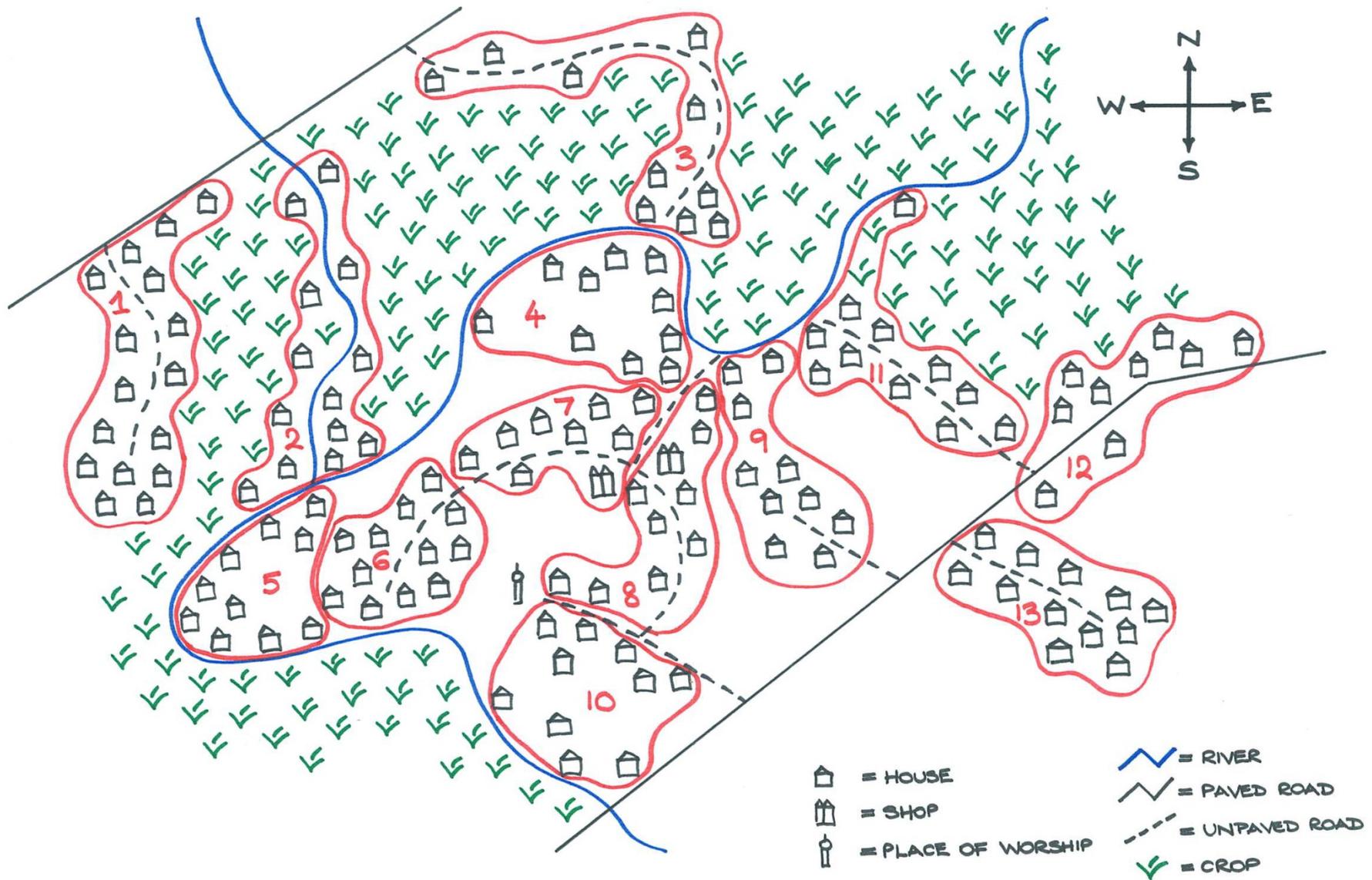
1. The survey area for the RAD in a population-based prevalence study in Bangladesh	Bogra district population	=3,000,000
2. Sampling frame. Total number of enumeration units in the survey area. The names and respective population sizes should be listed in Excel and sorted by descending population size.	Number of villages and towns	= 2,851
3. Number of clusters required	Sample size / people per segment = Number of clusters	3,351/ 50 = 67
4. Divide the total number of enumeration units by the number of clusters required to give the sampling fraction	Number of villages and towns / number of clusters = Sampling fraction	2,851/67 = 43
4. Generate a random number in Excel between 0 and 1 to give the seed number	RAND function in Excel	= 0.29508
5. Multiply the sampling fraction by the seed number to give the first cluster number	Sampling fraction * seed number = First cluster number	43 * 0.29508 = 13
6. The first cluster will be the 13 th unit on the sampling frame. The second cluster will be the 56 th on the sampling frame [seed number (13) + sampling fraction (43)], and the third cluster will be the 99 th (13+43+43).	This process continues until 67 clusters are chosen.	

4.1.3 MAPPING THE SURVEY AREA

All clusters that are randomly selected from the sampling frame will need to be mapped and one segment of 50 people from each cluster will be interviewed (Figure 1). A few days before the survey is to begin, the field supervisor should contact the local authority or village leaders to inform them of the study to request their assistance for a local community leader or volunteer to assist with mapping the clusters. Mapping involves drawing a sketch map of the area with well-defined boundaries, major landmarks (for example rivers, bridges, schools etc.), and the approximate distribution of neighbourhoods and households. The sketch map should also contain a clearly visible legend showing:

- Boundaries with different coding/colours for sections that follow rivers, bridges and roads for example:
 - Rivers marked using a blue line
 - Bridges marked using a double line
 - Roads marked using a dotted line.
- Households of 50 people per segment with each household marked on the map (the number of households will depend on the average number of people in a household in this area).
- The boundaries or edges of the map showed be annotated by names (e.g. street or household name) where known.
- A number given to each segment for randomisation of selection by drawing lots. Once the number of the segment is selected and identified on the map, the local authority or village leaders should be informed and the households included in the segment invited to participate.

FIGURE 1. SKETCH MAP OF CLUSTERS SHOWING SEGMENTS OF 50 PEOPLE



4.2 OTHER STUDY DESIGNS

Depending on the aim of the study, the target population and the availability of resources, development implementers will not always have the capacity or the need to undertake a large population based RAD survey to estimate the prevalence of disability. For example, to design a technical and vocational training program to be inclusive of people with disability, the organisation involved may not have resources or need to conduct a population based survey to understand vocational training needs of people with disability in the community. With limited resources and time, people with disability in the community around the training program's area could be recruited through convenience sampling (e.g. key informant methods or snowballing approach) and interviewed using the RAD survey to assess their well-being, access to services in their community and barriers to inclusion.

Another example of when another study design may be preferred is when the objective is to assess the impact of an inclusive disability intervention. Although randomised controlled studies are ideal for such assessments, implementation of these study designs may not be feasible within inclusive development programs. Non-randomised sampling methods such as quasi-experimental designs could be adopted, where the RAD questionnaire could be used as a pre- and post-evaluation tool. Comparison of well-being and access to the community sections' scores could provide information on the change in the level of well-being and access following an intervention program. In addition, specific questions related to the program (e.g. technical and vocational training, sexual and reproductive health) could be added to the survey to measure impact (See Section 10, Page 40 for more details).

It should be noted that findings from studies using convenience sampling and non-randomised methods cannot be generalised to the larger population.

5. PLANNING AND PREPARING FOR A RAD SURVEY

5.1 HUMAN RESOURCE REQUIREMENTS FOR A RAD SURVEY

To conduct a RAD survey, the implementing organisation will need to bring together a survey team with the appropriate skills. These skills include:

- project management/research coordination (including finance and human resource management skills);
- understanding of the local context and disability;
- survey design (including sampling methods);
- translation;
- delivery of training;
- mapping of survey areas;
- planning and supervision of field work;
- conducting interviews;
- sign language translation;
- data entry; and
- statistical data analysis.

It is recommended that a survey coordinator is appointed or engaged (where the organisation or project team does not already have a resource with appropriate skills and experience) to oversee the process. In addition, if specific research skills, such as determining appropriate study design and sampling methods and conducting data analysis, are not available within the organisation or project team, the implementing organisation should consider engaging technical assistance such as an epidemiologist and/or statistician to perform these functions.

The time and resources required to conduct a RAD survey will depend on the type of survey design being implemented, the required sample size and the number of available interviewers. For instance, the field work for a RAD survey in Bangladesh with a sample size of 3,351 was conducted over a six week period with a survey coordinator, three field supervisors and three teams of three interviewers. For population based study designs, it is advisable to have three to five survey teams to conduct the RAD survey. This will allow a number of clusters in different areas to be completed on each day of data collection. Each team should have one field supervisor, two or three interviewers (depending on the study), one local volunteer, and one driver. Teams should also be inclusive of people with disability. Regardless of the skill set of the survey team, training on how to implement a RAD survey is still strongly recommended.

Organisations or project teams conducting a RAD survey will need to allow time for preparation including time for adapting the questionnaire to the local context and translation, recruiting and training interviewers, gaining the necessary approvals (see section 5.4), conducting the field work, data analysis, and report writing. A post-intervention RAD survey may not require the same preparation time if the same interviewers used for the baseline survey are available for post-study. However, it is likely that at least a refresher training would be required if significant time has passed since conducting the pre-intervention baseline.

5.1.1 ROLES AND RESPONSIBILITIES OF THE SURVEY COORDINATOR

Implementation of a RAD survey should be planned and supervised by a survey coordinator. The role of the survey coordinator begins before the survey begins and continues until the findings from the survey are reported. Responsibilities of the survey coordinator include:

- Developing partnerships and consultations with local DPOs
- Gaining approvals from local authorities, as well as ethics approval
- Developing a sampling frame
- Selecting clusters
- Determining referral process for participants requiring services
- Developing detailed budget and tracking expenditure
- Selection of survey personnel
- Recruitment and training of local survey teams
- Conducting pre-testing and/or pilot testing
- Arranging logistics
- Training interviewers, with support from other experts as required such as epidemiologists, DPO representatives and researchers who may be familiar with conducting a RAD survey
- Data management
- Report writing
- Dissemination of results

Required skills of the survey coordinator include:

- Understanding of disability and related issues
- Willingness to collaborate and learn from local organisations representing people with disability
- Experience in population-based surveys and epidemiology is desired
- Experience in training local research teams

- Experience in leadership

5.1.2 RECRUITMENT OF SURVEY TEAMS

The recruitment of appropriate staff to conduct a RAD survey will ensure the survey is conducted well. The number and composition of fieldwork teams required will depend on the purpose of the survey, budget, availability of staff and time, and the type and size of the sample.

In addition to the survey coordinator, each RAD survey team should have the following members:

- Field supervisors
- Interviewers
- Statistician and/or epidemiologist
- Data entry operator/s
- Translators (for translating questionnaires into local language, and back translation to English)
- Driver/s depending on availability of transport to the survey site.
- Local community volunteer/guide

There should be one community liaison volunteer for each site. This may be a village health worker or local leader who knows the community well and is available to support the team and inform each site about the RAD survey. Each team will also need to have access to a sign language interpreter to support respondents with a hearing impairment to complete the questionnaire. It is important for the sign language interpreter to attend the training, so they too have a good understanding of the RAD survey, and allow for interviewers to practise interviewing using an interpreter.

It is recommended that each team include people with disability. Liaising with local DPOs throughout the implementation of the RAD may support recruitment of people with disability with the appropriate skills to be involved in the survey.

Other factors to consider are to ensure appropriate gender representation and that interviewers are able to speak the various local dialects.

5.1.3 ROLES AND RESPONSIBILITIES OF FIELD SUPERVISORS

- Contacting local authorities or village leaders at each survey site
- Mapping the clusters
- Supporting the provision of training of the interviewers
- Supervising and monitoring interviewers in the field

- Collecting the completed interviews
- Coordination with local DPOs and community stakeholders
- Coordination with the data management team

Required skills of the field supervisors include:

- Awareness and understanding of disability and related issues
- Experience in the field of disability
- Experience in mapping, survey data collection, and supervision of interviewing team

5.1.4 ROLES AND RESPONSIBILITIES OF INTERVIEWERS

- Data collection will be the primary responsibility
- Assisting the field supervisor with mapping of the clusters
- Administering questionnaires

Required skills of the interviewers include:

- Some knowledge of disability and related issues
- Attention to detail
- Ability to work efficiently
- Ability to communicate and work in harmony with team members and report any issues/problems to field supervisor

5.2 PARTNERSHIPS AND CONSULTATION WITH LOCAL DPOS AND PEOPLE WITH DISABILITY

When implementing a RAD survey it is essential to consult with DPOs at the beginning of the process to ensure the survey and questionnaires are relevant to the local context and any important additional factors are included. Important factors to discuss include:

- The purpose of conducting the RAD survey
- Implementation of the RAD survey
- DPO's involvement including:
 - Providing information on the local context of disability
 - Reviewing the RAD questionnaires to ensure they cover all factors relevant to the local context
 - Recommending people with disability to be part of the local survey teams
 - Involvement in training of the local survey teams to ensure understanding of disability and the local context
 - Determining referral processes for participants identified as requiring support or services.

To help identify DPOs in your area, Disabled People International (<http://www.dpi.org/>) provides lists by country.

5.3 BUDGETING FOR A RAD SURVEY

Costing the RAD requires both knowledge of chosen survey design, the type of RAD sample to be utilised, the planned sample size and timeframes for the survey, as the number of participants in the survey and time available determines the number of personnel needed to administer the survey and associated fieldwork costs.

Developing the budget for the RAD should occur during the planning stage to ensure that sufficient budget is available to administer the survey.

Line items within the budget that should be considered include:

- Salaries for organisation/project staff involved in the survey design, preparation and oversight of the survey
- Salaries and travel costs for the survey coordinator
- Salaries and travel costs for the team (field supervisors, interviewers, drivers, community volunteers/guides, data entry operators, etc.)
- Resources needed to deliver training (venue, catering, training materials etc.)
- Resources for implementing fieldwork (e.g. vehicles, interviewer kits, printing of surveys)
- Computer for data entry and data analysis
- Resources for writing and disseminating the findings - staff time, office costs, dissemination workshops etc.
- Technical assistance (e.g. statistician or epidemiologist) engaged to assist survey team to determine appropriate study design and sampling methods and/or to conduct data
- The additional costs of disability inclusion which may include: higher costs for hiring accessible training venues / meeting rooms; hiring sign language interpreters; producing survey information in braille; additional time for data collectors with mobility impairment to undertake the survey.

See Appendix B for a sample budget template.

5.4 GAINING APPROPRIATE APPROVAL

It may be necessary to gain local approval from the following before the implementation of a RAD survey:

- Ethics committee (refer to Section 9 for more details)
- Local government official
- Ministries of Health, Education or Social Services
- Village or provincial chiefs
- Local DPOs

Before beginning a RAD survey it is important that contact be made with local authorities and community leaders in order to explain the purpose of the survey, to seek their permission and cooperation to conduct the survey, and to discuss when the field teams will be visiting the area. The identification of a local volunteer to assist the field teams in mapping of the survey area and introductions of interviewers to the household can also be discussed.

5.5 DETERMINE REFERRAL PROCESS FOR PARTICIPANTS

When planning a RAD survey, it is important to establish what services are available for people with disability and more importantly what services are NOT available. These may include health and diagnostic services, DPOs, rehabilitation services, assistive devices, and educational or support services. In some settings, these services may be readily available, in others, they will not. Always consult with local DPOs and service providers about the RAD survey and the potential to refer respondents to their services. Check availability, access eligibility and cost associated with services. It is important to provide accurate information about what services are available and how to access these services. Be mindful of creating too much burden on services, especially DPOs.

5.6 ARRANGING LOGISTICS FOR IMPLEMENTATION OF A RAD SURVEY

When planning for a RAD survey it is important to arrange the following logistics:

- A local coordination centre.
- Transport if needed to visit the interview sites.
- Accommodation and meals if needed.
- Each member of the RAD team should have an identity card.

The following documents and materials to be used for the RAD survey should be organised by the field supervisor ahead of time:

- Timetables of dates for which areas to be visited on specific days. Areas should have been informed of this visit in advance.

- Stationery including pen, pencil, eraser, sharpener, stamp pad (for giving consent), clipboard, folder for blank questionnaires and folder for completed questionnaires.
- Copies of the four questionnaires (using good quality paper, bound or stapled to keep the pages together, and with extra copies made).
- Backpack
- Plain language statement.
- Consent form.
- Large print versions of the questionnaires for people with low vision, plain language statement and consent form.
- iPads or laptop computers may be an option for data entry in the field.

6. TRAINING OF SURVEY TEAMS

The following section includes recommendations for the training of survey teams.

6.1 LENGTH OF TRAINING

The length of training will depend on the type of RAD survey being implemented and the skills and experience of the local survey teams but it should be at least one week. It may not be necessary for all survey team members to attend all days of the training; this will depend on the RAD survey being implemented.

6.2 SUGGESTED CONTENT OF TRAINING

- Overview of disability: global and local perspectives
- Disability inclusive development
- Rights-based approach to disability inclusive development
- Introduction to the RAD survey
- How the RAD survey will be implemented
- Study design
- Getting to know the RAD household questionnaire
- Getting to know the RAD individual questionnaire (18 years or older)
- Ethics in research and collecting survey data
- How to be a good interviewer
- Practice exercises (in pairs, small groups, role plays)
- Interviewing people with a disability - techniques and tips
- Mapping and sampling
- Recruitment of participants
- Matching controls
- Data storage
- Referral process for participants identified as having a disability or requiring support
- Pre-testing and supervised practise in the field

7. CONDUCTING THE RAD SURVEY

7.1 CONDUCTING THE FIELDWORK

The field supervisor for each team reports to the survey coordinator and has the responsibility of ensuring interviews are conducted correctly, all data are recorded accurately, and for the safety of all staff. The interviewers then report to their field supervisor.

The data collection should be planned so that no interviews are scheduled for public holidays, elections or festival days. The schedule for interviewing should have flexibility to fit around school and employment hours, for example interviews can be planned for after hours or weekends. Consultations with the local volunteer can help determine whether after hours or weekend interviewing will be necessary.

7.2 INTERVIEWS FOR POPULATION-BASED CLUSTER SAMPLING

For population-based studies using random cluster sampling the interviews should be conducted as follows:

Once a segment in a cluster is randomly selected by drawing lots, the interviewers should refer to their sketch maps and visit the households in a systematic route so that all households are visited at least once. The local volunteer should accompany the interviewers and introduce the interviewers to the household.

All people residing in a household should be invited to participate in the survey. To be considered as residing in a household the following should be true - "Sharing meals in the same kitchen as other members of the household for at least 6 months in a year". No guests of the household should be interviewed for this survey.

If an eligible member of the household is absent or not available at the time of the visit this should be recorded by the interviewer, who will arrange to return at a later time that same day when the person is available. The interviewer should attempt three visits to the household to interview any absent people. If any absent people are not able to be interviewed after three attempts the interviewer should ask someone else in the family or a neighbour about the absent person's age, gender, and whether they have a disability and record this information.

During the household visits, if the house is found to be empty for an extended period of time, for example if neighbours can confirm that the family is away, then the household should be dropped from the schedule. If a person in a household refuses to do an interview, please thank the individual for their time and continue with other members of the household. If a household refuses to be involved in the interview, the household should be dropped from the schedule.

If the required number of interviews is not reached in a segment due to absentees or refusals, then another randomly selected segment from the same cluster can be used to conduct the remaining interviews.

In the case of clusters that are too small (i.e. less than 50 people) the survey can be continued in the closest village or area to the one selected, until the required number is obtained.

The process of interviewing for population-based surveys is as follows:

1. Introduction of the interviewer to the household by the local volunteer.
2. Each individual in the household 18 years of age or older must read or have been read the plain language statement followed by the consent form and asked to sign the consent form. The reading out of the plain language statement and consent form to all individuals in the household can occur at the same time contingent on consent given by each individual for the interview.
3. All individuals will be invited to complete sections 1 and 2 of the individual questionnaire, and individuals found to be at risk of disability, as well as matched controls if necessary, will be invited to complete sections 3 and 4.
4. If a comparison between people with disability and without disability is required, matched controls (by age and gender) are included in the sample. The person with a disability is interviewed prior to the matched control being recruited. The matched individual will be selected within the next/neighbouring household without person with disabilities. The age difference between person with disability and the control should be within 2 years. Females must be matched with females and males matched with males. If there is more than one person within a 2 years age difference in same gender, then select the one closest in age. If there are two individuals of equal age then randomly choose one individual to interview.
5. If it is possible, use a sign language interpreter when interviewing people with hearing impairment. If not possible, it is likely that the interviewer may need the assistance of a family member or carer. It is important to be aware that this may bias the information gathered.

8. DATA ENTRY, ANALYSIS AND REPORTING

8.1 DATA MANAGEMENT

The completed questionnaires contain confidential information and should be kept safe and secure at all times. The field supervisor takes responsibility for the safe collection and storage of completed interviews as well as ensuring arrangements are made for the transportation of the completed questionnaires. All participants' information should be kept confidential. The names of the participants should not be used in reporting and appropriate identification numbers should be assigned. The data will be transferred to an electronic database such as Excel or Access. The database should be password protected and should be accessible to only the project staff. The original questionnaires with data should be kept secured at least for a period of 5 years and then destroyed.

8.2 DATA ANALYSIS

Data analysis depends on the research question and hypothesis. The data analysis that can be performed for each section of the RAD questionnaires is discussed here.

8.2.1 HOUSEHOLD SURVEY

The data from this survey can be used to construct a wealth index that can be used as a proxy for household socioeconomic status. The wealth index is constructed using principal component analysis (PCA) using statistical software such as SPSS or STATA.[24] PCA is a multivariate statistical technique used to reduce the number of variables in a data set into a smaller number of dimensions. Each variable in the household survey will be converted into a binary variable, i.e. presence or absence of a variable in the household. The factor scores of the first principal component are taken to calculate the wealth index of a household. Each individual in a household will be assigned the household index. The individuals are then sorted by the wealth index to establish cut off values for percentiles for the socioeconomic status. Usually, the bottom 40% is referred as 'poor', the next 40% as 'middle' and the top 20% as 'rich'. [24] Alternatively, quintiles are used for classification of the socioeconomic status in the sample.

8.2.2 INDIVIDUAL SURVEY

- Descriptive statistics such as numbers, percentages, means, and standard deviations can be conducted to understand the demographic characteristics (e.g. age, gender, education level, occupation) of the study sample from Demographics section of the questionnaire.
- Responses to items from Self-assessment of Functioning section were converted to a binary variable of having a disability or not based on the RAD definition described in section 3.2.
- The well-being section has been found to be psychometrically valid using Rasch analysis, a modern psychometric method based on the Item Response Theory

principles. It is recommended to use Rasch analysis for generating well-being scores. This analysis can be performed using Winsteps or RUMM software.

- Descriptive statistics such as numbers and percentages can be calculated to understand the level of access to services and barriers to access in the Access to the Community section.
- Further analysis to assess the associations between demographic characteristics, disability, well-being scores and accessibility can be performed using univariate and multivariate analyses. Software such as SPSS or STATA will be required to perform such complex analyses.

8.3 DISSEMINATION OF RESULTS

Once the data analysis is complete it is important to feedback the information to key stakeholders, DPOs, and other people involved in the project. The dissemination of findings is usually facilitated through written reports, presentations, seminars, workshops and publications in peer-reviewed journals. Planning for dissemination should occur in the initial phase of the survey.

9. ETHICAL CONSIDERATIONS

9.1 WHAT ARE ETHICS?

The National Health and Medical Research Council's (NHMRC) Statement on 'Ethical Conduct in Human Research' documents the Australian guidelines for ethical conduct in research involving human participants. These guidelines are used by Australian human research ethics committees when considering the approval of research. The core principles outlined by the NHMRC inherent to ethical research conduct are:

- **Research merit and integrity**
 - implies the research is of potential benefit including contribution to new knowledge and improved individual well-being, conducted by researchers committed to following recognised research principles, disseminating and communicating results.
- **Justice**
 - infers the proposed research seeks to fairly recruit and include participants; participants are not unfairly burdened by involvement in research, and fair access to the benefits of research.
- **Beneficence**
 - requires researchers to design and implement research where the likely benefits justify any risk or harm to participants, with every effort made to minimize any potential harm.
- **Respect**
 - requires researchers to have due regard for the welfare, beliefs, perceptions, customs and cultural heritage of all participants involved in research [25].

Other ethical guidelines specific to disability research are those developed by the Australian Council for International Development (ACFID)[26] and National Disability Authority (NDA), Ireland [27].

9.2 ETHICS APPROVAL

To ensure compliance with ethical standards, all research involving human participants should be reviewed by a Human Ethics Research Committee. If your organisation does not have their own research ethics committee, it may be possible to have your research assessed through an academic institution such as a local University or Ministry of Health.

9.3 CONFIDENTIALITY

Confidentiality refers to the legal and ethical obligation that arises from a relationship in which a person receives information from or about another. It is essential to ensure that any information provided by participants remains confidential and is not used for any purpose other than that for which it is given.

Depending on how the RAD will be implemented it will generally not be necessary to collect identifiable information. However, if a follow up study is planned, where the same households or people will be interviewed, information such as names and addresses may be collected but must not be reported. Any identifiable information should be coded for data analysis.

9.4 PLAIN LANGUAGE STATEMENT

A Plain Language Statement with a comprehensive overview of what the project is about and what is expected of participants needs to be provided to all potential participants. It can also be used to provide organisations or communities with information about a project. It needs to be written in simple language and generally contains the following information:

- Who is conducting the project and their contact details
- Aim of the project
- What is expected of participants (e.g. interview)
- Length of time participation is anticipated to take
- Any possible risks or benefits that may be expected from participation
- A statement that participation is voluntary, and that participation or non-participation will not affect their access to services
- Information that participation can be ceased at any time
- Information on what the collected data will be used for and, where necessary, the steps to be taken to ensure confidentiality
- Information on when data will be destroyed
- Identification of how the project is being funded
- Dissemination of findings for participants

An example of a Plain Language Statement used in the development of the RAD questionnaire can be found in Section 2 of the RAD Toolkit.

9.5 INFORMED CONSENT

Informed consent must be obtained from all research participants. This requires all potential participants to receive or have read the plain language statement. Generally, written consent is required from participants and/or their guardians, depending on the age of consent of the country and the participants' ability to provide consent or respond to the questionnaire. In some circumstances it may be more culturally appropriate to use verbal consent and/or obtain a thumb print as consent.

An example of a form used in the development of the RAD questionnaire can be found in Module 2 of the RAD Toolkit.

9.6 USE OF PROXIES

People with disability have the right to participate in research and should be given every opportunity to give informed consent and speak for themselves, rather than through a proxy. To facilitate this, researchers need to:

- Provide the plain language statement in a variety of formats (e.g. Braille, large print, signing interpreters).
- Ensure adequate time and resources are available. Additional time may be required to ensure participants completely understand the nature of research and what they are being asked to do.
- Discuss with participants the possibility that their capacity to consent or to participate in the research may vary or be lost, and the participant's wishes about what should happen in these circumstances.

Consent to participate in research by someone with a cognitive impairment, an intellectual disability or a psycho-social disability should be sought from that person if they have the capacity to do so. Where the impairment is episodic or temporary, attempts should be made to obtain consent at a time when the impairment least interferes with the person's capacity to give consent [25]. In some cases, it may be difficult to determine a person's capacity to give consent, and it may be necessary to consult with a person's guardian or gain consent from a person authorised by law to give consent. If consent is given by a guardian, or a proxy will be responding on behalf of a participant, researchers should still explain to the participant about the nature of research and what participation involves, and ensure they are happy for their guardian to complete the questionnaire on their behalf.

In the RAD questionnaire, participants are given the opportunity to give consent to complete the questionnaire on their own, with support from someone, or to give consent for a parent/guardian to respond on their behalf.

10. USING THE RAD IN SECTOR SPECIFIC PROJECTS

The RAD questionnaires include some sector-specific items in Section 4 such as education, health and water, sanitation and hygiene (WASH). Sector-specific programs however, might require more detailed information to fulfil planning, monitoring and evaluation needs. According a project's purpose, there could be other items and methods required to gather information for planning. Further information could be collected using sector-specific surveys or through qualitative techniques such as in-depth interviews and focus group discussions. Information collected using sector-specific surveys in combination with the RAD questionnaires, could allow programs to disaggregate data by disability to help monitor inclusion of people with disability and the program's impact on their lives.

For example, a vocational training program may require information from the implementing organisation such as capacity of trainers to include people with disability, availability of teacher aides, and access to technology such as Braille machines or computers with screen reading software.

Surveys to assess attitudes and practices related to inclusive education and/or vocational training programs can be undertaken amongst staff and community members before and after program interventions. The experience of stigma and discrimination can be the biggest barrier for people with disability accessing education such as vocational training programs so measurement of these factors can be very informative in evaluating programs. It would be useful to gain a deeper understanding of some of the causes of the barriers identified in the RAD survey, and some potential solutions, to find out about efforts people with disability and their families have made previously to access education and other training programs and to identify strengths that can be built on. If participatory action research or other empowerment approaches are used, the research can be an important part of the change process.

A Water, Sanitation and Hygiene (WASH) program could include additional WASH related questions. An example of how to achieve this would be to use the RAD questionnaires in combination with the existing *Core questions on drinking-water and sanitation for household surveys* developed by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP). Examples of additional WASH questions found in this survey include length of time taken to collect water, responsibility for collecting water, treatment of water, number of households sharing toilet facilities and disposal of children's stools.³

Access to water can vary depending on the season so if implementing a RAD survey in an area affected by heavy rain you might need to ask about access to water in the rainy and dry

³ For more information on the JMP Core questions see World Health Organization and UNICEF. Core questions on drinking-water and sanitation for household surveys. World Health Organization and UNICEF, Geneva, 2006. Available from: <http://www.wssinfo.org/definitions-methods/data-sources/>

seasons. It could be useful to understand where households gain WASH-related knowledge, i.e. what are the main sources of information on hand washing available to a household. These data could be collected through the use of a survey on Knowledge, Attitudes and Practices (KAP). Programs should also consider conducting an audit on WASH facilities including accessibility for people with disability. When deciding if additional information is required, a program will need to determine if this information should be collected at the household or individual level.

11. CONCLUSION

It is hoped that the RAD toolkit will support implementers in their efforts towards disability inclusive development, through enabling the estimation of disability prevalence in a population, the collection of baseline information on disability, and supporting the design, implementation and evaluation of disability inclusive development projects. Information on disability prevalence and the lives of people with disability is invaluable in raising awareness about the importance of making development inclusive of people with disability. Therefore, all implementers of RAD surveys are encouraged to widely disseminate their findings to policy makers and other stakeholders.

This manual is intended to provide guidelines on implementing a RAD survey, however it is acknowledged that each survey will need to be adapted to meet the specific study objectives and survey requirements and the resources available for the survey in the area it will be implemented. It may also be necessary to seek further information or technical assistance when needed. Implementers are strongly encouraged to work closely with DPOs and individuals with disability when planning the survey to ensure an understanding of the local context of disability and that the specific challenges faced by people with disability in the community will be captured in the RAD survey.

As a final point, whilst efforts have been made to ensure this manual is easy to follow, it should be considered as a work in progress and it will be updated as more understandings emerge from applying the RAD in different settings. Feedback from users on how it could be improved and on their experiences with implementing RAD surveys are most welcome. Please contact the Nossal Institute for Global Health (RAD-enquiries@unimelb.edu.au) or CERA (cerainfo-phd@unimelb.edu.au).

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13. GLOSSARY

Bias: deviation of results or inferences from the truth, or processes leading to such deviation. Any trend in the collection, analysis, interpretation, publication, or review of data that can lead to conclusions that are systematically different from the truth.

Case: a case is person with a disability compared to a control who is a person without a disability.

Cluster: are enumerating areas from the latest national census, or the smallest administrative units that have a maximum of approximately 500 households

Cluster sampling: a sampling method in which each unit selected from the sampling frame is a group of persons (e.g. Living in the same village) rather than an individual. This type of clustering is useful for larger population as sampling frames are only required for the clusters that are selected. There may be a bias in this type of sampling as individuals within a cluster are likely to share certain characteristics, so a factor namely design effect is included in the sample size calculation to compensate for this.

Confidence interval: the computed interval with a given probability, e.g. 95% confident that the true value of a variable is contained within a certain interval.

Control: a control is a person without a disability who is recruited after a person with a disability is interviewed (case) and matched by gender and approximate age.

Convenience sampling: the sample is drawn from a population that is known or close at hand, for example surveying people with a disability from lists provided from DPOs or surveying people who were provided services in a disability-related program to measure outcomes.

Design effect: the design effect is an adjustment used in some kinds of studies, such as cluster randomised sampling, to allow for the design structure.

Disability: the united nations convention on the rights of persons with disabilities recognises “people with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

Disability specific initiatives: designed to target people with disability directly, for example provision of technical and assistive devices.

Disability inclusive projects: broader development activities designed to ensure that a project is accessible to people with disability and that people with and without disability benefit equally as recipients of projects.

Disabled persons organisation: community based organisations managed by people with disability at the board and membership levels, and typically mix components of service delivery with advocacy activities.

Field supervisor: the field supervisor reports to the survey coordinator and is responsible for overseeing the surveys in the field. The interviewers report to the field supervisor.

Functional limitation: any health problem that prevents a person from completing a range of tasks, whether simple or complex.

Head of the household: the head of a household can be a senior male or female member of the household who has the authority or control on the household members.

Household: A household is defined as a group of people who live together, pool their money and eat at least one meal together each day for at least 6 months in a year.

Impairment: any loss or abnormality of psychological, physiological or anatomical structure or function.

Interviewer: the interviewers are responsible for conducting the interviews in the field and report to their field supervisor.

Interviewer administered: a trained interviewer conducts the interview with the participant.

Matched control: a matched control is a individual (matched controls) who has been matched to another individual (cases) on certain characteristics, for example, for each person with a disability (case) recruited, a person without a disability (control) is also recruited of the same gender and approximate age.

Multi-stage sampling: selection, randomly or otherwise, of entities such as geographical regions, schools, or hospitals, followed by random sampling of persons within each sampled group.

Non-probability: non-probability methods do not involve random selection and the probability of selection is not known.

Plain language statement: A plain language statement (PLS) describes the project and the nature of participation, enabling informed decision-making by participants. It should be presented in a format appropriate to the particular study group (consider headings, diagrams, use of language suitable to age and educational standard).

Population: the whole collection of units from which a sample may be drawn. The sample is intended to give result that are representative of the whole population.

Population-based sample: a survey conducted within a population where participants are selected randomly. Allows for valid conclusions to be drawn about the entire population-based on the sample.

Precision: a measure of how close an estimator is expected to be to the true value of a parameter.

Prevalence: the number of events, for example, instances of disability in a certain population at a point in time.

Proxy: the authority to act, (i.e. Complete a questionnaire) on behalf of another person.

Purposive sampling: targets a particular group of people, for example a group that may be difficult to find. The sample is chosen based on who the researcher thinks may be appropriate for the study.

Sampling: the process of selecting a number of subjects from all the subjects in a particular group or population.

Sampling fraction: the ratio of the sample size to the population size.

Sampling frame: the actual list of every unit within the target population from which the sample, or stage of the sample, is selected.

Segment: a subgroup of a cluster/community. It may contain approximately 10 households or 50 people depending on the sampling.

Selection bias: any error due to systematic differences in the characteristics between those that are selected for the survey and those that are not.

Survey coordinator: the survey coordinator oversees the entire rad survey. Field supervisors report to the survey coordinator.

Validation: questionnaire validity is the degree to which an assessment (or a question) measures what it is supposed to measure.

14. APPENDICES

APPENDIX A – INTERNATIONAL STANDARD CLASSIFICATION OF OCCUPATIONS

MANAGERS

- Chief executives, senior officials and legislators
- Administrative and commercial managers
- Production and specialized services managers
- Hospitality, retail and other services managers

PROFESSIONALS

- Science and engineering professionals
- Health professionals
- Teaching professionals
- Business and administration professionals
- Information and communications technology professionals
- Legal, social and cultural professionals

TECHNICIANS AND ASSOCIATE PROFESSIONALS

- Science and engineering associate professionals
- Health associate professionals
- Business and administration associate professionals
- Legal, social, cultural and related associate professionals
- Information and communications technicians

CLERICAL SUPPORT WORKERS

- General and keyboard clerks
- Customer services clerks
- Numerical and material recording clerks
- Other clerical support workers

SERVICE AND SALES WORKERS

- Personal service workers
- Sales workers
- Personal care workers
- Protective services workers

SKILLED AGRICULTURAL, FORESTRY AND FISHERY WORKERS

- Market-oriented skilled agricultural workers
- Market-oriented skilled forestry, fishery and hunting workers
- Subsistence farmers, fishers, hunters and gatherers

CRAFT AND RELATED TRADES WORKERS

- Building and related trades workers, excluding electricians
- Metal, machinery and related trades workers
- Handicraft and printing workers
- Electrical and electronic trades workers
- Food processing, wood working, garment and other craft and related trades workers

PLANT AND MACHINE OPERATORS AND ASSEMBLERS

- Stationary plant and machine operators
- Assemblers
- Drivers and mobile plant operators

ELEMENTARY OCCUPATIONS

- Cleaners and helpers
- Agricultural, forestry and fishery labourers
- Labourers in mining, construction, manufacturing and transport
- Food preparation assistants
- Street and related sales and service workers
- Refuse workers and other elementary workers

ARMED FORCES OCCUPATIONS

- Commissioned armed forces officers
- Non-commissioned armed forces officers
- Armed forces occupations, other ranks

APPENDIX B – SAMPLE BUDGET TEMPLATE FOR PLANNING A RAD SURVEY

This budget template is available upon request to RAD-enquiries@unimelb.edu.au.

Ref	Line Item	Detail	Unit	Number of personnel	Unit Cost	Number of Units	Total
1	Survey team salaries	Investigator/s (for example, may be head office staff or a team leader/evaluation advisor at the project site)	Month				0
		Survey Coordinator	Month				0
		Statistician or Epidemiologist	Month				0
		Field Supervisor (s)	Month				0
		Interviewer (s)	Day				0
		Data entry operator (s)	Day				0
		Interpreter (sign language)	Day				0
		Drivers	Day				0
		Community Liaison Volunteers (Health worker etc.)	Day				0
		Sub-total					
2	Training and Preparation	Venue, equipment, materials, catering	Workshop(s)	NA			0
		Participant costs (domestic per diem)	Day				0
		Participant costs (travel to training location)	Trip				0
		Participant costs (accommodation)	Day				0
		Sub-total					
3	Fieldwork Costs	Advertise to recruit research team	Lump sum	NA		NA	0
		Toolkit development - translation / back-translation	Lump sum	NA		NA	0
		Toolkit development - printing (# of pages x # of interviewees)	Per copy	NA			0
		Toolkit development - pre-testing (transport and accommodation)	Days				0
		Communications	Month	NA			0
		Laptop and software	Equipment	NA			0
		Voice recorders	Equipment	NA			0

Ref	Line Item	Detail	Unit	Number of personnel	Unit Cost	Number of Units	Total
		Data storage	Equipment	NA			0
		Photocopying, printing, courier and postage costs	Month	NA			0
		Sub-total					0
4	Travel and related costs	Local Travel for field work team and Survey coordinator - Vehicles/ fuel/public transport	Day				0
		Local Accommodation	Day				0
		Local Per diems	Day				0
		Local Communications	Month				0
		International travel for investigators (if required)	Trip				0
		International accommodation for investigators (if required)	Day				0
		International per diems for investigators (if required)	Day				0
		Visas (International), taxes	Trip				0
		Sub-total					0
5	Knowledge transfer	Dissemination workshops at each research site	Workshop	NA			0
		Development of plain language findings report - printing and publishing costs	Per copy	NA			
		Sub-total					0
	Total						0

Budget Notes and considerations

1. The total RAD implementation period will depend on sample size and other factors such as geography of the field site, and must include time for planning, data analysis and dissemination.
2. This budget template aims to provide an overall budget. As key planning decisions are made this template can be adapted to include line items specific to the context.
3. The number of field based staff and their associated costs (travel, accommodation etc.) are driven by the sample size and type of sample is required.
4. The unit (e.g. month, week or day) on which salaries are paid will depend on the standard practices in your organisation.
5. Survey team salaries need to be calculated based on average salary range for equivalent roles in the country context.
6. Stipends or transport costs may need to be provided for local community health workers or other community volunteers.
7. Identifying the amount and type of external or international technical assistance required is critical for accurate budget development.
8. Not all the items of expenditure listed will be appropriate or applicable for all countries or field sites. Modify this template as required.
9. Formulas are included in the template to assist with calculations, but can be modified as needed.

MODULE 2

RAPID ASSESSMENT OF DISABILITY DOCUMENTS

1. RAD QUESTIONNAIRE HOUSEHOLD



Questionnaire for the Rapid Assessment of Disability Household Questionnaire

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i. Identification

Household ID¹ _____	Cluster Number _____	Household Identification (address) _____
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¹Every household requires a separate ID number. Each participant from the same household responding to the individual questionnaire will get same household ID number.

ii. Interview Status

	Visit #1	Visit #2	Visit #3
Date (dd/mm/yyyy)	__/__/____	__/__/____	__/__/____
Time	__:__ AM/PM	__:__ AM/PM	__:__ AM/PM
Interviewer ID	_____	_____	_____
Available for interview			
Head of household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other person (specify)	_____	_____	_____
Result code	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Other _____	Other _____	Other _____
Interviewer: Insert Final Result Code	01 = Completed interview (interview is accepted and conducted) 02 = Partially completed interview (person will not be contacted anymore) 03 = Refusal 04 = No interview because individual respondent is not eligible 05 = Language barrier 06 = House is vacant 07 = Occupants elsewhere (e.g. seasonal vacancy) 08 = Individual respondent away at work 09 = Individual respondent away travelling 10 = Other (please specify)		

iii. Consent

- Consent given for interview and consent form signed
- Consent given but refused to sign consent form

iv. Proxy

- Participant answered for himself/herself
- Participant's proxy answered
 - All questions → **Why did the proxy answer all questions**.....
 - Some questions → **Why did the proxy answer some questions**.....

Supervisor	<input type="checkbox"/> <input type="checkbox"/>	Field Editor	<input type="checkbox"/> <input type="checkbox"/>	Office Editor	<input type="checkbox"/> <input type="checkbox"/>	Encoder	<input type="checkbox"/> <input type="checkbox"/>
Name and Signature	Date						

Questions to be asked to the head of household

Please note: The questionnaire should be culturally adapted for the local context following translation. It is important to consider the cultural setting as translation itself will not account for cultural differences. Cultural adaptation can include activities such as seeking advice regarding terminology or categories from the National Statistics Office in countries in which the RAD questionnaires are to be used, and consultation with key stakeholders, including an advisory committee which may have been set up to guide a RAD initiative, and people with disability.

The items in the household questionnaire are based on the commonly used household characteristics by the Demographic and Health Survey⁴. Some of the household characteristics may require country specific adaptation such as facilities for sanitation, source of water, or household assets.

No.	Question	Code		Write code
1.01	How many people are currently living in your household including you, but excluding visitors?	Number of adults		(number)
		Number of children 0-4 years		(number)
		Number of children 5-17 years		(number)
1.02	What is the type of ownership of the dwelling place? (Choose <u>one</u> option only)	House owned by the household	1	<input type="text"/>
		Rented house	2	
		Government house	3	
		Other (please specify)	4	
1.03	What is the total cultivable land area owned by your household?	Area in m ²		
1.04	What is the household's main source of drinking water? (Choose <u>one</u> option only) (Please code the tube well as shallow tube well if it is less than 300 feet deep)	Water supply in residence	1	<input type="text"/>
		Water supply outside residence	2	
		Shallow tube-well	3	
		Deep tube-well	4	
		Dug well water	5	
		Pond	6	
		River/canal	7	
		Rain water	8	
		Other (please specify)	9	
1.05	What is the main source of water of your household to wash utensils? (Choose <u>one</u> option only) (Please code the tube well as shallow tube well if it is less than 300 feet deep)	Water supply in residence	1	<input type="text"/>
		Water supply outside residence	2	
		Shallow tube-well	3	
		Deep tube-well	4	
		Dug well water	5	
		Pond	6	
		River/canal	7	
		Rain water	8	
		Other (please specify)	9	

⁴ Rutstein, S. and J. Kiersten, *The DHS wealth Index. DHS Comparative Reports No. 6*, 2004, ORC Macro: Calverton, Maryland.

No.	Question	Code		Write code
1.06	What type of latrine does your household have? (Choose <u>one</u> option only)	Sanitary latrine/Modern toilet (with septic tank)	1	<input type="text"/>
		Water sealed/slab latrine (without septic tank)	2	
		Pit latrine	3	
		Open latrine	4	
		Hanging latrine	5	
		No facility	6	
		Other (please specify)	7	
1.07	What is the type of the <u>roof</u> in your living room? (Choose <u>one</u> option only)	Straw/Thatch	1	<input type="text"/>
		Tin/Tally	2	
		Cement	3	
		Other (please specify)	4	
1.08	What is the type of the <u>walls</u> in your living room? (Choose <u>one</u> option only)	Bamboo	1	<input type="text"/>
		Wood	2	
		Tin	3	
		Cement	4	
		Mud	5	
		Other (please specify)	6	
1.09	What is the type of the <u>floor</u> in your living room? (Choose <u>one</u> option only)	Bamboo	1	<input type="text"/>
		Wood	2	
		Mud/dirt	3	
		Cement	4	
		Other (please specify)	5	
1.10	What is the main source of cooking fuel in your household? (Choose <u>one</u> option only)	Wood	1	<input type="text"/>
		Charcoal	2	
		Kerosene	3	
		Gas	4	
		Electricity	5	
		Other (please specify)	6	
1.11	What is the main source of lighting for your household? (Choose <u>one</u> option only)	No lighting	1	<input type="text"/>
		Electricity	2	
		Oil, Kerosene	3	
		Solar	4	
		Other (please specify)	5	

No.	Question	Code		Write code
1.12	Does your household have any of the following items that are functioning? <i>(Read out options – choose all applicable)</i>	Television	No (0) Yes (1)	<input type="checkbox"/>
		Radio / CD player	No (0) Yes (1)	<input type="checkbox"/>
		Bicycle	No (0) Yes (1)	<input type="checkbox"/>
		Motorcycle	No (0) Yes (1)	<input type="checkbox"/>
		Sewing machine	No (0) Yes (1)	<input type="checkbox"/>
		Chair	No (0) Yes (1)	<input type="checkbox"/>
		Table	No (0) Yes (1)	<input type="checkbox"/>
		Mosquito net	No (0) Yes (1)	<input type="checkbox"/>
		Fan	No (0) Yes (1)	<input type="checkbox"/>
		Wardrobe / Showcase	No (0) Yes (1)	<input type="checkbox"/>
		Bed	No (0) Yes (1)	<input type="checkbox"/>
		Telephone	No (0) Yes (1)	<input type="checkbox"/>
		Mobile phone	No (0) Yes (1)	<input type="checkbox"/>
		Clock / watch	No (0) Yes (1)	<input type="checkbox"/>
		Car / truck/ van	No (0) Yes (1)	<input type="checkbox"/>
Refrigerator	No (0) Yes (1)	<input type="checkbox"/>		
1.13a	Does your household own any cattle (cows, goats, etc.)?	No	0	<input type="checkbox"/>
		Yes	1	
1.13b	If yes, how many?	Number of cattle	(number)	

Thank you

2. RAD QUESTIONNAIRE ADULTS (18 YEARS OR OLDER)



Questionnaire for the Rapid Assessment of Disability – Individual Questionnaire

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i. Identification

Cluster Number _____	Respondent ID _____	Household ID¹ _____
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¹The Household ID is from the Household Questionnaire. Everyone from the same household will have the same household ID.

ii. Interview Status

	Visit #1	Visit #2	Visit #3
Date (dd/mm/yyyy)	__ / __ / ____	__ / __ / ____	__ / __ / ____
Time	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM
Interviewer ID	_____	_____	_____
Available for interview	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Result code	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____
Interviewer: Insert Final Result Code 01 = Completed interview (interview is accepted and conducted) 02 = Partially completed interview (person will not be contacted anymore) 03 = Refusal 04 = No interview because individual respondent is not eligible		05 = Language barrier 06 = House is vacant 07 = Occupants elsewhere (e.g. seasonal vacancy) 08 = Individual respondent away at work 09 = Individual respondent away travelling 10 = Other (please specify)	

iii. Consent

- Consent given for interview and consent form signed
- Consent given but refused to sign consent form

iv. Proxy

- Participant answered for himself/herself
- Participant's proxy answered
 - All questions → **Why did the proxy answer all questions.....**
 - Some questions → **Why did the proxy answer some questions.....**

v. Referral – What referral information was provided or action undertaken?

.....

Supervisor	<input type="checkbox"/> <input type="checkbox"/>	Field Editor	<input type="checkbox"/> <input type="checkbox"/>	Office Editor	<input type="checkbox"/> <input type="checkbox"/>	Encoder	<input type="checkbox"/> <input type="checkbox"/>
Name and Signature	Date						

Questions to be asked to the individual

Section 1 – Demographics				
No.	Question	Code		Skip
1.01a	What is your current place or residence? <i>(Village or town)</i>			
1.01b	Is that urban, peri-urban, rural or remote?	Urban	1	
		Peri-urban	2	
		Rural	3	
		Remote	4	
1.02	How old are you? <i>(Age in years)</i>			
1.03	<i>Identify gender. If not clear ask: What is your gender?</i>	Male	1	
		Female	2	
1.04	What is your ethnicity?	Code 1	1	
		Code 2	2	
		Code 3	3	
		Code 4	4	
		Code 5	5	
		Other (please specify)	6	
1.05	What is your religion?	Code 1	1	
		Code 2	2	
		Code 3	3	
		Code 4	4	
		Code 5	5	
		Other (please specify)	6	
1.06	What is your current marital status? <i>(Read out options – circle <u>one</u> option only)</i>	Never married	1	
		Currently married	2	
		Separated	3	
		Divorced	4	
		Widowed	5	
		Cohabiting	6	
		Do not want to respond	88	
1.07a	Do you have any children?	Yes	1	
		No	0	
1.07b	How many children do you have? <i>(Write number)</i>			
1.08	Have you ever attended school?	Yes	1	Go to 1.09
		No	0	Go to 1.10
1.09	What is the highest level that you have completed in school?	Pre-primary	1	
		Primary	2	
		Secondary	3	
		Post-secondary/Tertiary	4	

No.	Question	Code		Skip
1.10	What is your main occupation?	Code 1	1	
		Code 2	2	
		Code 3	3	
		Code 4	4	
		Code 5	5	
		Housewife	6	
		Student	7	
		Unemployed	8	
		Other (please specify)	9	
1.11	Would you like to work <u>more</u> hours than you are currently working?	Yes	1	
		No	0	
1.12	What type of income do you get from your work? <i>(Circle <u>one</u> option only)</i>	Cash only	1	
		Cash and in-kind	2	
		In-kind only	3	
		Fixed salary	4	
		Not paid	5	
		Other (please specify)	6	
1.13	Are you able to read newspaper headlines?	Yes	1	
		No	0	
1.14	How would you describe your general health? <i>(Read out first <u>five</u> options – Circle <u>one</u> option only)</i>	Very good	1	
		Good	2	
		Moderate	3	
		Bad	4	
		Very bad	5	
		No response/don't know	89	
		Do not want to respond	88	
1.15	What is the MAJOR impairment or health problem that limits your activities? <i>(Do <u>not</u> read out. Circle only <u>one</u> category)</i>	Diabetes	1	
		Hypertension/high blood pressure	2	
		Heart problem	3	
		Stroke problem	4	
		Arthritis/rheumatism	5	
		Back or neck problem	6	
		Fractures, bone/joint injury	7	
		Eye/vision problem	8	
		Hearing problem	9	
		Lung/breathing problem	10	
		Cancer	11	
		Depression/anxiety/emotional problem	12	
		Other impairment/problem (please specify)	13	
		None	0	

No.	Question	Code		Skip
1.16	Do you use assistive devices? <i>(Read examples from Q1.17 if needed and show the pictures of assistive devices)</i>	Yes	1	
		No	0	Go to 2.01
		No response/don't know	89	Go to 2.01
1.17	What type of assistive device(s) are you currently using? <i>Circle <u>all</u> applicable options – show the pictures of assistive devices)</i>	Hand-powered tricycle	1	
		Wheelchair	2	
		Crutches	3	
		Walking stick	4	
		Walking frame	5	
		Hearing aid	6	
		White cane	7	
		Glasses	8	
		Magnifier	9	
		Orthotic devise (to support legs, arms or spine)	10	
		Artificial limbs	11	
		Communication boards (e.g. a board which people use to point to and express themselves)	12	
Other (please specify)	13			

Section 2 – Self-Assessment of Functioning

(Read out the following statement) The next set of questions asks about difficulties you may have doing certain activities because of a 'HEALTH PROBLEM'.

No.	Question	Code		Skip
2.01a	Do you wear glasses?	Yes	1	
		No	0	Go to 2.01c
2.01b	In the last 6 months, have you had difficulties <u>seeing</u>, even if wearing glasses? <i>(Read out options)</i>	Never	0	All responses go to 2.02a
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.01c	In the last 6 months, have you had difficulties <u>seeing</u>? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.02a	Do you wear a hearing aid?	Yes	1	
		No	0	Go to 2.02c

No.	Question	Code		Skip
2.02b	In the last 6 months, have you had difficulties hearing, even if wearing hearing aid(s)? <i>(Read out options)</i>	Never	0	All responses Go to 2.03
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.03	In the last 6 months, have you had difficulties <u>moving around outside your home</u>? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.04	In the last 6 months, have you had difficulties <u>using your hand and fingers</u> (e.g. picking up small objects or closing containers) <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.05	In the last 6 months, have you had difficulties <u>concentrating on an important task or activity</u>? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.06	In the last 6 months, have you had difficulties <u>remembering to do things that are important to you</u> (e.g. keeping appointments, paying loans)? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.07	In the last 6 months, have you had difficulties <u>learning</u> how to do new things (e.g. something you have never done before)? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.08	In the last 6 months, have you had difficulties <u>communicating</u> (e.g. <u>understanding others or others understanding you</u>)? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.09	In the last 6 months, have you had difficulties <u>interacting with others in the community due to your appearance</u> (e.g. some people have skin problems, or look different to other people)? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	

(Read out the following statement) The next set of questions asks about some emotional feelings we may generally experience in our daily lives. Please indicate how often you may have experienced each feeling in the last 6 months.

No.	Question	Code		Skip
2.10	In the last 6 months, have you felt so <u>sad</u> that nothing could cheer you up? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.11	In the last 6 months, have you felt <u>nervous</u>? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.12	In the last 6 months, have you felt <u>restless</u>? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.13	In the last 6 months, have you felt <u>hopeless</u>? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.14	In the last 6 months, have you felt like <u>everything is hard to do</u>? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	
2.15	In the last 6 months, have you felt <u>worthless</u>? <i>(Read out options)</i>	Never	0	
		Some of the time	1	
		Most of the time	2	
		All of the time	3	
		Do not want to respond	88	

No.	Question	Code		Skip
2.16	Thinking about all the things that most people are able to do, what are the rights that people with disabilities have in your area? <i>(DO NOT prompt/DO NOT read out answers - Circle all applicable options)</i>	Access the information they need	1	
		Safe home living conditions	2	
		Go to school / study	3	
		Work	4	
		Access health care	5	
		Access assistive devices	6	
		Access to Government social welfare services	7	
		Assistance from the police when needed	8	
		Legal support (e.g. lawyer, court) when needed	9	
		Relationships with others	10	
		Make decisions about their own life	11	
		Opinion counts in family discussions	12	
		Opinion counts in community discussions	13	
		Be treated the same way as anyone else	14	
		Get married if they want to	15	
		Have children if they want to	16	
		Other (please specify)	17	
Do not know	89			
No rights	0			

REVIEW OF RESPONSES

R1. Did the participant respond “Most of the time” or “All of the time” to any ONE question Q2.01 - Q2.09?

Yes No

R2. Did the participant respond “Most of the time” or “All of the time” to at least TWO questions Q2.10 - Q2.15?

Yes No

If the response is ‘YES’ to R1 and/or R2 continue with the questionnaire.

R3. If the response is ‘NO’ to R1 and R2 – is the participant a matched control?

Yes ➡ Record respondent ID number from matched person with a disability _____

No ➡ The questionnaire is COMPLETE. Thank the participant for their time.

Record time of completion: _____

Interviewer initials: _____

Supervisor initials: _____

Section 3 – Well-being

No.	Question	Code	
3.01	In the last 6 months, how often has your <u>health been good</u>? <i>(Read out <u>first four options</u>)</i>	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.02	In the last 6 months, how often have you had <u>good quality sleep</u>? <i>(Read out <u>first four options</u>)</i>	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.03	In the last 6 months, how often have you been <u>confident to do new things</u> (e.g. something you have never done before)? <i>(Read out <u>first four options</u>)</i>	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.04	In the last 6 months, how often have you <u>enjoyed life</u>? <i>(Read out <u>first four options</u>)</i>	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.05	In the last 6 months, how often have you been <u>respected by the community in the same way as others</u>? <i>(Read out <u>first four options</u>)</i>	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.06	In the last 6 months, how often has your <u>opinion counted</u> in family discussions? <i>(Read out <u>first four options</u>)</i>	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.07	In the last 6 months, how often have you been <u>comfortable with the way you look</u>? <i>(Read out <u>first four options</u>)</i>	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.08	In the last 6 months, how often have you felt your <u>life has been meaningful</u>? <i>(Read out <u>first four options</u>)</i>	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.09	In the last 6 months, how often have you felt <u>safe in your daily life</u>? <i>(Read out <u>first four options</u>)</i>	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89

No.	Question	Code	
3.10	In the last 6 months, how often have you been able to <u>maintain family relationships</u>? (Read out <i>first four options</i>)	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.11	In the last 6 months, how often have you been able to <u>make new friends</u>? (Read out <i>first four options</i>)	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.12	In the last 6 months, how often have you been able to <u>interact with persons of authority</u>? (e.g. Government officers, Village head, Religious leader) (Read out <i>first four options</i>)	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Have not needed to	5
		Don't know/can't remember	89
3.13	In the last 6 months, how often have you been able to <u>take care of yourself</u>? (Read out <i>first four options</i>)	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.14	In the last 6 months, how often have you been able to <u>take care of your household</u>? (Read out <i>first four options</i>)	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Have not needed to	5
		Don't know/can't remember	89
3.15	In the last 6 months, how often have your <u>living conditions</u> been as good as for the rest of your household? (Read out <i>first four options</i>)	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89
3.16	In the last 6 months, how often have you had the opportunity to <u>help other people</u> (e.g. neighbours, friends, relatives)? (Read out <i>first four options</i>)	All of the time	1
		Most of the time	2
		Some of the time	3
		Never	4
		Don't know/can't remember	89

Section 4 – Access to the Community

(Read out the following statement) The next set of questions asks about your access to different services **in the last 6 months**. Please indicate how often you have had access to services as much as you needed and barriers for accessing services.

In the last 6 months, to what extent have you been able to as much as you needed?	4.01 Work for a living	4.02 Access health services	4.03 Access assistive devices	4.04 Access rehabilitation services
As much as I needed	1 (Go to 4.02)	1 (Go to 4.03)	1 (Go to 4.04)	1 (Go to 4.05)
Most times	2	2	2	2
Some times	3	3	3	3
Not at all	4	4	4	4
Have not needed to accessservices	5 (Go to 4.02)	5 (Go to 4.03)	5 (Go to 4.04)	5 (Go to 4.05)
Do not know about these services			89	89
What are the reasons / difficulties for not being able to access [above service] as much as you needed?	4.01a	4.02a	4.03a	4.04a
Lack of information	1	1	1	1
No services/facility	2	2	2	2
Physical accessibility	3	3	3	3
Absence of reasonable accommodation	4	4	4	4
Negative attitudes towards you at the services/facility	5	5	5	5
Cost of service/facility	6	6	6	6
Difficulty getting to services/facility from home	7	7	7	7
Absence of personal assistance	8	8	8	8
Family did not want me to access services/facilities	9	9	9	9
Family has difficulty assisting me to access services/facility	10	10	10	10
No response/does not know	89 (Go to 4.02)	89 (Go to 4.03)	89 (Go to 4.04)	89 (Go to 4.05)
Other (please specify)	11	11	11	11
Among the reasons you have listed, which one has limited your access to services the most?	4.01b	4.02b	4.03b	4.04b
<i>(Read out options selected in the above question and write one option)</i>				

In the last 6 months, to what extent have you been able to as much as you needed?	4.05 Independently access safe drinking water	4.06 Independently use toilet facilities	4.07 Access Government social welfare services	4.08 Access Disabled Persons' Organisations'
As much as I needed	1 (Go to 4.06)	1 (Go to 4.07)	1 (Go to 4.08)	1 (Go to 4.09)
Most times	2	2	2	2
Some times	3	3	3	3
Not at all	4	4	4	4
Have not needed to accessservices	5 (Go to 4.06)	5 (Go to 4.07)	5 (Go to 4.08)	5 (Go to 4.09)
Do not know about these services			89	89
What are the reasons / difficulties for not being able to access [above service] as much as you needed?	4.05a	4.06a	4.07a	4.08a
Lack of information	1	1	1	1
No services/facility	2	2	2	2
Physical accessibility	3	3	3	3
Absence of reasonable accommodation	4	4	4	4
Negative attitudes towards you at the services/facility	5	5	5	5
Cost of service/facility	6	6	6	6
Difficulty getting to services/facility from home	7	7	7	7
Absence of personal assistance	8	8	8	8
Family did not want me to access services/facilities	9	9	9	9
Family has difficulty assisting me to access services/facility	10	10	10	10
No response/does not know	89 (Go to 4.06)	89 (Go to 4.07)	89 (Go to 4.08)	89 (Go to 4.09)
Other (please specify)	11	11	11	11
Among the reasons you have listed, which one has limited your services the most?	4.05b	4.06b	4.07b	4.08b
(Read out options selected in the above question and write one option)				

In the last 6 months, to what extent have you been able to as much as you needed?	4.09 Participate in community consultations	4.10 Participate in social activities	4.11 Participate in religious activities
As much as I needed	1 (Go to 4.10)	1 (Go to 4.11)	1 (Go to 4.12)
Most times	2	2	2
Some times	3	3	3
Not at all	4	4	4
Have not needed to participateservices	5 (Go to 4.10)	5 (Go to 4.11)	5 (Go to 4.12)
What are the reasons / difficulties for not being able to participate in [above service] as much as you needed?	4.09a	4.10a	4.11a
Lack of information	1	1	1
No services/facility	2	2	2
Physical accessibility	3	3	3
Absence of reasonable accommodation	4	4	4
Negative attitudes towards you at the services/facility	5	5	5
Cost of service/facility	6	6	6
Difficulty getting to services/facility from home	7	7	7
Absence of personal assistance	8	8	8
Family did not want me to access services/facilities	9	9	9
Family has difficulty assisting me to access services/facility	10	10	10
No response/does not know	89 (Go to 4.10)	89 (Go to 4.11)	89 (Go to 4.12)
Other (please specify)	11	11	11
Among the reasons you have listed, which one has limited your participation the most?	4.09b	4.10b	4.11b
(Read out options selected in the above question and write one option)			

The following questions are not restricted to the last 6 months, but if you have ever been able to as much as you needed?	4.12 Access education or skills training	4.13 Access legal assistance	4.14 Access information on disaster or emergency
As much as I needed	1 (Go to 4.13)	1 (Go to 4.14)	1 (End)
Most times	2	2	2
Some times	3	3	3
Not at all	4	4	4
Have not needed to accessservices	5 (Go to 4.13)	5 (Go to 4.14)	5 (End)
Do not know about these services	89	89	89
What are the reasons / difficulties for not being able to access [above service] as much as you needed?	4.12a	4.13a	4.14a
Lack of information	1	1	1
No services/facility	2	2	2
Physical accessibility	3	3	3
Absence of reasonable accommodation	4	4	4
Negative attitudes towards you at the services/facility	5	5	5
Cost of service/facility	6	6	6
Difficulty getting to services/facility from home	7	7	7
Absence of personal assistance	8	8	8
Family did not want me to access services/facilities	9	9	9
Family has difficulty assisting me to access services/facility	10	10	10
No response/does not know	89 (Go to 4.13)	89 (Go to 4.14)	89 (End)
Other (please specify)	11	11	11
Among the reasons you have listed, which one has limited your services the most?	4.12b	4.13b	4.14b
(Read out options selected in the above question and write one option)			

End of the questionnaire

Thank you!

Note: Consider whether a referral is appropriate and describe on page 1 of this questionnaire what referral information or action was provided.

Record time of completion: _____

Interviewer initials: _____

Supervisor initials: _____

3. ASSISTIVE DEVICES EXAMPLES

Assistive devices pictures to be shown for the following questions:

Adults Questionnaire Q1.26 - Q1.27



4. PLAIN LANGUAGE STATEMENT EXAMPLE



Rapid Assessment of Disability Information for potential participants

- I am working with the (organisation) in (location of organisation).
- In partnership with the University of Melbourne (Australia), we are undertaking a research project to understand the impact disability has on the lives of people living with disability. We are interviewing people with and without a disability.
- I want to invite you to take part in a confidential interview using a standard questionnaire. The purpose of the questionnaire is to collect information on your functioning, well-being, and access to services and community life.
- The interview will last about 30-60 minutes.
- PARTICIPATION IN THE QUESTIONNAIRE IS ENTIRELY VOLUNTARY.
- If you decide to participate, you can do so independently, with support from your parent or guardian, or your parent or guardian can participate on your behalf.
- You are free to withdraw from the questionnaire at any stage - if you do decide to withdraw you will not be disadvantaged in any way.
- There will be no direct benefit for you by completing the survey.
- The findings from this questionnaire will be combined with other findings and included in a report which will be provided to (e.g. Ministry of Health or funding body). No-one will be able to identify what you as an individual.
- The project has been approved by the (Approving Ethics Committee). If you would like to contact the Committee, contact details are provided below.

Thank you for your time.

Researchers: (Lead researchers name)

Human Research Ethics Committee: (Ethics committee address)

Phone: (Ethics committee phone)

Fax: (Ethics committee fax)

5. INFORMED CONSENT EXAMPLE



Rapid Assessment of Disability

A study for research purposes to determine the impact of disability is being undertaken [insert names of lead researcher]. The results of the project will be provided [insert funding body and/or collaborating partners] and the websites of the Nossal Institute of Global health and the Centre for Eye Research Australia.

ID: _____ Age: _____ years

Information to be communicated	Circle to indicate that information has been communicated
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My name is We are interested to understand more about the impact disability has on a person's life, so we are inviting you to participate in a survey. The focus of the questionnaire is to determine the impact disability has on well-being and access to services.	<input type="checkbox"/>
Your contribution to this study involves participating in a questionnaire that will be conducted by me. The questionnaire will take about 60 minutes.	<input type="checkbox"/>
If you decide to participate, you can do so independently, with support from your parent or guardian, or your parent or guardian can participate on your behalf.	<input type="checkbox"/>
You are free to withdraw from the questionnaire at any time.	<input type="checkbox"/>
Any information you give us will be confidential/private and we will not be recording your name or any other details that could identify you.	<input type="checkbox"/>
You do not have to participate in this study, so if you would prefer not to, please let us know and we will not disturb you any further. Choosing not to participate will not disadvantage you in any way.	<input type="checkbox"/>
Are you willing to participate in the questionnaire?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES with support <input type="checkbox"/> YES parent/guardian to complete <input type="checkbox"/>

Signature of participant: _____ Date: _____

Signature of parent/guardian (as required) _____ Date: _____