

Home Based Intervention Disability Program

Impact Evaluation Study Final Report



Photo 1: Control street interview at baseline



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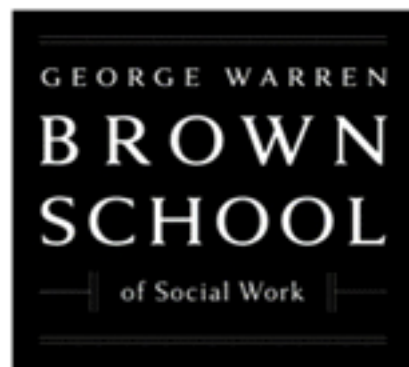




Photo 2: Participant home interview at baseline

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List of Acronyms

BPHS	Basic Package of Health Services
CBR	Community Based Rehabilitation
CBRW	Community Based Rehabilitation Worker
CBRC	Community Based Rehabilitation Committee
CBSD	Community Based System Dynamics
CHW	Community HealthWorker
CLD	Causal Loop Diagram
CP	Cerebral Palsy
DP	Disability Program
DPIES	Disability Program Impact Evaluation Study
ERMO	Eastern Regional Management Office (now Jalalabad Regional Management Office)
GMB	Group Model Building
HBT	Home Based Therapy
NDSA	National Disability Survey of Afghanistan
NERMO	North-Eastern Regional Management Office (now Taloqan Regional Management Office)
NRMO	Northern Regional Management Office (now Mazar Regional Management Office)
SCA	Swedish Committee for Afghanistan
SIDA	Swedish International Development Agency
SD	System Dynamics
PMI	Persons with Mental Illness
PT	Physiotherapy
SERMO	South-Eastern Regional Management Office (now Ghazni Regional Management Office)
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNOPS	United Nations Office for Project Services
WHO	World Health Organization

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Summary

The present report provides the results of an impact evaluation study of the home based intervention of the Disability Program (DP) carried out between January 2012 and June 2016 in 13 provinces of Afghanistan where the program is implemented through four regional offices based in Ghazni (Ghazni Regional Management Office, at the time of the study South Eastern Regional Management Office), Jalalabad (Jalalabad Regional Management Office, at the time of the study Eastern Regional Management), Mazar I Sharif (Mazar Regional Management Office, at the time of the study Northern Regional Management) and Taloqan (Taloqan Regional Management Office, at the time of the study North Eastern Regional Management) covering each of them several provinces of Afghanistan.

The Disability Program addresses multiple disability types, including physical/mobility limitations, intellectual/learning difficulties, vision, hearing/speech limitations, mental illness and neurological difficulties.

The current components of the program include: 1) Social integration of people with disabilities, 2) Employment support and vocational training, 3) Special and inclusive education, 4) Physiotherapy and orthopedic services and 5) Institutional capacity development

We implemented a quasi experiment fieldwork study and used propensity score matching analysis to measure the impact of the program on five major outcomes of interest: mobility, activities of daily living, communication, participation in social and community life, and emotional well-being. The results indicate that compared to the control group mobility, activities of daily living improved by 12.4%, communication by 8.4%, participation in social and community life by 9.1%, and emotional well-being by 102% after three years spent on average in the program. The CBR program also improved access to employment by 12% for adults between 15 and 60 years old as well as writing skills (24.9%) and reading skills (25.2%).



Overview

The present report provides a comprehensive summary of the findings of the home based intervention of the Disability Program Impact Evaluation Study (DPIES), which aimed to measure the impact of the home based intervention of the Swedish Committee for Afghanistan (SCA) Community Based Rehabilitation (CBR) program.

This is the final report of the SCA CBR evaluation study that includes detailed methodology and findings, as well as an appendix with tables for all findings. The present report is composed of four sections focusing on the study context, methods, findings, and recommendations. Findings and recommendations focus on data gathered from both the impact evaluation survey and qualitative assessment into the process of implementing the program. The goal of all recommendations is to support SCA in improving the effectiveness of the CBR program in promoting the participation and the wellbeing of persons with disabilities in Afghanistan.

The findings of the DPIES indicate a few important directions for the future of the CBR program:

- 1) Addressing existing need for better access to education and improved learning outcomes for children with disabilities, particularly girls and children with intellectual or mental disability;
- 2) Providing medical and psychosocial services for persons with mental illness which are currently underrepresented in the CBR program that puts more focus on rehabilitation of physical disabilities;
- 3) Promoting sensitisation and advocacy interventions to address existing prejudice and discrimination surrounding disabilities;
- 4) Recognizing the double marginalization of being a woman or a girl with disabilities and putting emphasis across all SCA programs on the inclusion of girls and women with disabilities.

More generally, our study shows that CBR programs in a challenging environment such as Afghanistan are effective in improving the life of persons with disabilities. A lot can be learned from the SCA CBR program to replicate it elsewhere in similar low resources settings and to scale it up in Afghanistan itself.



Photo 3: Girl control respondent with her father



Context

Background on Community Based Rehabilitation Programs

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) states that the achievement of equal rights, empowerment and social inclusion of people with disabilities requires comprehensive rehabilitation services involving educational, social, economic and medical interventions (United Nations 2006). In particular article 26 of the UNCRPD calls for rehabilitation services and programmes to promote more participation of persons with disabilities in their community and in all aspects of society. Community Based Rehabilitation (CBR) is a strategy that promotes the “rehabilitation, equalization of opportunities and social inclusion of all people with disabilities” (World Health Organization 2010).

CBR was introduced in the 1970s as a strategy to use effective, locally-developed technologies to prevent disability and transfer knowledge and skills about disability and rehabilitation to people with disabilities, their families and the community at large. CBR was conceived as a combined effort of a diverse group of actors, including families, communities, disabled people’s organizations, health and social services provided by governmental and non-governmental actors, and, at the center, people with disabilities themselves (ILO, et al. 2004). The strategy had a mission to “promote the rights of people with disabilities to live as equal citizens within the community, to enjoy health and wellbeing, to participate fully in educational, social, cultural, religious, economic and political activities” (ILO, UNESCO and WHO, 2004).

Advocates of CBR identify several advantages over alternatives: First, CBR is comprehensive. Experts consider that all rehabilitation needs can be addressed through CBR interventions (Department for International Development 2000; Eldar 2000; Helander 1980). Second, other authors have argued that CBR is more cost-effective than

hospital or rehabilitation center-based interventions (Mitchell 1999). Third, CBR aims to improve the wellbeing of people with disabilities (Mauro, et al. 2015). Finally, CBR is oriented toward participation and empowerment of people with disabilities (Cornielje 2009; Sharma 2007).

Despite this, CBR programs face several real critiques. The first is that, while nominally based in values of participation and empowerment of people with disabilities, CBR programs often reproduce the same top-down service delivery approach of other methods (Turmusani, et al. 2002). Second, it has been argued that CBR programs are operated and funded by international aid and humanitarian organizations, raising significant questions about the sustainability of programs when donor priorities change (Turmusani, et al. 2002). Finally, it has been noted that many programs have little resources and lack support from the community leading to poor monitoring (Chappell and Johannsmeier 2009; Kuyini, et al. 2011).

Despite the proposed benefits of CBR, extensive empirical literature that provides evaluation of the impact of CBR programs in diverse contexts is lacking. Most existing studies do not evaluate the overall WHO CBR matrix but overwhelmingly focus on its health component (Iemmi, et al. 2015). Moreover, studies often focus on one condition or type of disability and do not evaluate the impact of CBR programs across disabilities.

Despite the focus of the CBR matrix and the program design on the participation of people with disabilities in communities, few studies examine the contribution of CBR to empowerment and social inclusion of people with disabilities and their families, or change in community attitudes and behavior towards people with disabilities (Chappell and Johannsmeier 2009; Mauro, et al. 2015;

Mitchell, et al. 1993).

This research gap is in part the consequence of the prioritization of implementation over evaluation in CBR by development organizations, funders, and policymakers. Most existing research on CBR focuses on accessibility, reach of the program, identification of needs and specific rehabilitation and service delivery outcomes (Biggeri, et al. 2014). Studies that do exist lack consistent methodologies, making comparison across programs complicated and unreliable (Alavi and Kuper 2010; Cornielje, et al. 2008; Lemmi, et al. 2015; Velema, et al. 2008)



Photo 4: Child interview in school

Photo 5: Control respondent interview who survived bombing



Disability Program

The Rehabilitation of Afghans with Disabilities (RAD) now called the Disability Program (DP) is a CBR program that was initiated by the United Nations Office for Project Services (UNOPS) in 1991 in partnership with the United Nations Development Program (UNDP) and handed over to the Swedish Committee for Afghanistan in 2004 following an evaluation emphasizing several shortcomings (Rathnam, et al. 2003).

The DP is the largest CBR program in Afghanistan (Boxes 1 and 2). The program provides services to both children and adults with disabilities. The physiotherapy component targets physically disabled people, whereas people with mental, visual and hearing impairments are covered by the special and inclusive education component. Physiotherapy services are further offered to patients with back pain, temporal and non-permanent injuries or other conditions that potentially leads to impairment and disability. A continuing challenge is to make services available in remote areas, which will be able to satisfy the needs of persons with acute and permanent impairments.

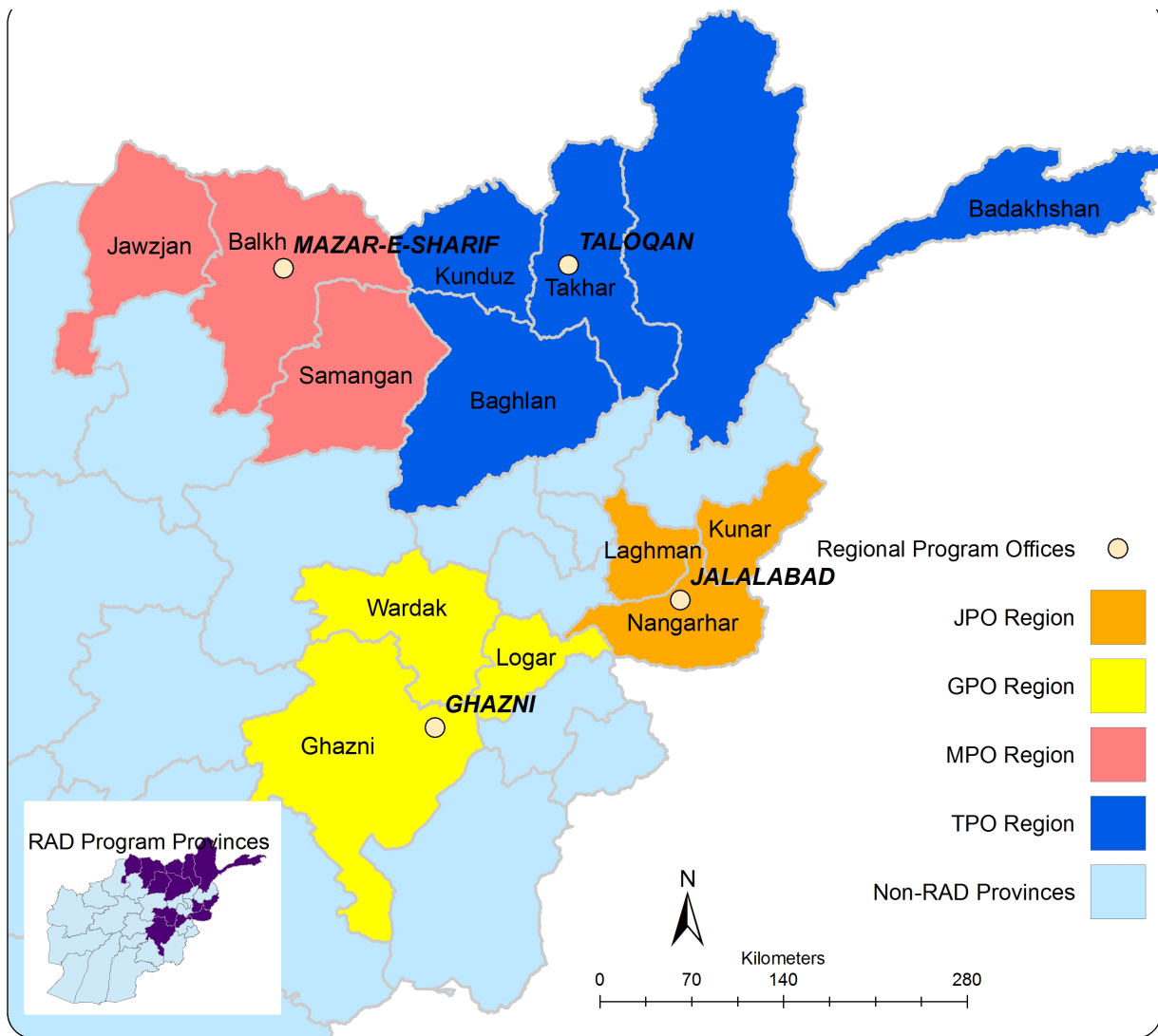
The DP program is implemented in 13 provinces of northern and eastern Afghanistan (See Map 1). The program currently covers 48 districts with over 774 national staff, 1 expatriate advisory staff, 863 (413 female) community volunteers and 151 (60 female) community based rehabilitation committees (CBRCs). The program is managed from four regional project offices based in Ghazni (Ghazni Regional Management Office, at the time of the study South Eastern Regional Management Office), Jalalabad (Jalalabad Regional Management Office, at the time of the study Eastern Regional Management), Mazar I Sharif (Mazar Regional Management Office, at the time of the study Northern Regional Management) and Taloqan (Taloqan Regional Management Office, at the time of the study North Eastern Regional Management). A Technical Support Unit at SCA's Kabul Management Office provides technical support for the program as well as national-level advocacy with government and other stakeholders.

Box 1 Official components of the program

1. Social integration of people with disabilities
2. Employment support and vocational training
3. Special and inclusive education
4. Physiotherapy and orthopedic services.
5. Institutional capacity development.

(Swedish Committee for Afghanistan 2016)

Map 1: DP program intervention areas



Box 2: The DP program, following the CBR matrix (World Health Organization 2010), aims at:

1. Improving inclusion of persons with disabilities through community mobilization and advocacy
2. Supporting employment through loans and vocational training
3. Improving education through special education as well as inclusion in mainstreaming schools
4. Improving mobility and overall physical rehabilitation through physiotherapy and orthopedic services
5. Supporting organizations of persons with disabilities (DPOs) to voice for the needs of persons with disabilities.

CBR staff explanation of services delivered in their own words...

“The Disability Program delivers an extensive suite of services to Afghans with disabilities:

- Physiotherapy
- Group training
- Loans
- Home based education (HBE)
- Centre base education
- Inclusion in school
- Home based training (HBT)
- Advocacy (DAAB)
- Awareness

We organised a Focus Group Discussion to gain a better understanding of the scope and process followed by the program. We asked the group composed of a manager, CBR workers and supervisors a series of questions related to the CBR process:

- What is included in the service? What is it for? What does it mean?
- How long does sessions/treatment last?
- Who performs the service?
- Describe a ‘typical’ case.
- Who receives the service?

A synthesis of the information gathered follows.

Physiotherapy (PT) is a very important service offered by the HB CBR DP due to the large population of program participants with mobility limitations and other forms of physical disability. Physiotherapy is an important treatment for individuals who have contracture in their limbs or suffer pain in their muscles and joints. The CBRW will provide physiotherapy exercises to the person with disabilities, with the support of physiotherapists. Once a need for physiotherapy is identified, the Community Based Rehabilitation Worker (CBRW) identifies a caregiver called the ‘handler’ within the family that will be in charge of enforcing a treatment plan. Then, the CBRW will refer the patient to the physiotherapy clinic for a visit. The physiotherapist there will propose a treatment plan to the patient that the CBRW will enforce with the help of the ‘handler’. The ‘handler’ is responsible for the regular practice of the CBR participant and provides feedback on progress made to the CBRW during each home visit, usually once or twice a month. The CBRW regularly evaluates progress made

and recommends more exercises as needed.

In absence of medical treatment, exercises are often very effective and the only approach to improve the mobility and the condition of the person with disabilities. This is why regular practice is so important and the CBRW regularly check on progress made. Once the CBR participant has made substantial progress in her/his mobility, usually after a few months, the physiotherapist is consulted again and brought to the home of the patient for an update of the treatment plan. The physiotherapist and the CBRW will assess the participant’s need for any assistive device or prosthesis and will eventually address her/him to the orthopedic workshop for those. Before discharging a person from the HBT the CBRW has to get the opinion of the physiotherapist. If the physiotherapist considers that the treatment cannot bring further improvement, he/she writes her/his diagnostic into the Sijil form (i.e. there is no need to continue the treatment).

Both the CBRW and the physiotherapist sign the form. The individual is discharged from the HBT. The CBRW can introduce the participant to another service as needed (see below). More mobility means better capacity to participate in community activities.

A major difficulty is the consistency with which exercises are practiced. In many cases, especially in remote villages where regular monitoring visits from the CBRW are more challenging, the family handlers are less careful about enforcing a regular practice that carefully follows instructions provided. Many also do not trust exercises can operate important changes and improvement in the condition because they lack information about such impact. When a CBRW is able to regularly visit the home of the person with disabilities, monitor and show the progress made due to regular practice of exercises, it becomes easier to demonstrate and convince the family of the effectiveness of the treatment provided. Regular visits enforcing the treatment plan show results and contribute to convince the participants and their family of the usefulness of the services provided.

Besides Home Based Therapy (HBT) which refers to home based physiotherapy activities, the home based disability programs also provides home based education. For those children and young people with physical disabilities who are not included in school and would like to learn, the DP provides some basic literacy training and teach them at home how to read and write but also some basic skills such as how to draw. But the DP does not provide literacy class for adults and elderly people. The duration of HBT varies according to the needs – and disability - of the participant with a maximum of 2 years. In some cases, for instance in the case of amputation, the service can be provided for a short period of 6 months. Once the HBT is over, the participant might be included in another service such as loan, apprenticeship/vocational training (VT) or job placement.

Home Based Education (HBE) differs from HBT. HBT is offered to people who have physical/mobility difficulties, while HBE is provided to those who have mental, intellectual, hearing and visual difficulties and have special education needs. Let's consider the special case of children with cerebral palsy (CP). CP children could be offered both types of services because they require physiotherapy and special needs education. There are different types of CP defined by severity of the condition as well as by specific characteristics. CP is actually divided into four major classifications related to various movement impairments and to the areas of the brain that are damaged. Spastic CP is the most common and is characterized mainly by neuromuscular mobility impairment. The other three are Ataxic CP, Athetoid/dyskinetic CP and Hypotonic CP. Children with any type of CP should be included in HBT program to receive PT and basic skills training. Once the CBRW establishes that the child's situation improved enough, the child is included in the HBE program. The criteria are the capacity of the child to perform some activities on her/his own and that s/he shows readiness to learn more things. The longest period for a person to be under the HBE program is 3 years.

The CBRW fills an information form called *Sijil* for each new participant that joins the HBE or the HBT. One copy is kept with the family and one with the CBRW. The CBRW updates the form during each

home visit and indicates progress accomplished according to the treatment plan. At time of discharge from HBT/HBE, if the person with disabilities is interested in applying to any other service such as loan or VT, the CBRW will join the *Sijil* form to the application forms for loan, VT or job placement and will send it to the SCA service in charge. If the loan request for instance is accepted, the *Sijil* form with the forms for loan repayment will be returned back to the person. The CBRW is then in charge of managing the loan process from provision to ensuring repayment. For individuals involved in VT, the CBRW brings the wage to them and this is registered in the *Sijil* form. The CBRW is involved in providing any services and any case related to the PWD during his/her participation in CBR program. Some CBR participants do not receive HBE/HBT services. They might only receive loans or VT. Yet, they are still part of the CBR program as all of the services offered by SCA are part of the DP program.

Loans and vocational training. Loans are provided to open a small independent business. They are usually provided together with a small business management training. There is the same quota of attribution of loans for all CBRWs. Such is not the case for VT. CBRW can propose individual VT program to HB DP participants. But in some areas it is not possible to have individual VT. Instead, training in groups is offered and some CBRs are given the responsibility to identify a group of participants interested in a specific training such as tailoring, mechanic, etc. The training is delivered preferably by a person with disability with the required qualification. It can be someone who acquired the expertise elsewhere or who was part of the VT program 2 or 3 years before and has practiced the profession since s/he left.

Advocacy and awareness are important activities of the CBR DP program as demonstrated by an example shared by a CBR worker.

“When SCA started the program of inclusion into school in 2012/2013, a community in one of the areas of interventions wanted to include a child in a school. Yet, the school principal was not willing to include this child who had polio. The school head master believed that polio was contagious and could be dangerous for the other students.

Someone called the CBRW and told her the story. She went to the school and convinced the principal that there was absolutely no risk of transmitting the disease. The principal eventually accepted the child in the school. The explanation and information given by the CBRWs can make a difference in the perception of various disabilities. [...] CBRWs provide awareness to the family during home visits as well as community awareness during visits to schools, health centers, during village ceremonies, etc. They sensitize families and community members about disability definition, types and rights. At first, when a new participant is identified through a local survey, the CBRW provides some information about disability and disability rights to the family and the community. Services that are required are offered at a later stage. But promoting inclusion and explanation particularly to other family members comes first. Most families don't know how to deal with the disability and how to interact with the person with disabilities. For example, there was this family with four disabled children. The parents didn't take care of them very well. I kept trying to change their behavior, making suggestions about how to interact with their children, how to giving them awareness in each of my visits but they didn't behave with their children like good parents and didn't accept what I said."



Photo 6: Hemayatullah Kakar explaining the Pashu version of the questionnaire to the Jalalabad data collection team

The Home Based Disability Intervention Impact Evaluation Study

The home based intervention of the Disability Program Impact Evaluation (DPIE) study contributes towards filling the gap between theoretical concepts and actual practice of CBR in Afghanistan through integrating assessment of the coverage of needs of people with disabilities, improvement in functioning over time, and economic and social inclusion (Box 3).

Box 3: Goals through a mixed methods approach:

1. Uncover the demographic, disability, and socio-economic profile of DP's participant at baseline.
2. Measure the impact of CBR activities on the circumstances and well-being of participants over time.
3. Provide targeted recommendations to improve DP's outreach and service delivery.
4. Recommend new areas of focus and priority for DP leadership.
5. Contribute to empirical knowledge about ways of improving the lives of, and ensuring equal opportunities for, persons with disabilities.



Photo 7: Young girl, control village

Ethical review

The present study was approved by the Human Research Protection Office of Washington University in St Louis (IRB ID #: 201206117) and by the Institutional Review Board of the Ministry of Public Health of Afghanistan. All human studies have been approved by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments.

Participants provided verbal informed consent to participate in the study following a conversation with a CBR administrator about the nature and scope of the study and potential risks to the participant. The requirement of written consent was waived because of the risk for the security of the team to be associated with an American university. Any association with the foreign aid community represents potentially a threat in Afghanistan. This waiver was suggested by the cultural reviewer of the ethical review package. The decision to waive written consent was approved by the Human Research Protection Office of Washington University in St Louis.

For participants who may be considered a vulnerable or protected group for the purposes of research ethical review, including people with intellectual disability, severe mental disorders, or for minors under the age of 18 years old, verbal consent was obtained from the subject's legally authorized representative (LAR) i.e. parent, guardian or caretaker. The competency to consent was assessed by the CBR worker, with the help by the CBR program field supervisor if required.

After explanation of the purpose and nature of participation, CBR workers administered a short quiz to ensure that potential participants understood the scope of the request. The quiz assessed whether the subject understood the nature of the research; understood the consequences of her/

his participation; and showed the ability to refuse to answer to one question or to participate at all. We asked for authorization to quote the respondent for illustration purpose, explaining that personally identifying information such as name and village would be withheld to ensure confidentiality.

Interviews did not take place if there appeared any resistance to participate. The rate of refusal to participate was very low (about 0.5%). The procedure for explaining the nature of the study and obtaining consent was very straightforward because community based rehabilitation (CBR) workers who carried the interview are experienced in interacting with caregivers of children with disability and of persons with learning disability who have limited communication skills.

As a principle, CBR workers encourage participation of caregivers and more largely of the other members of the household in the rehabilitation process of the person with disability. CBR workers explain at length what rehabilitation objectives do, what they envision for the person, and what is expected from her and her family to achieve the determined program. The interviews carried out at baseline, midline and endline were included as part of the ongoing dialogue between the CBR worker and the CBR participant about the individual rehabilitation process agreed upon. No information was collected about the proxy individual who responded en lieu of the participant with disability. We interviewed proxy respondents in place of the participant exclusively using the same tool elaborated for this study and only in case of the person herself was unable to respond directly.

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Study Method

Sample design

The sample of intervention and control groups represent a snapshot of populations at three points in time in the catchment area of the CBR program and in nearby villages of the same districts and provinces. CBR areas of work are called mahals. The design of the quasi experiment was to identify and interview all new participants in the CBR program and compare them to a similar group of people with disabilities as controls. The two groups should not be understood to be representative of the entire population of people with disabilities in Afghanistan. It is likely that there may be significant differences between populations in the northern and eastern regions of Afghanistan where the CBR Program operates and areas in the south and west. Experience of armed conflict and violent unrest that is prevalent in the south and west of the country, and the resulting limitations of service capacity, suggests that people outside the DP operating areas may be more deprived of basic capabilities.

CBR participant group selection

The inclusion criteria for the intervention group was the identification between January 2013 and December 2013 by 137 CBR workers of individual with disabilities based on information from key informants in each mahal and word of mouth between residents. A person was categorized as disabled using a locally developed questionnaire based on the World Health Organization “Training in the community for people with disabilities: Guide for Local Supervisors” (World Health Organisation 1989). Each CBR worker assessed participant’s willingness to enroll in the CBR program and consent to participate to the study. Each CBR worker averages two new participants per month. 1680 individuals were enrolled in 169 villages or urban areas called Mahals. They are catchment areas of a given CBR worker. The size of each mahal depends on the number of persons with disabilities living in the area and enrolled in the program that one given CBR worker is able to

serve. New participants above age three were interviewed using the capability tool within a month of commencing services with a CBR worker.

Control group selection

In order for an impact assessment to be possible, we needed to find a comparable group of people who could potentially show what would have happened to the beneficiaries of DPIE in the absence of the program. Because within a catchment area all those who are eligible are treated, the next best controls are villages that are part of the treatment regions but that were not part of the program.

The main objective was then to find eligible people with disabilities in these untreated yet similar areas in order to establish a comparable control group. We used a random number generator to select a first village to include in the sample from the complete list of villages in each region. The subsequent villages were then selected from the list at the sample interval. This process was repeated for all 13 provinces in the study to compile the full list of control villages. 60 households were randomly selected in each village for a total of 6000 households in the sample. In the centre of the village, typically a mosque or an open square, a child was asked to select a number from a small bag, and to spin a spinner. The spinner indicated the direction from which the survey party would begin the survey. Households were selected using the nearest front door method. A household was defined as a unit that shared a kitchen, an income and occupied the same flat, house or compound.

All heads of households were interviewed with a disability-screening tool composed of 34 items for adults (DSQ-34) and 35 for children (DSQ-35) tool to identify all members of the household with activity limitations or functioning difficulties linked to impairment. Face-to-face interviews using the capabilities tool were then carried out with all persons identified with physical, sensory, intellectual,

mental or neurological disability or a combination of any of these or with a caretaker as a proxy respondent. A total of 960 persons with disabilities were interviewed and reinterviewed in 2014 and 2015.

Accounting for insecurity

After applying sampling methodology to select target villages, the preliminary list was given to a group of experienced CBR workers and Field Supervisors who were familiar with the security conditions in the field. In situations where villages were deemed too insecure, primarily because of Taliban occupation, another opponent group, or regular activity by Afghan

national military forces, a redraw was conducted and a more secure village was selected. Redraws were conducted in three of four regions, in the provinces of Balkh, Laghman, Kunar, Nangarhar, Baghlan, and Kunduz. In some cases a simple resample was conducted in an attempt to select secure villages. In regions where significant insecurity persisted such as the Jalalabad (JPO) region, potential sample villages were prescreened by CBR workers and in consultation with representatives of peer organizations (See Box 4, p. 13).



Photo 8: Control area Jalalabad: Checking the list of identified respondents to be interviewed

Box 4: What security issues entail...

Throughout the course of this research, security has been a persistent concern. Considerations for the safety of data collectors have been balanced with the need for scientific validity. The timeline of this research saw an uptick in insecurity each year of the project.

SCA has operated in many of the regions of this study for years, and in some cases decades. Over this time the organization and individual CBR workers and managers have developed strong relationships with community members and local leaders. Yet the constantly shifting security situation meant that areas that were deemed to be stable and safe at the start of the study in 2013 had become inaccessible by the third round of research.

Furthermore, because of the quasi-experimental design of the study control villages were by design selected from lists of villages outside of the orbit of SCA's program reach. These villages therefore represented a challenge for data collection, and in certain cases rounds had to be skipped or conducted by mobile phone because of security concerns.

The following provides an overview of security challenges and efforts taken to mitigate those risks.

Selection of village clusters for controls:

As discussed in the sections on sampling design, the selection of control villages in Nangarhar, Laghman, and Kunar provinces required multiple rounds of selection in order to come up with a final choice of villages. Even after these villages were chosen, there was a final replacement of villages in Kunar, with Jabaryan being replaced by Sharif Abad due to security concerns. This approach to running multiple draws in the selection process and consulting field supervisors about the feasibility of conducting field work in selected villages inevitably introduced some bias into the samples. Nevertheless, the necessity of selecting villages that would be feasible for data collection was balanced with the need for scientific validity, and we are confident that the measures taken in the sampling stage were necessary and a reasonable compromise.

Timing and approach to data collection:

The study initiated with the first round of data collection starting in June 2013 and continuing throughout the summer for controls. The intention was to maintain that early summer timeline for data collection each year, in order to have a full year between contact points. The announcement of national run-off elections in 2014 and the increase in violence in 2015 necessitated a delay in data collection to the end of the summer, with some control interviews taking place only in mid-autumn.

In specific cases, such as in 4 control villages in Zari District of Balkh Province, in-person data collection had to be indefinitely postponed because of significant threats of violence. The decision was taken after careful consultation with regional security focal points and in communication with CBR workers and colleagues working in those regions that conducting control interviews in those villages would put data enumerators at undue risk. As a compromise, that data collection took place via mobile phone where a signal was possible.

Field work logistics:

In order to conduct data collection in regions with persistent insecurity, such as many areas of Wardak, Ghazni, Kunar, and Nangarhar provinces, data collection teams negotiated passage with local community leaders, acquiring passage allowances to secure safe passage to villages. In areas where these passes were not possible, such as in Kunduz province in the summer of 2015 when Taliban forces overran Kunduz city, data collection was postponed indefinitely, citing significant risk to data collectors. Several interviews carried out in the field by CBR workers in insecure areas were photographs and sent via internet on mobile phones to avoid having to send the paper forms by transportation to the regional office.

Questionnaire design

Screening for disability: Challenges linked to identifying persons with disabilities


To identify persons with disabilities in the control villages, the study used a screening tool that had been developed, validated and pilot tested through focus groups and face-to-face semi-structured interviews over a period of five months. Pilot testing took place in both rural villages and urban neighborhoods of the province of Kabul, with input from experts and partners within and outside Afghanistan in 2004 (Trani, et al. 2015a; Trani and Bakhshi 2008).

An initial DSQ-27 was designed by a group of experts in survey development and disability experts for the NDSA. Each question was tested with Afghans with disabilities who spoke English to ensure that they were easy to understand and that the concepts used could be translated into local languages, both Dari and Pashto. Items were selected based on major domains of activity limitations and functioning difficulties defined by the International Classification of Functioning, Disability and Health (ICF) (WHO 2001). The goal was to complement the questions determined by the Washington Group on Disability Statistics (Miller, et al. 2011). The DSQ-27 aimed to better capture specific as well as socially stigmatized impairments across a larger number of questions.

Translation in Dari and Pashto were conducted by a CBR expert working in the Department of Research and Development of the Ministry of Public Health in Kabul. Translation was carefully checked by researchers and several SCA staff independently to make sure that the Dari and Pashto version reflected accurately the English version. The translations were reviewed for content validity, with particular emphasis on cultural relevance and appropriateness, by a panel composed of academics from social sciences, psychology and psychiatry background as well as international and

Afghan disability experts. Discrepancies between the two documents were discussed and resolved with translators until equivalence in the three languages was reached. The Dari and Pashto versions of the questionnaire were further tested in three focus group discussions with persons with disabilities of different gender and age groups. Finally, the questionnaire was tested for content validity with 50 persons with disabilities of different gender as well as ethnicity, age, type of impairment and education background in urban and rural areas of Kabul province. The feedback obtained indicated a good understanding of questions and very few problems emerged. The tool used the term “difficulty” translated by “mushke-lat” in Dari and Pashto for activity limitations. Minor issues around meaning of words were found mainly in the questions about mental disorders and none with questions around mobility or sensory limitations. In Pashto, we used, Der djeegar khoonshwey/au yaprata de komzalee lamodjar-elewee meaning “to become very sad/cry without reason” and Besyaar djeegar khoon boda/ waya bedoon ekodamd ale elgeryaan karda bashed in Dari “Feeling very sad/or crying without a reason” to indicate a state of depression, feeling low or sad. This concept was later revised in the DSQ-34 after studies in India and Nepal found that respondents interpreted the question as experiencing periodic episodes of sadness, which does not constitute a functioning difficulty but instead is considered as part of everyday life. The revised question asks “Do you feel happy, and then immediately sad, or happy and then immediately angry (one moment you are happy and one moment you are sad or angry)?”

In the absence of a ‘gold standard’ instrument to which our tool could be compared, a second longer screening tool was also developed based on the ICF. The second tool is composed of 46 items for women, 40 items for men and 36 items for children below 15 years old. All respondents over 7 years old were interviewed about autonomy in activities of daily living (ADL (6 items), perform-



ing simple tasks outside home (5 items). All respondents above 4 years old were asked about behavioral difficulties (7 items), communication difficulties (6 items), and expressing violent reactions (5 items). Adult respondents were asked about signs of anxiety (10 items). Finally, women and girls only were asked about additional indoor activities that were not relevant for men in the Afghan cultural context (6 items) (Trani, et al. 2006b).

The initial DSQ-27 elaborated in Afghanistan was modified for a case control survey in Darfur, Sudan in November 2008. The new version was tested in this context. While implementing the large-scale survey in Afghanistan, three items in need of modification were identified and five items were added in the Darfur version. First, in terms of procedure, instead of asking the head of household about all the members of the household at once (e.g. “Does any member of your family lack part of one or more limbs?”), we inquired about every member of the household: “Does (name) lack part of one or more limbs?”. Our aim was to ensure that no member of the household was excluded. Second, we added 5 items. The original question 2 -“Is any member of your family partially or totally paralyzed/unable to move part or entire body or have problems moving around?”- was replaced by three new items: “Is (name) partially or totally paralyzed?”; “Is (name) unable to move part or entire body?”; Does (name) often have any difficulties walking, moving around or climbing steps?”. These allowed us to more adequately and comprehensively identify various mobility limitations. Three additional questions allowed us to better identify learning disabilities: “Does (name) have difficulty in generally understanding what people are telling her/him?”; Does (name) have difficulty generally to make himself/herself understood by others?; “Does (name) have difficulty concentrating or remembering things?”. We added two items to better detect difficulties relating to mood and affect: “Does (name) have rapid changes of mood, for instance feel depressed, then happy and then angry?” and “Is (name) ex-

tremely active and cannot keep still or sit in one place for long?”. These new questions increased the overall sensitivity of the questionnaire by reducing the likelihood of false negatives. Risk of false negative was identified during the fieldwork in Afghanistan. Medical doctors supervising the survey were called out for a more formal assessment when the head of household was hesitant in responding to questions about possible learning disability, mood or affect disorder of a given member of the household. Third, we added a Likert scale with four choices: no difficulty, some difficulty, a lot of difficulty, cannot do. The new 34-item screening tool (DSQ-34) was tested by a team of trained male and female data collectors with respondents in West Darfur. Respondents answering the screening tool were asked each question in order to identify if anyone in the household presented any of the activity limitations and functioning difficulties. They were probed with follow-up questions to explain their own understanding and interpretation of each question (DeVellis 2012).

This screening tool consisting of respectively 34 items for adults and 35 items for children to detect individuals with activity limitations and functioning difficulties associated with an impairment within the household was developed based on the International Classification of Functioning, Disability and Health,(WHO 2001) the Washington Group for disability statistics questionnaire,(Madans, et al. 2011) the Hopkins Symptom Checklist-25 (HSCL-25) (SRQ-20 (Ventevogel, et al. 2007) and on the Capability Approach (Sen 1999; Sen 1993) The screening tool, referred to as the DSQ-34, is available for use in studies under a creative commons license by contacting the authors. (See Appendix for versions of the DSQ-34 Screening Tool)

A short questionnaire was developed and tested in order to examine the demographic and socio-economic characteristics of CBR participants and controls, as well as measures of service receipt, individual functioning, social participation and additional needs. The inclusion of questions about socio-economic conditions allowed for exploration of multidimensional poverty, which is defined as deprivation of basic capabilities such as education, employment and health care (Sen 1992). The questionnaire also examined the effectiveness of CBR programs in improving the power of persons with disabilities to determine their daily lives, participate in different aspects of community life, escape stigma and prejudice, and access various CBR services from among the five domains of the CBR matrix (health, education, livelihood, social inclusion and empowerment) (World Health Organization 2010a). Because the survey was designed to be conducted by CBR field workers in the course of their typical work schedule, the tool is necessarily brief. It was adapted from earlier validated survey tools used in population surveys in Afghanistan, Darfur (Sudan), India and Sierra Leone and it was adapted and used in 2014 in Morocco and Tunisia (Trani and Bakhshi 2008; Trani, et al. 2015b; Trani and Cannings 2013).

Disability experts in Afghanistan were asked to review the content of the initial English version of the tool for completeness, content validity, and appropriateness of the questions to the Afghan cultural context. The English version of the tool was then translated into Dari and Pashto by a disability expert from the Ministry of Public Health in Kabul. Several different translators worked independently to back-translate the survey into English, and compared results to reconcile discrepancies. A first version of the questionnaire was initially tested end of 2011 with a group of 20 CBR participants in Jalalabad, Nangarhar, Afghanistan. Each respondent was interviewed separately by a researcher for consistency check in responses provided. Additionally, the Dari and Pashto versions of the final questionnaire were tested through a series of 30 interviews in Kabul in 2012 with persons with disabilities of different

age group, gender and ethnicity to verify that response process followed, understanding and interpretation of complex or technical terms, such as access to healthcare, available CBR services, participation in family and community activities, and measures of additional need and satisfaction with life were consistent across different socio-economic background and with the initial concepts conceived in English by the researchers.

Respondents were asked the questions as defined by researchers followed by a series of probe questions aiming at capturing their understanding of the questions in light of their own life experience (DeMaio and Rothgeb 1996). For instance, we asked respondents about access to healthcare: If you are sick, can you get medical care? Which in Dari translates as: Agar shoma mariz bashid, moragebate tebbi ra ba dast awarda met-awanid? We probe respondents with the following questions: What services do you consider as being 'healthcare'? Respondents referred to 'clinics', which are the health centers of the Basic Package of Health Services (BPHS) run by NGOs and the Ministry of Public Health. In some cases, respondents mentioned hospitals in provincial and district centers when they were living in their proximity. They also referred to doctors who opened their own private part time practice in the village where they live and where patients can consult after they finish their time in the BPHS facilities. Respondents explained that many factors could prevent them to access healthcare. The most important factors included the inaccessibility of facilities in the village or nearby communities, both defined by the lack of a facility as well as high costs of transportation to reach facilities. Also highlighted were stigmatizing attitudes of healthcare staff who refuse to treat them or are dismissive of their concerns, and the negligence of families that are reluctant to spend time and money to find medical treatment for a disabled family member.

Similarly, we asked about feeling respected in the family and in the community which translates into Dari as follows: 'Aya shoma khod ra dar famile qabele iheram ihsas mikonid?' and 'Aya shoma khod

ra dar jameaa mohtaram mahsos minamaeed?'. Questions prompted respondents about their understanding of 'respect'. Respondents referred to their rights to essential needs or what Sen calls 'basic capabilities' such as being able to go around without shame because having clean clothes, access to healthcare, shelter or food, not being insulted and being consulted in family decisions and considered in community events (Sen 1993). We proceeded in the same way for all questions.

Finally several outside experts from SCA revised the final translations of the questionnaire to provide a final verification of the comprehensiveness and appropriateness of the survey. (See Appendix for versions of the survey tool).

An additional survey form was added in year 3 (2015) of the survey to collect information on the village context of respondents. We asked village Mullahs or head of village committees (Shurah) about cropland characteristics, distance from asphalt road, electricity, school, healthcare facilities, distance to the nearest school and healthcare facility, social and political groups, occurrence of disasters in the last 3 years (flood, attack, etc.). It took a year to carry out this survey which was eventually done end of 2016 (See Appendix for versions of the survey tools).

Village survey



Photo 9 p. 18: Data enumerator training in Jalalabad office

Training of enumerators

The initial training with 139 CBR workers took place in June 2012 in 4 regional project offices in Taloqan, Mazar I Sharif, Jalalabad and Kabul for Ghazni, which is no go for the expatriate research team. A refresher was administered each year (2013, 2014 and 2015 for village interviews) before a new wave of data collection in the same areas. The training lasted a week each year and

was composed of research methods and design training, questionnaire explanation, role-play and exercises in groups, fieldwork pilot testing. The training sessions took place in English with Dari and Pashto translations.

Data collection process

Each regional project office CBR workers staff with supervisors, social integration officers and research officers carried out three waves of interviews with the same respondents both in intervention and control groups. Interviews took place at home of the respondents. CBR workers interviewed the participants in the Mahal where they are working at the entry in the program (baseline) and again in 2014 and 2015 or at discharge. Teams of CBR workers in each regional project office interviewed con-

trol respondents in three waves as well in 2013, 2014 and 2015. Teams faced some difficulty to find the same respondents in control villages due to the absence of address but managed to find most of them. In about 10% of the interviews with controls one member of the research team was present during the interview.

Data cleaning process

Data was cleaned using a multi-stage process.

1. Survey questionnaires were checked in the field by CBR field supervisors for completeness and logical consistency.

2. Research officers and social integration officers checked questionnaires after they had been submitted to the regional office. These checks focused on common errors and more complex consistency questions.

3. Data was entered using EpiData 3.1. The entry form was programmed with skip patterns and logical tests to ensure that data was entered appropriately and that problems were flagged early. Examples of logical tests programmed into the EpiData forms include:

- Tests to ensure that children were not listed as heads of household;
- Tests to ensure that explanations for missing school and work were consistent with

basic demographic information (gender, age, etc);

- Tests to flag common errors of interpretation on the part of data collectors, such as the coding of women's housework as "working from home", which implied financial or in-kind compensation.

4. Compiled data was run through a series of further logical tests using syntax developed in SPSS 23 and Stata 14. These logical tests allow comparing variables and making sure there was consistency between them.

At each stage in the data cleaning process, problem forms were sent back to CBR workers and CBR field supervisors for correction, clarification, and re-interview if necessary. All village forms were scanned and sent to the research team in St Louis to check inconsistencies and missing data.

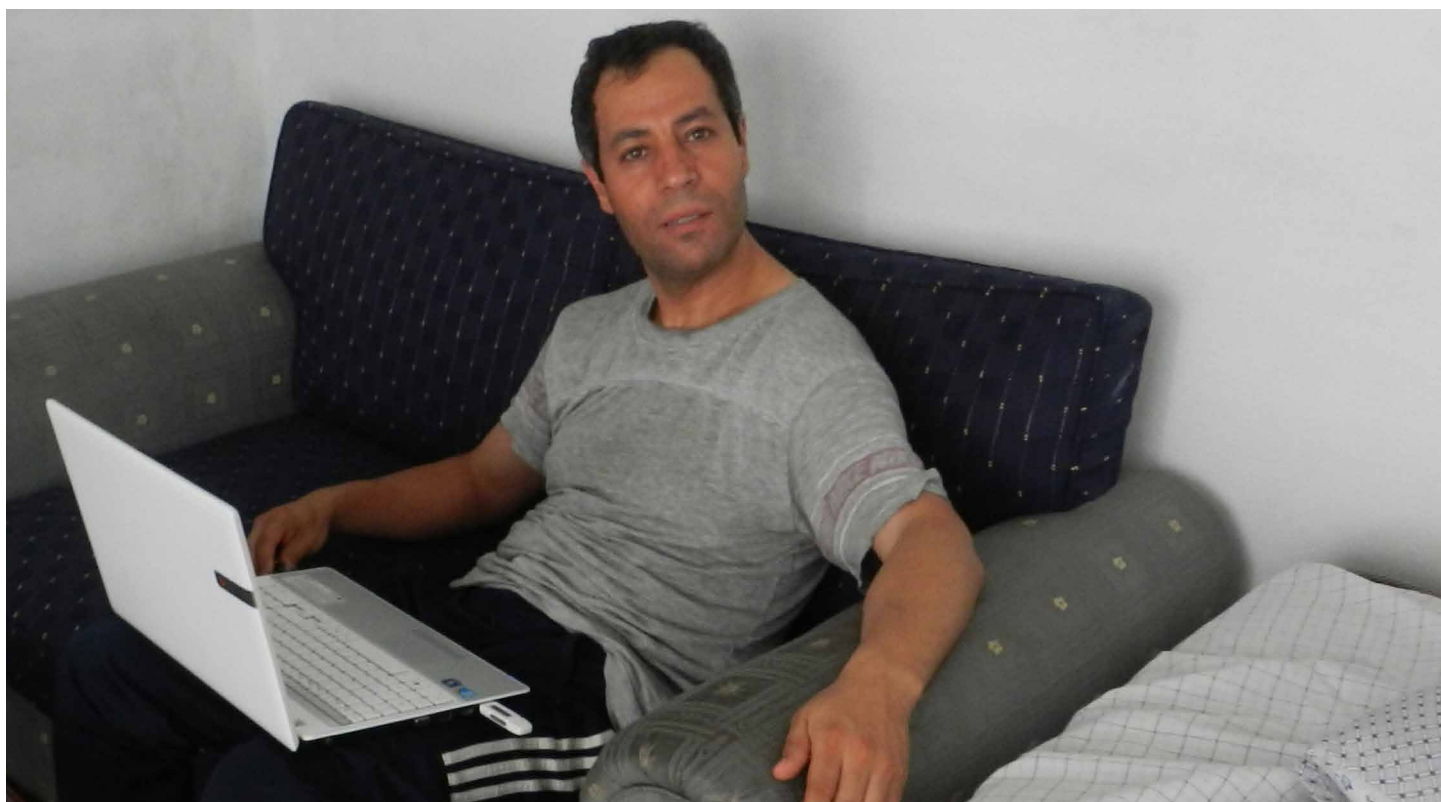


Photo 10: Abdellah Jamaa checking data in Jalalabad office

Qualitative Interviews and Community Based System Dynamic

The present report provides the findings of the DPIE study by analyzing in priority quantitative data using waves 1, 2 and 3 of data collected among intervention and control groups (see Figure 1). Yet, the research team also carried out focus group discussions, life stories and in-depth interviews. Furthermore, The research team conducted Group Model Building (GMB) sessions with SCA staff and persons with disabilities.

Based on preliminary descriptive analysis of baseline survey results, the research team conducted a series of formal and informal qualitative follow-up investigations to clarify questions, develop hypotheses for surprising findings, and to direct further data collection and study. These methods included:

1. Life stories and in depth interviews with intervention and control individuals;
2. Group Model Building sessions with CBR workers and supervisors.

These findings were used to direct analysis, provide deeper understanding of the impact evaluation quantitative survey results and also help the research team reflect on the CBR program process of implementation.

Life stories and qualitative interviews

In order to provide illustrative qualitative data to illuminate prior quantitative findings, we carried out life story interviews among a small subsample of 12 respondents. The sample included 8 women and 3 men, with ages ranging from 14 to 52 years old, with multiple types and causes of disability including disability from birth and from acquired causes. We collected life stories to understand the social experience and personal development of interviewees and their relationships with others.

These stories were also essential for our understanding of processes of social exclusion and the role played by negative attitudes and discrimination towards persons with disabilities in the cultural context of Afghanistan (Atkinson 2007; Chase 2005). The length of interviews ranged between 30 and 40 minutes. Interviews were digitally recorded with consent of respondents; in five cases where the respondent refused audio recording the interview was conducted with written notes. Interviews were transcribed verbatim in the original language and then translated into English and formed into a coherent narrative by two of the researchers. Careful attention was paid to both the spoken and nonverbal communication of the interviewee. Particular attention was paid to show “moral sensitivity,” recognizing that respondents were sharing personal stories of impairment, trauma and suffering linked to stigma (Kearney 2002, p. 139).

Group Model Building sessions

Community based system dynamics

Community based system dynamics (CBSD) represents a novel approach that examines interactions between multiple factors and actors having a role in a given issue at stake (Hovmand 2014). Like other participatory approaches, CBSD promotes genuine local ownership and leadership over pressing local problems, but provides new tools to engage with practical problem-solving, build capacity of and address underlying contextual factors that impede utilization such as unequal power relations (Hovmand 2013). Moreover, CBSD approaches highlight the feedback relationships between factors, their dynamic change over time, nonlinear relationships, and potential interaction mechanisms. Group Model Building (GMB), a situational analysis and planning method used in

CBSD, provides a structured process and forum for diverse stakeholders to identify issues and prioritize intervention by introducing a new language of systems (Box 5). We carried several sessions of Group Model Building.

Topics

One session of Group Model Building in Kabul in July 2014 with management staff was looking at facilitators and barriers to employment for persons with disabilities.

We carried out sessions in Mazar I Sharif with a team from the Jalalabad project office and one from the Mazar project office composed in both cases of CBR workers and supervisor and an education officer. The sessions took place between the 21st and 23rd of June 2014. The sessions explored factors that impact receipt of services for people with mental disorders. Similarly, we carried a series of three sessions in Kabul in January 2015 looking at the same issue. This time, the participants were the research officers from each of the regional project office.

Finally, a session looking at violence within the family against women was carried out in Taloqan the 28th and 29th of June 2014 with women CBRW.

Structure of the sessions

The sessions had roughly the same structure, though each session yielded new insights and feedback about how best to structure questions and manage activities so each was not implemented precisely the same.

We always started the first session by introducing the basic principles of systems thinking and eliciting an initial perspective on the topic: mental illness and service receipt, employment of persons with disabilities, violence against women. Initial sessions followed the same structure: A variable elicitation exercise was followed by wall building and a prioritization exercise using shiny star stickers. Participants explained their variables in Pashto or Dari and one participant, the Social Integration Officer, provided translation of the discussion around that variable. After a break facilitators

led the participants through a casual loop diagramming (CLD) exercise to identify causal links between variables. During the CLD exercise, a different participant functioned as a co-modeler, writing out variables in Pashto or Dari, which facilitators wrote small notes in English under that variable. The intention was for causal arrows to be connected to Pashto/Dari variables, and for the English notes to be secondary to the Pashto/Dari model and discussion.

In the case of services for people with mental disorders, the researchers were able to carry several sessions with the same group of participants. After a review of key concepts and open questions from the first session, the original, cleaned version of the model was projected onto a white board and English variables were translated into Pashto/Dari. Facilitators elicited additions to the structure, focusing on questions emerging from the initial session, such as the mechanisms of health educators, clinical support, and community volunteers contributing to mental health. Facilitators then led a reflection of the major themes and assumptions of the model. Finally, facilitators led a brief introduction to Vensim software, and asked participants to add their new variables to the first session model that had already been created in Vensim.



Box 5: What is Group Model Building?

Group model building (GMB), and systems thinking in general, offer a novel method of research that focuses on building capacity within groups and communities to generate new knowledge and insights of systems.

Key Definitions and Concepts:

- Systems are groups of interrelated and interacting parts that work together for a specific purpose.
- Systems Thinking: is the mental work to identify causal links and dynamic feedback loops within systems
- System Dynamics uses informal models and formal models with simulation to understand system behavior from feedback perspective (Richardson 2011).

Group Model Building is a participatory method to build system dynamic models to explore group mental models of systems, and identify new approaches to understanding complex problems.

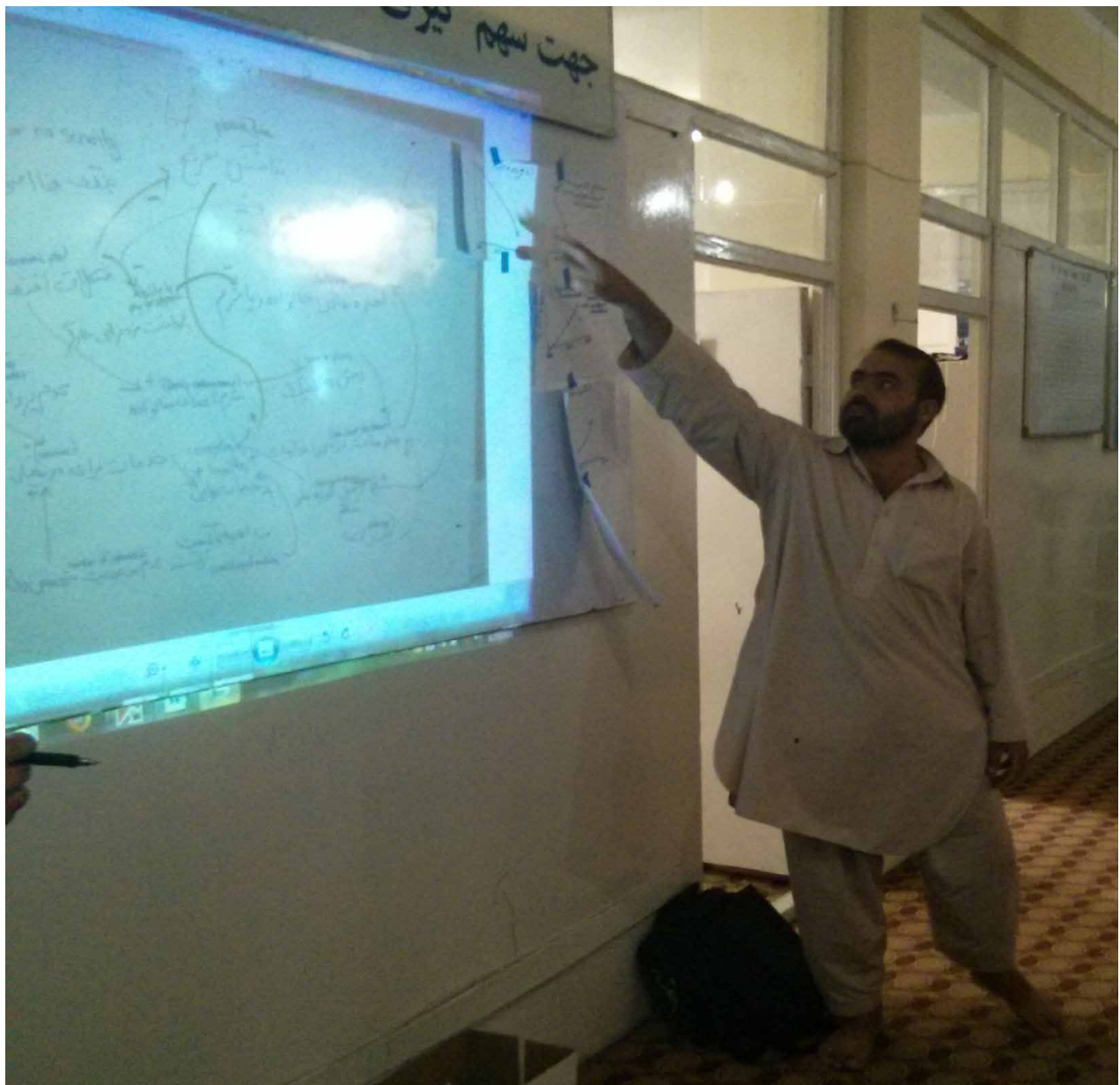


Photo 11 & 12 p. 23: Group model building sessions in Mazar-E-Sharif office

Data analysis

Detailed statistical analysis is described in appendix for various analyses. The descriptive analysis was carried out using SPSS 23. Multivariate analysis and principal component analysis were carried out using STATA 14. Structural equation modelling was carried out using Mplus7. Spatial analysis was carried out using ArcGIS 10.2. Qualitative system dynamics analysis was carried out using Vensim PLE 5.11

Propensity score matching analysis and impact of the study

At the heart of every impact evaluation lies the challenge of being able to compare beneficiaries to non-beneficiaries of a program or intervention, in order to assess how the situation of a person, household or community changed because of a program. Because a person with disabilities cannot at the same time receive and not receive the CBR program services, the evaluation needs to identify the best 'counterfactual' or the best comparable person. In impact evaluation terms, best is defined as comparable in all characteristics, observable and not observable, where the only difference between two persons is precisely having received an intervention. The golden standard for finding the best counterfactual is achieved by taking a pool of communities and randomly assigning them to the intervention or the comparison group before the intervention starts. However, in the case of our study, program areas were decided beforehand, making it necessary for quasi-experimental strategies to be used.

We propose the use of a quasi-experimental approach that mixes propensity score matching with difference in difference (PSM-DD) for pinning down the impact of the CBR program. We will exploit the 3 waves of data collected from treatment and control communities and people, from the onset of the program at baseline until endline. The propensity score matching approach uses baseline data to find the best possible con-

trol match to the persons that received the home based CBR program. The comparison group includes people with disabilities who would have been eligible to receive the CBR program services but who live outside of the program's catchment areas. The assumption is that the decision on which communities are part of the program is based on observable characteristics.

In mathematical terms, the average treatment effect (ATE) and average treatment effect on the treated (ATT) of the CBR program through its interventions can be estimated using the following formulas:
$$ATE = E[Y^1 - Y^0]$$

$$ATT = E[Y^1 - Y^0 | D = 1] = E[Y^1 | D = 1] - E[Y^0 | D = 1]$$
, where 1 refers to being in the treatment group (being CBR participants) and 0 being in the control group (being outside of the CBR program catchment areas). However, the problem is that neither $E[Y^0 | D = 1]$ nor $E[Y^1 | D = 0]$ can be observed, since it is impossible to observe what would have happened to the controls had they received the program, or what would have happened to the treatments had they not received it. The objective of PSM is estimating these two counterfactuals based on the control areas and observable information collected in the village and person forms. This means that every treated person with disabilities is matched with one or more persons from outside the CBR program's catchment areas that are similar in key data such as gender, age, cause of disability, disability type, ethnicity, assets owned, region, time of onset of the disability, household income at baseline, education level and working status at baseline. Moreover, people were also matched according to the baseline levels of the impact variables, to ensure that beneficiaries and non-beneficiaries started off in a similar manner. We also included community-level variables such as distance to a road and its usability for motorized vehicles, availability of electricity, availability and distance to a school and a health center, type of social and political groups in the village, and exposure to different types of disasters or negative shocks.

Box 6: Propensity score analysis

Propensity score analysis is a statistical analytic method elaborated to be able to draw causal inference (or causal link) in studies where the allocation between people in the intervention group (for us, the CBR program) and in the control group was not done randomly. The absence of random allocation to one or the other arm of the intervention introduces a selection bias. In other words, the two groups are not necessarily identical in all the characteristics that might influence the outcome measured. For instance, persons with disabilities participating in the SCA CBR program might be facing a more severe disability than those who did not want to participate. We also found in the present study that CBR participants were younger than in the control group randomly selected. Therefore, the difference in the outcome for both participants and controls might not be due to the effect of the CBR program itself but also influenced by the demographic and socioeconomic characteristics of the participants in the program compared to the controls. Propensity score analyses are various models with different ways of matching a group of treated individuals and a group of untreated individuals, allowing more confident attribution of differences in treatment outcomes to the intervention itself.

The main objective is attaining independence between the impact variable (called Y_i in the equations) and the treatment (called D in the equations): $Y^d \perp D$. When treatment and control areas are not randomly assigned to such groups, this is usually violated, as there is always the possibility of a selection bias that led the treatment areas to be selected before or instead of the control areas. However, we can replace this assumption with an assumption of conditional independence, that states that once we observe the variables that determined the impact (X), in this case the variables that led a person to receive the program, selection bias is eliminated and conditional independence $Y^d \perp D | X$ is achieved. This, of course, if we are certain that the decision on where to implement the program was based on the variables included in (X). Thus, the estimate for the average treatment effect on the treated (ATT) can be obtained by:

$$E[Y_1 - \hat{Y}_0 | D = 1] = \frac{1}{n_1} \sum_{i=1}^{n_1} Y_{1i} - \hat{m}_0(X_i)$$

where $\hat{m}_0(X_i)$

is the non-parametric estimator of $m_0(x) = E(Y | X=x, D=0)$.

This non-parametric estimator does not require functional form assumptions (linear, quadratic, etc.) and is estimated in such a way that every treated observation is assigned a specific weight through either using nearest neighbor approach, caliper or kernel. However, when (X) is comprised of many variables, it is very hard to find a person that is exactly the same in all these variables in an exact way. This problem is dealt with by instead of matching on every single variable in (X), the treatment and control people are matched on the propensity of being treated given that (X) takes a value of (x): $p(x) = \Pr(D=1 | X=x)$.

In this manner, instead of matching with respect to many variables, we match on the probability of being treated, given that the conditional independence assumption is also achieved if we condition on $p(x)$: $Y^d \perp D || p(x)$.

The next assumption is the existence of common support, which means that every beneficiary does have at least one comparison person that has the same probability of being treated to ensure comparability. In particular,

$0 < \Pr(d=1|x) < 1$ must hold. This has an important implication, which is that only those persons that are in the common support are compared. If there are beneficiaries that have a probability of being treated that is not found in any of the controls, they will not be included in the analysis. Also, if there are controls with an extremely low probability of being treated, these will also not be considered in the analysis.

Some benefits of this method as mentioned Blundell and Costas Dias (2002) are not requiring a specific functional form assumption on how the program affects beneficiaries. In particular, it does not require assumptions on whether the program has homogeneous or heterogeneous effects. It also does not require any specific identification on the model errors and by being non-parametric it can be combined with other methods in order to yield more precise impact measures. The way in which PSM will be combined with different methodologies will be explored in the following.

Evaluation design: Difference in Difference

PSM can be easily mixed with the difference in difference (DD) approach, in those cases where different points in time are captured. For instance, a moment before the program starts with a moment after the program ends, to capture the before and after situation for both treatment and control groups. This methodology greatly enhances PSM, as it allows for unobservable differences that are stable over time to not generate a bias in the estimations. This means that, even if some unobservable characteristics that lead to the decision on where to have the program could not be captured in (X) by definition, if they do not change over time they will not generate a bias in the estimation of the impact.

Under this methodology we will PSM-DD will measure the change over time of DPIE beneficiaries relative to the change in this same period of time on the controls. The estimator for the average treatment effect on the treated would be defined as follows:

$$E[Y_1 - Y_0 | p(x), D=1] = E[Y_1 | p(x), D=1] - E[Y_1 | p(x), D=0] - \{E[Y_0 | p(x), D=1] - E[Y_0 | p(x), D=0]\},$$

where t represents the moment after the program has ended and t the initial moment before starting the program.

To summarize, this methodology means estimating the difference between the treated and non-treated after the program, and subtracting the difference the treated and non-treated before the program. It is important to note that the propensity score was estimated using only baseline variables, before SCA had started implementing its interventions. This will assure that people were comparable before any interventions took place.

Outcomes of interest for the impact study

Five main outcomes of interest were included in the questionnaire and assessed through a range of questions: mobility, activities of daily living, communication, participation in social and community life, and emotional well-being. Indexes for each domain were created by generating a sum index score from the component items in the questionnaire. Because outcomes were sometimes different between age groups (for example, questions pertaining to ability to bathe oneself were not asked of infants too young to do so), sum index scores were based on total points possible for age group. Each summary index score was then divided by total points possible according to age and converted to a proportional value between 0-1. Difference scores between rounds 3 and 1 were then calculated. Thus a result of .15 indicates a 15% increase in points possible within a given domain.

The mobility index is composed of the following 9 items with response choices limited to a Likert scale composed of 5 choices (I can always, I can with help, I cannot at all) :

- Can you sit (asked to respondents above 1 year old)
- Can you stand (asked to respondents above 1 year old)
- Can you move inside the home (asked to respondents above 1 year old)
- Can you move outside the home (asked to respondents above 2 year old)
- Can you walk at least ten steps (asked to

respondents above 2 years old)

The Activity of Daily Living index is composed of the following 4 items with response choices limited to a Likert scale composed of 3 choices (I can always, I can with help, I cannot at all):

- Are you able to eat on your own (asked to respondents above 4 years old)
- Are you able to bath (asked to respondents above 8 years old)
- Are you able to use the latrine (asked to respondents above 3 years old)
- Can you dress and undress (asked to respondents above 4 years old).

The communication index is composed of the following 4 items with response choices limited to a Likert scale composed of 3 choices (I can always, I can with help, I cannot at all):

- Can you speak (asked to respondents above 2 years old)
- Can you understand simple instructions (asked to respondents above 2 years old)
- Can you express needs (asked to respondents above 2 years old)
- Do you feel confident learning new things
- Are you able to eat on your own (asked to respondents above 4 years old)
- Are you able to bath (asked to respondents above 8 years old)
- Are you able to use the latrine (asked to respondents above 3 years old)
- Can you dress and undress (asked to respondents above 4 years old)

The social participation index is composed of the below first item with response choices limited to a Likert scale composed of 3 choices (I can without difficulty, I can with some diffi-

culties, no, I cannot at all) and the following 4 items with different choices on the Likert scale (I can always, I can sometimes, no never):

- Can you make friends outside the family
- Are you consulted in family decisions (asked to respondents above 15 years old)
- Can you join in community activities and ceremonies
- Do you feel respected in the community (asked to respondents above 5 years old)
- Do you feel respected in your family

The emotional well-being index is composed of the following 5 items with response choices limited to a Likert scale composed of 3 choices (never, sometimes, always):

- Do you feel sad (asked to respondents above 5 years old)
- Do you feel angry (asked to respondents above 5 years old)
- Do you feel worried or distressed (asked to respondents above 5 years old)
- Do you have nightmares or bad sleep (asked to respondents above 5 years old)
- Do you have headaches, stomachaches or nausea (asked to respondents above 5 years old).

Limitations

For the purposes of this report, only participants and control respondents above age 2 were included in analysis. The home based intervention of the CBR program reaches many children early in life, particularly with the physiotherapy program. In order to be able to make more meaningful comparisons between participants and controls, those infants were left out.

The design of the survey was to track all new participants in the home based intervention CBR DP and compare them to a plausibly similar group of people with disabilities in a control group. As such, these groups are not meant to be representative of the population of people with disabilities in Afghanistan as a whole. It is likely that there may be significant differences between populations in the northern and eastern regions of Afghanistan where the DP operates and areas in the south and west. Experience of armed conflict and violent unrest, and the resulting limitations of service capacity would suggest that other parts of the country may find people with disabilities who

are more deprived of basic capabilities than in the areas where the CBR DP operates.

The data collection was carried out by CBR workers under the supervision of the investigators and research officers because of limited resources and security issues. This might have introduced a social desirability bias among CBR workers willing to show a good image of their program. Careful and ongoing supervision in the field and after data collection, consistency checks as well as random re-interviews of participants has made very unlikely this bias.

Finally, because of security restrictions on field visits and organizational issues with SCA in 2014 and 2015, the investigators had less time than planned for focus group discussions and in-depth interviews.

Photo 13 : Working child at the Bazaar, Kunduz.





Findings

Profile of intervention and control groups

Section 1: Demographic Characteristics

Basic demographic profiles of the control and participant samples illustrate fundamental similarities and differences in the make-up of those groups. An evaluation of gender distribution, age distribution, ethnicity, disability type and disability cause provide an overview of how the SCA CBR program is or is not similar to the general population of people with disabilities in the regions it operates.

The gender ratio of male to female in the SCA CBR participant population is roughly the same as in the control group sample (Figure 1). Only two provinces – Badakhshan and Baghlan – had a higher proportion of female than male CBR participants enrolled in our study (See map 2) .

Though both samples have more male than female respondents, this response rate is consistent with the results of the 2005 NDSA study (Trani and Bakhshi 2006). Several explanations might explain this gap: First, a higher proportion of men have been disabled due to war and violence. Second, there may be a selection process at work and people who pursue services from the DP program have disability that are less stigmatised. The social acceptability and “visibility” of physical disability compared to other forms of disability such as mental disability may mean that men, who exhibit physical disabilities, will be more likely to seek services. Mental illnesses, which are more stigmatized and more prevalent amongst women, might be less likely to be addressed in the program (Cerveau 2011). Finally, mild disability that might be more prevalent among women has not been included in the present study as the DP program prioritizes interventions for people with severe and very severe disabilities.

Infants and children make up a significantly larger

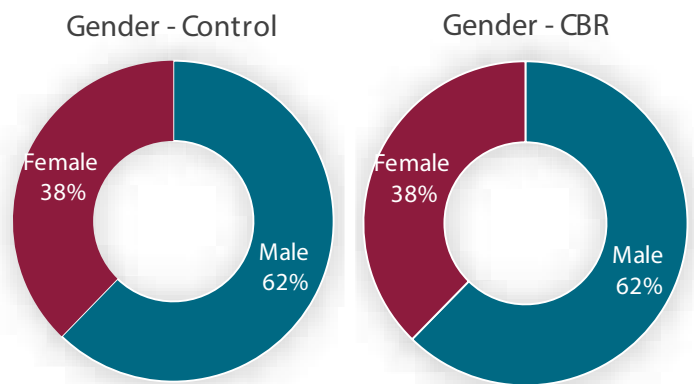
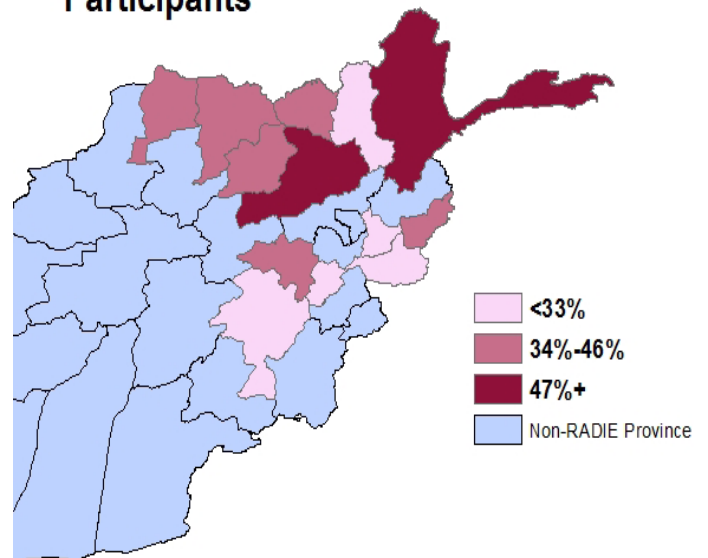
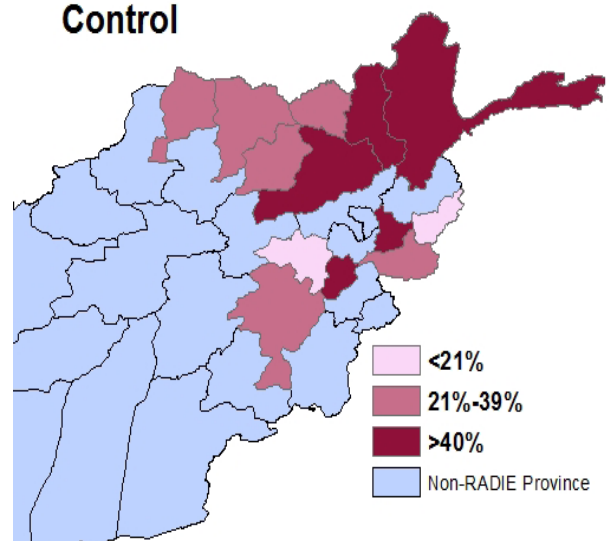


Figure 1. Gender by CBR and Control

Participants



Control



Map 2. Proportion of female to male respondents by province

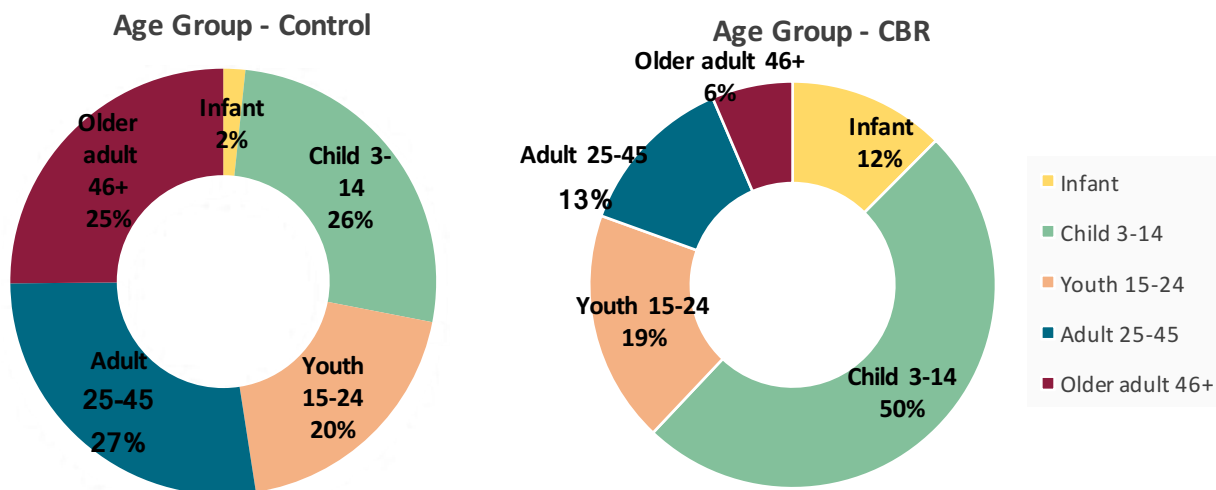
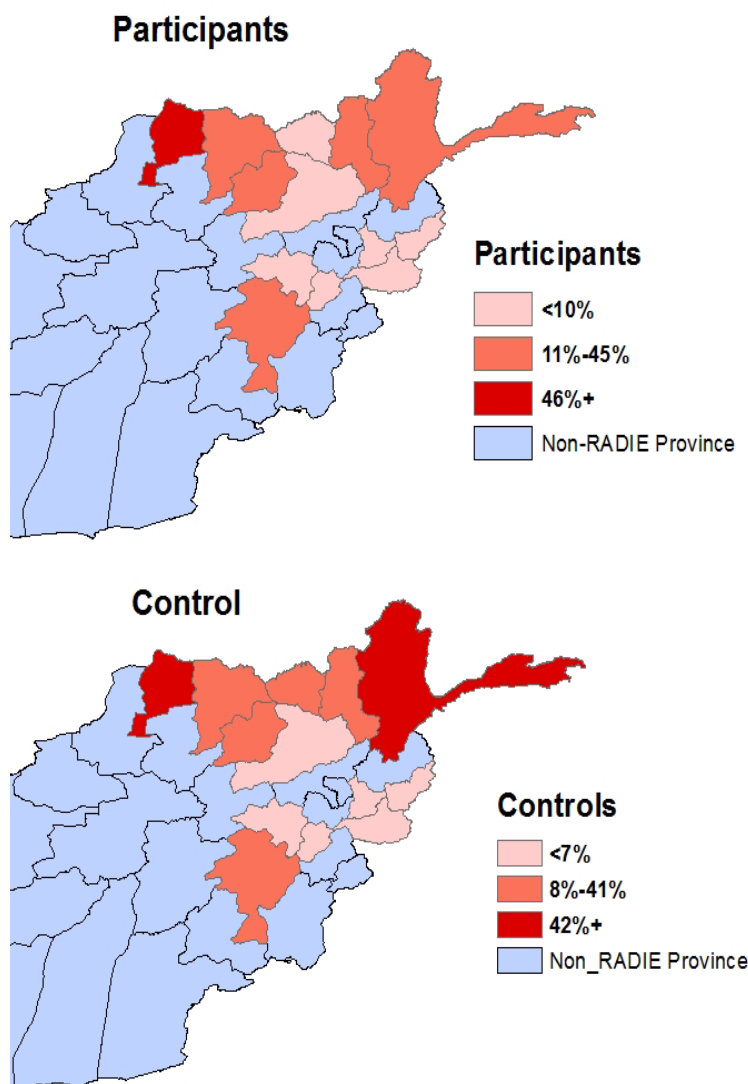


Figure 2: Age group by CBR and control



portion of the CBR participant population of people with disabilities than in the control group sample population (Figure 2). Older adults who are over the age of 45 years make just over 6% of CBR participants, yet they represent a quarter of the control group sample. This discrepancy may represent a programmatic priority of reaching children with disabilities within the DP program, but further discussion is necessary to assess whether the age group ratios are aligned with the program's financial outlays and resource allocation.

The distribution according to ethnicity is consistent across participant and control groups (Figure 3 and map 3). Tajiks and Pashtuns, the dominant Afghan ethnicities in many parts of the country, make up together 75.2% and 71.4% of the sample in the participants and control groups, respectively. Hazara and Uzbek represent together 22.4% and 25.3% in participant and control groups, which is consistent with nation-wide estimates of ethnicity, and were in majority in Jowzjan province both between CBR participants and controls.

CBR Participant and control respondents from NRM and NERMO regions make up the largest portions of respondents. Control respondents from the ERMO region are under-represented compared to participants and the reverse is true for NERMO region: control respondents are over-represented

Map 3. Proportion of ethnic minorities to Pashtun and Tajik

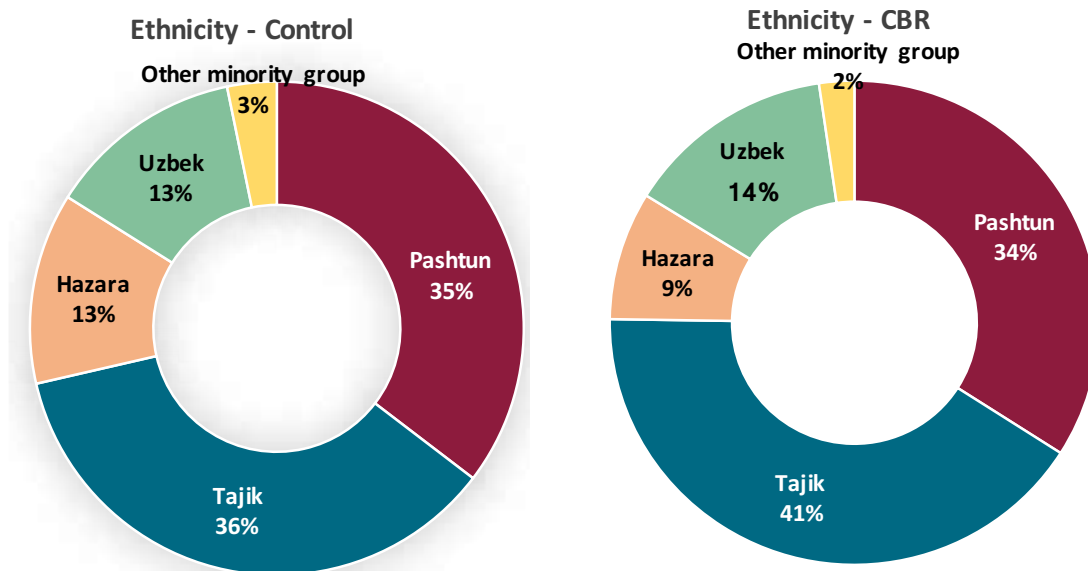


Figure 3: Ethnicity by CBR and control

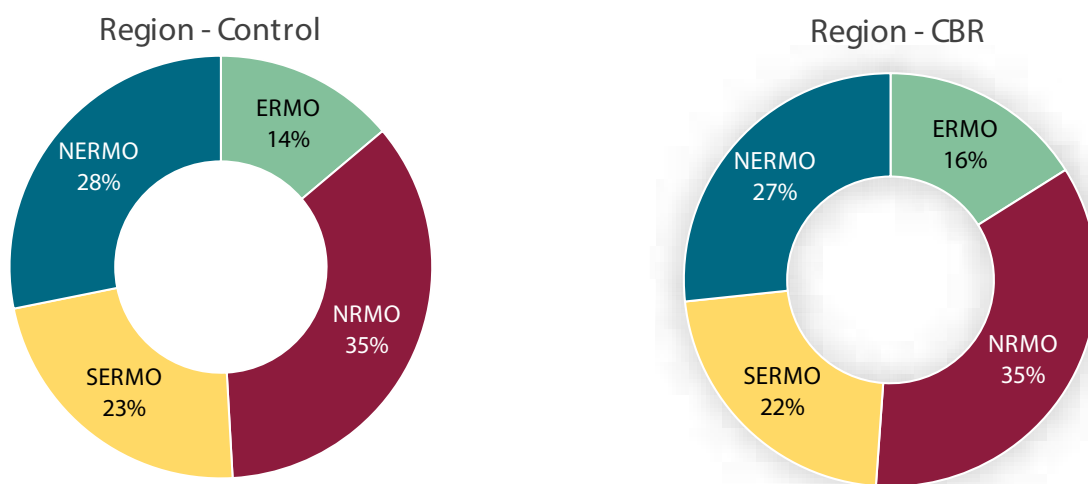


Figure 4: Region by CBR and control

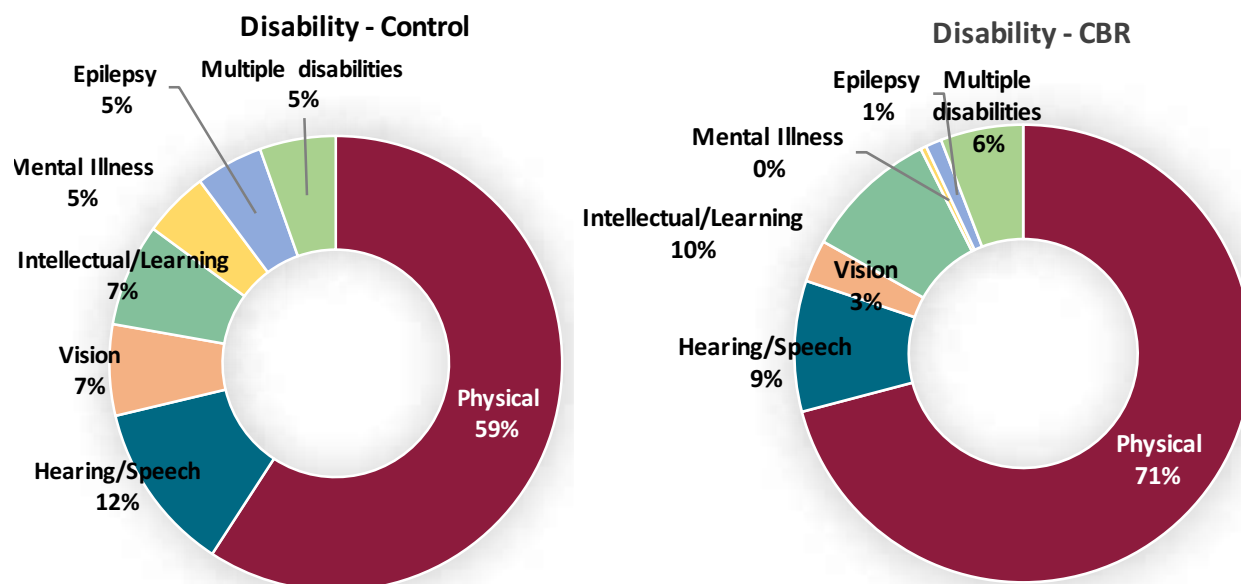
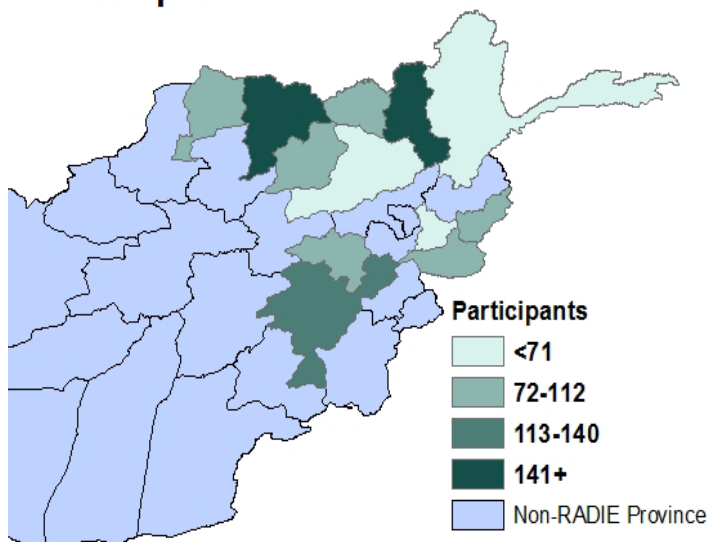
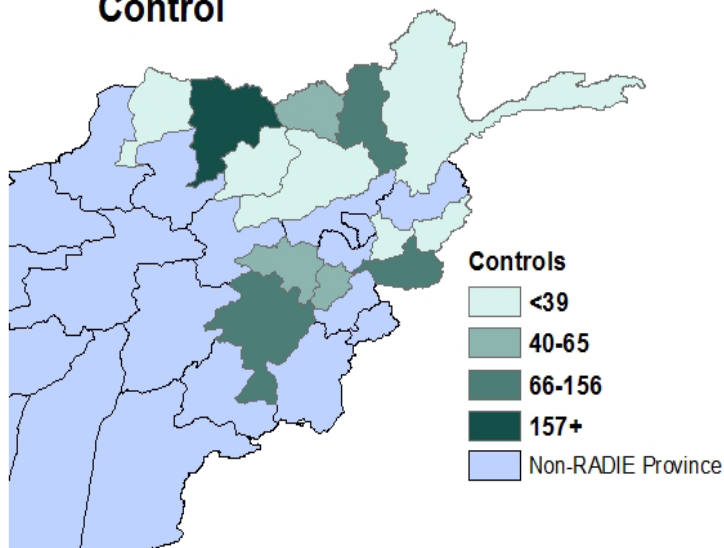


Figure 5: Type of disability by CBR and control

Participants



Control



Map 4: Distribution of participants and controls per province

compared to participants (Figure 4). The ERMO regions, which keeps for longer periods of time participants in the program, contributes the fewest new participants to the study. Map 4 shows the distribution of study respondents by province. Balkh had the highest number of participant in the studies while Baghlan, Badakhshan, Kunar, Laghman and Jowzjan had relatively fewer participants.

The distribution of disability types among CBR participants and controls differ significantly (Figure 5). People with physical disabilities represent more than two-thirds of CBR participants, compared to 59.2% of the control sample. The next largest disability profiles in both populations are individuals with hearing or speech disabilities and people with intellectual or learning disabilities. Notably underrepresented in the DP participant pool are people with mental illness and with epilepsy, which make each almost 10% of the control sample but 1.1% for epilepsy and 0.4% for mental illness in the participant population. This issue is investigated in greater depth later on in the present report.

Disabilities from birth represent nearly two thirds of the proportion of causes of disability among CBR participants and almost twice the level observed in the control group (Figure 6).

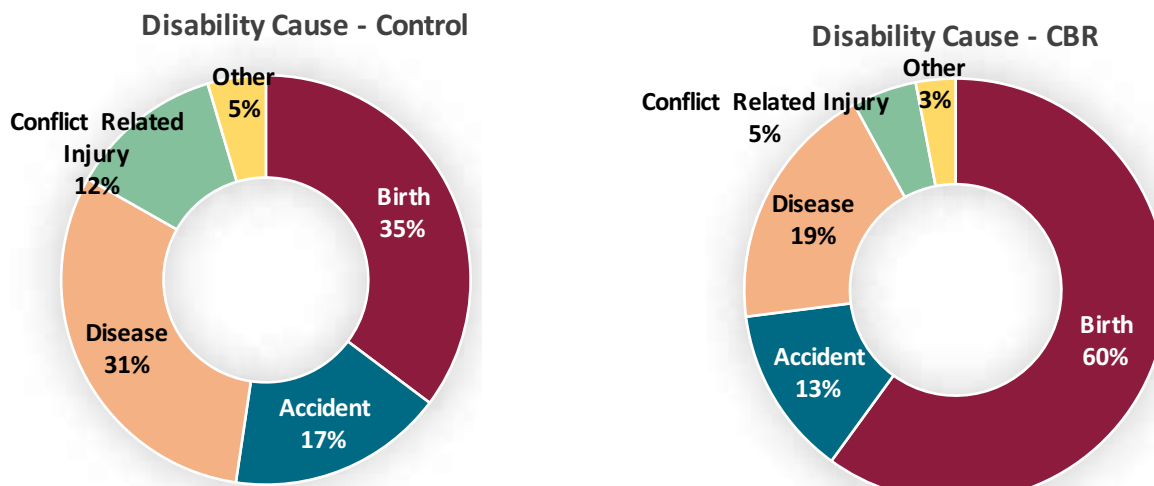


Figure 6: Cause of disability by CBR and control

This trend follows logically from the large representation of infants and children in the participant sample. The preponderance of disability from birth may raise concerns for adapting program offerings to respond to the cultural and social stigmas and challenges associated with birth-related disabilities.

Disabilities from birth represent nearly two thirds of the proportion of causes of disability among CBR participants and almost twice the level observed in the control group.



Photo 14 Little girl, family of a control respondent

Section 2: Complex Demographics

Analysis of the demographic characteristics within participants and controls allows for insight into the demographic differences between the samples. We investigated priorities, outreach home based intervention approaches, and gaps in CBR outreach, both on a program-wide level and by region.

Gender Differences

Gender distribution varies among different age segments of the two groups. Girls make up a larger proportion of infant than boys, more than twice more among controls, and roughly 60% more among CBR participants. The proportion of young females is higher than male among participants but not controls. The proportion of male adults and older adults is higher than female in both the control and CBR groups. Older adults (over age 45) are about one fifth of both male and female controls but 8.5% of male and only 3.0% of female in the CBR group (Figure 7).

An exploration of gender balance by ethnicity reveals that all ethnicities showed similar levels of gender imbalance between control and participants. Pashtun and Hazaras and Uzbeks were disproportionately male in both groups, while the proportion of women was higher among Tajiks. There was no major gender difference among Uzbeks and other minority ethnicities in both groups (Figure 8).

Our sample includes more CBR participants than controls that were born disabled with a higher proportion of females in both groups. Disease caused a higher proportion of disability among females in the control group than among males (37.3% of women compared to 27.0% of men among controls). The gap is only of about 1% among CBR: 19.8% of Females and 18.6%. Disability caused by conflict (including war injuries and landmine injuries) reversed those trends, with 4.4 times more males than females among participants and 3.1 times among controls, confirming the high proportion of war survivors among men with disabilities (Figure 9). Interestingly, there is a higher pro-

portion of both men and women with physical or mobility impairment among participants than controls. Conversely, there is a higher proportion of persons with sensory impairment among controls (men 17.3%, women 20.8%) than participants (men 11.5%, women 13.6%) (Figure 10). Overall, there is a slight over-representation of mental illness among control men while women are in higher proportion among multiple or associated disabilities. There is no significant difference in prevalence among CBR participants

Disability Type and Cause

Physical disabilities are overrepresented in most provinces (except in Balkh among participants where they represent less than one fourth of enrolled participants, see map 5),

Distribution of disability type by age group reveals substantial variation (Figure 11). Physical disability (71% of all disabilities in the CBR group) is overrepresented among infants (87.6%), adults (83.1%) and particularly elderly participants (98.2%). Sensory disabilities have the highest proportion among children 3 to 14 in controls (26.1% compared to 18.6% on average) and among young adults participants (16.9% compared to 12.2% on average). Learning, mental and multiple disabilities are less represented among elderly participants compared to controls.

There is a significant variation of causes of disability by age group between CBR participants and controls. Among participants children 3-14, a higher proportion were disabled at birth compared to controls, due to the importance given to early detection of disability (Figure 12, p. 38). In fact, a higher proportion of participants (73.3%) than controls (42.5%) were disabled at birth whatever the type of disability (Figure 13, p. 40).

In both CBR participants and controls groups, disabilities caused by accidents and conflict were more likely to result in physical disability than other disabilities (Table 13 appendix). Disability at birth is a lot more prevalent among

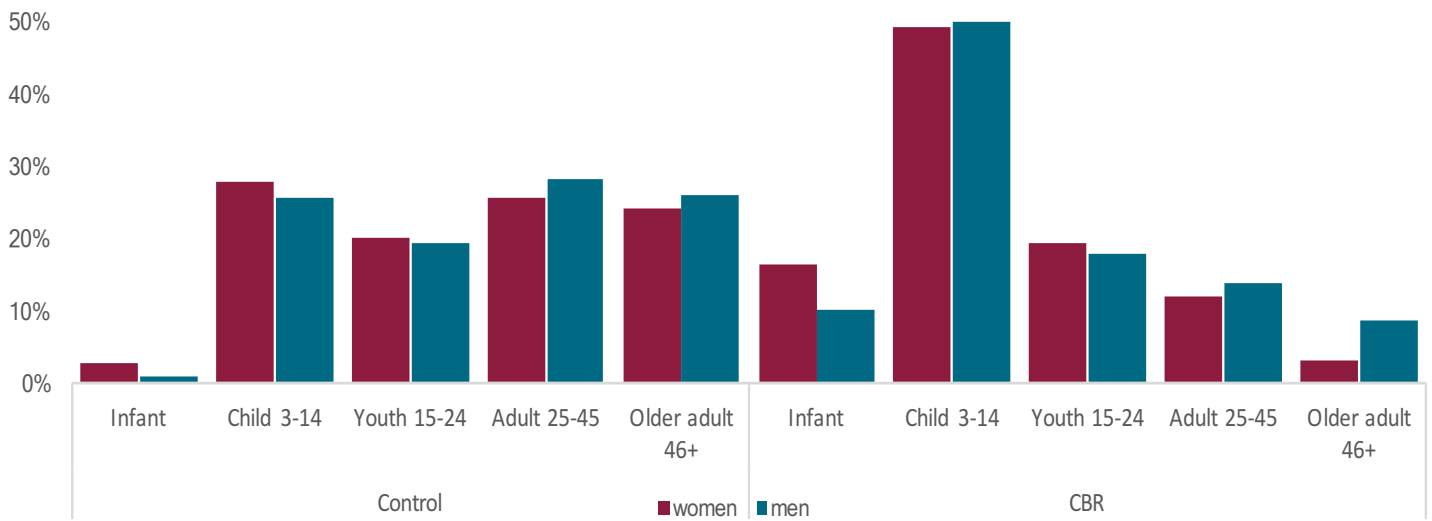


Figure 7: Age group by gender by CBR and control

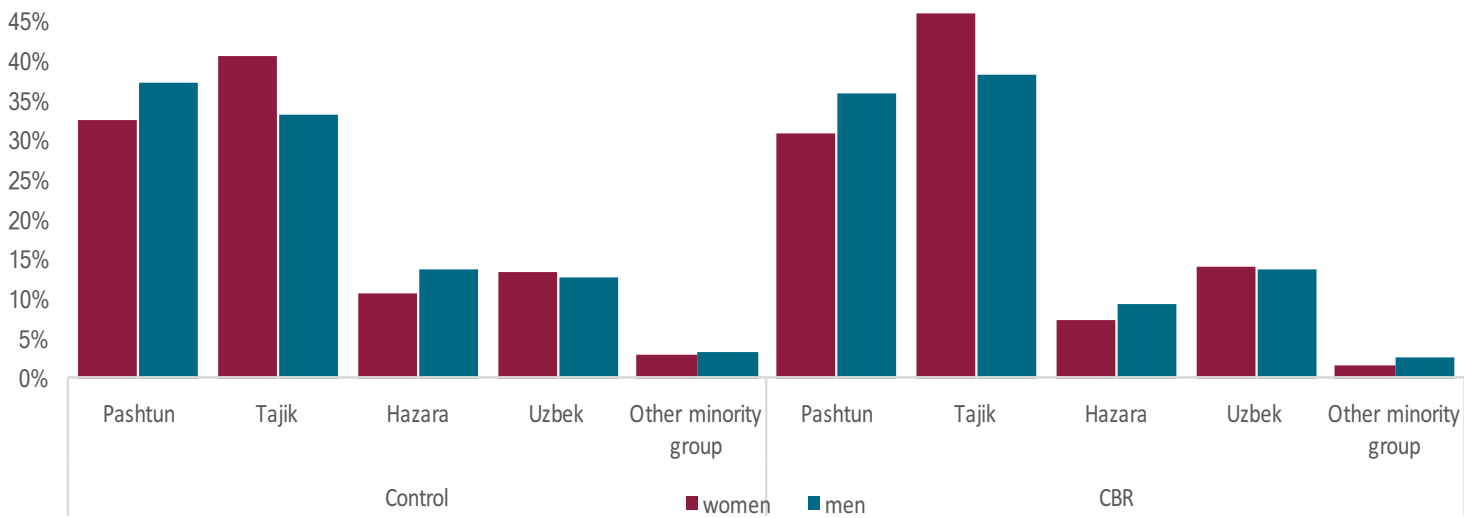


Figure 8: Ethnicity by gender by CBR and control

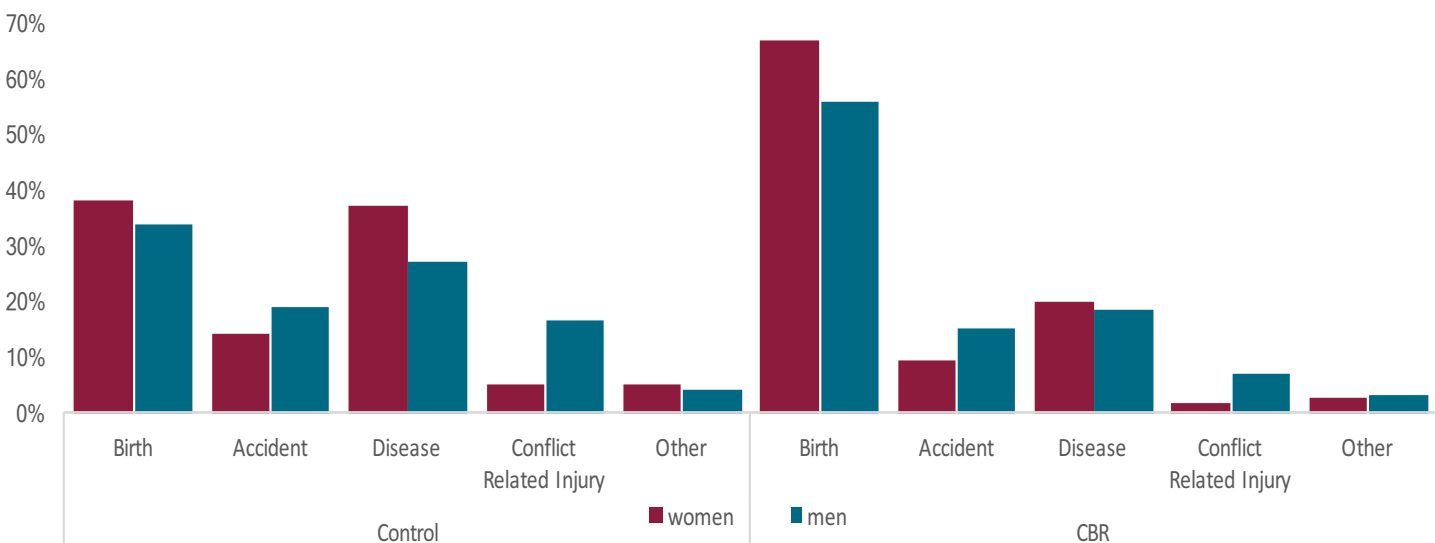
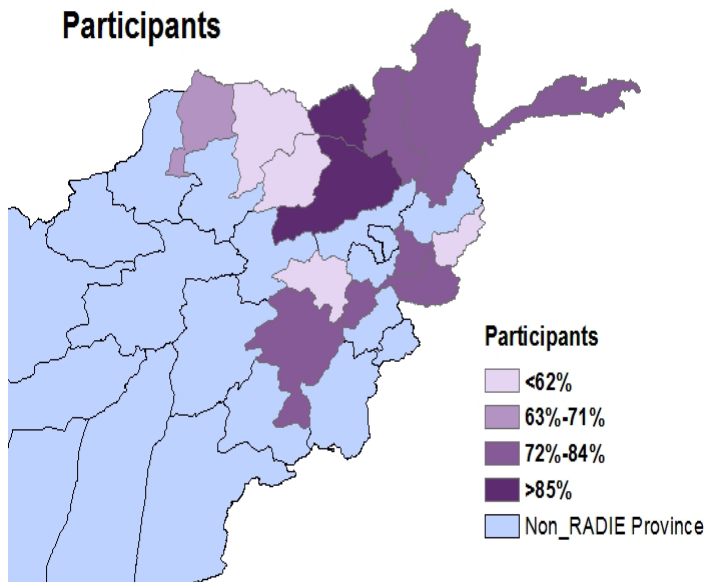
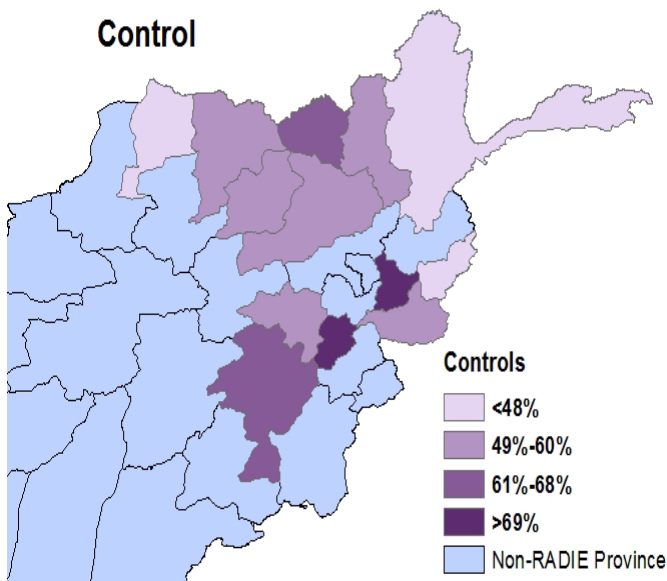


Figure 9: Cause of disability by gender by CBR and control

Participants



Control



Map 5: Proportion of respondents with physical disability among all respondents

CBR participants with sensory, mental and multiple disabilities. A little over half (52.8%) of the sensory disability appeared at birth among controls (respectively 54.8% for mental disability, and 36.7% for multiple disabilities), compared to 84.3% (respectively 87.5% for mental disability and 73.6% for multiple disabilities) among participants.

Regional Offices Differences

The difference in representation between genders in regional offices offers interesting insights: females represent roughly 38% overall in both control and CBR groups, but, in NERMO, females contribute a higher proportion than the average for both controls and CBR (41.8% for controls and 40.7% for CBR participants) (Figure 14, p. 40).

The distribution according to ethnicity by region is very similar between control and participant groups with a few exceptions. We observe a higher proportion of Pashtuns in SERMO region among controls (70.9%) compared to participants (53.0%); and the reverse is observed in NRMO but for a smaller gap (13.2% Pashtu participants and 7.7% Pashtu controls) (Figure 15, p. 40). Tajik are more represented among SERMO participants (32.2%) than there are among controls (13.7%) but similarly among NRMO participants (49.9%) and controls (50.2%). Hazara participants are under-represented in NRMO (12.4% compared to 24% controls) but in similar proportion in SERMO



Photo 15: Child respondent interview

(14% and 14.6% respectively); Uzbek CBR participants are overrepresented in NRMO compared to controls (20.3% and 16%). There are no Hazara or Uzbek participants and controls in ERMO.

Overall, there are relatively few infants with disabilities in the control group because of the difficulty to identify disability at such a young age

(below 2 years old). More than half and almost half of NRMO and NERMO CBR participants (respectively 59.1% and 47.1%) are children 3 to 14 years old, compared to 21.6 and 29.8% respectively among controls (Figure 16, p. 41).



Photo 16: Children from a control village in NRMO

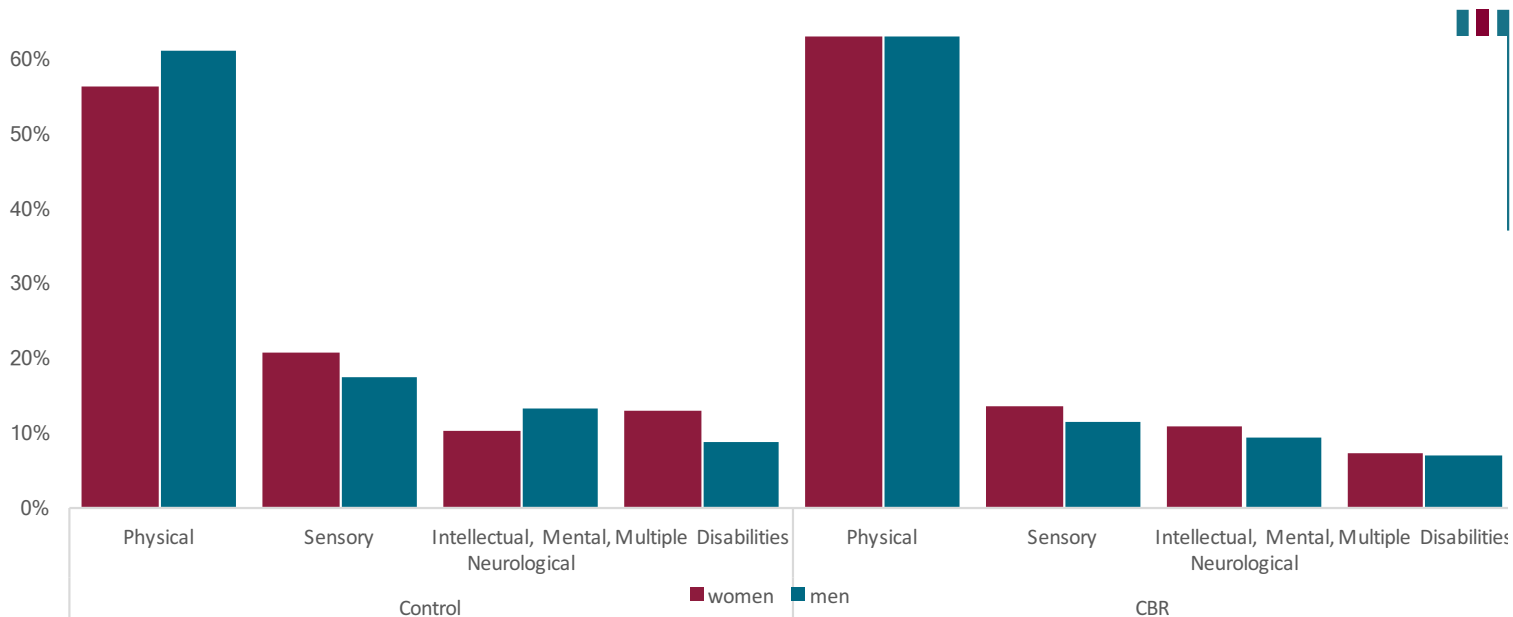


Figure 10: Type of disability by gender by CBR and control

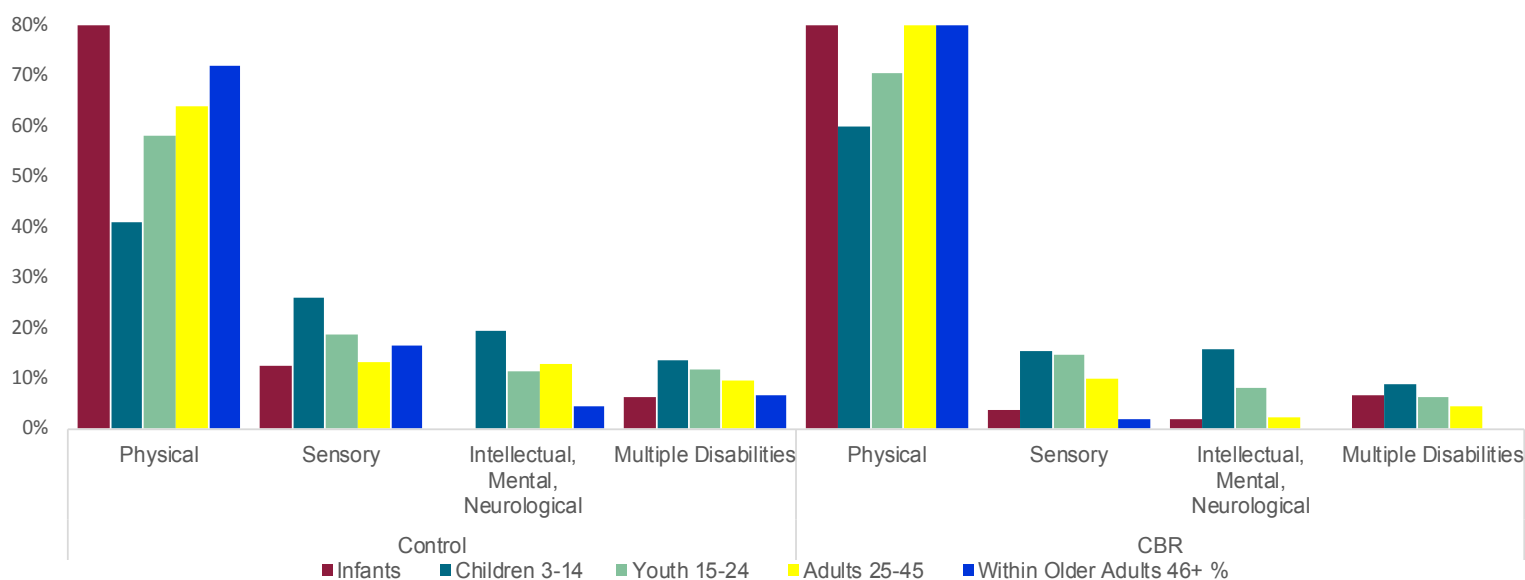


Figure 11: Type of disability by age group and by CBR and control

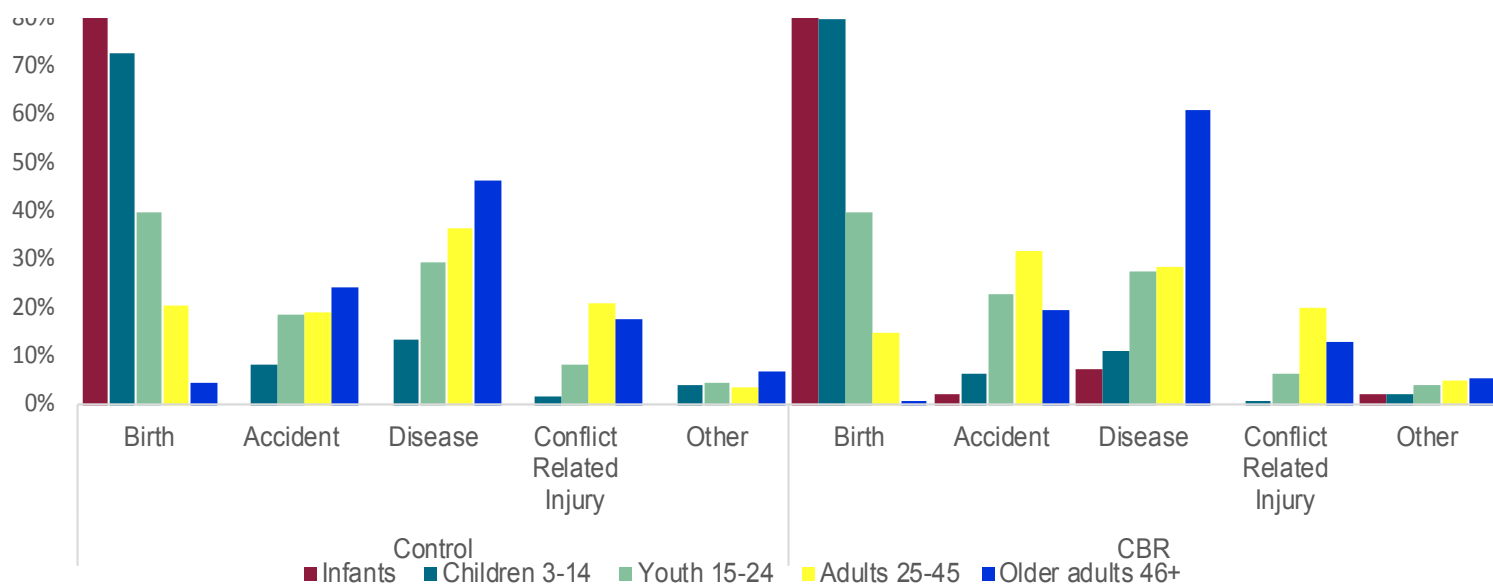


Figure 12: Cause of disability by age group and by CBR and control

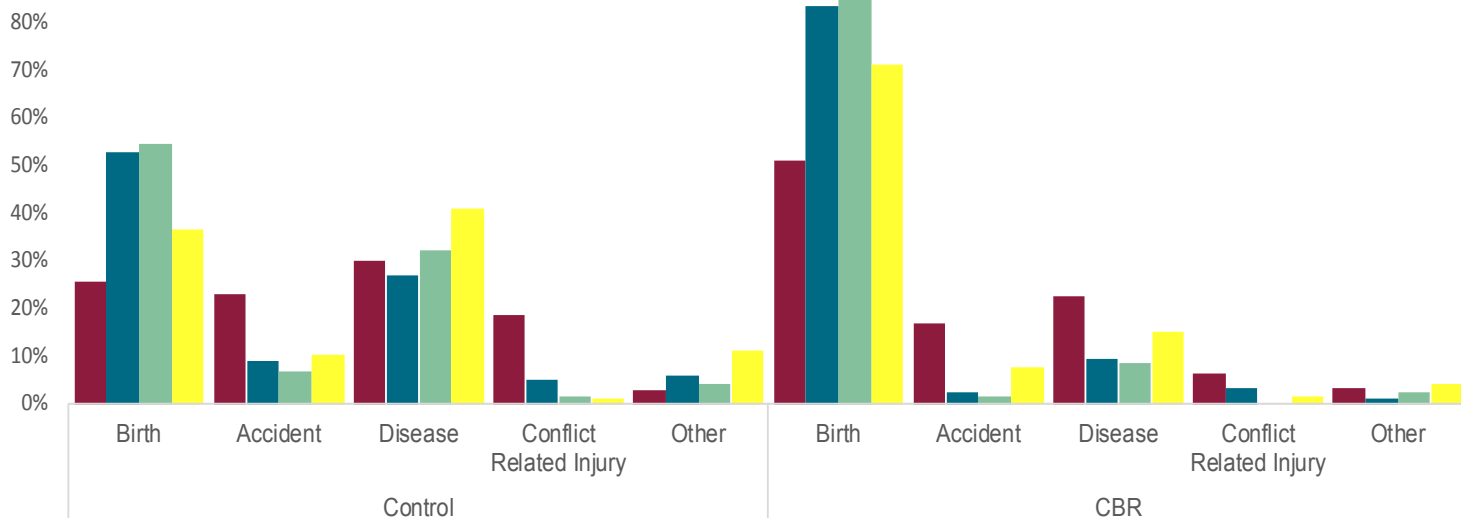


Figure 13: Type of disability by cause of disability and by CBR and control

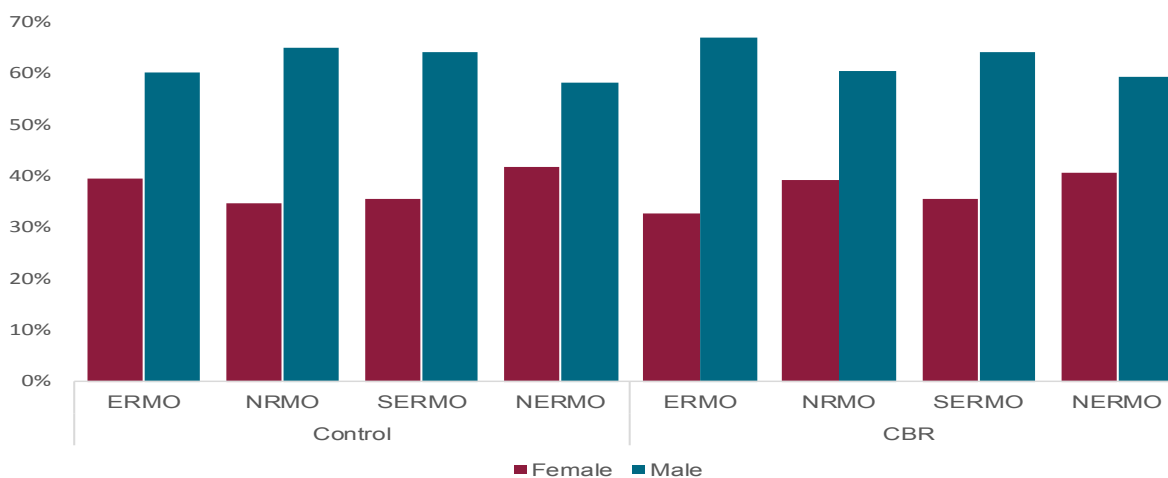


Figure 14: Gender by region and by CBR and control

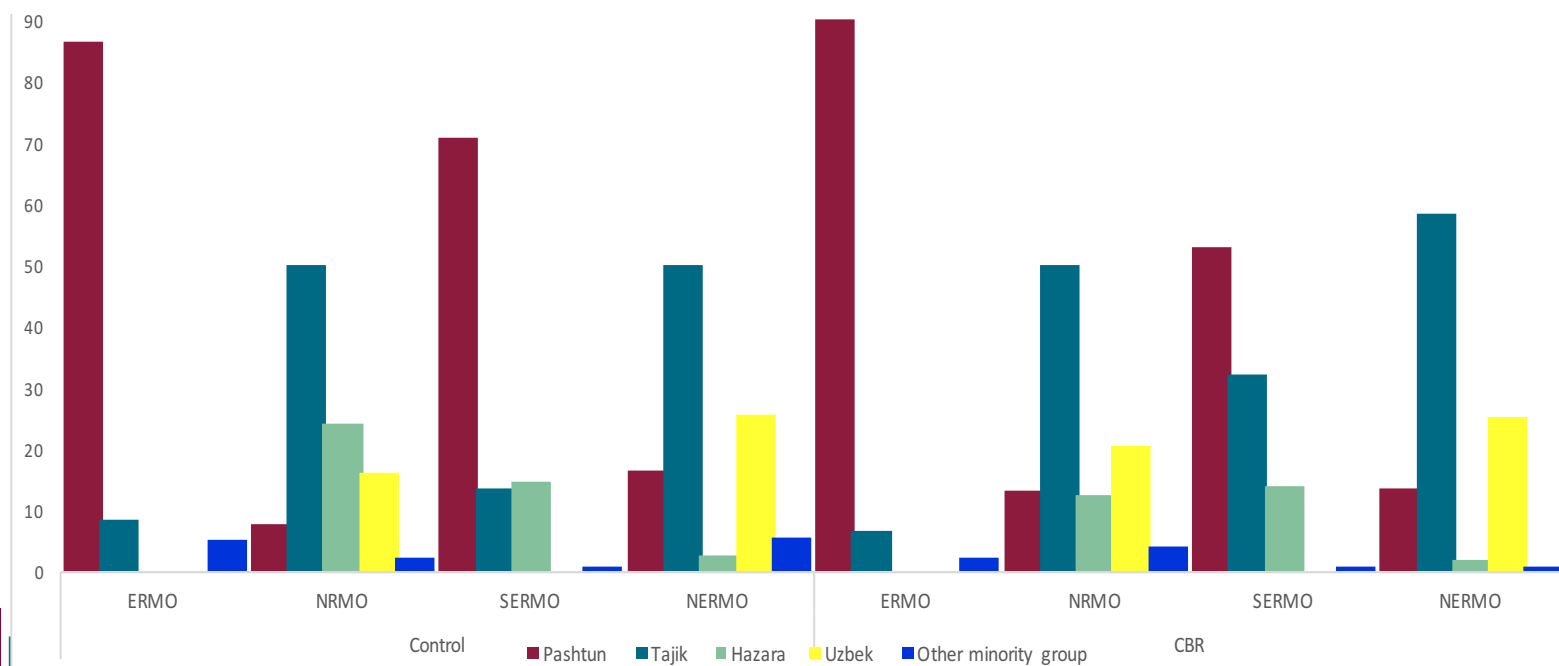


Figure 15: Ethnicity by region and by CBR and control

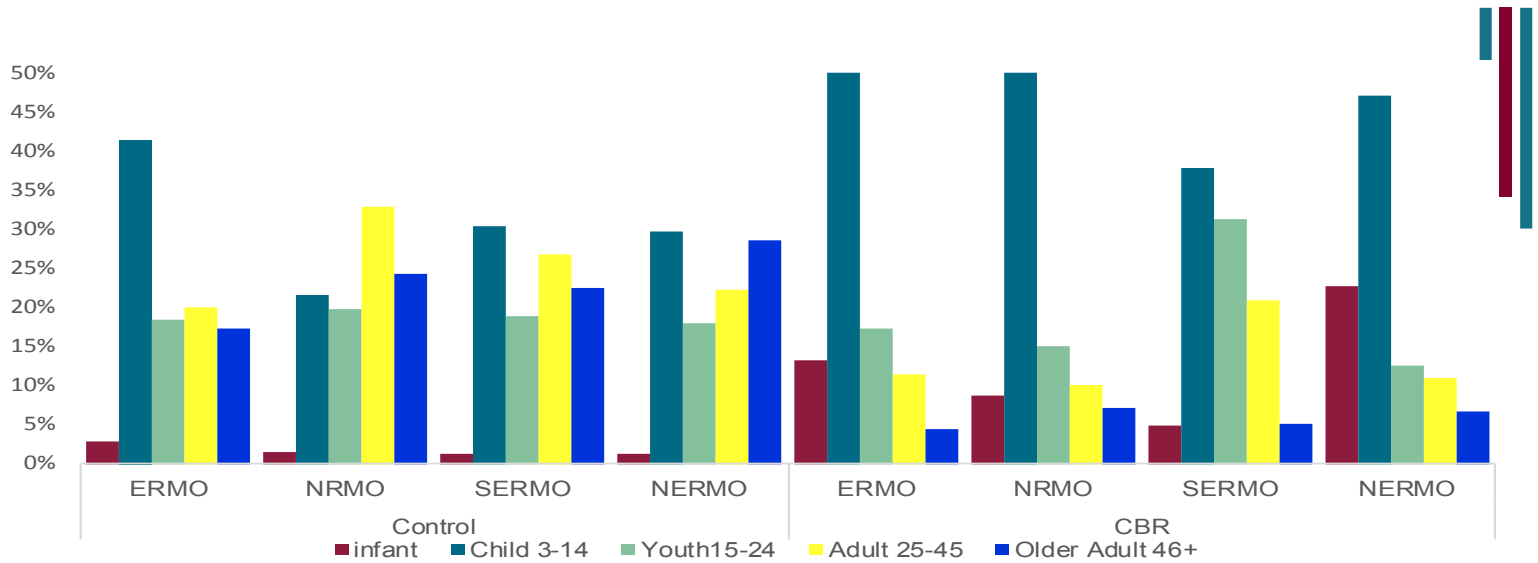


Figure 16: Age group by region and by CBR and control

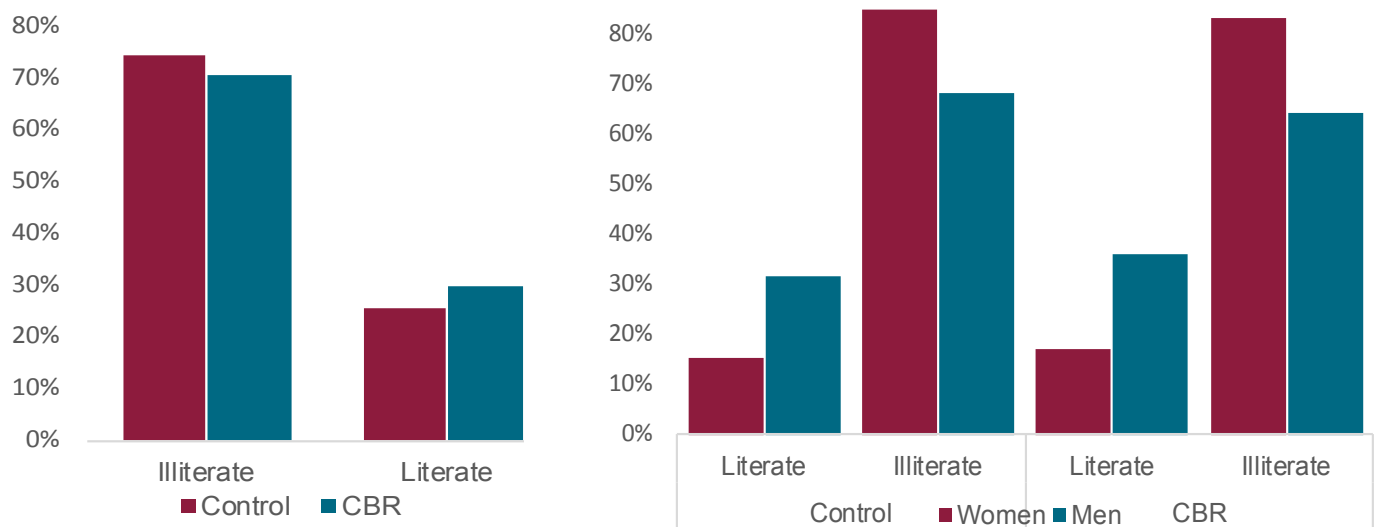


Figure 17: Literacy by CBR and control

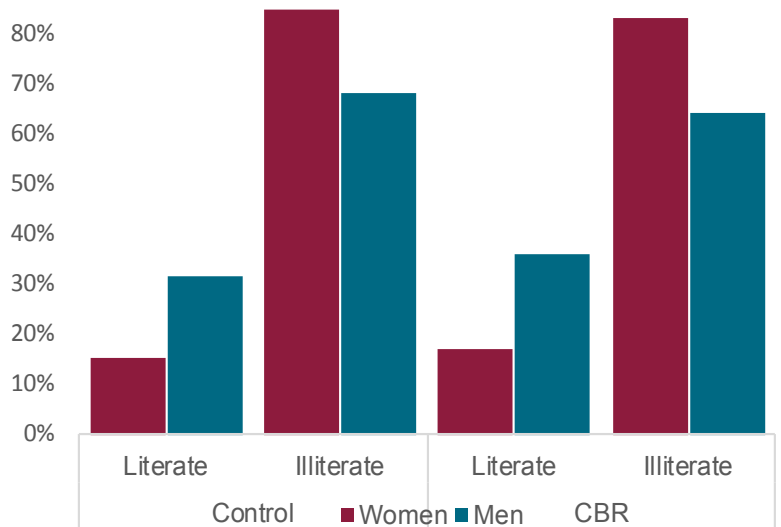


Figure 18: Literacy by gender by CBR and control

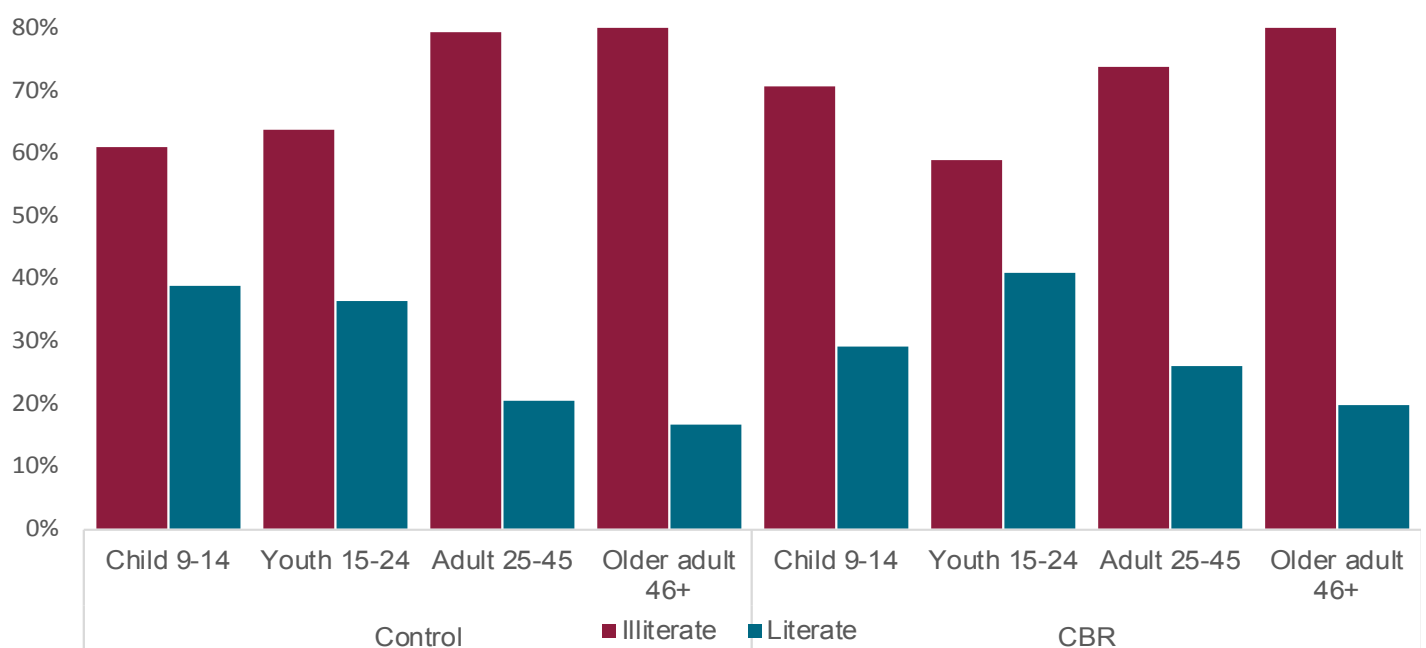


Figure 19: Literacy by age group by CBR and control

Section 3: Socio-Economic Characteristics

Education

Rates of education, defined both as literacy and educational achievement, offer a nuanced insight into the social, economic, and political contexts of people with disabilities in the provinces of interest. At baseline, 25.7% of control respondents and 29.6% of CBR participants above age 8 reported that they were able to read (defined as affirmatively reporting the ability to read and write) (Figure 17, p. 41). These rates mask significant variation by gender, age group, and type of disability. 31.8% of male control respondents and 35.9% of participant males above age 8 declared they were able to read and write, but only 15.2% and 16.9% of females in those groups declared they were literate, respectively (Figure 18, p.41).

Children and Youth were significantly more likely to be literate in the control group, with 37.6% literate on average compared to one fifth of adults and less than one fifth of older adults. In the participants group differences were important as well, with over 40% of youth able to read and write (29.4% of children) compared to about a fourth among adults and less than a fourth among older

adults (Figure 19, p. 41).

To examine further educational achievement, rates of primary school completion among respondents above age 14 reveal rates of formal school attendance. Consistent with literacy rates, significantly more males completed primary school than females in both case and control (19.7% among males compared to 8.9% among females in control; 23.4% compared to 6.6% in participants) (Figure 20 below). These results confirm earlier findings that access to school has been and still is higher for male than female – especially lower for girls with disabilities- in Afghanistan despite the enormous effort to promote education since 2001 (Bakhshi and Trani 2006; Trani, et al. 2012).

Trends of primary school completion by age group follow literacy rates, with younger respondents having higher rates of completion than adults (Figure 21, p. 42). Yet, the rate of completion is higher among young controls than participants. Individuals with intellectual, mental, or neurological disabilities and those with multiple disabilities (which often include an intellectual or mental disability) had the lowest rates of primary school achieve-

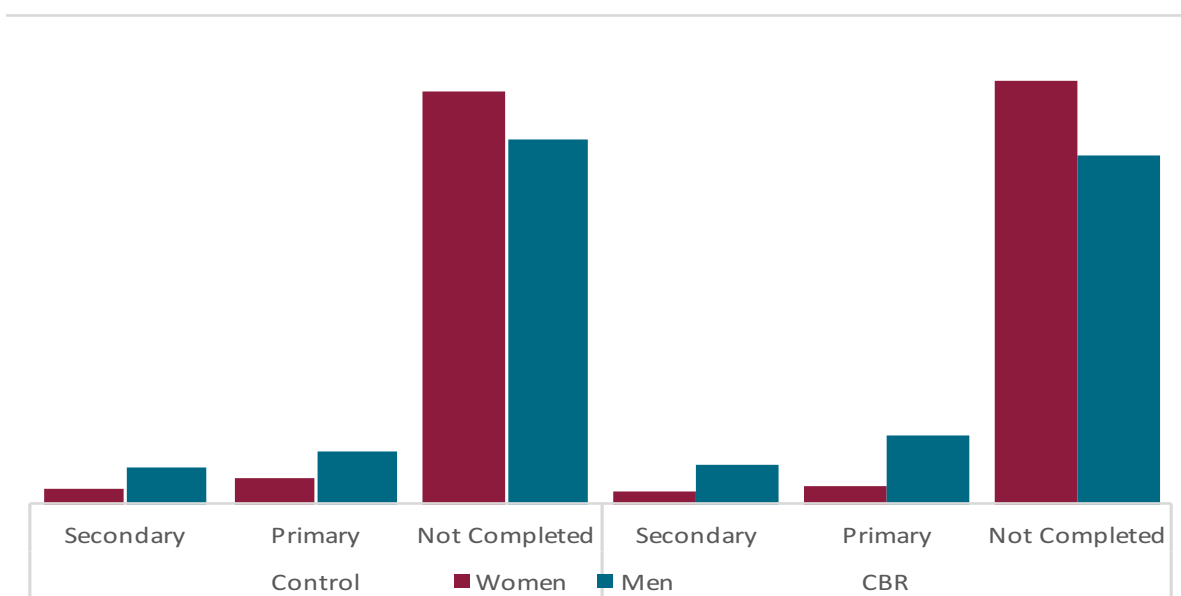


Figure 20: Completion of primary and secondary school by gender and by CBR and control

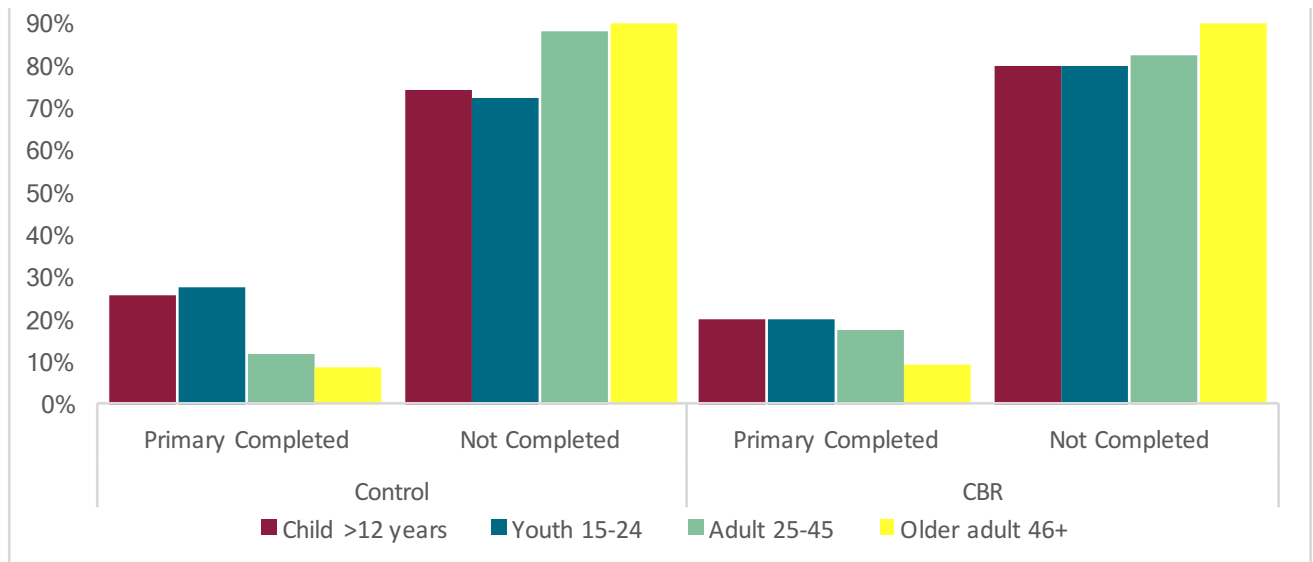


Figure 21: Primary education by age group by CBR and control

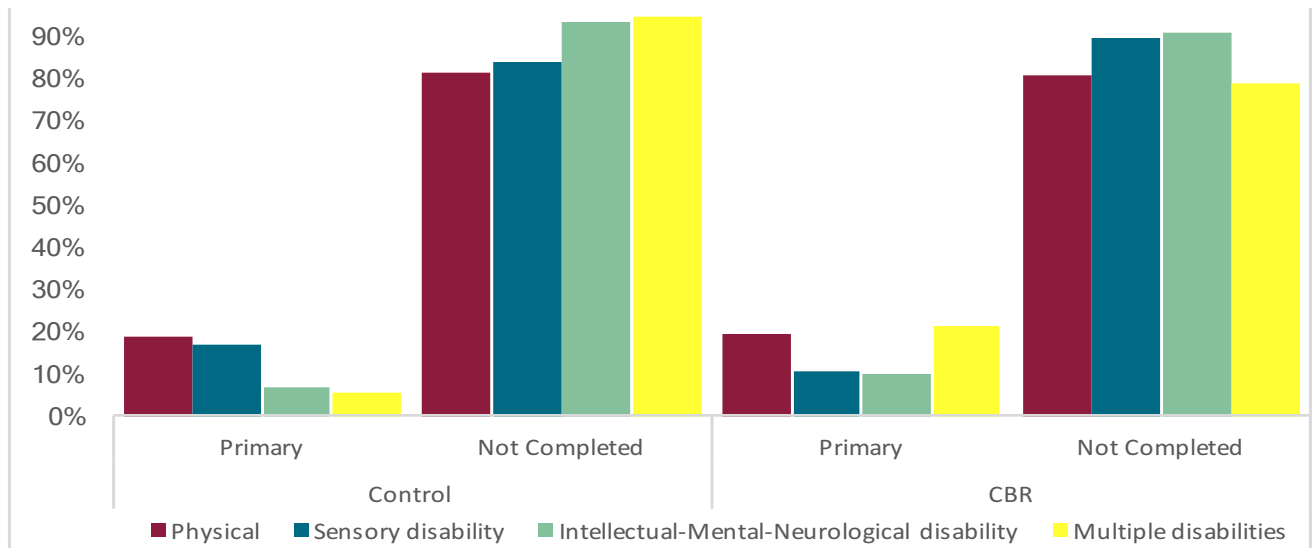


Figure 22: Primary education by type of disability and by CBR and control

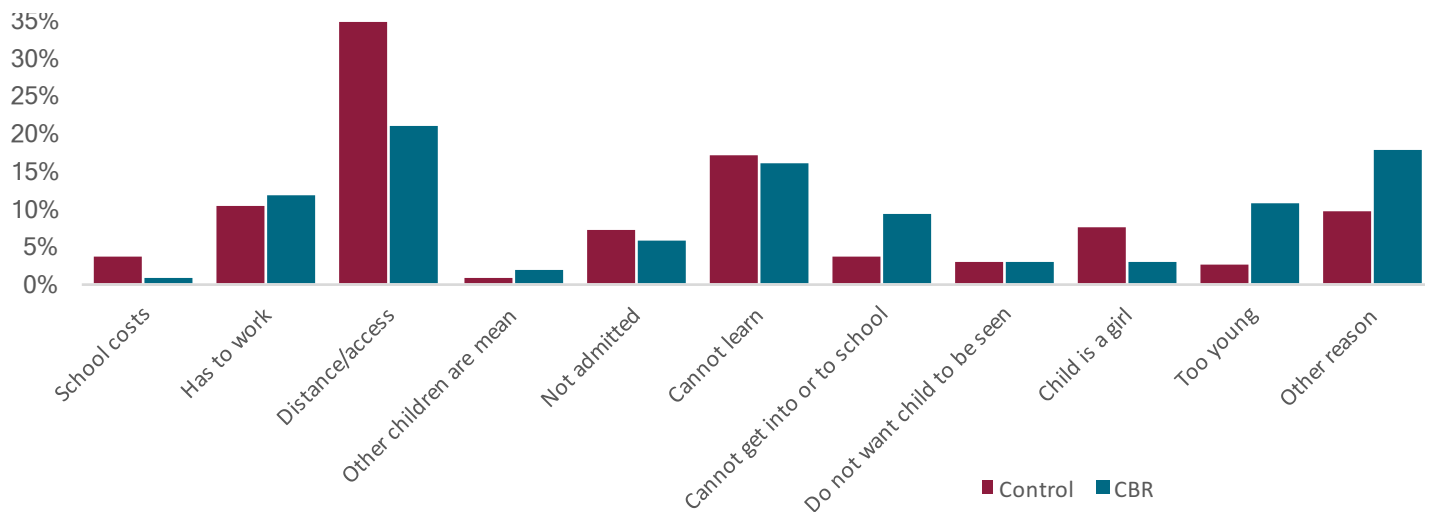


Figure 23: Reason for Not attending School by CBR and control

ment in both control and participant groups except for multiple disabilities among participants (but the small numbers require to consider the results with caution) (Figure 22, p. 43). Secondary school achievement was very low among all participants above age 18, with 5.8% of both controls and participants in that age group completing high school or higher (Figure 20, p. 42). In both participants and control groups only about 8% of male and 3% of female completed the secondary school level. Regional, disability type, and age breakdowns largely followed the trends of literacy and primary school achievement with fewer older adults and persons with mental, intellectual, neurological, or multiple disabilities finishing secondary school.

When respondents in control and CBR groups who had not attended school were asked for the reason for nonattendance, roughly 40% of the control group and 30% of the CBR participants group cited access problems, including the lack of a school in the area or an inaccessible school environment. The second most common response was related to belief that a person with disabilities would not be able to learn or their perception of possible dis-

crimination within the school (Figure 23).

Overall, the relative lower education rates at earlier age among CBR participants may suggest that young participants despite having closer connections to social institutions in the community than the general population, struggle to be included in schools. Inclusion into school for children with learning or mental disabilities constitutes an important challenge for the DP and the Afghan educational system as a whole.

Employment

Employment for adults represents a key indicator of wellbeing, both for an individual and a family. This study examined rates of work, defined as both formal full-time work, and informal home based or agricultural work for participants between 14 and 60 years old. Overall, participants had a significantly higher rate of work than the control group, with 37.4% of participant youth and adults working, but only 29.2% of control group respondents (Figure 24, p. 45). This may be attributable to a number of factors, but given the relative similarity

28.2% of control respondents and 32.1% of CBR participants above age 8 reported that they were able to read



Photo 17: Checking responses after a control respondent interview

in disability profiles and geographic proximity of sampling areas, it points to the possibility that the DP program is reaching people who are already connected to social and economic structures in the community, or is reaching villages and communities with more robust employment opportunities than the average community.

Rates of employment for women were lower in both control and CBR groups, but nearly 18% of women worked in the CBR participant group, representing a higher rate of employment than found in the NDSA in 2005 which is similar to the rate of work among women in the control group (Trani, et al. 2006) (Figure 25). Additionally, youth and elderly adults in the participant group were employed at significantly higher rates than in the control group: 36% compared to 17% among young people and 37.5% compared to 25.5% among elderly adults (Figure 26, p. 46).

Employment rates vary among disability profiles, with more significant variation within CBR participants than controls (Figure 27, p. 46). Participants with a sensory disability are more likely to work (44.9%) than average participants (37.4%). Those with mental disability are less likely to work, particularly among CBR participants. Individuals with physical disability had higher rates of employment in the control group than other disability types. These findings confirm expectations that employment of people with physical disabilities is more common. The relative lack of differentiation in the controls raises questions regarding on what ba-

sis are individuals gaining employment or being barred from it: the categorization of disability type may fail to adequately assess severity, or variation in economic situations of villages may trump individual functioning as predictors of employment.

An assessment of the location and type of work for those who are working provides insight into type of work available to people with disabilities (Figure 28, p. 47). Women work outside of the home at vastly lower rates than men (Figure 29, p.47), with only respectively 1.9% and 5.1% of women working outside of the home in the control group, and among CBR participants. The highest rate among women participating in the DP program might be due both to the sensitization and rehabilitation work done by CBR workers to support women's employment. About 10% of women are working at home or in the farm.

Males who worked were more likely to working outside the home than inside for both control and participant groups. Controls in SERMO (provinces of Ghazni, Wardak, and Logar) were nearly twice as frequently working at home or on family land than in other regions (Figure 30, p. 47). Interestingly, the proportion of working adult participants is the highest in SERMO (49.8%), the lowest being in ERMO (24.7%).

This survey divides working into five general categories: not working, agricultural work, non-agricultural work, working while attending school, and housework. Males were significantly more likely to be engaged in agricultural work than females,

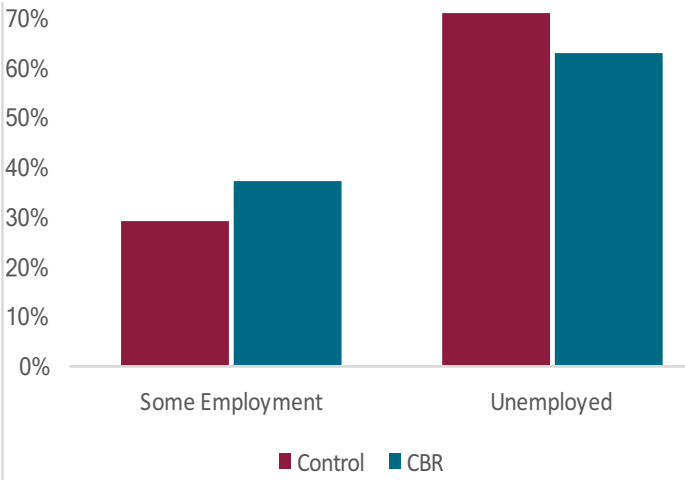


Figure 24: Rate of work by CBR and control

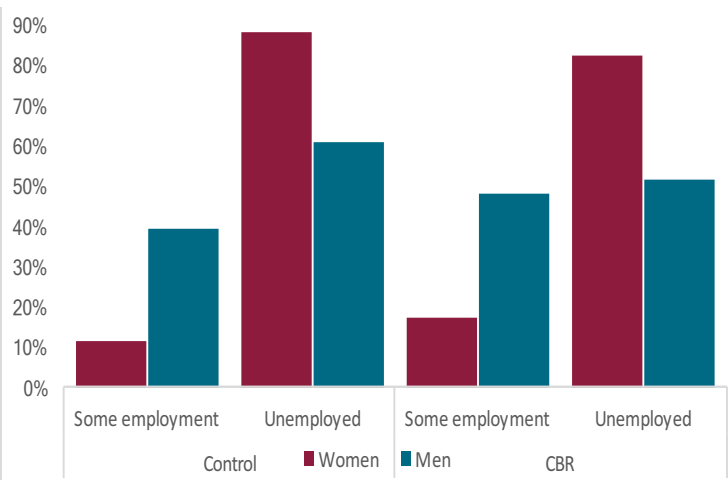


Figure 25: Rate of work by gender and by CBR and control

and those males were generally adults and older adults. Of those employed generally, the largest proportions were engaged in non-agricultural work in both control group and participants: 45.3% and 50.7% of workers respectively (calculated based on Table 34 in appendix). Housework, which was formally not considered “Work” for the purposes of socio-economic analysis of participant and control activities, represented a primary activity for many women, though those numbers were still relatively low (Figure 32, p. 48). 11.6% of all participant women reported doing housework as their primary activity, and 7.7% of control women reported housework as their primary activity. Agricultural work represented a relatively more frequent activity among those who work in SERMO

region particularly among controls. Few participants and controls work at home or on family land in ERMO and NRMO. But figures are low and should be considered with caution. These trends reveal significant variation between controls and CBR participants (Figure 33, p. 48).

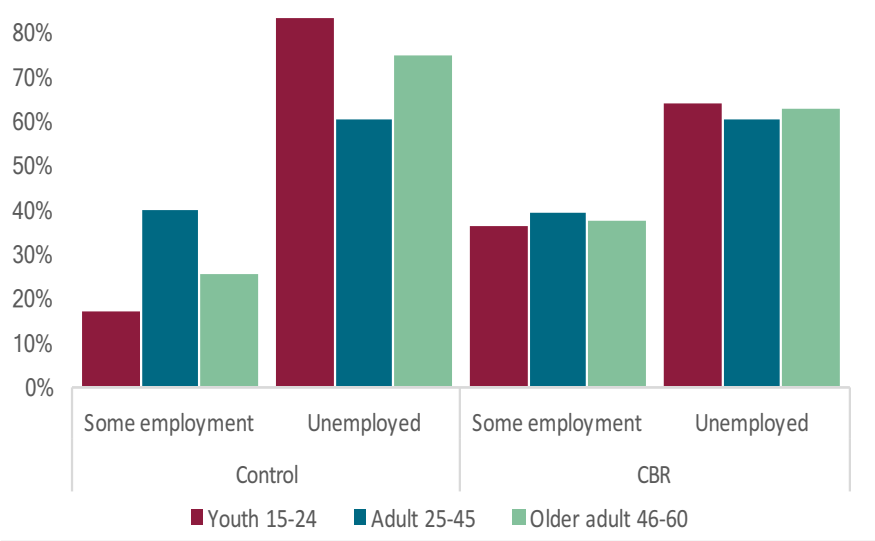


Figure 26: Rate of work by age group and by CBR and control

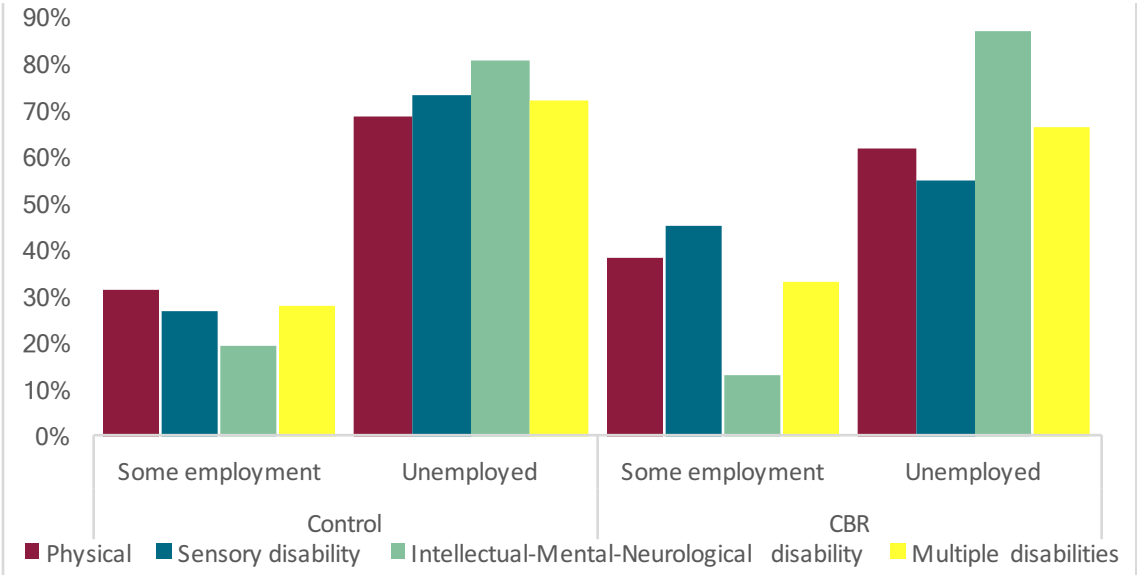


Figure 27: Rate of work by type of disability and by CBR and control

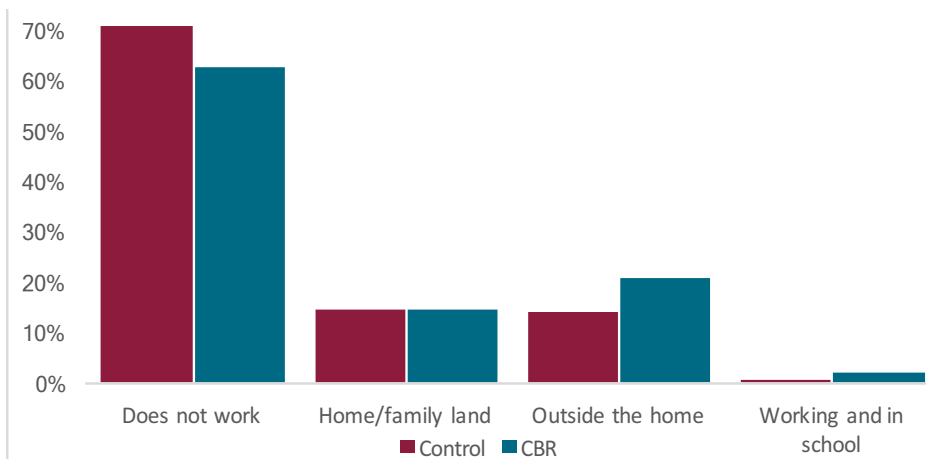


Figure 28: Location of work by CBR and control

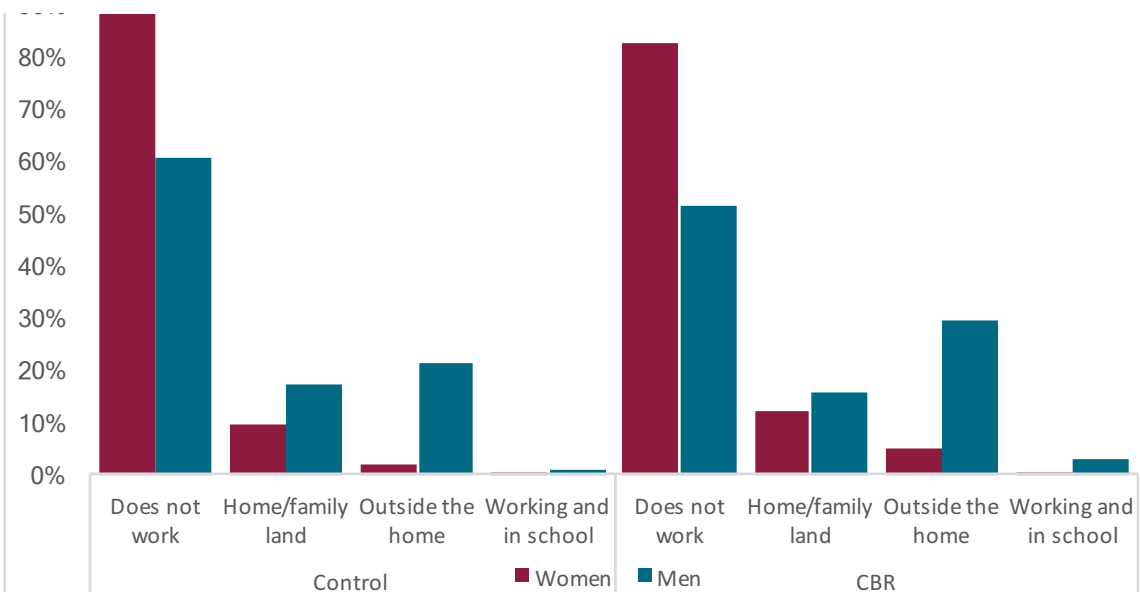


Figure 29: Location of work by gender and by CBR and control

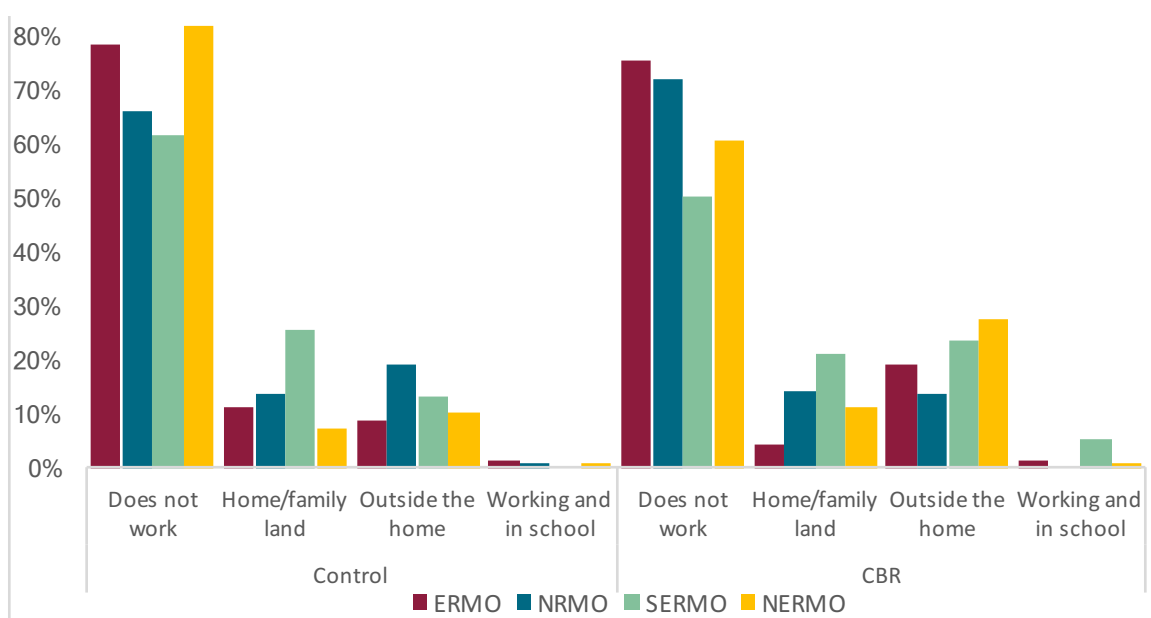


Figure 30: Location of work by region and by CBR and control

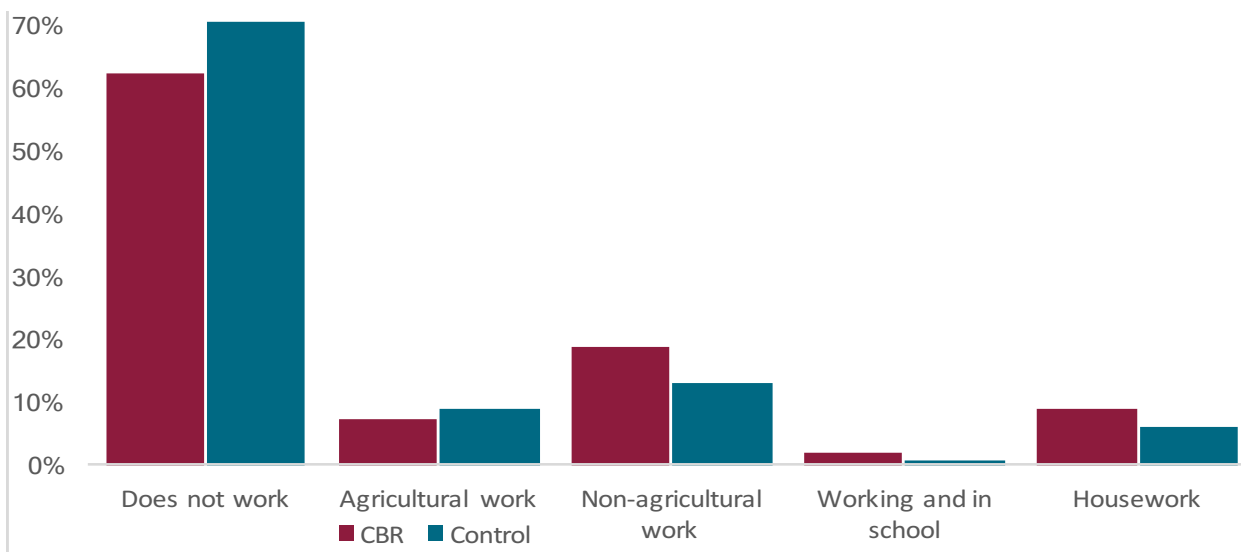


Figure 31: Type of work by CBR and control

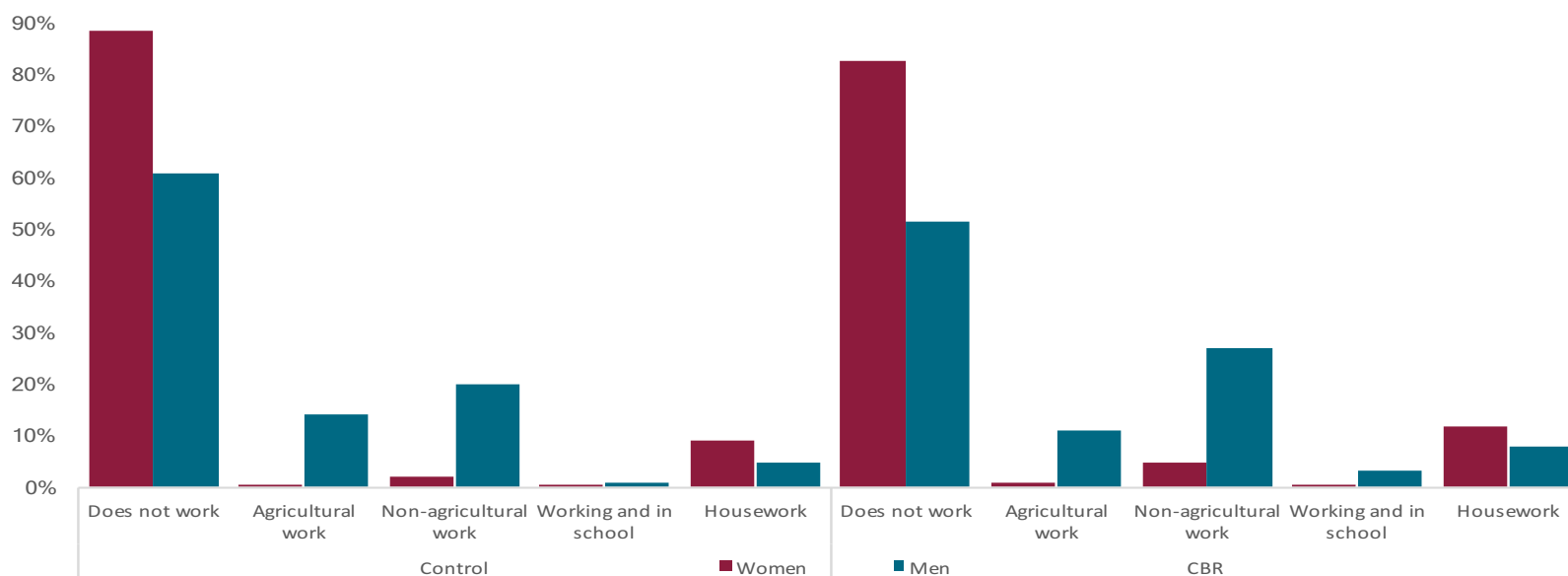


Figure 32: Type of work by gender and by CBR and control

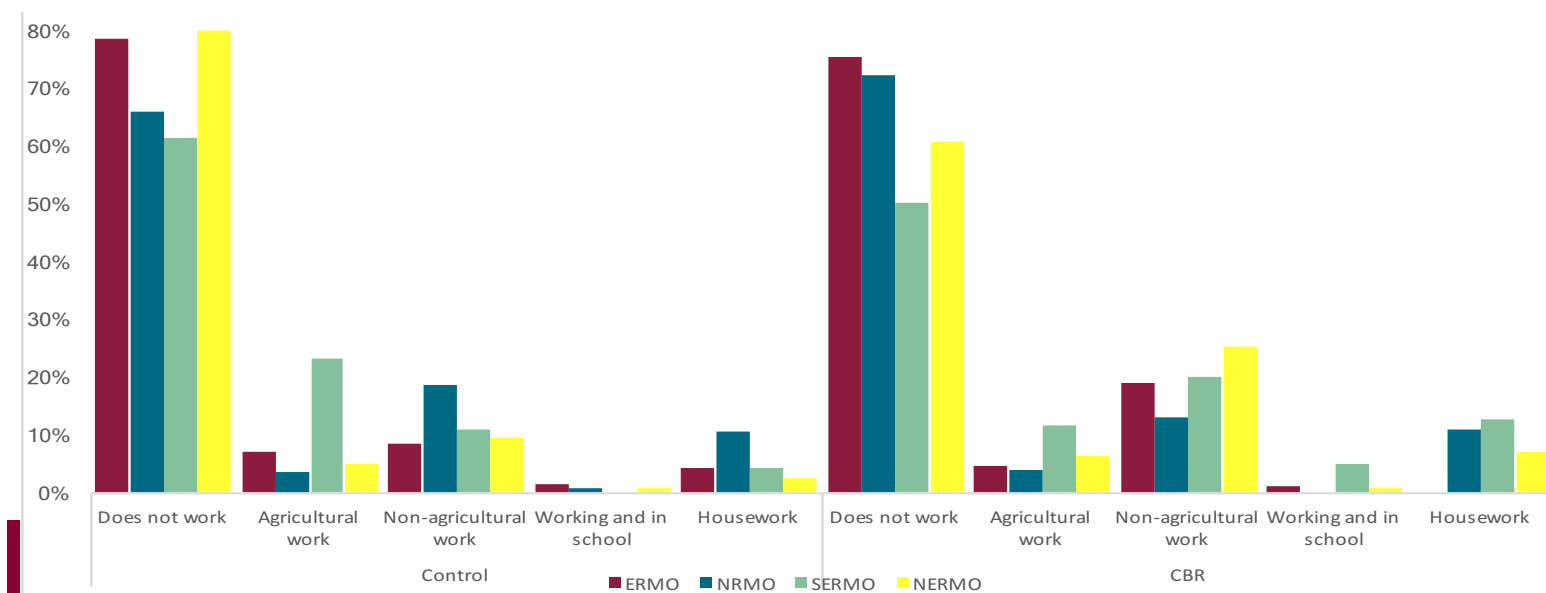
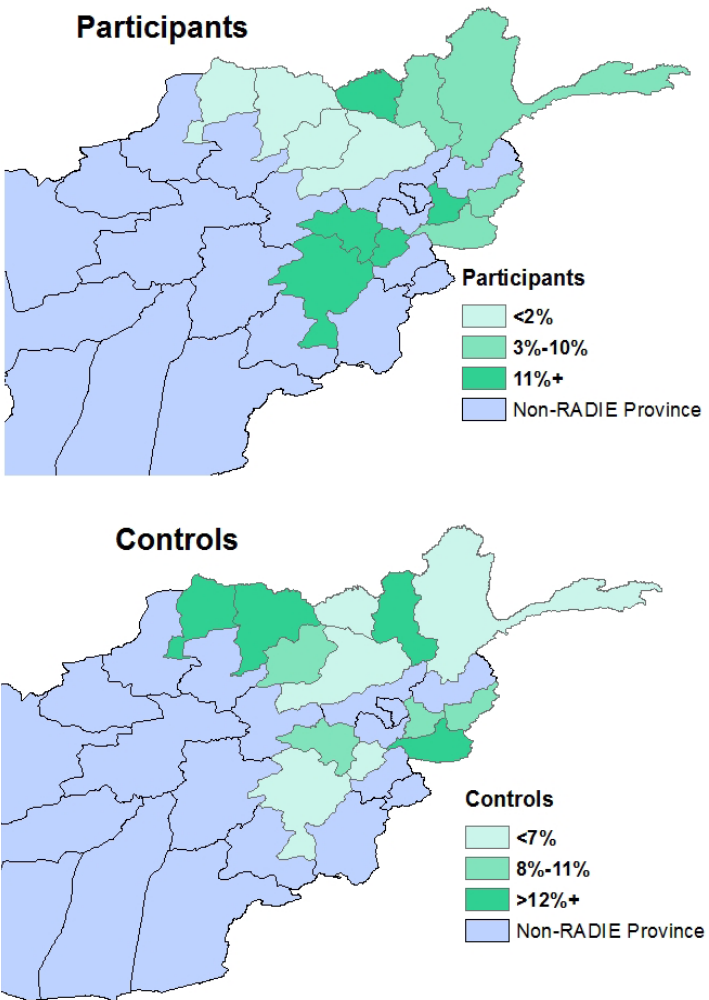


Figure 33: Type of work by region and by CBR and control

Section 4: Receipt of Services

Participants were asked about previous access to rehabilitation, employment, and education services at the time of interview. For participant group respondents, these services may have been provided by either SCA or another organization or health service. For controls, the assumption is that those services were provided by another organization.

CBR participants had nearly no access to services prior to joining the DP program (only about 10% had received one or more service prior to interview, compared to 11.9% of control respondents (Figure 34 and map 6). Only control respondents in Nangarhar province were almost a third to re-



Map 6: Proportion of respondents receiving services prior to baseline interview

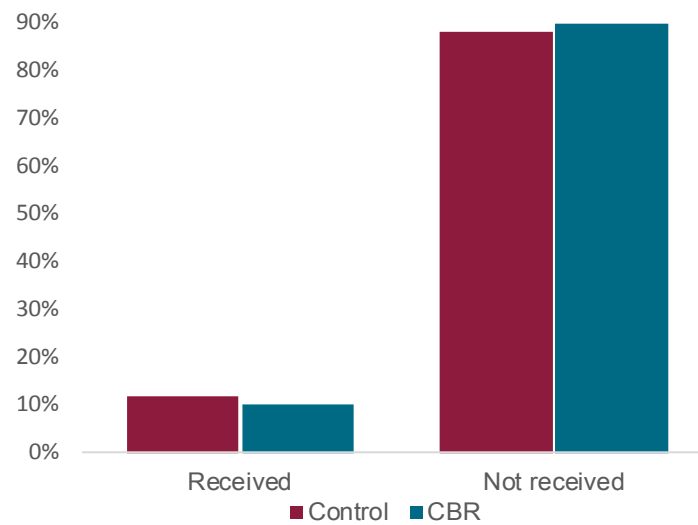


Figure 34: Services received prior to study by CBR and control

ceive services, probably due to the presence of a SCA rehabilitation and orthopedic center within the regional hospital in Jalalabad.

Table 1 (p. 50) provides detail about specific services potentially offered to persons with disabilities in Afghanistan, notably by SCA CBR program, and an accounting of which were the most frequently accessed prior to entering the study. CBR participants were more often accessing services at baseline in Laghman and Wardak provinces. Overall, more respondents had access to rehabilitation services than employment or education services, with physiotherapy the highest among both CBR participants and controls. In any case, rates of receipt were very low.

Rates of prior service receipt varied by region, with nearly 20% of CBR participants in SERMO receiving some sort of service before starting the program. This compares to less than 1% in NRMO (Figure 35). Interestingly, controls received more services on average than participants except in SERMO. This finding is surprising, but the proportion of participants who are children – the main beneficiaries of the program- in SERMO is substantially lower than in other regions (50% compared to 70% in ERMO, 82.8% in NRMO, and 95.3% in NERMO).

Table 1 Services received at baseline

	Control		CBR	
	n	%	n	%
Rehabilitation Services (above 5 years)				
Physiotherapy	64	7.3%	59	5.0%
Prosthetics	19	2.2%	11	0.9%
Orthotics	27	3.1%	18	1.5%
Wheelchair	17	1.9%	9	0.8%
Crutches	34	3.9%	13	1.1%
CP Chair	9	1.0%	1	0.1%
Walking Frame	12	1.4%	2	0.2%
Walking Sticks	15	1.7%	9	0.8%
Employment Services (above 14 years)				
Job Placement	8	1.2%	2	0.3%
Apprenticeship	5	0.7%	1	0.2%
Group Training	4	0.6%	1	0.2%
Loan	9	1.3%	2	0.3%
Business Training	8	1.2%	4	0.6%
Education (above 5 years)				
Home-Based Educ.	8	0.9%	3	0.3%
Centre-Based Educ.	9	1.0%	4	0.3%
School Inclusion	24	2.8%	13	1.1%
Home-Based Training	10	1.1%	16	1.4%
Other (above 5 years)				
Advocacy	20	2.3%	22	1.9%
Other	2	0.2%	3	0.3%



Photo 18: Boy at the door of a respondent house

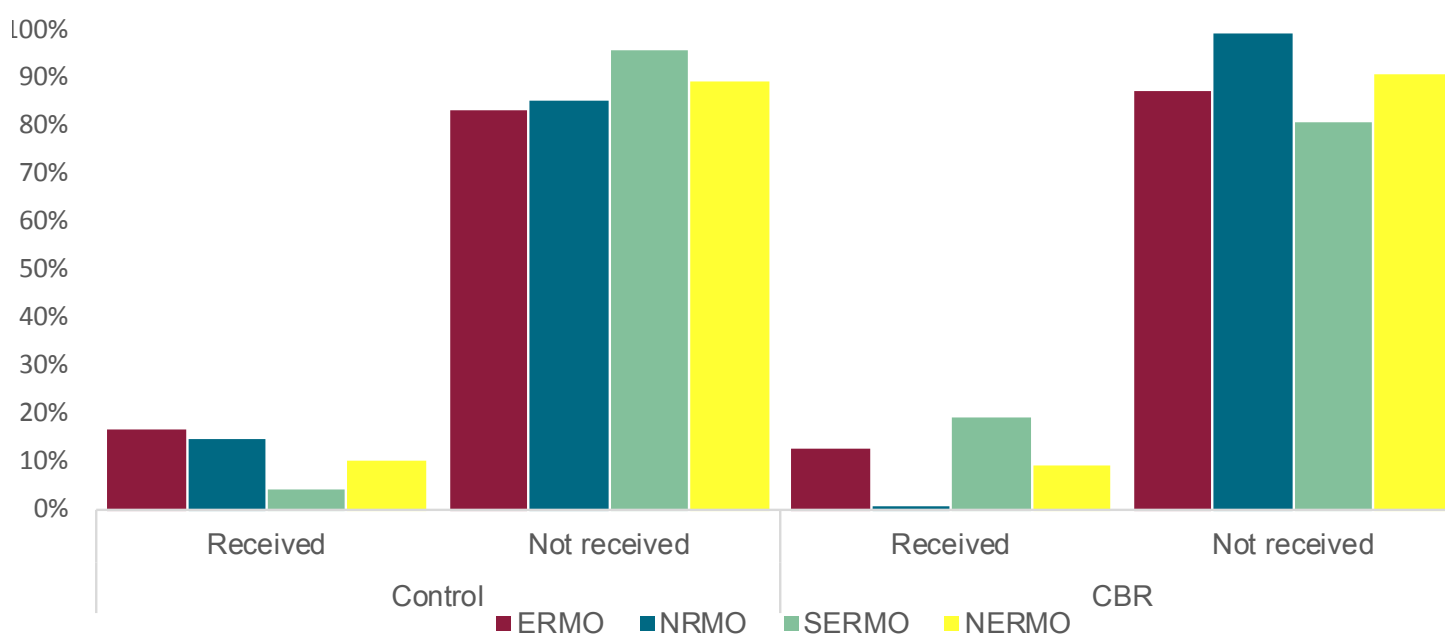


Figure 35: Services received prior to study by region and by CBR and control

Prior receipt of services also varied by type of disability, with 17.7% and 11.6% of people with physical disabilities in the control and CBR groups respectively receiving some sort of prior support compared to less than 3% of people with intellectual disability in both groups (Figure 36).

Medical Care

Comparisons of access to healthcare show that overall basic access (defined as at least sometimes receiving medical care when needed) is relatively high, with only a minority in both groups (6.8% of controls and 4.5% of CBR participants) have no access at all to health services (Figure

37, p. 52). Yet, less than half of the controls and 52.1% of participants have consistent access to health care services (responding that they ‘always’ can get medical care).

Analyzing medical access by gender reveals very little disparity between male and female access to medical care within both groups (Figure 38, p. 52). Health access remains rather consistent among regions, with higher rates of quality access in SERMO provinces of Ghazni, Wardak and Logar among participants in particular, and lower rates of quality access for controls particularly in NERMO and NRMO regions in the north of the country (Figure 39, p. 52).

CBR participants had nearly no access to services prior to joining the disability program even less than study members in the control group.

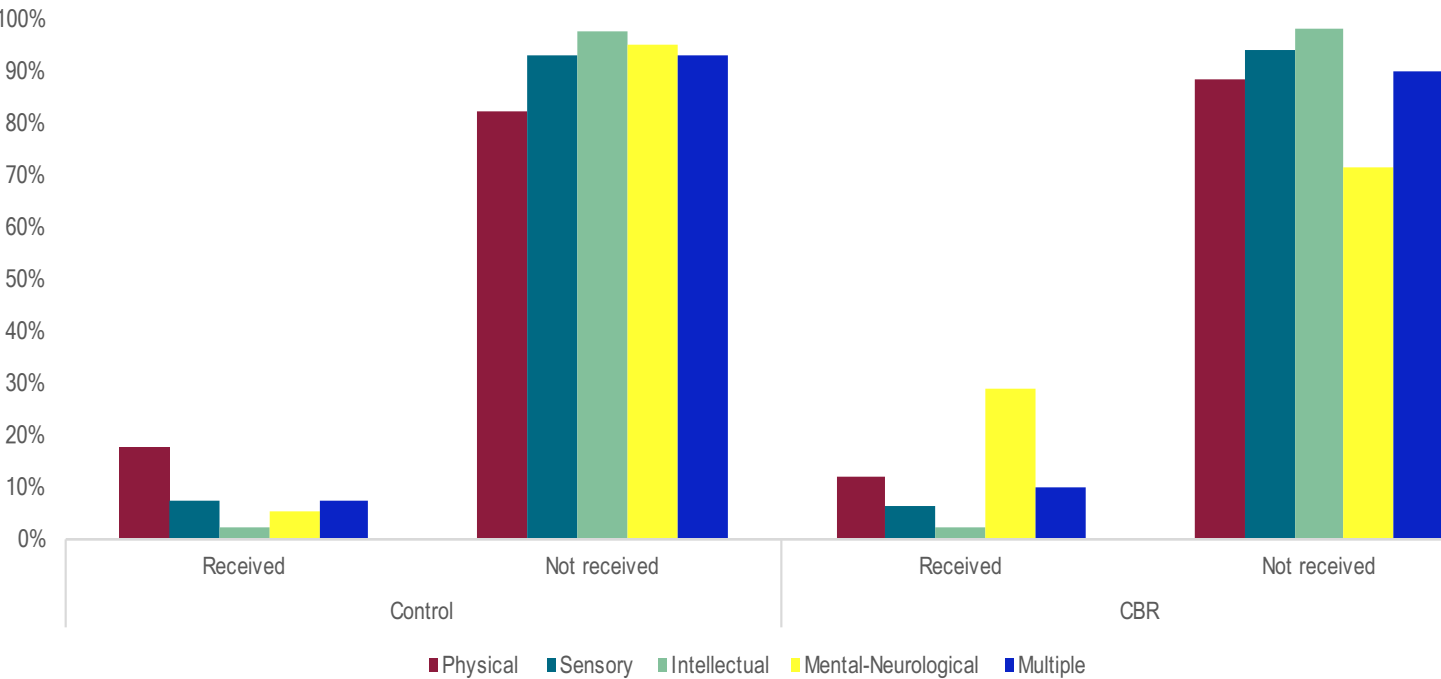


Figure 36: Services received prior to study by type of disability and by CBR and control

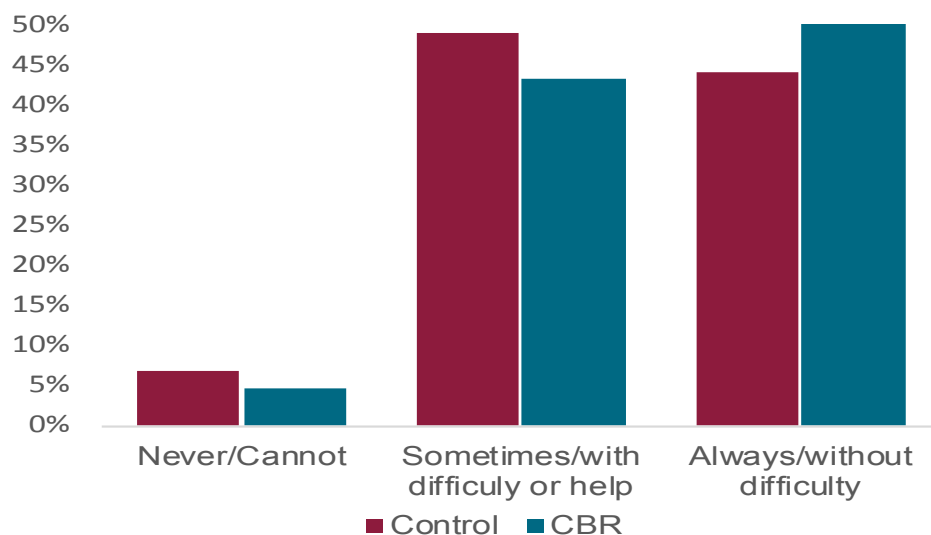


Figure 37: Accessibility of healthcare by CBR and control

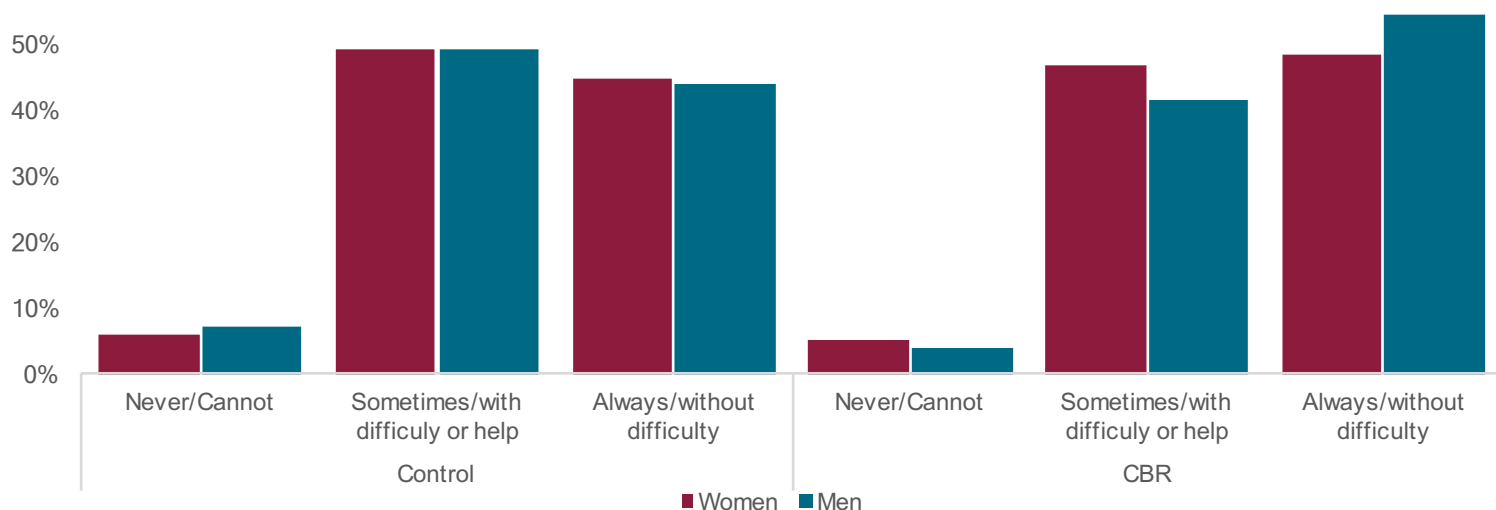


Figure 38: Accessibility of healthcare by gender and by CBR and control

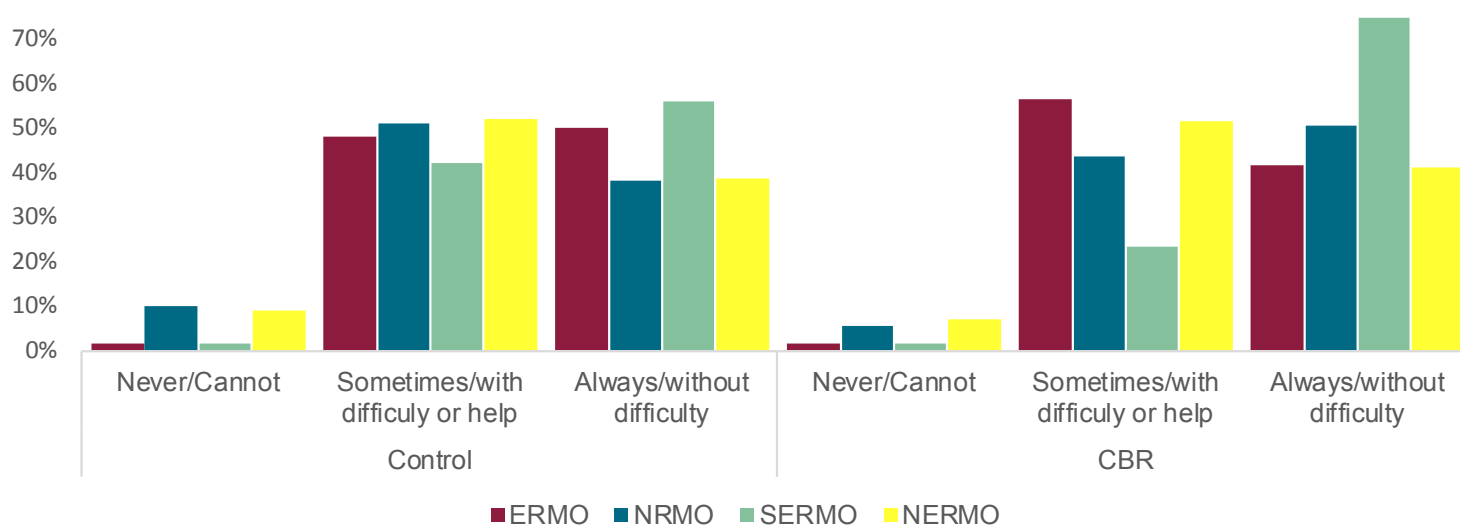


Figure 39: Accessibility of healthcare by gender and by CBR and control



Photo 19: Coming to meet the CBR worker

Section 5: Limitations in Basic Activities of Daily Living

Basic activities of daily living include the ability to eat, to bath, to use latrine and to dress. For all the questions, we used a simplified Likert scale with three ordered response choices: “I can do this activity on my own”, “I can do it with help”, and “I cannot do it at all”, which are simplified to “Yes”, “With Help” and “No” on graphs.

Basic activities of daily living include the ability to eat, bathe, use a latrine, and dress independently. Ability to sit, stand, move inside the home, walk ten steps was asked to those above age 1, move outside the home was asked above age 2, eat and use the latrine above age 3, dress above age 4, and ability to bathe self was asked for those above age 8.

The gap between CBR participants and controls was more notable when analyzing the responses of those who could not perform the ADL tasks at all. The highest gap is observed for the ability to eat on one’s own: while 81% of the controls above the age of four could eat on their own, less of two thirds of the CBR participants were able to do so (Figure 40). The smallest gap was observed for bathing: 54.8% of controls and 48.1% of participants could bath on their own. Approximately two to three times more CBR participants than

controls were not able at all to eat, bath, use latrine or dress.

For all basic ADLs there is no significant difference in the level of limitation by gender for controls (Figure 41, p. 56). For other comparison characteristics, including age groups, disability type or regions, we observe significant differences in the proportion of people not being able to carry out basic ADLs.

When analyzing ADL abilities disaggregated by age group, we find that the CBR group has consistently higher rates of limitation than controls across all age groups but with a larger gap at both early and late stages of life (Figure 42), meaning that the difference cannot only be explained by the demographic makeup of the two groups. An alternate hypothesis suggests that the SCA CBR program is providing rehabilitation to individuals with the highest ADLs limitations. Among CBR participants, children 9 to 14 years old (22.4%) and adults above age 46 (19.6%) have significantly higher rates of being unable to bathe compared to children (16.2%) and older adults (7.9%) in the control group. Compared to controls, participant children have also higher rates of being unable to eat on their own (11.4% against 8.0%) use latrine (20.9% against 13.7%) or dress (25.2% against

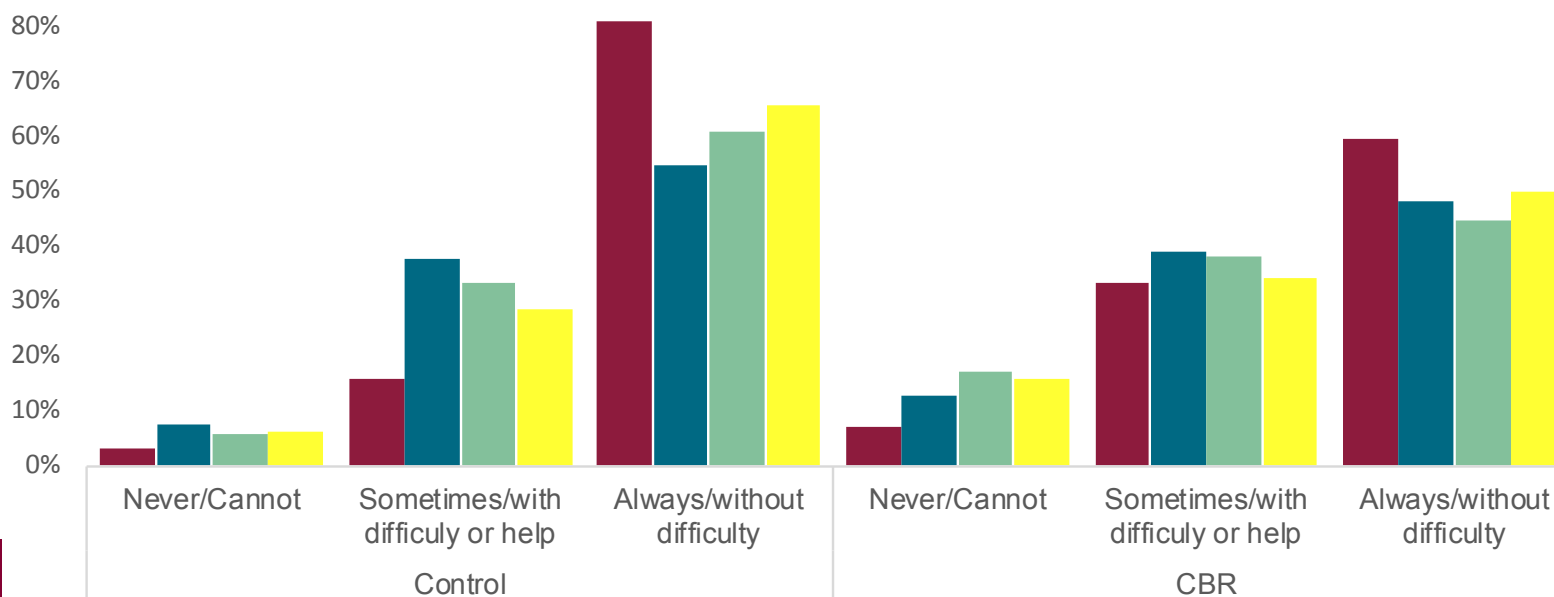


Figure 40: Activities of daily living (ADLs) by CBR and control

16.0%).

Participants with multiple disabilities in both CBR and control groups are the ones most likely to be unable to carry out basic ADLs on their own: Respectively 25.5%, 25.8% and 29.7% of participants with multiple disabilities cannot bath, use latrine and dress compared to respectively 10.3%, 10.6% and 12.9% of controls on average (Figure 43a&b, p. 58). Not surprisingly, people with physical disability or mobility limitations and those with

learning disabilities are more often facing difficulties in carrying out basic ADLs than people with sensory disability.

This gap associated with the type of disability is larger among CBR participants than controls. Interestingly, SERMO has a lower prevalence of people who cannot carry ADLs on their own compared to other regional offices (Table 50 in Appendix).

Participants with multiple disabilities in both CBR and control groups are the ones most likely to be unable to carry out basic ADL on their own



Photo 20: Child on the doorstep of a respondent household, northern region

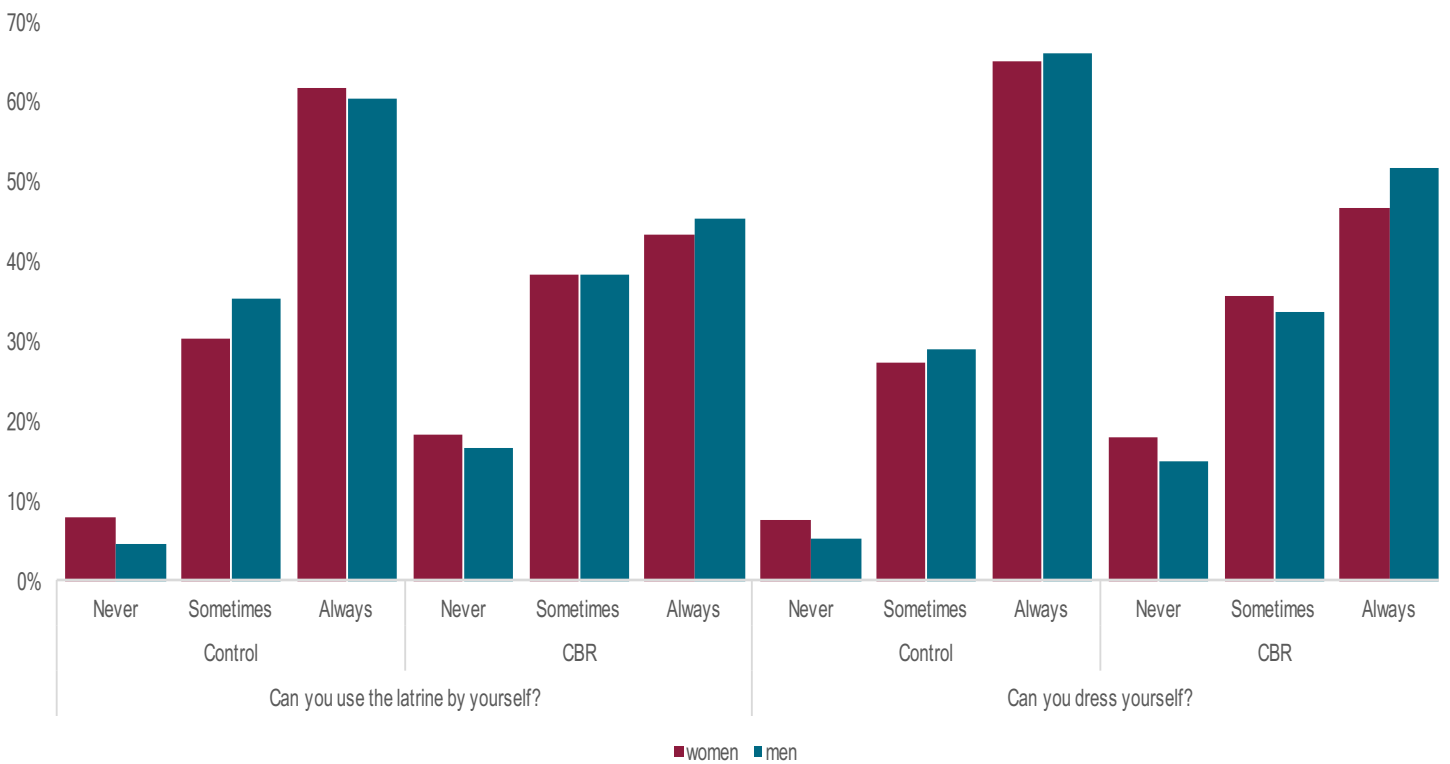
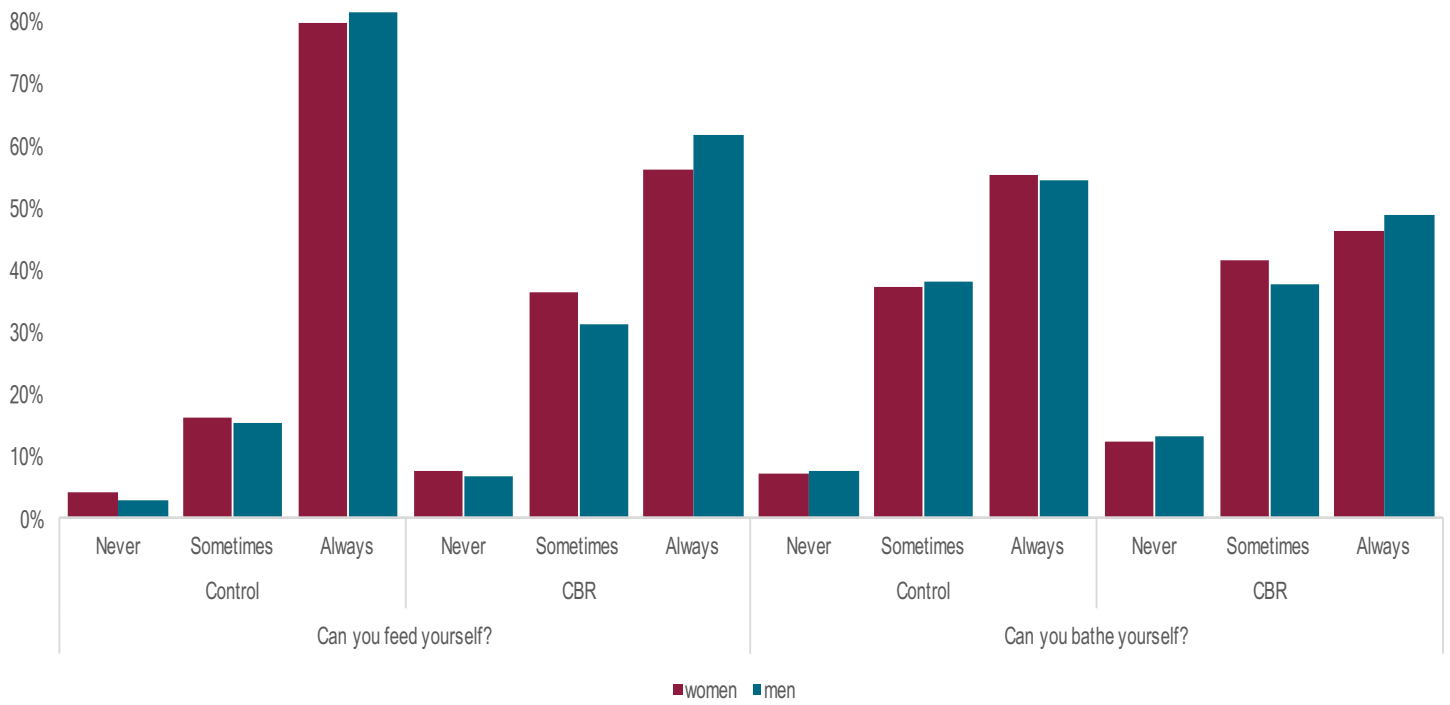


Figure 41a & b: ADLs by gender and by CBR and control

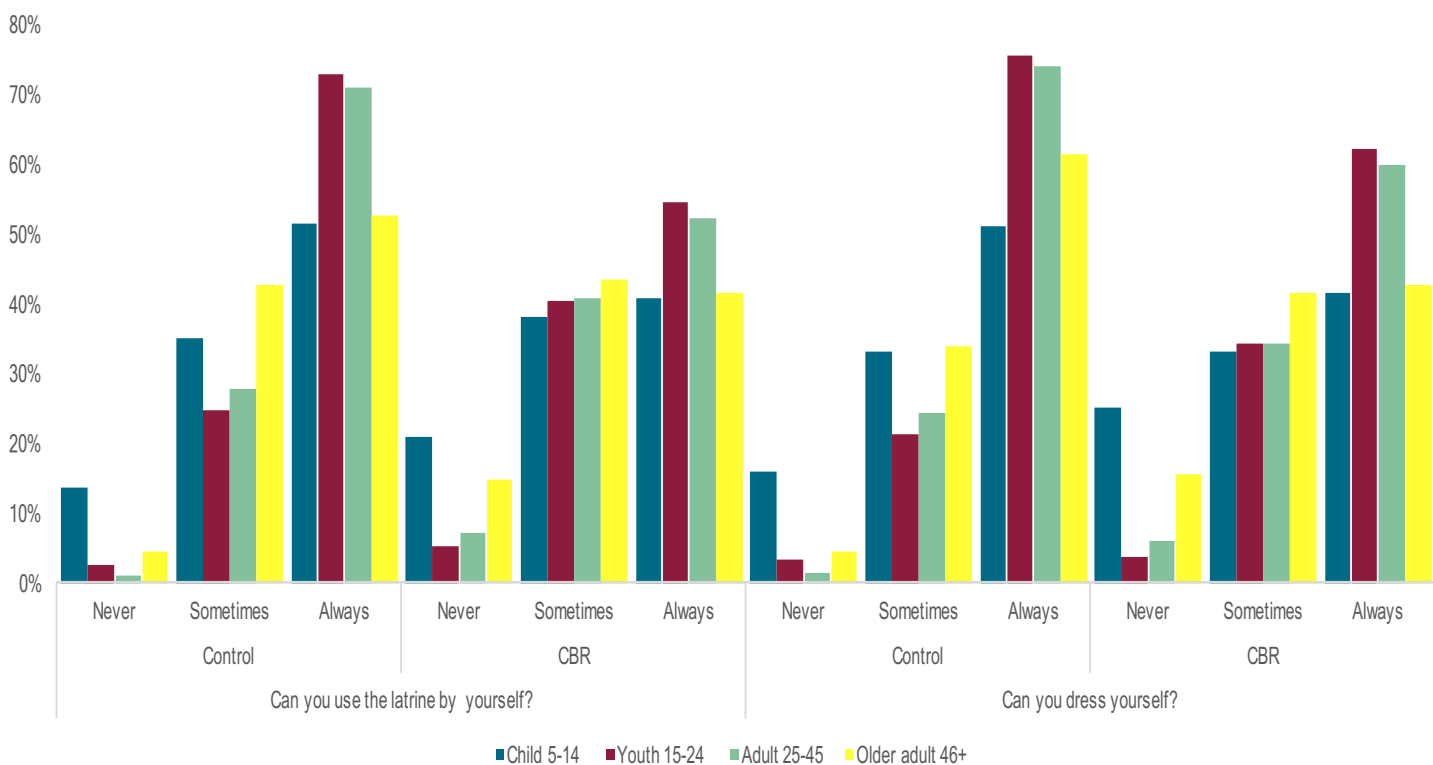
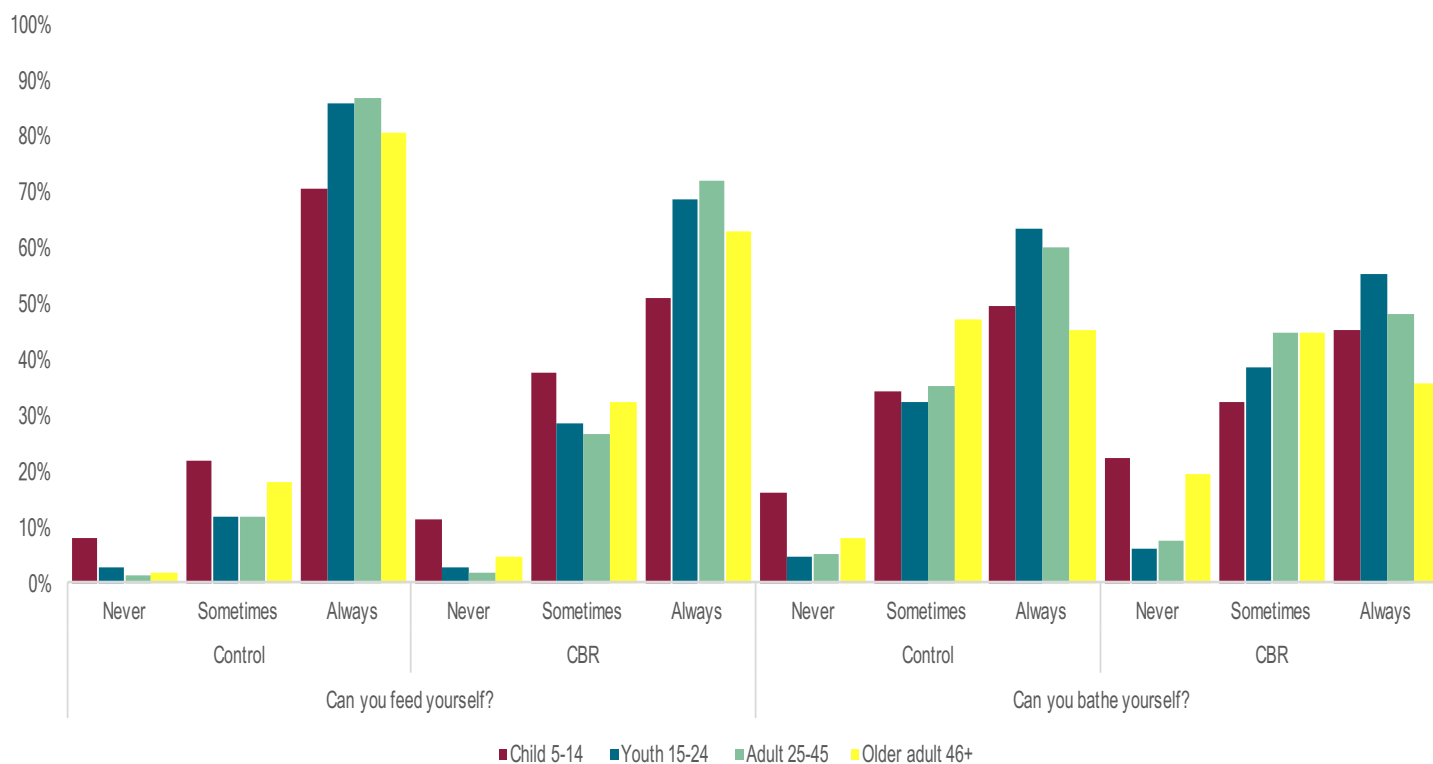


Figure 42a & b: ADLs by age group and by CBR and control

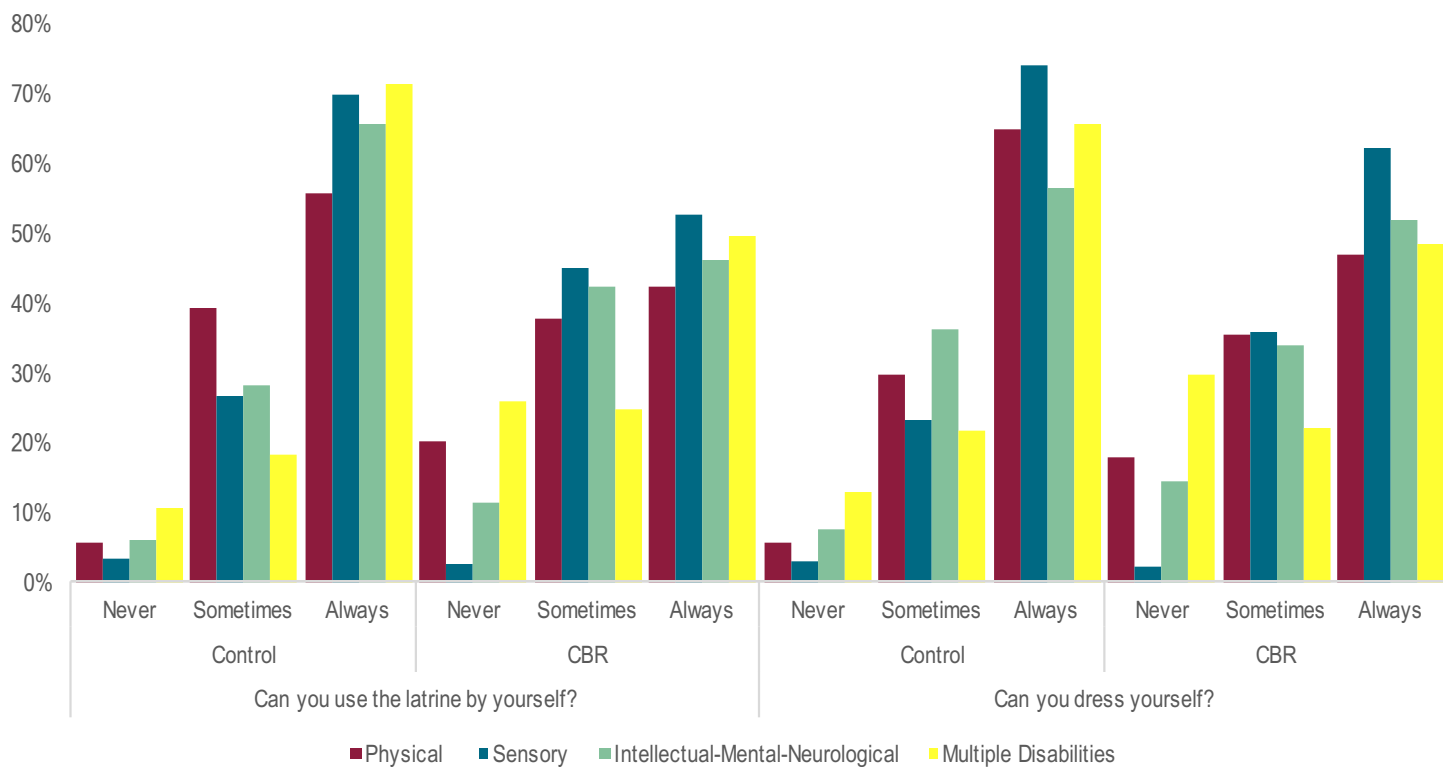
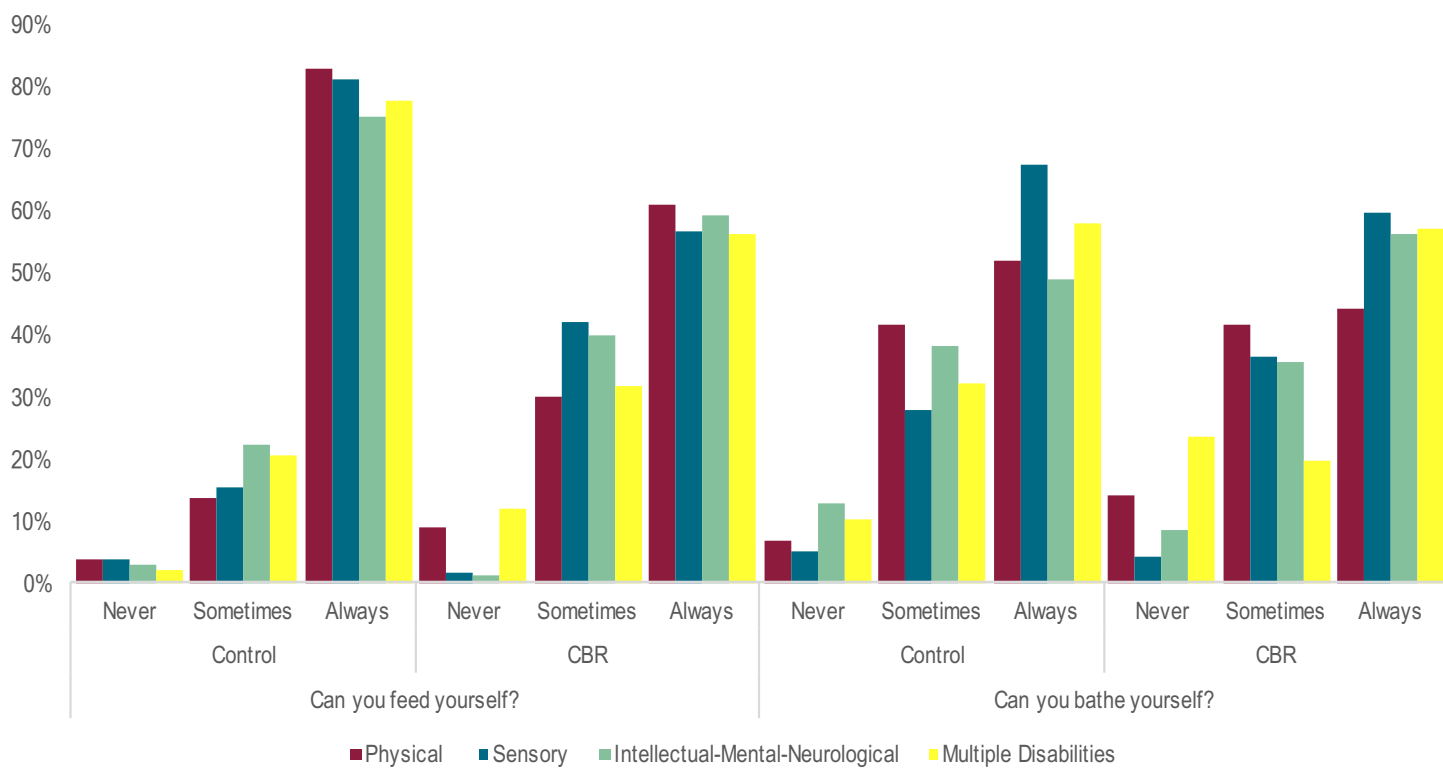


Figure 43 a & b : ADLs by type of disability and by CBR and control



Photo 21: Random selection of the first Household's number

Section 6: Mobility Limitations

Mobility questions asked about the respondent's ability to perform basic functions of personal mobility, including sitting, standing, moving inside the home, and moving outside the home.

The results of questions on personal mobility show a significant difference in the proportion of people in CBR and control groups able to perform basic mobility activities: Mobility incapacity ranges from 9.6% (cannot walk ten step) to 30.4% (cannot move outside) among CBR participants compared to 7.6% and 10% for controls (Figure 44, p. 61 and table 44 in Appendix). This finding reinforces our hypothesis that CBR participants are on average facing more severe impairment than the average disabled Afghan population.

The study finds some difference in mobility outcomes between males and females on all five measures among both participants and controls (Figure 45 for limitations in moving outside the home). Overall, female are more often unable to carry any of these activities compared to men and the highest difference is observed for the ability to move inside the house. The difference in mobility limitations is less important than what was found in the NDSA study performed a decade ago, in which women were more likely to have significant mobility limitations. Larger discrepancies in the NDSA study may be linked to the misinterpretation of the question by some respondents to conflate

a physical difficulty in walking outside and the Purdah tradition.

Younger children in particular and elderly adults to a certain extent have more difficulties with mobility than other age groups, particularly in the CBR group (See for instance Figure 46 for limitations in moving outside the home). The program is putting great emphasis in helping children with disabilities, particularly those with mobility problems, and this characteristic of the program explains that two third or more of participant children 1 to 5 years old cannot stand or cannot walk inside or outside the house or only with help when they join the program. In any case, it is worth noting the lower level of similar difficulties among children in the control group.

People with multiple disabilities as well as people with physical disability are more likely to face severe mobility limitations (cannot do) compared to other type of disabilities that might require some help (See for instance Figure 47 for limitations in standing and Figure 48 for limitations in moving outside the home, p. 63). This is true in both CBR and control groups, although participants have higher rates of limitation than controls. For instance people with physical disability in the CBR group are 6 times more likely than controls to not be able to sit, and 3.1 times more likely to not be able to stand.



Photo 22: Random selection of control households and marking the house number

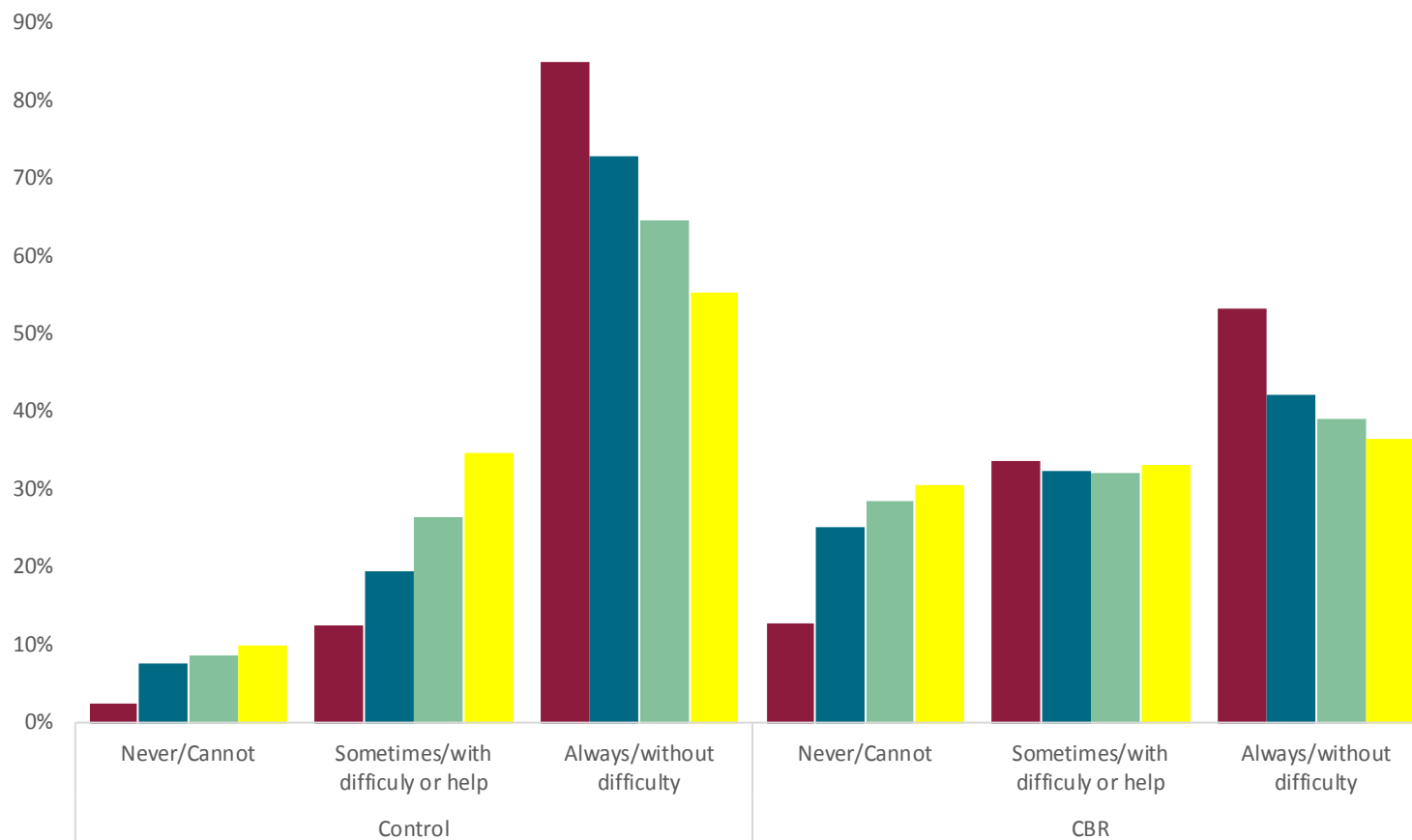


Figure 44: Mobility limitations by CBR and control



Photo 23: Giving water to a child, Jalalabad

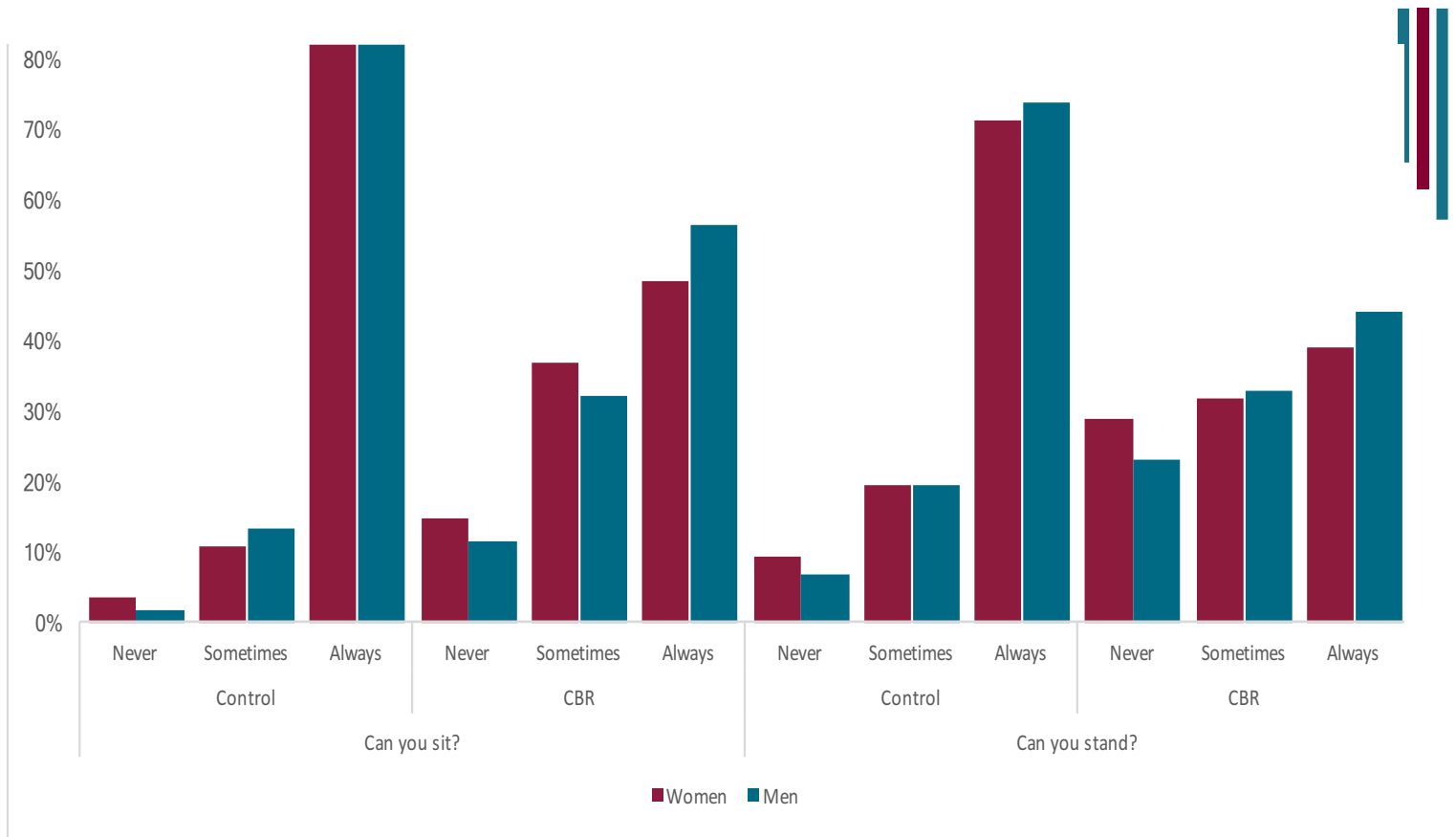


Figure 45a: Mobility limitations by gender by CBR and control (sit and stand)

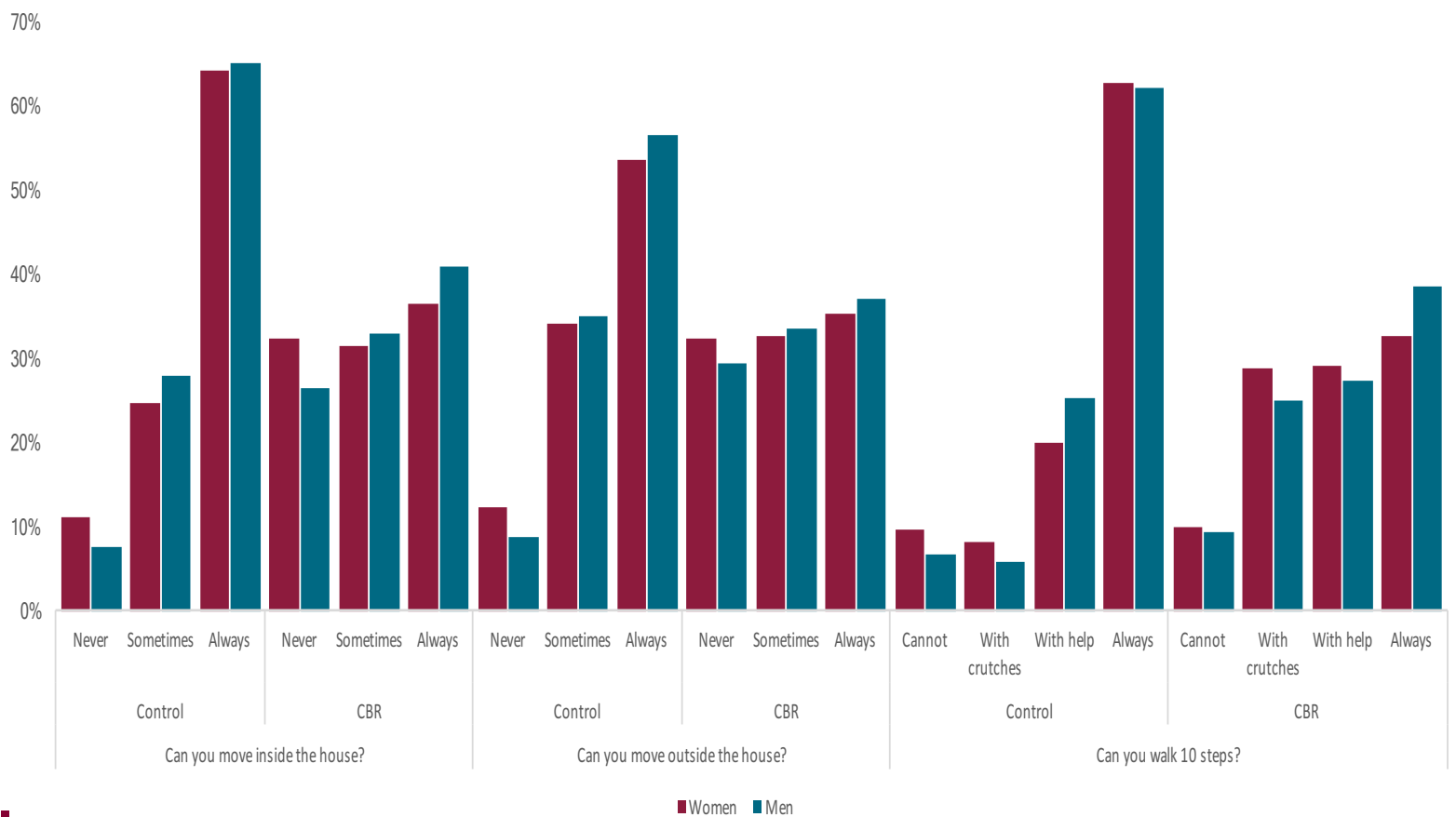


Figure 45b: Mobility limitations by gender by CBR and control (move and walk)

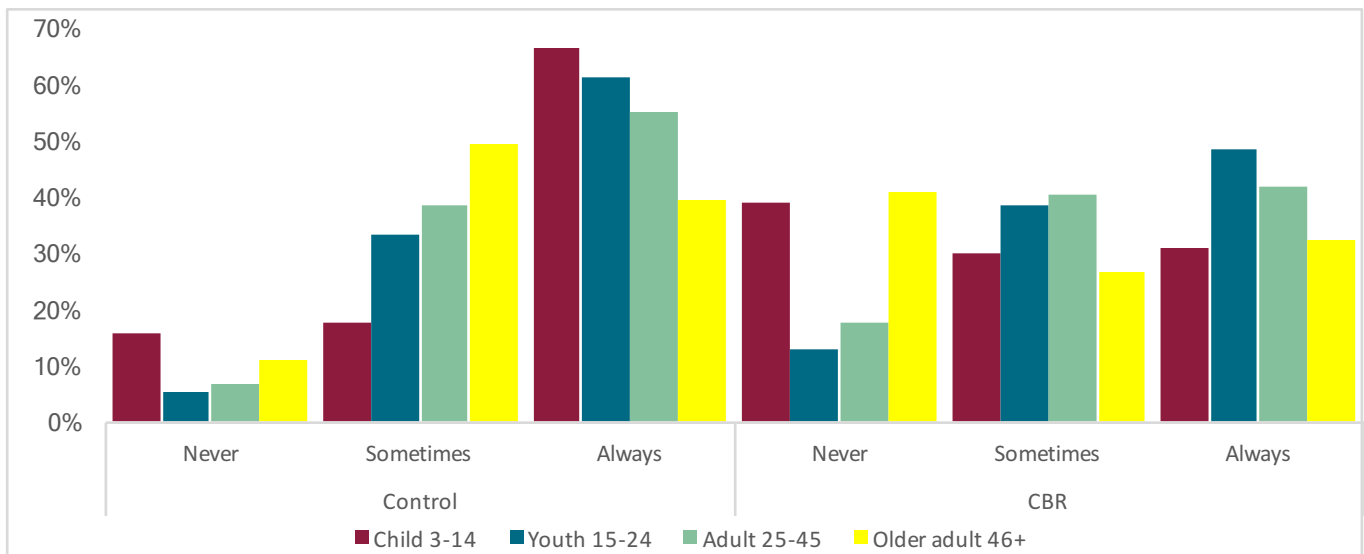


Figure 46: Can you move outside the home by age group and by CBR and control

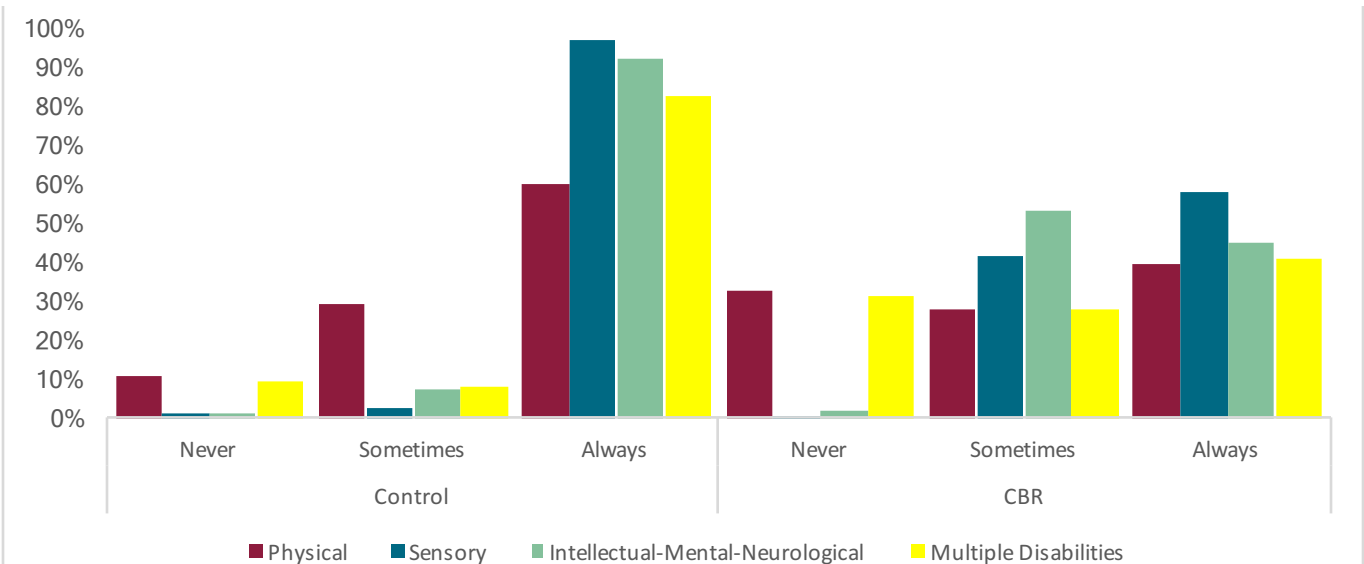


Figure 47: Can you stand by type of disability and by CBR and control

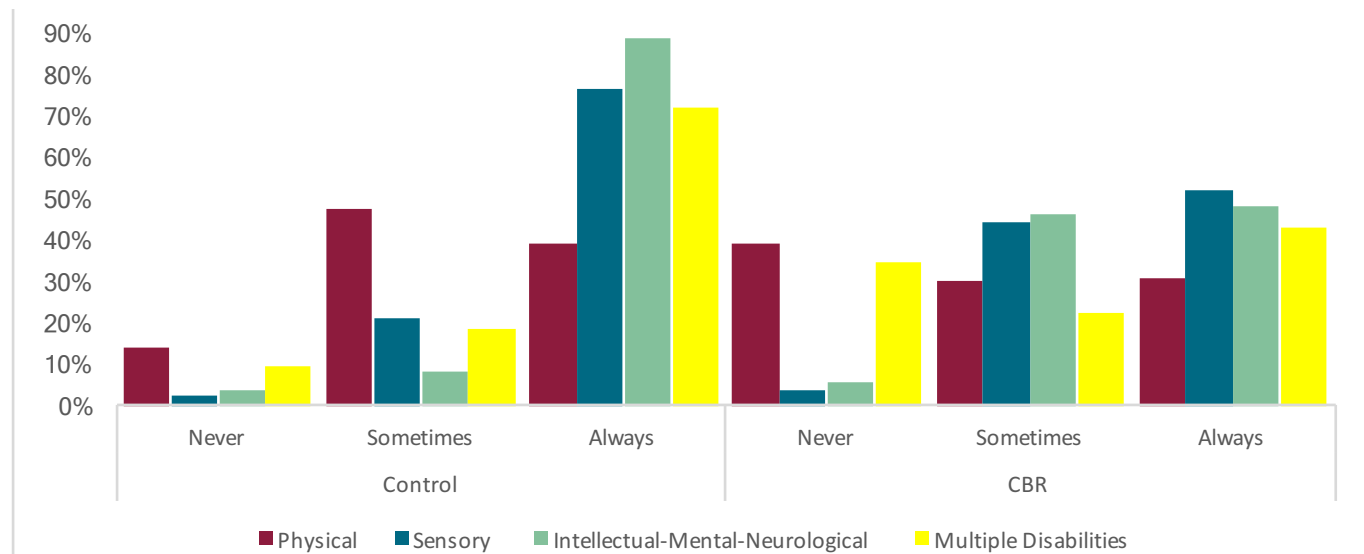


Figure 48: Can you move outside the home by type of disability and by CBR and control



Photo 24: A boy in the family shop

Section 7: Limitations in Communication Abilities

Section 7 is related to the ability to speak, to understand simple instructions, to express needs, to read or write and to learn new things.

Results of communication comparisons remain consistent with previous sections on basic activities of daily living and mobility: overall people within the CBR group have higher rates of complete or partial limitation than the control group except for learning new things where controls have slightly higher limitations (Figure 49).

Yet, rates of reading and writing are more comparable for case and control (Figure 50). For both literacy indicators, illiteracy is higher for women than for men in both groups (Figure 18 in Section 2). This result is almost certainly due to long term exclusion from education for girls in Afghanistan, which remains an issue today, particularly for girls with disabilities (Bakhshi and Trani 2011; Trani, et al. 2012).

A higher proportion of children have communication difficulties - except for reading and writing where elderly people face more difficulty- but the gap between participants and controls is lower than above findings for basic ADLs or mobility difficulties. Children and to a lesser extent elderly adults in both groups report particular challenges in learning new things (Figure 51, p. 66). As discussed before, illiteracy is very low in both CBR and control groups. People with an intellectual disability are more often illiterate than those with other types of disabilities in both groups, perhaps resulting from higher difficulty to accommodate their special needs in the classroom as well as being a consequence of processes of stigma (Figure 52, p. 67). We noticed above that CBR participants in SERMO were more likely to be able to carry ADLs on their own compared to other regional offices. Similarly, CBR participants in SERMO are more likely to always understand instructions, express needs, be able to learn new things and to read and right without difficulty.

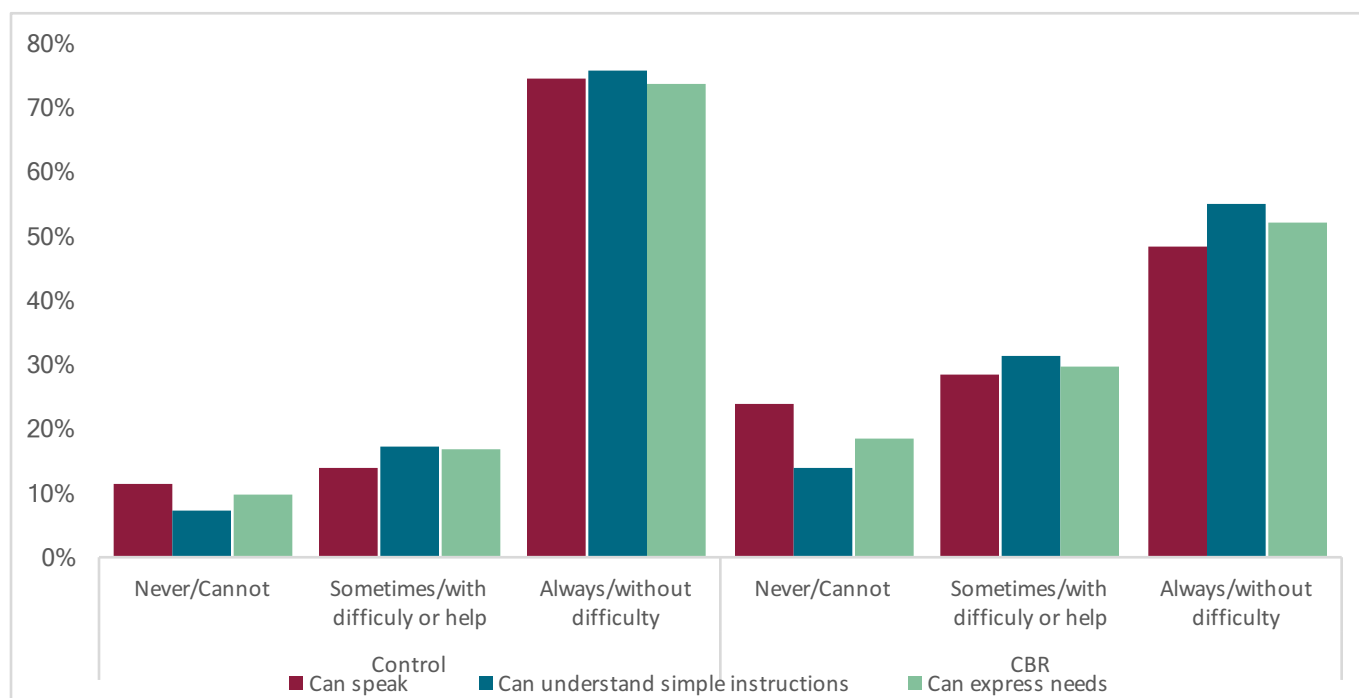


Figure 49: Basic Communication limitations by CBR and control

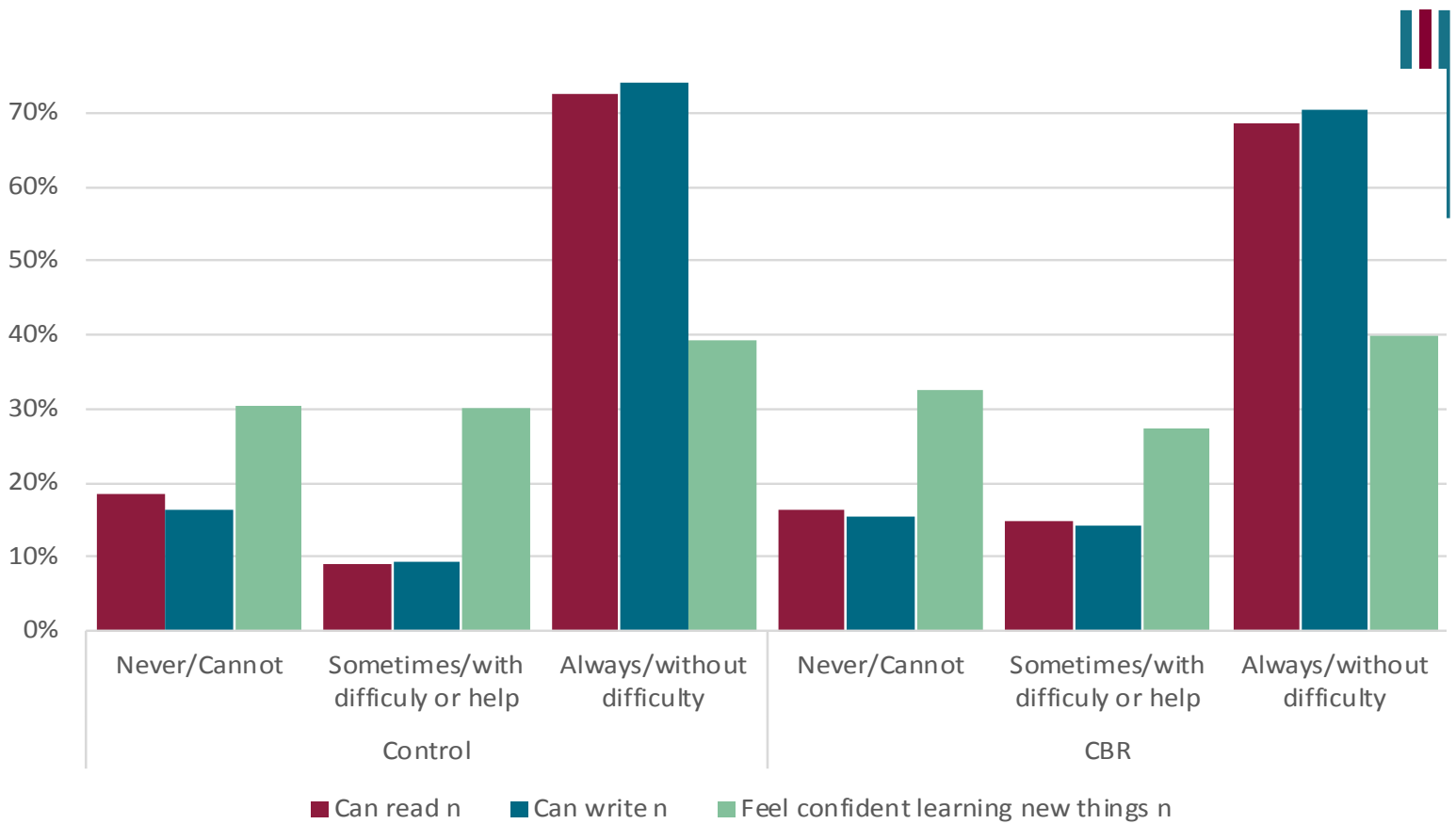


Figure 50: High level communication by CBR and control

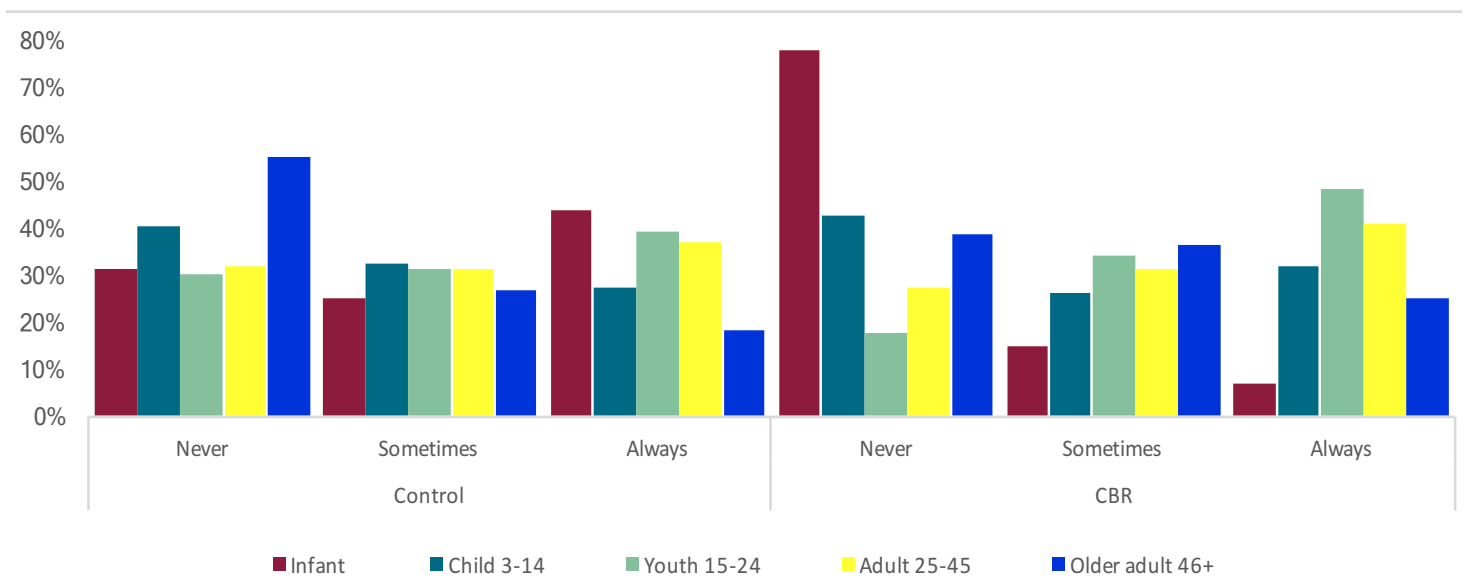


Figure 51: Do you feel confident learning new things by age group by CBR and control

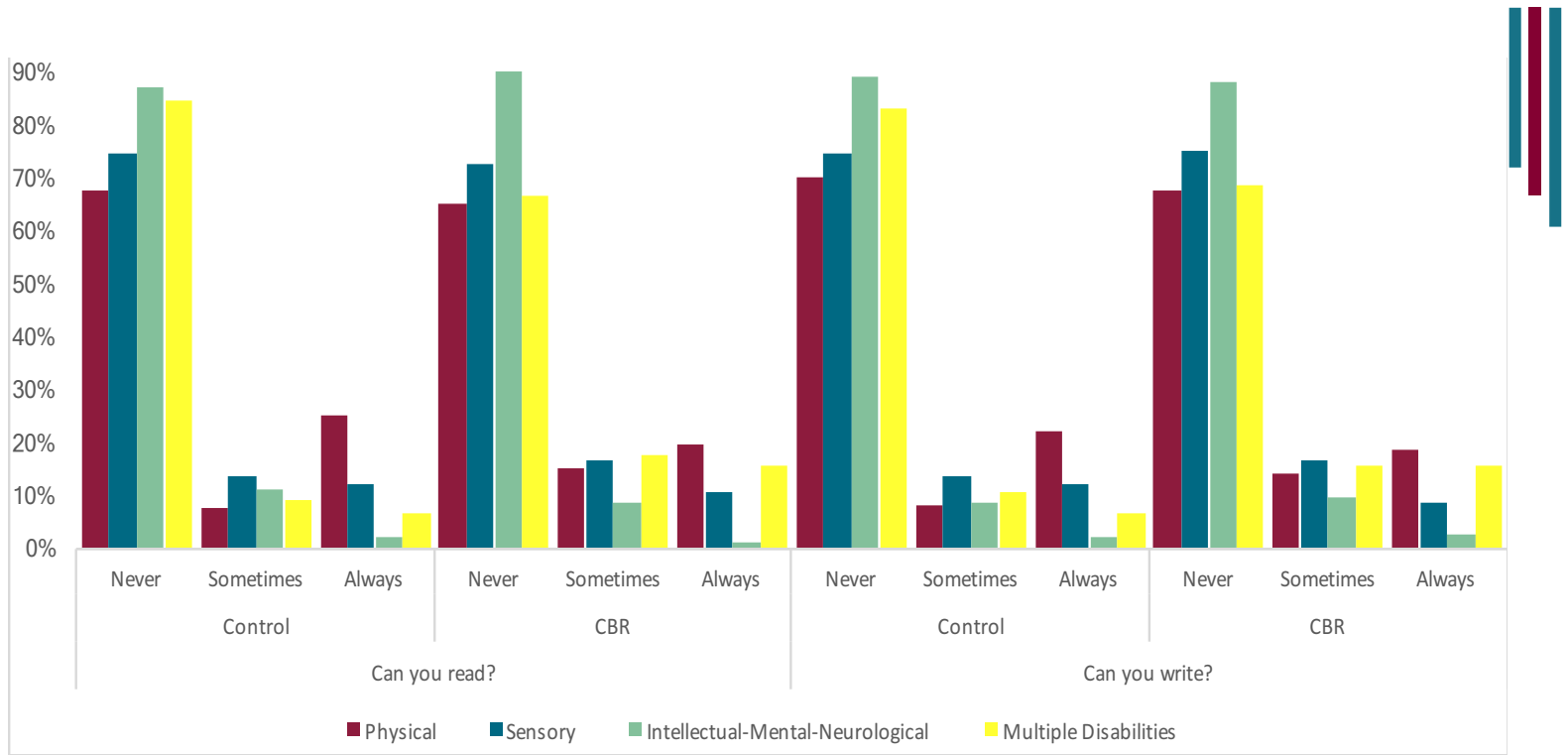


Figure 52 Ability to read and write by disability type by CBR and control



Photo 25: Water chore at the nearest water pump well

Section 8: Limitations in Social Participation

Section 8 examines various activities linked to participation in society: ability to work (above 10 years old), to participate in household chores (above age 8), to make friends (above age 5), to be part of family decision making (above age 15) and to participate in community activities and ceremonies (above age 5).

Persons with disabilities constitute several socially constructed categories that are associated with stereotyped negative beliefs. Stigma is composed of three elements according to Thornicroft and al (2007): 1. Failure of knowledge; 2. Ignorance and misinformation leading to stereotyping, and 3. Experienced prejudice and discrimination (Thornicroft, et al. 2007). We have long understood from Goffman (1963) that the feeling of stigma is associated with the visibility of signs of disability. We can add that stigma is also associated with the way a specific individual characteristic, quality or sign is perceived by the community (Murphy 2013). This stigma often leads to lower rates of social participation, social interaction (Buljevac, et al. 2012; Meininger 2010; Reidpath, et al. 2005) and the possibility to make friends and build a family life (Green 2003).

Study results show that persons with disabilities face barriers to social participation, which point to a possible link between impairment and social exclusion. Interestingly, CBR participants face more limitations in all these activities compared to control (Figures 53, 54, p. 69 and Tables 99-103 in Appendix). The lowest level of social exclusion is observed in participation in family decision making where approximately 9% of both CBR participants and controls above age 15 are never consulted. Unexpectedly, particularly in the CBR participants group, females with disabilities are not less often consulted than males with disabilities (See Table 105 p. 188 in Appendix).

Disaggregating results of social participation by disability type, we find that people with multiple disabilities and particularly those with intellectual, mental, or neurological disabilities are the least likely to be able to make friends, to be consulted in family decisions or to join in ceremonies (See for instance Figure 55, p. 69 for limitations in consultation in family decisions). They also face higher barriers to work and participate in household cleaning.

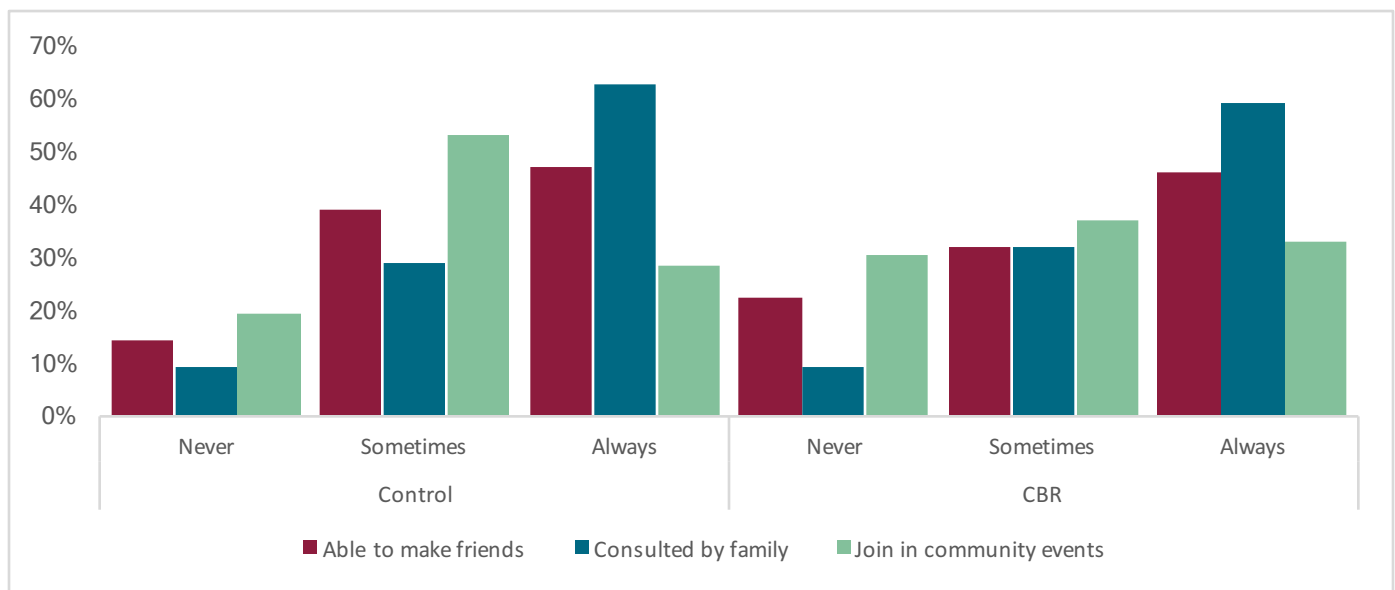


Figure 53: Social participation limitations by CBR and control

Persons with sensory disabilities are the least likely to not be able to participate in those tasks. Both persons with physical or sensory disabilities are more likely to be able to make friends, to be consulted in family decisions and are less likely to be excluded from community activities and ceremonies.

These figures indicate that targeted social interventions focusing on sensitization and awareness will be necessary to increase social participation of persons with disabilities.

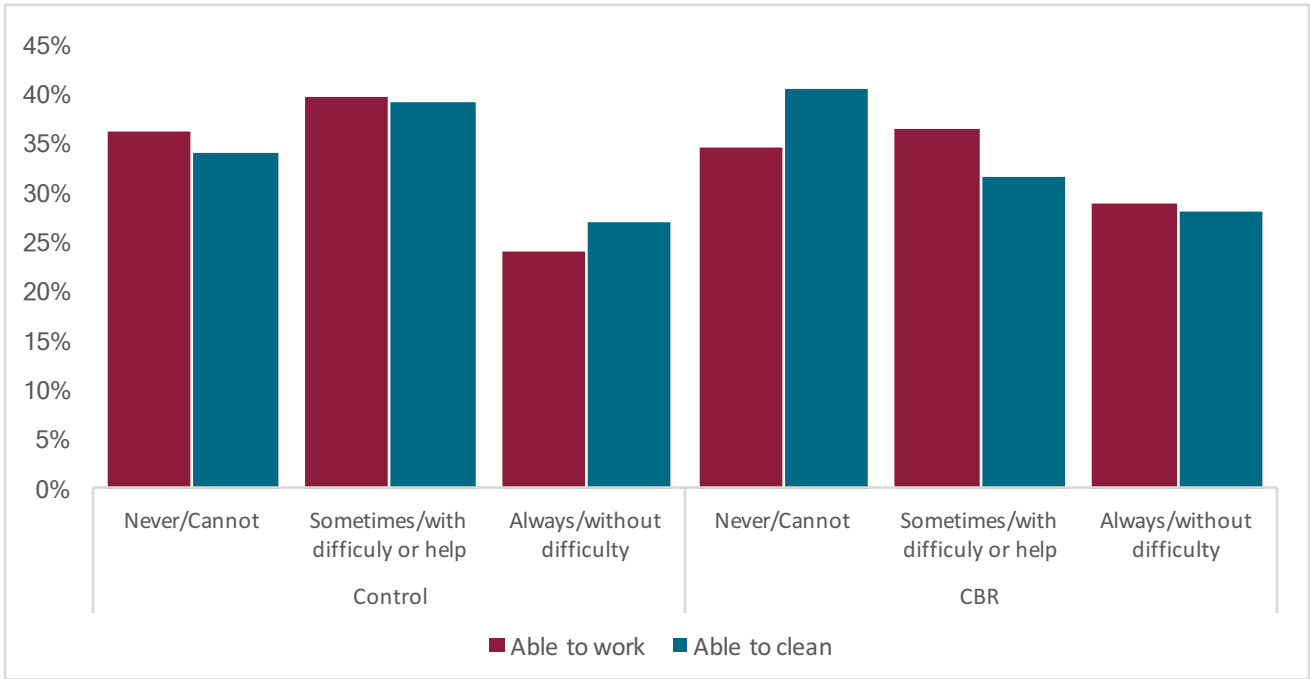


Figure 54: Contribution to household tasks by CBR and control

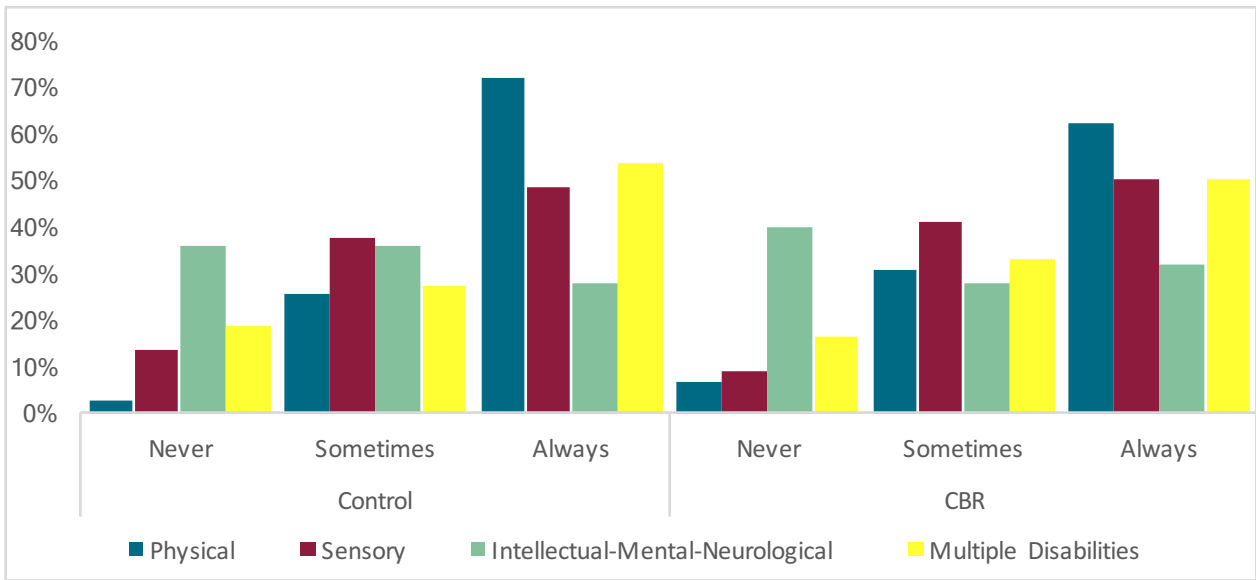


Figure 55: Are you consulted in Family Decision and y type of disability and by CBR and control

Section 9: Respect and Satisfaction with Life

This section explores feelings of respect both within the family and in the community (both measured above 5 years old) , as well as feelings of satisfaction with life.

Feeling respected is an important aspect of social inclusion. Perceived lack of respect reflects the belief that the family and the community hold negative attitudes towards persons with disabilities. This lack of respect results from labeling differences resulting in stereotyping those persons with undesirable characteristics that define the stereotype (Goffman 1963; Link and Phelan

2001).

Perception of lack of respect by family is observed to be less frequent in both groups than perception of lack of respect by the community. (Figure 56, p. 71).

It has a toll on the mental health of the stigmatized through the level of stress as well as the lack of self-esteem it induces (Major and O'Brien 2005). It translates eventually in loss of social status (Link and Phelan 2001). It also increases social, economic and health inequality (Hatzenbuehler, et al. 2013).



Photo 26: Child control respondents who recieved a small compensation gift

Despite indicators of stigma and exclusion, few persons with disabilities in both CBR and control groups declare they are not satisfied at all with their life (1.9% of CBR participants and 3.7% of controls) (Figure 58, p. 72). Yet, fewer than half of the respondents (43.6% and 44.0% respectively among participants and controls) indicated there were totally satisfied with their life. A majority are only relatively satisfied with their life, indicating a nuanced conception of satisfaction that may be influenced by life situation, religious sentiment, and other factors.

This finding raises questions about the meaning of feelings of respect within the community. As discussed in the previous section on social participation, nearly a third of CBR participants reported never participating in social activities. This exclusion from participation may follow from a lack of respect, or it may contribute to the lack of respect as discussed elsewhere in the present study.

Overall women with disabilities do not face higher lack of respect in the family and only slightly higher lack of respect from the community compared

to male in both groups.

Elderly people with disabilities are less likely to be disrespected in the community than young people and children. This is probably linked to a disability acquire more often later in life and therefore most probably due to age and not to unknown cause which has been shown to be stigmatizing in the Afghan society. Furthermore, respect for elders is important in the Afghan society.

People with intellectual disability, mental illness or multiple disabilities in both CBR and control groups are more likely to experience disrespect in the community than people with other types of disabilities (Figure 57, p. 72). This high level of stigma faced by CBR participants in the family and the community demonstrates the ongoing need for activities of advocacy and sensitization embedded in the CBR program.

Existence of stigma through social exclusion and lack of respect against persons with disabilities has multiple consequences.

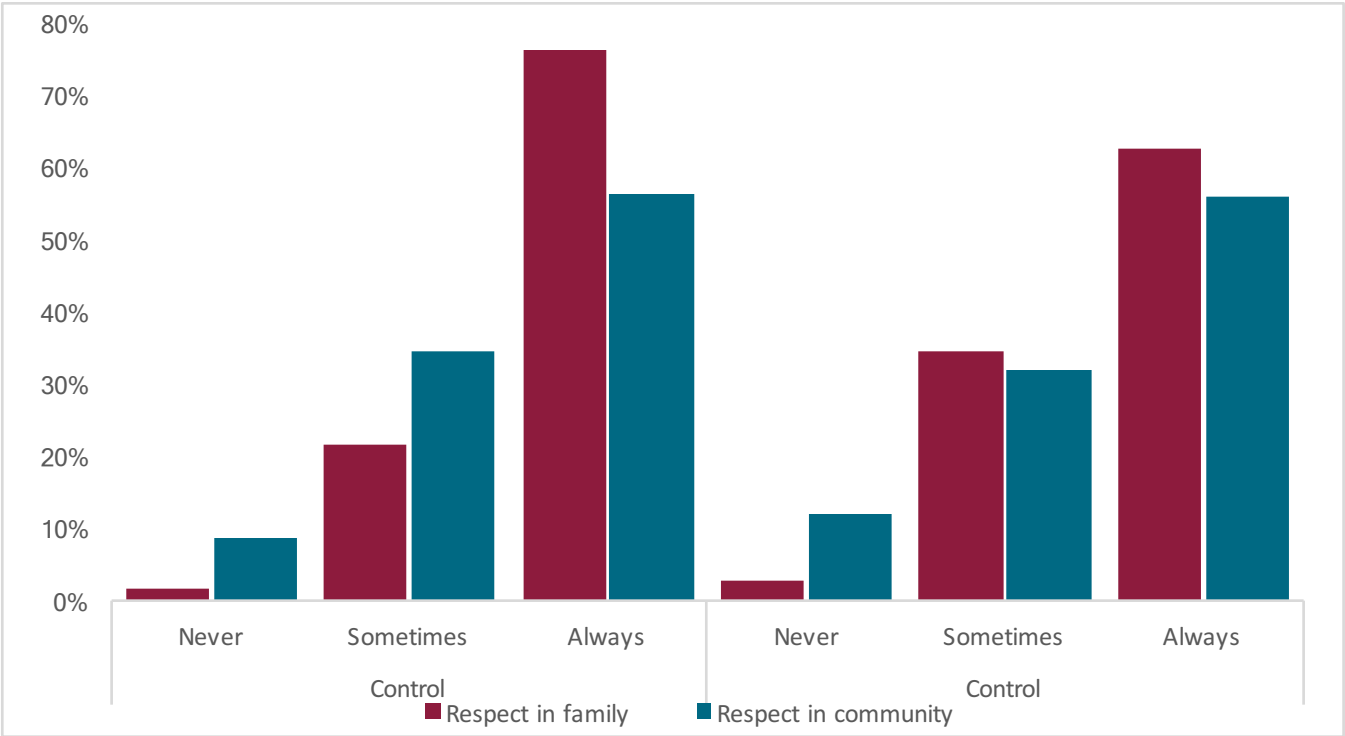


Figure 56: Respect in family and community by CBR and control

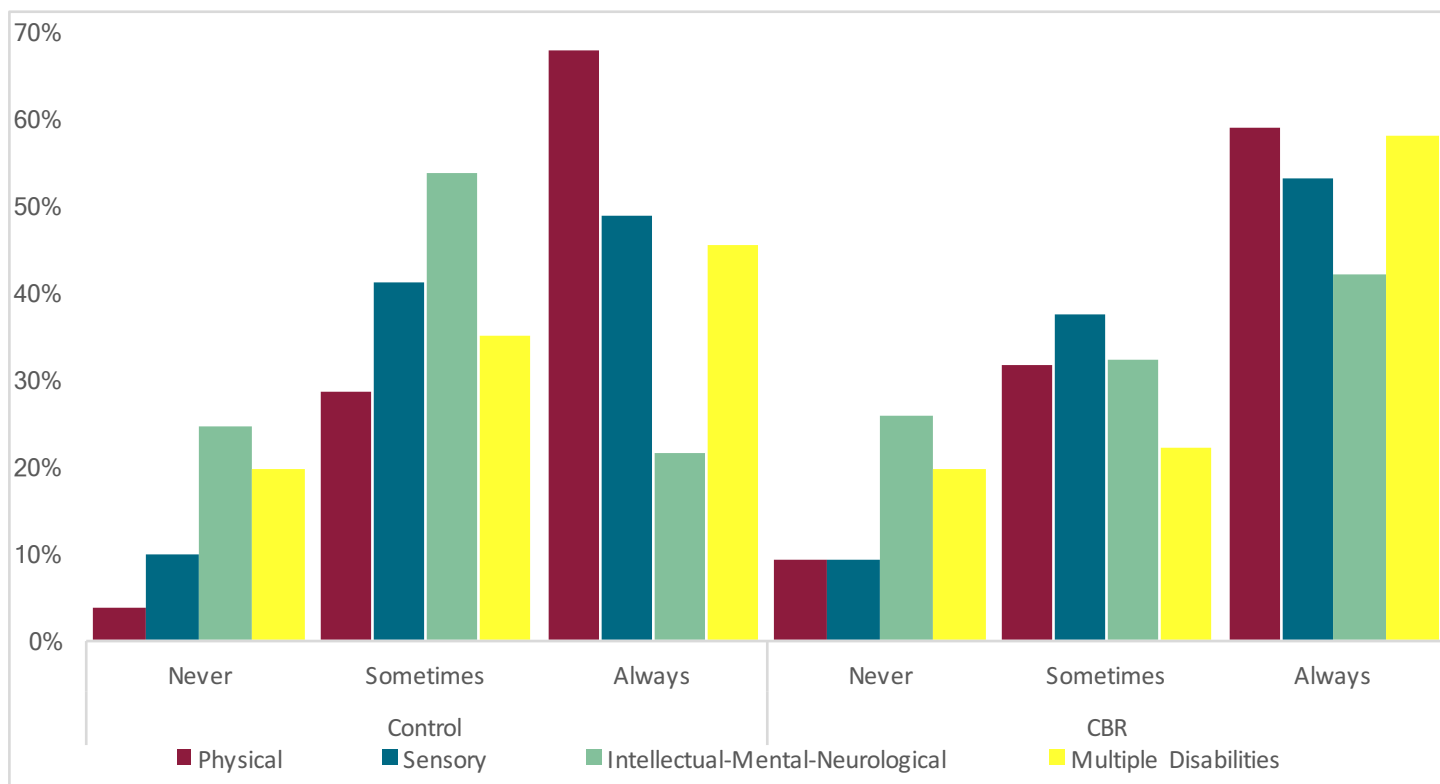


Figure 57: Do you feel respected in your community by type of disability & by CBR and control

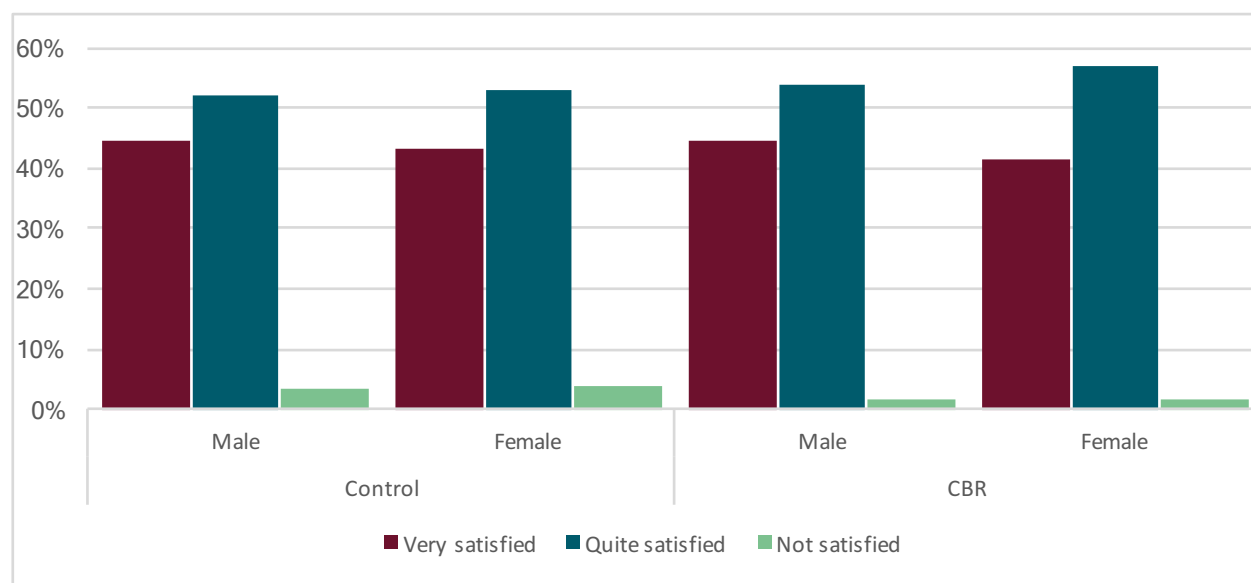


Figure 58: Satisfaction with life by gender and by CBR and control

In Afghanistan, negative stereotypes are associated with people with unknown cause of disability or disabled at birth or with people with mental disability.

Section 10: Emotional Wellbeing

Section 10 investigates self-evaluation of feelings of sadness, anger, worry or distress, as well as having nightmare or bad sleep and headaches, stomachaches or nausea which can be signs of somatization of emotional distress with a threshold of 5 years old.

There is abundant literature exploring the impact of social exclusion on emotional wellbeing. Stigma is a source of stress as mentioned above. Stigmatized individuals have been shown to have diminished ability to control their behaviors in domains unrelated to the stigma (Inzlicht, et al. 2006). They also develop maladaptive emotion regulation strategies such as rumination and suppression (Hatzembuehler, et al. 2013). The literature has shown the association between stigma and psychological distress or depressive or anxiety disorders as well as low self-esteem (Corrigan, et al. 2005; Dagnan and Waring 2004; Shtayermman 2009).

Our findings show that CBR participants and controls demonstrate very similar levels of mental distress and anxiety. A similar small proportion of participants and controls always feel sad (8.7% against 6.7%), worried (8.6% against 6%) or angry (about 6 for both, Figure 59) and have always aches or bad sleep (Figure 60, p. 74).

Community perception of disability is essential in the process of stigmatization (Cerveau 2011). In Afghanistan, negative stereotypes are associated with people with unknown cause of disability or disabled at birth or with people with

mental disability. Because of higher risk of stigma and resulting discrimination, we expected to find higher signs of mental distress and anxiety in our study among persons born disabled or disabled to an unknown cause and people with mental or multiple disabilities (Figures 61 and 62, p. 74). For instance 11.3% of participants born disabled or disabled to an unknown cause (9.6% of controls) feel always sad compared to 6.2% of participants disabled due to an identified cause (5.4% of controls) (Figure 63, p. 75).

Additionally, 11.4% of participants with mental, intellectual or neurological disability (17.1% of controls) and 16.1% of participants with multiple disabilities (15.1% of controls) reported always feeling sad (Figure 64, p. 76). Disparities by type of disability are observed for other signs of distress and anxiety such as feeling angry or having bad sleep or aches but the level is higher for controls (Figures 65 and 66, p. 76).

There are no strong difference in emotional wellbeing between male and female: All indicators regardless of gender have similar levels of sadness, aches, worry or bad sleep (Figure 67, 68, 69 and 70, pp.77-78). There is an exception for participant women who more often tend to feel always worried than men (Figure 69, p 78). More children than adults show signs of worry and distress particularly in the control group (Figure 71, p. 78). This may be explained by the hostility and bullying children with disabilities are exposed to from other children.

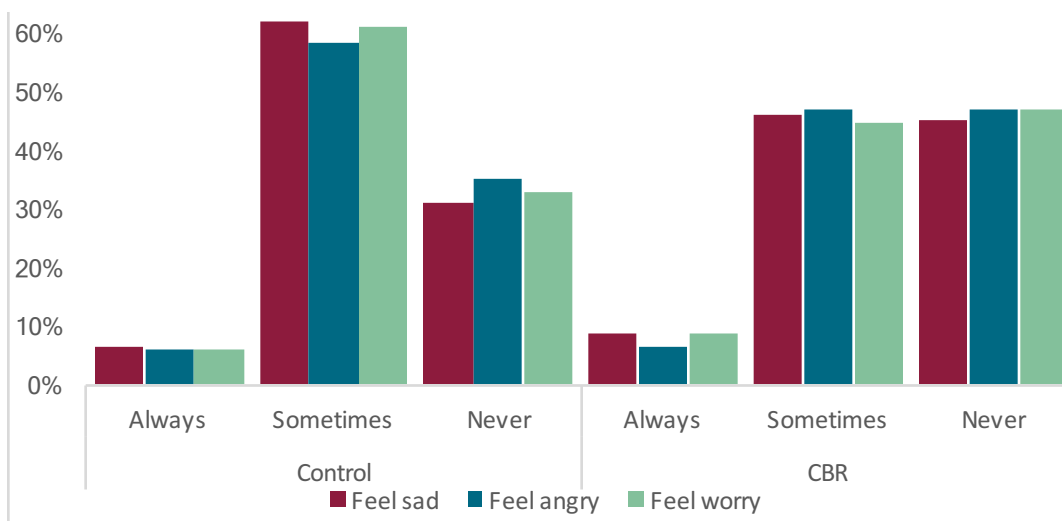


Figure 59: Limitations in emotional wellbeing by CBR and control

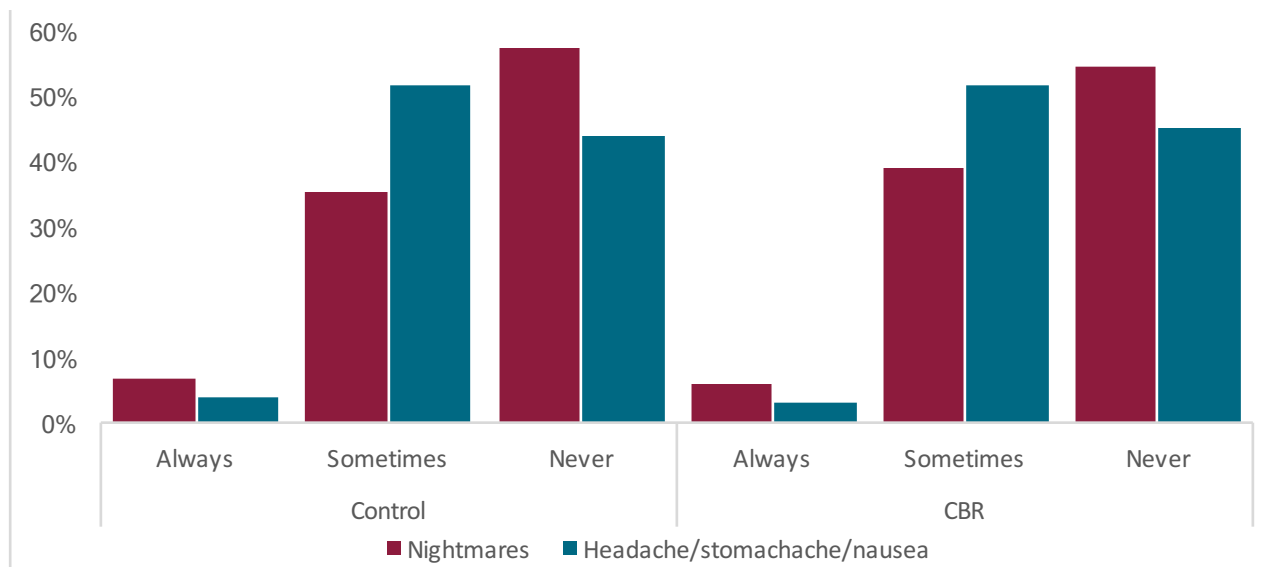
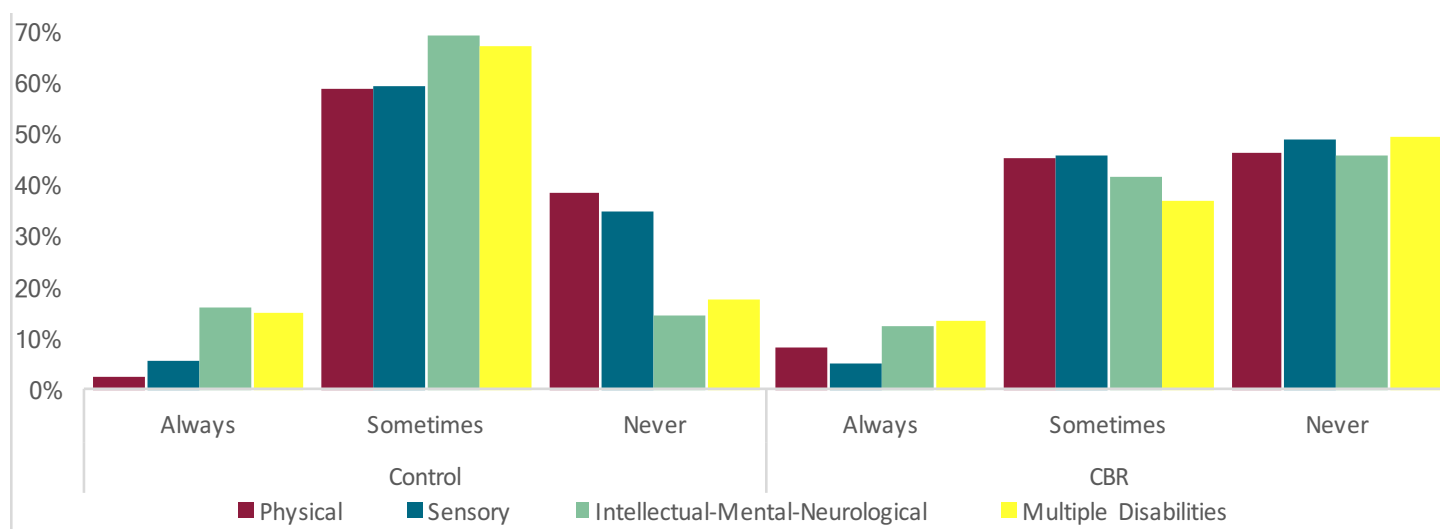


Figure 60: Somatization (nightmare or bad sleep, headache/stomachaches/nausea) by CBR and control



Figures 61: Anxiety by type of disability and by CBR and control

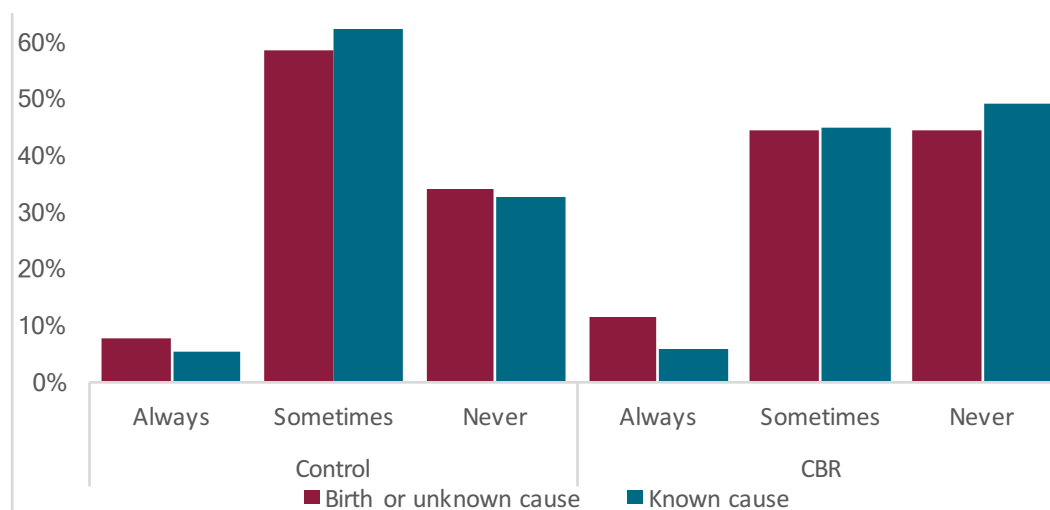


Figure 62: Anxiety and distress by cause of disability and by CBR and control

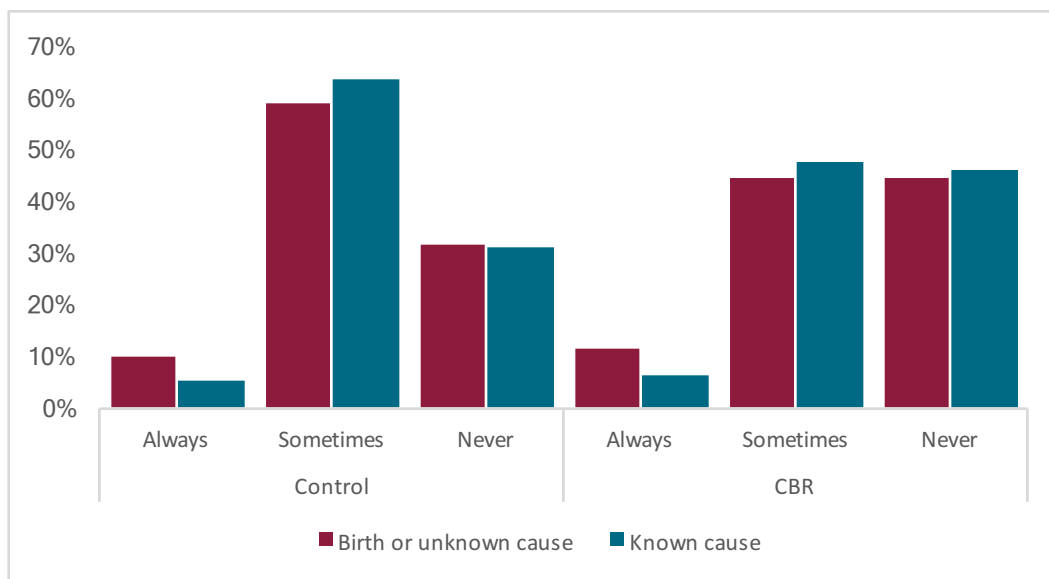


Figure 63: Feeling sad by cause of disability



Photo 27: Elderly control respondent with visual impairment taking the interview with his son's help

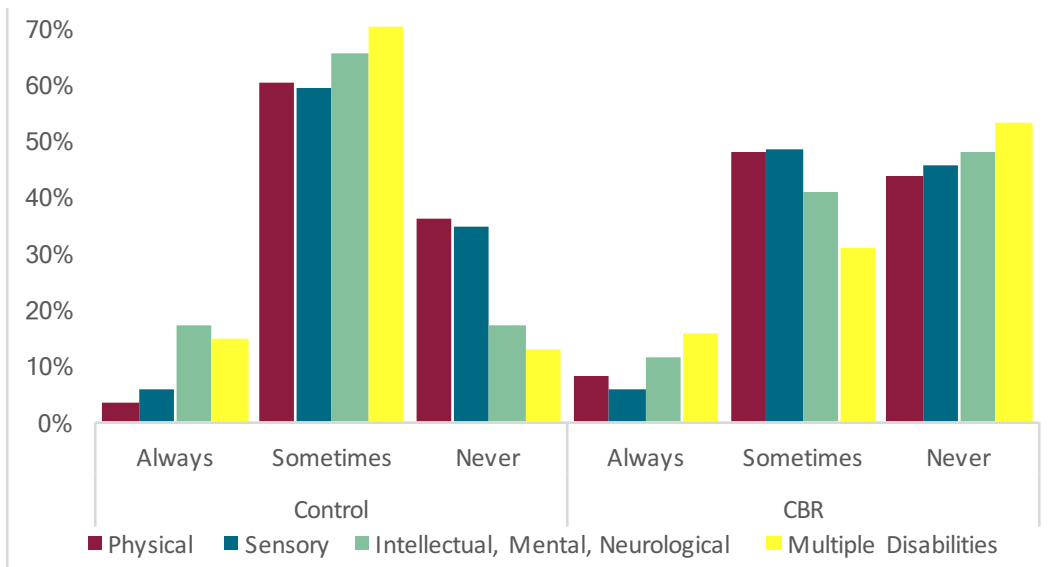


Figure 64: Feeling sad by type of disability

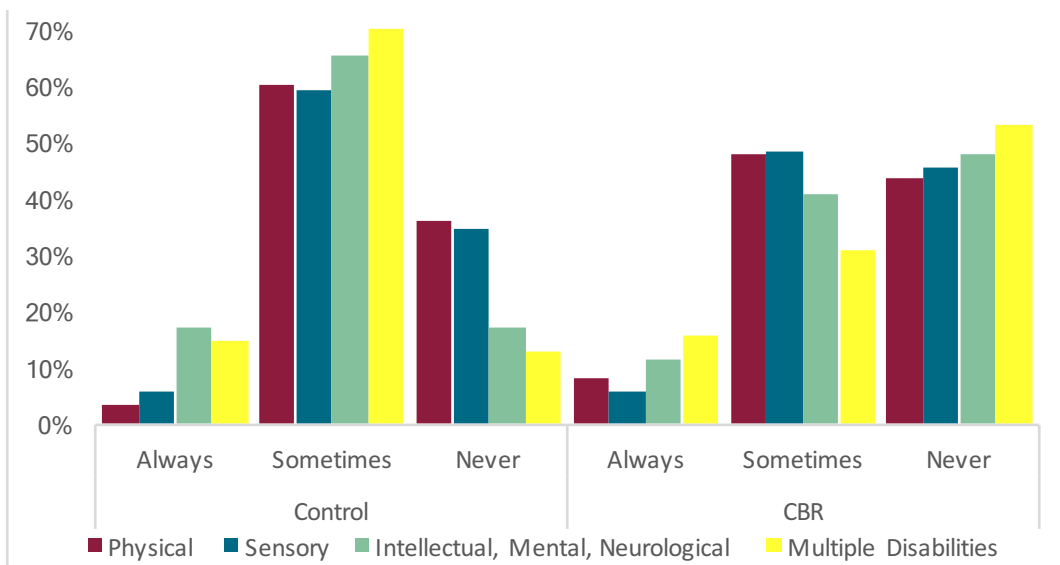


Figure 65: Feeling angry by type of disability

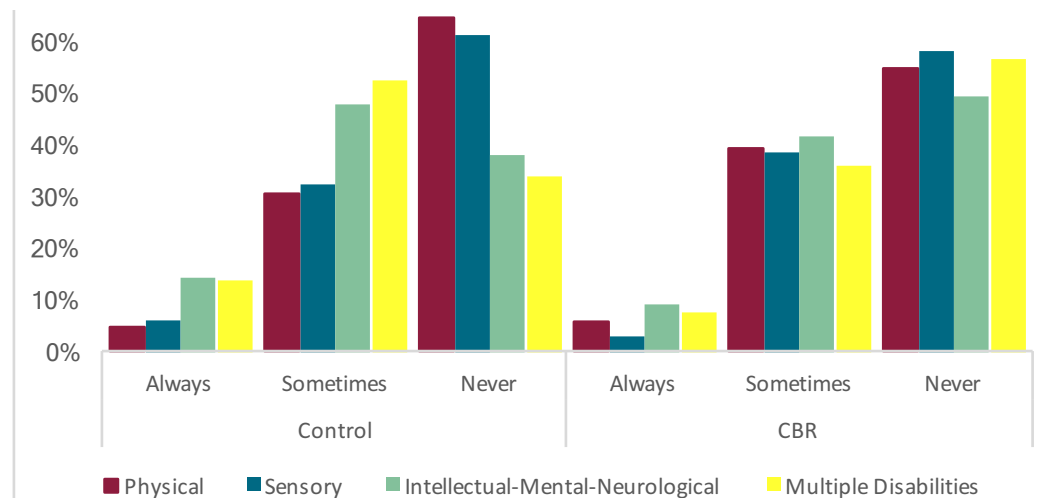


Figure 66: Having nightmares or bad sleep by type of disability

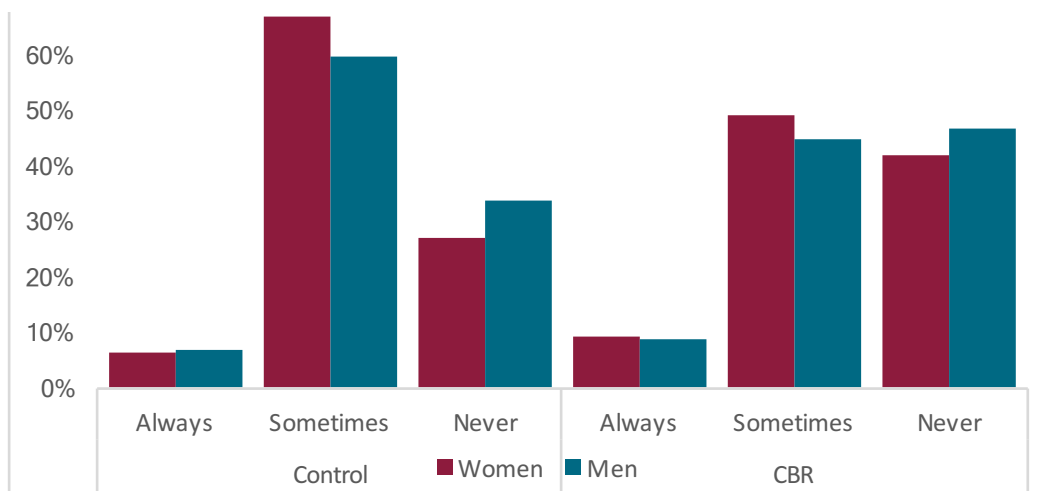


Figure 67: Feeling sad by gender

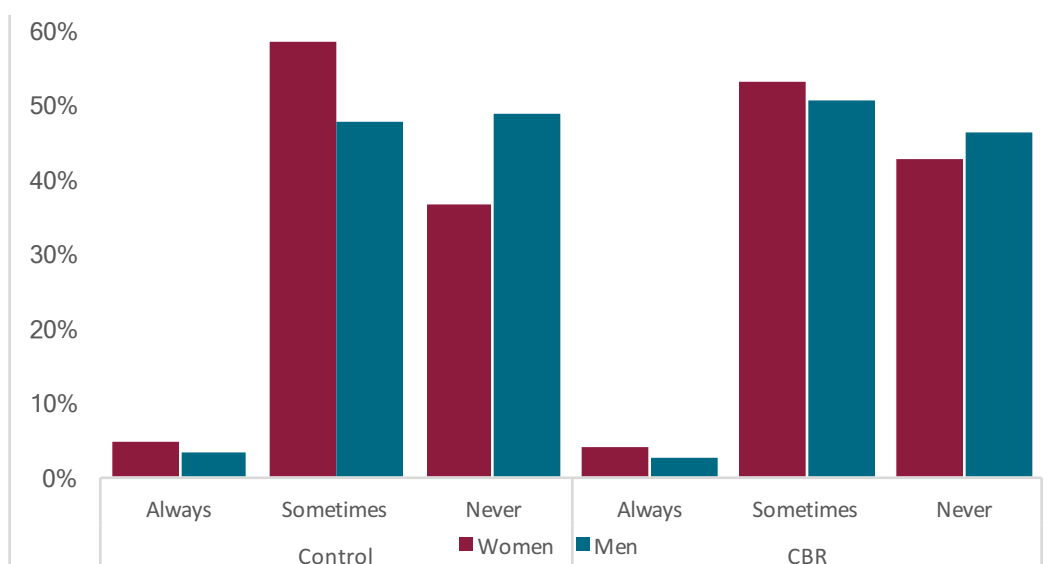


Figure 68: Aches by gender



Photo 28: Obtaining written consent while testing questionnaire in Kabul at the ICRC workshop

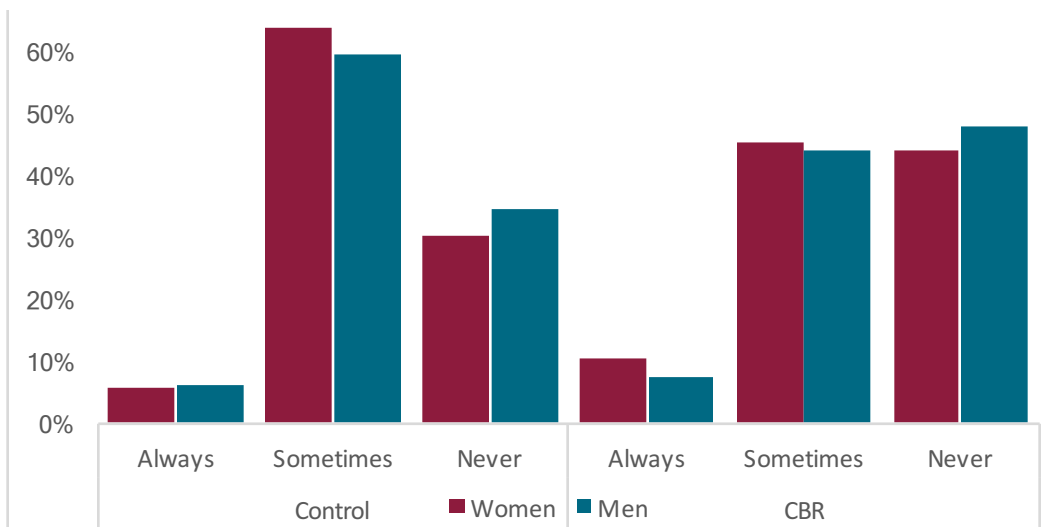


Figure 69: Feeling worried by gender

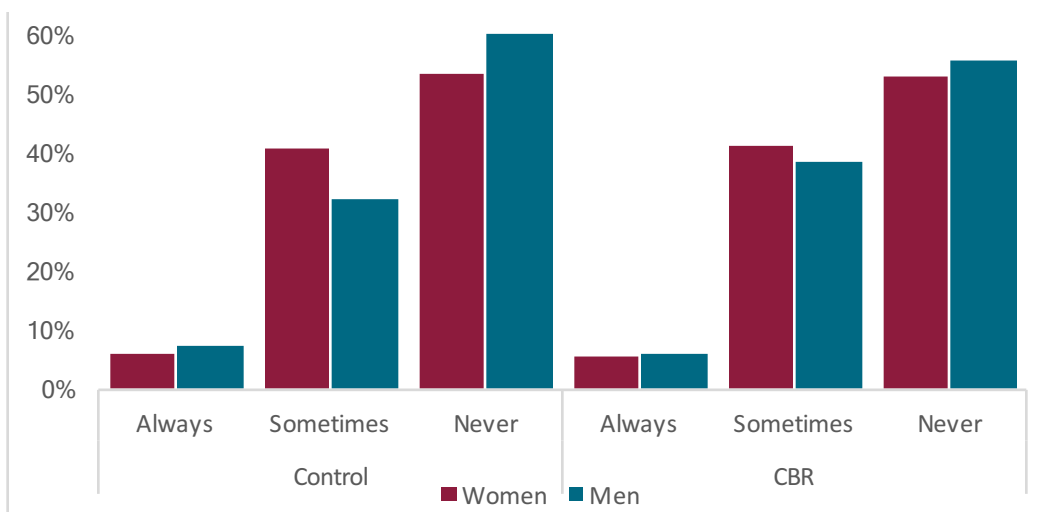


Figure 70: Nightmares by gender

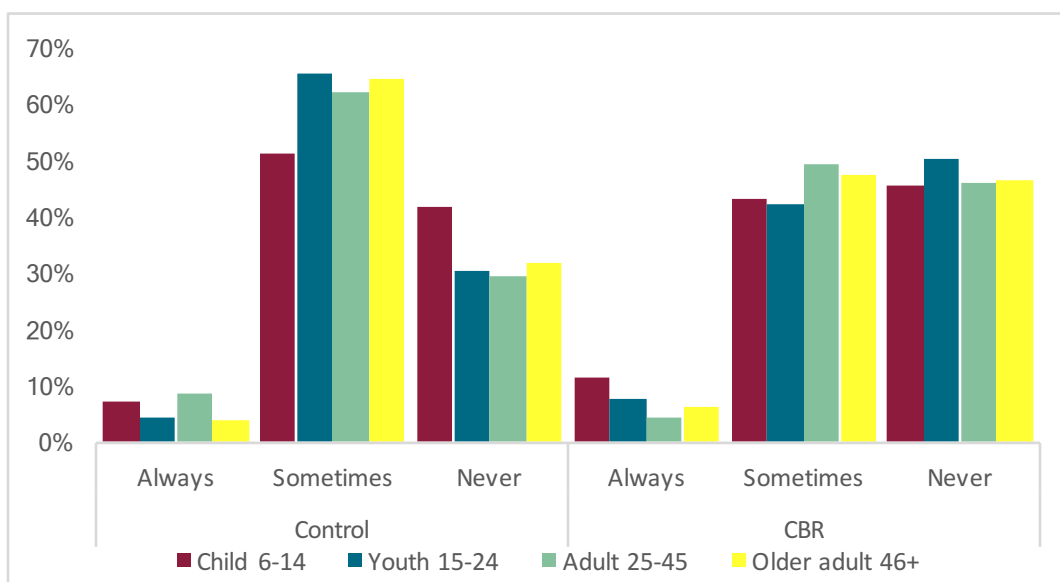


Figure 71: Feeling worry or distress by age group

Section 11: Additional Needs

The final portion of the interview was an inquiry about additional uncovered needs. These needs were not asked to small children below 5 for education, housing and respect from family or community; the threshold was set to 14 for job opportunities, higher income, and disability pension. Need for healthcare was asked to all.

Basic Needs

Despite widespread access to healthcare as shown by results above, we find that a wide majority of respondents from both groups feel they still need better healthcare (Figure 72). This is even more prevalent among CBR participants (72.7%) than among controls (54.3%). This level of healthcare need does not vary significantly by gender, age or type of disability with a few exceptions: healthcare needs are slightly higher for female than male in both groups, for infant among participants but not among controls.

We also asked about remaining need for education. More often, need for education was expressed by controls than CBR participants, particularly among school going age children: 80.6% of children between 5 and 14 in the control group require education against 49.8% in the CBR group (Figure 73, p. 80).

One hypothesis to explain this gap is that new children participants are immediately included into some form of education by CBR workers as a priority intervention. Female are largely more likely to declare having educational needs than male, which is in line with existing evidence showing that females have less access to quality education than males (Trani, Bakhshi and Nandipati, 2012). It is interesting to note that more than a third of adults above 45 years old are interested in receiving some form of education. Among CBR participants, there is a wide range of variation in expressed need for education between regions (Figure 74, p. 80): In ERMO, 86.4% of CBR participants above age 5 expressed some form of educational need while they were only 17.2% in NRMO.

Need for better housing appeared to be a concern for 54.7% of controls and 45.2% of CBR participants (Figure 72). A higher number of female than male expressed needs for housing among CBR participants only. We observe the widest difference between regional offices for housing (Figure 75, p. 80). NRMO has as little as 20.3% of participants concerned with their housing while 59.9% and 61.9% of participants above 5 years old expressed such concern respectively in ERMO and

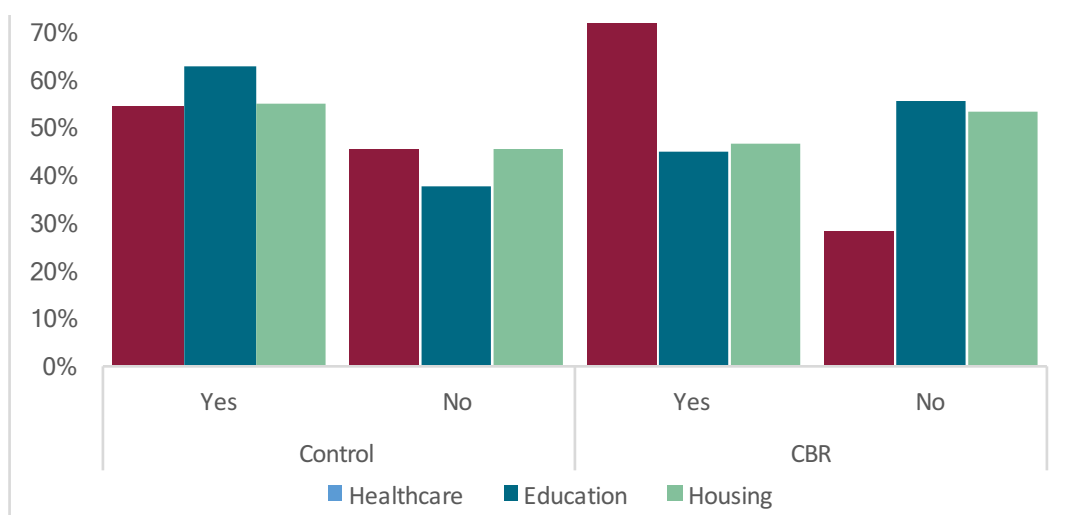


Figure 72: Need for healthcare, education and housing by CBR and control

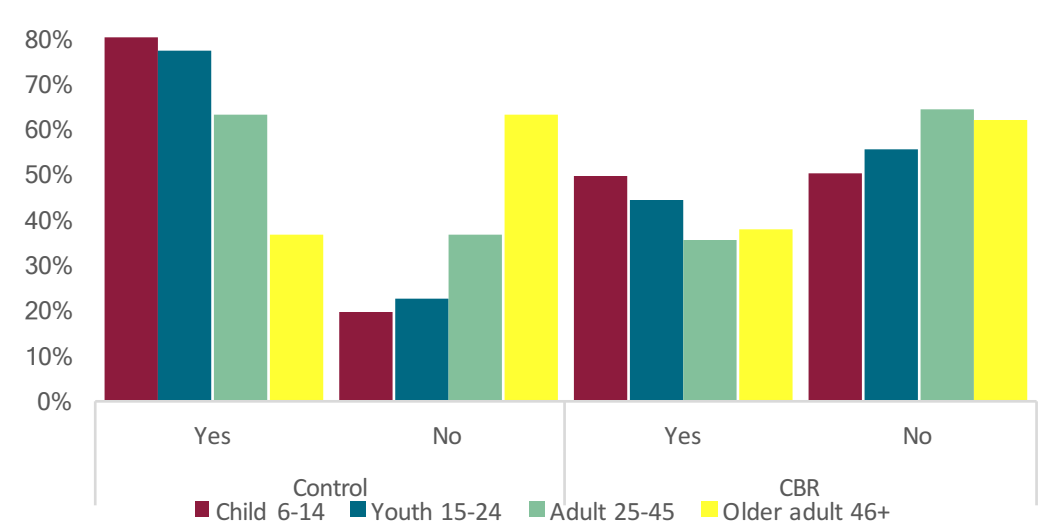


Figure 73: Need for education by age group by CBR and control

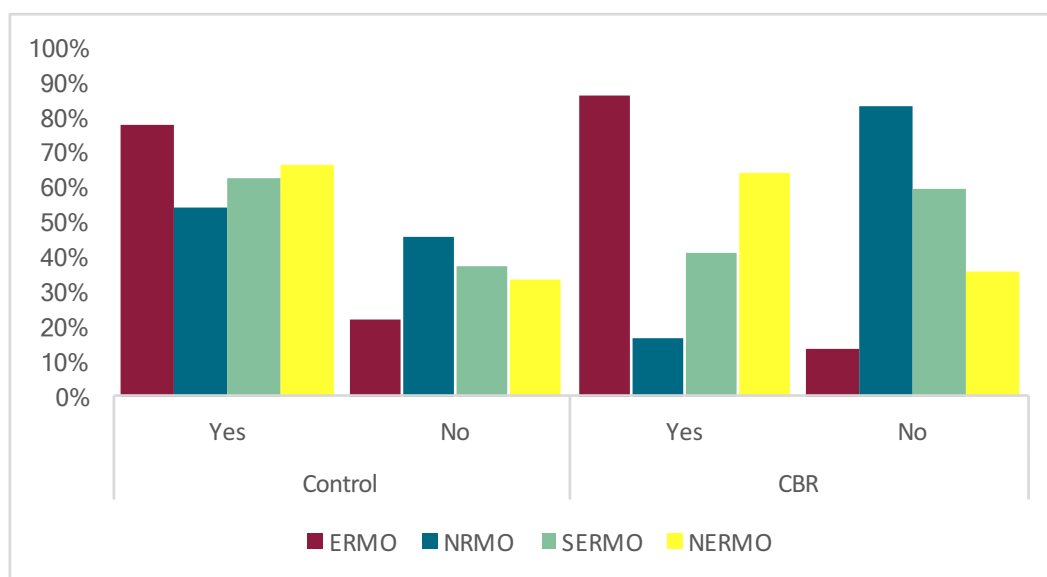


Figure 74: Need for education by region and by CBR and control

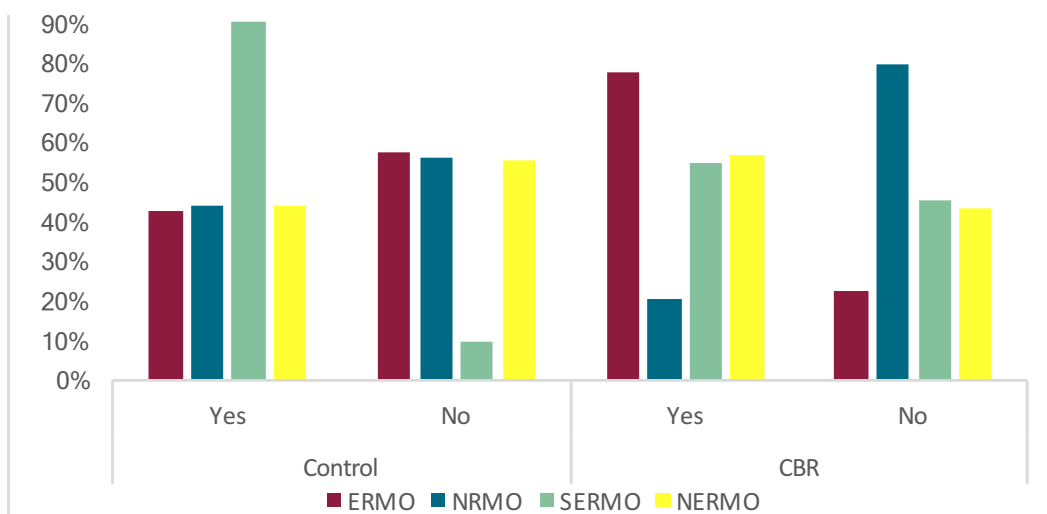


Figure 75: Need for housing by region and by CBR and control

NERMO. Economic Needs

A higher proportion of controls above 14 years old (60.1%) compared to CBR participants (43.9%) are concerned with having more job opportunities (Figure 76). This is enhanced in the case of higher income (74.9% against 37.3%) and disability pension (72.6% against 38.6%). The need for a job was particularly high among young people age 15-24 from the control group (73.7% compared to 43.0% in the CBR group) (Figure 77, p. 82). Needs for higher income and a disability pension were expressed in both groups across age range but for a higher proportion of controls. We also observed a wide variation by regional office (Figure 78), with ERMO again and NERMO appearing to have both a lot more need for job opportunities among CBR participants, higher income and a disability pension than CBR participants from NRMO. People in the region of Mazar (NRMO) have lower economic needs at baseline than in any other region, particularly among CBR participants.

Social Needs

The need for respect appears to be high among CBR participants compared to controls (Figure 79, p. 82). More than two third of participants expressed such needs both from the family and from the community (71.3% for family and 67.3% for community). These rates were 35.0% and 43.9% respectively for controls. Surprisingly, need for respect from the family and the community is expressed across gender, age groups and disability types among CBR participants (Figures 80 and 81, p. 83). Among controls, people with physical disabilities expressed less of a need for respect from community than people with other types of disability, particularly those with intellectual/ mental/neurological or multiple disabilities. This is because physical disability is largely accepted by social norms, and even praised when people were disabled at war. This is not the case for mental disability which is particularly stigmatized in Afghanistan.

A need for marriage may be an important issue for young adults with disabilities. We have shown elsewhere that not being able to get married was an important source of concern for young men and particularly women and their family (Figure 82) (Trani, et al. 2011).

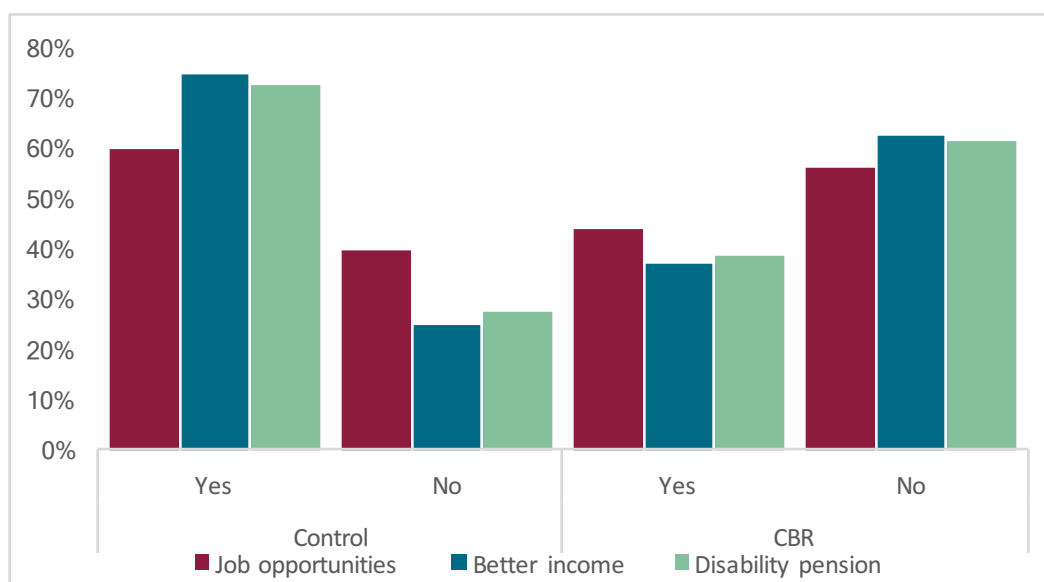


Figure 76: Economic needs by CBR and control

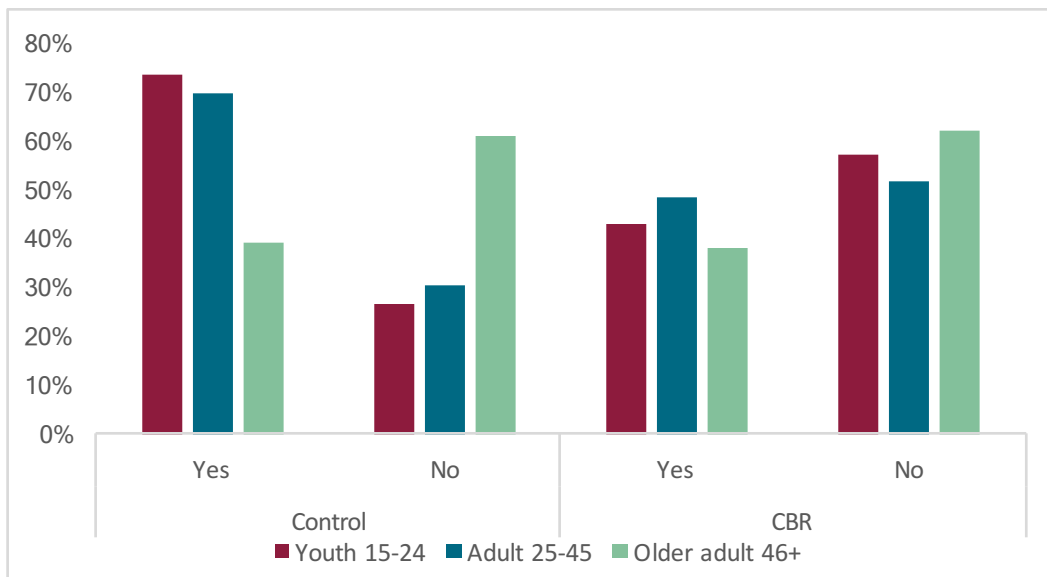


Figure 77: Need for job opportunities by age group and by CBR and control

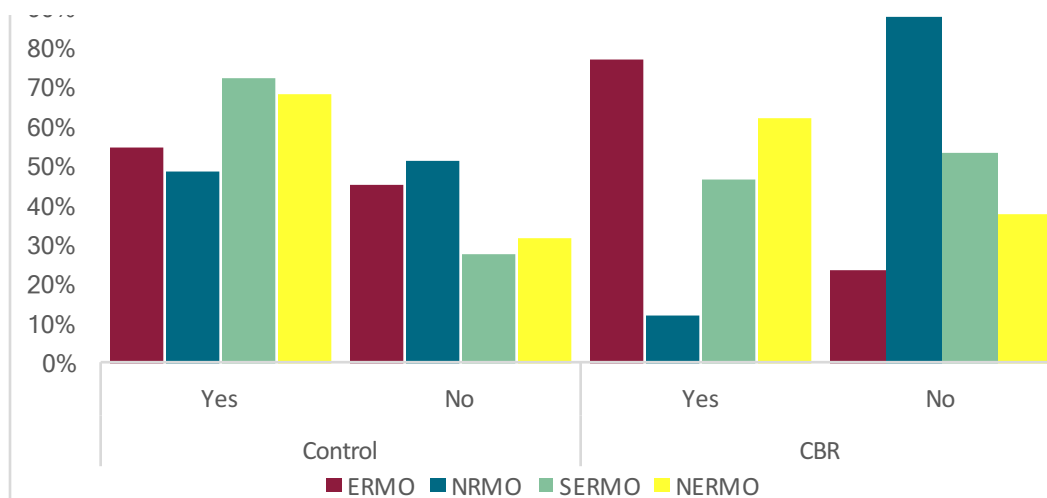


Figure 78: Need for job opportunities by region and by CBR and control

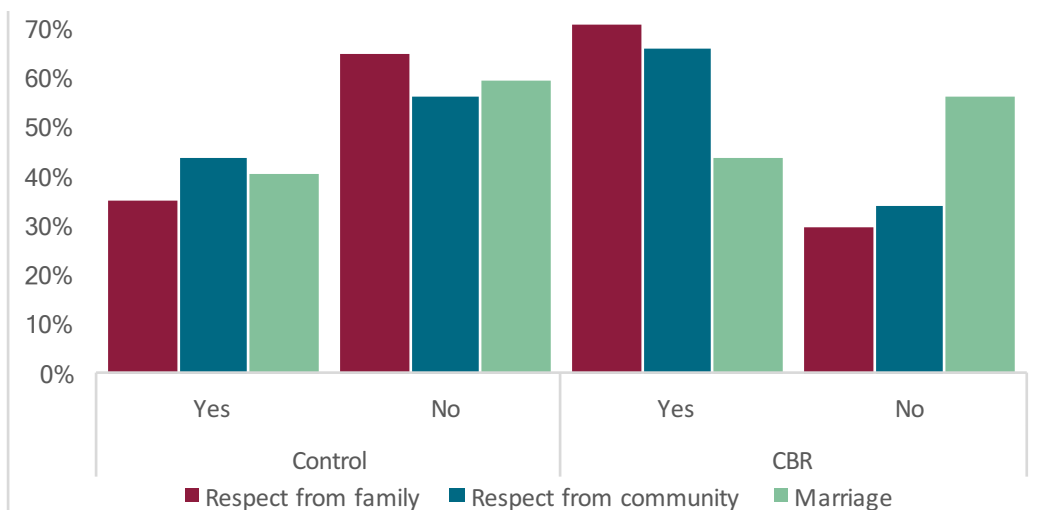


Figure 79: Social needs by CBR and control

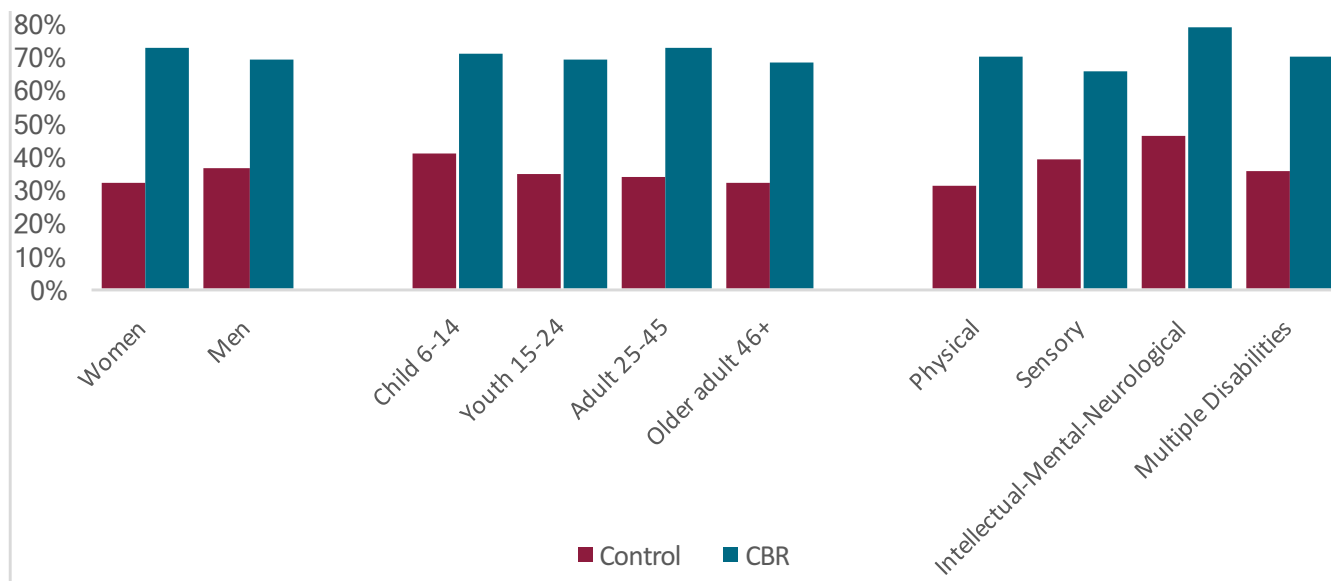


Figure 80: Need for respect from family by gender, age and disability type and by CBR and control

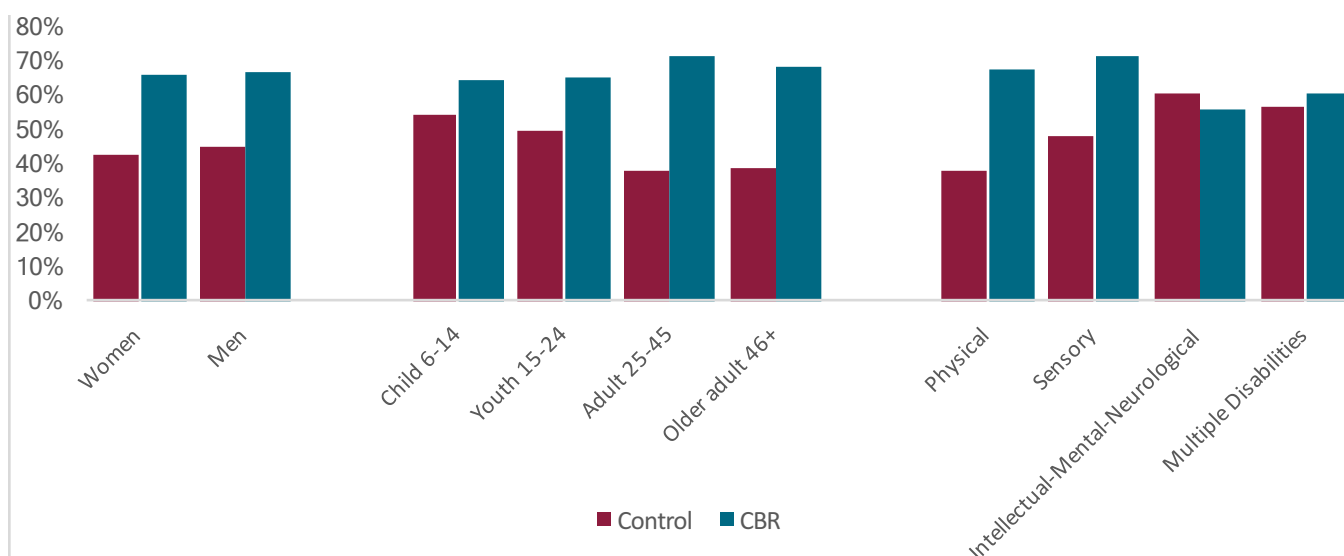


Figure 81: Need for respect from community by gender, age and disability type and by CBR and control

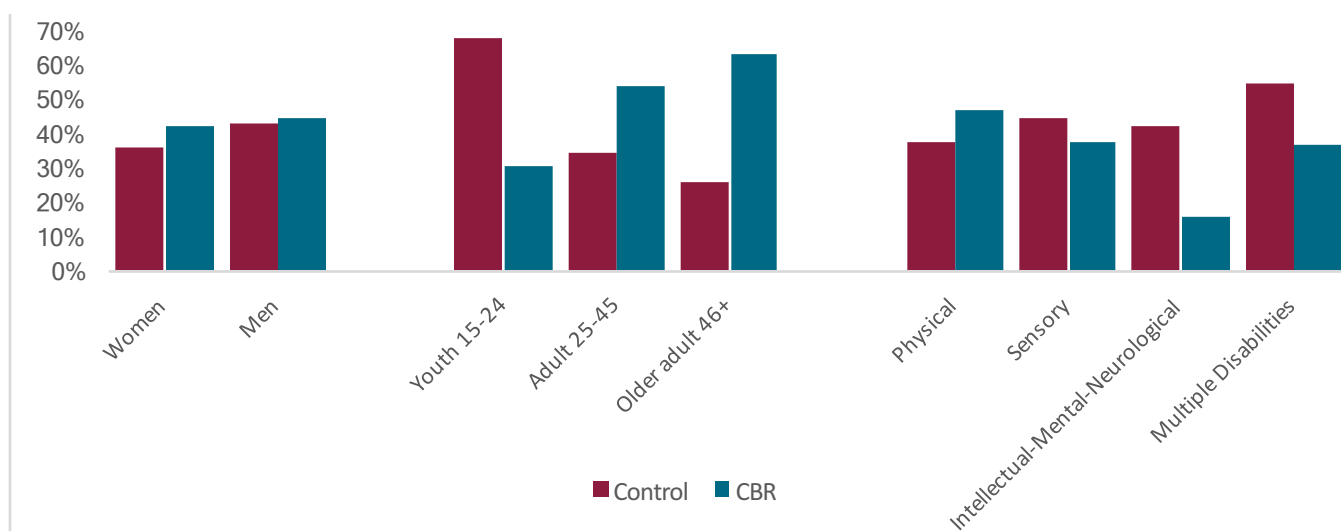


Figure 82: Need for a partner by gender and by age group and by CBR and control

Section 12: Characteristics of urban and rural clusters

In this section, we compare the geographical, economic, social and political characteristics of CBR participant and control villages or block of towns for each of the regional offices. In the following we will refer to clusters to indicate both urban and rural clusters.

of the clusters in the sample, both intervention and control clusters are situated in open plains. We found a higher proportion of CBR and control clusters situated in valleys and/or on hills in the SERMO region (respectively 39.1% CBR and 45.7% control clusters, Figure 83)

Cropland, accessibility and electricity

The agriculture production of a vast majority

More than 60% of the CBR clusters are accessible by a nearby road. In SERMO, control clusters were more often further away from a road than CBR clusters, whereas in ERMO, the op-

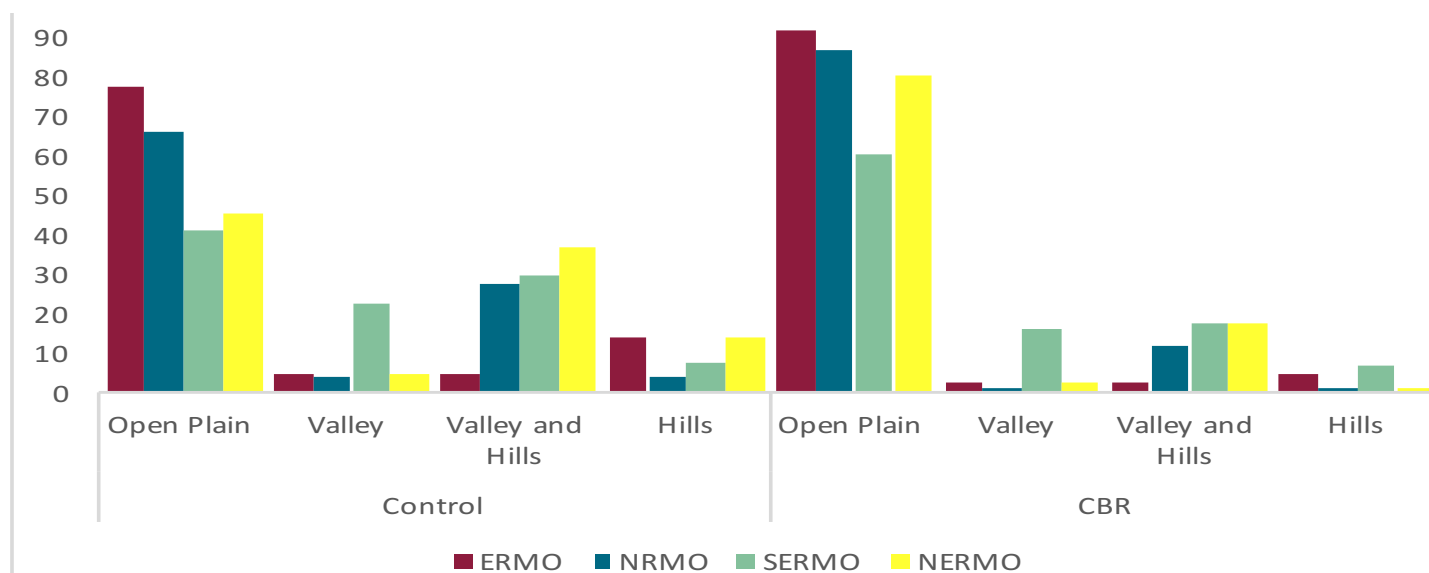


Figure 83: Main topographical situation of croplands

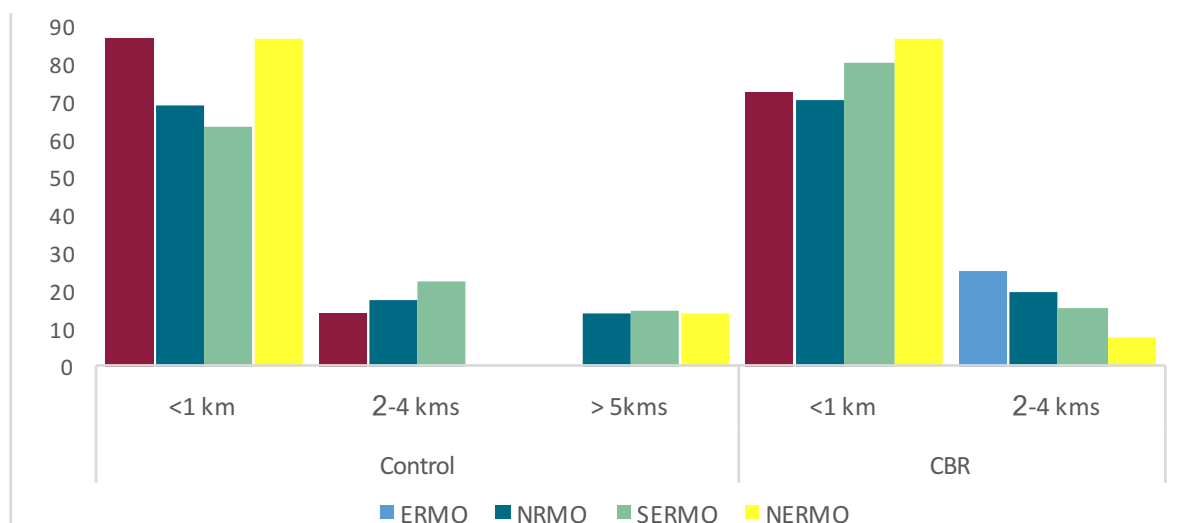


Figure 84: How far is the nearest drivable road?

posite is true (Figure 84). In almost all cases, the road was usable by cars (Figure 85).

A large majority of clusters have access to electricity. This proportion is higher among CBR clusters, except in NRMO where more control clusters have access to electricity than CBR clusters. In ERMO, all CBR clusters have access to electricity while only 68.4% of control clusters do. When electricity is available in the cluster, it is more often accessible to all inhabitants in CBR than in control clusters except in NERMO where the same proportion of the population have access in both groups of clusters (Figure 86). Electricity is used mostly for domestic purposes and very rarely for

agriculture or other uses. (Figure 87, p. 81). The type of source of electricity varies according to the region and between CBR and control clusters. NRMO is the only region where a majority of clusters -both CBR and control- use public connection. Conversely, more than 80% of CBR and control clusters in SERMO use solar panels. Generators are hardly use anymore except in some control clusters of ERMO (Figure 88, p. 86).

Schools

A majority of clusters in our sample - above 70% except among control clusters in SERMO- have a school (Figure 89). Most primary schools are

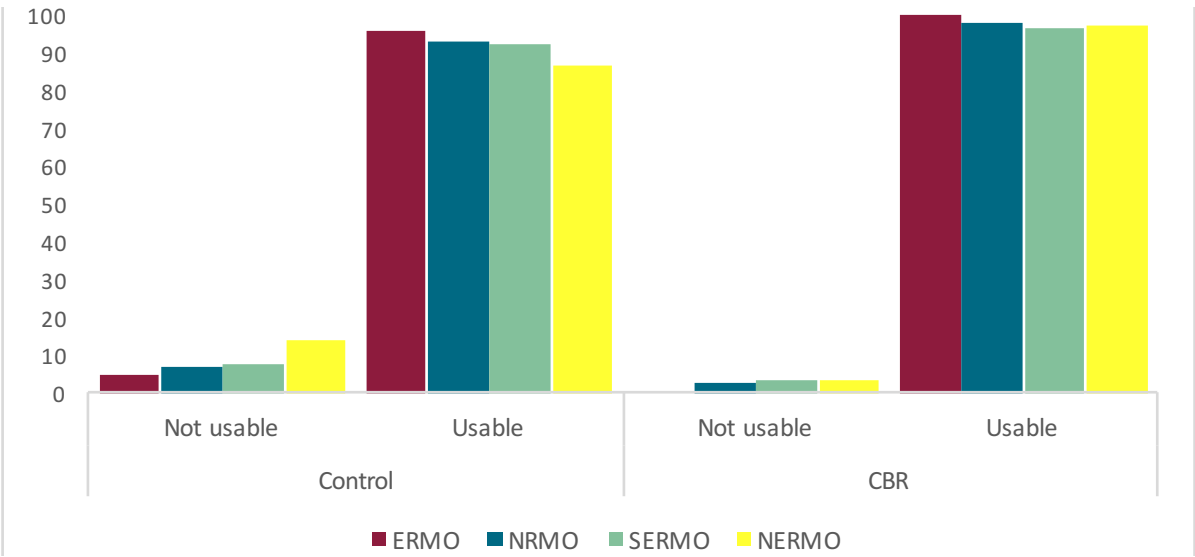


Figure 85: Is the closest road usable by vehicles?

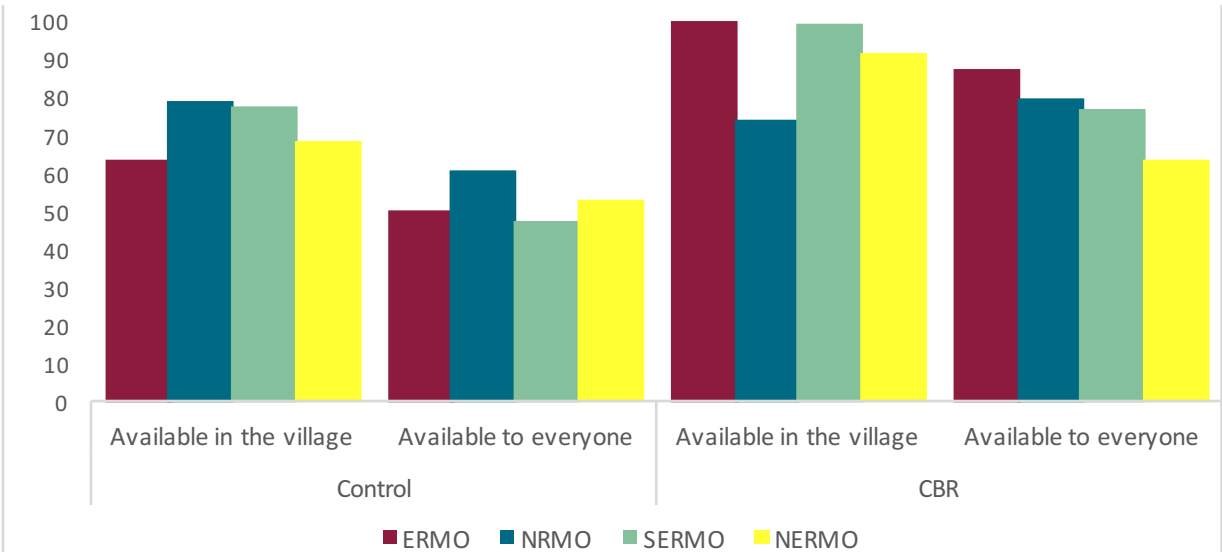


Figure 86: Availability of electricity in the village and for all

available to both girls and boys except among control clusters in NERMO where very few have a primary level school for girls. Except in ERMO and NRMO, the number of available secondary schools drop sharply. It is even more so for high schools which are situated often outside the cluster and require transportation. A minority of clusters have community based schools. The highest number is found in control clusters in NMRO. Of course, very few urban clusters have access to universities in the major towns (Mazar-I-Sharif, Jalalabad, Kunduz and Ghazni).

Access to healthcare varies from one region to another. While ERMO and SERMO CBR clusters have close access to healthcare facilities in respectively 82.3% and 63.5% of the cases, such is not the case in CBR clusters of NRMO (38.2% have direct access) or NERMO (28.9% have direct access). Apart from NRMO control clusters with 54.7%, none of the other regions reach the level of half of the control villages having close access to healthcare. The alternative is to reach another place which has a health center or maybe go to a traditional healer or a private practitioner, with

Healthcare facilities

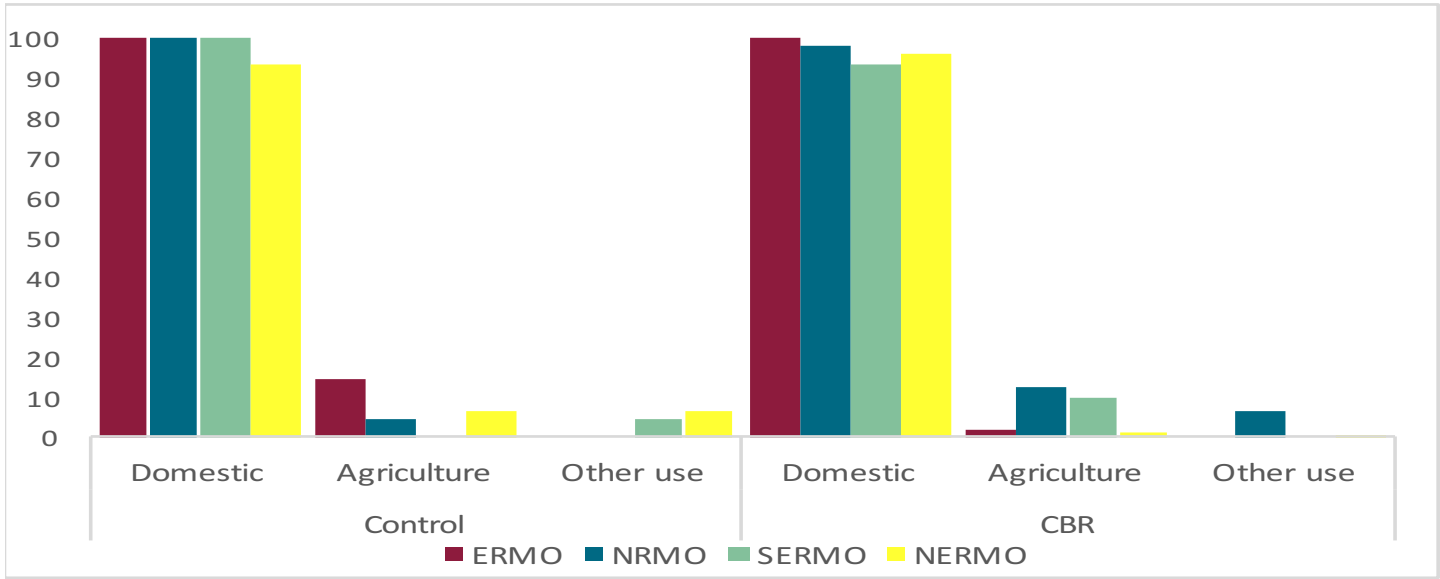


Figure 87: Types of use of electricity

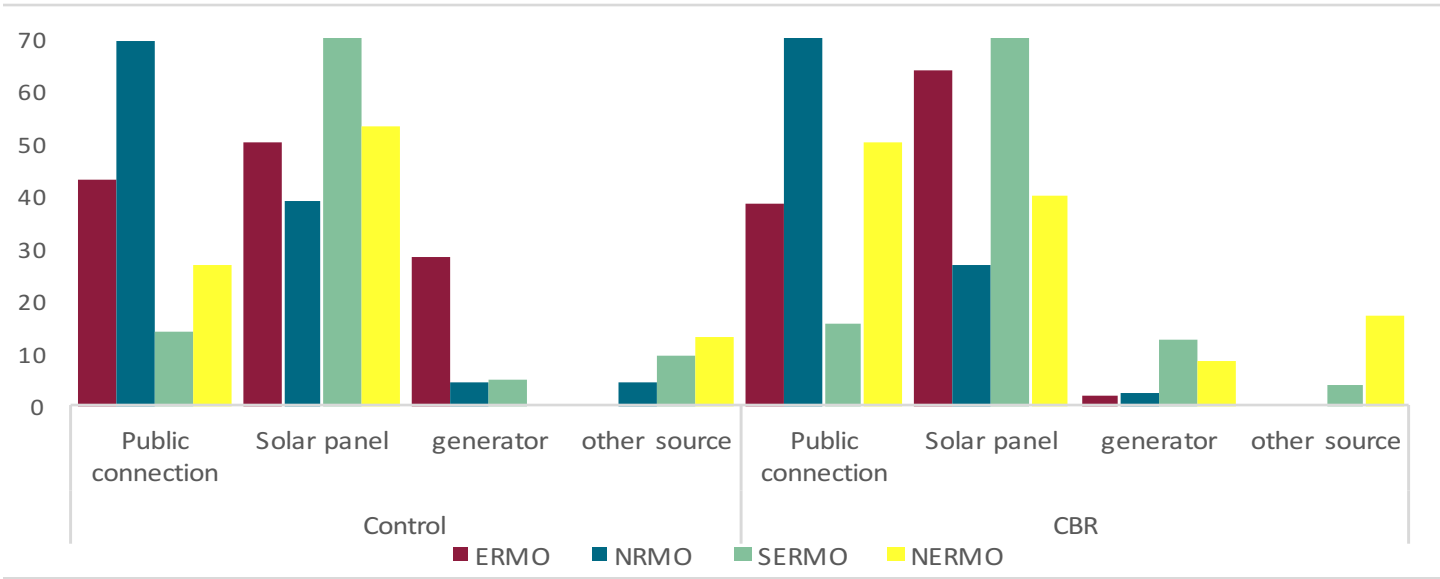


Figure 88: Types of source of electricity

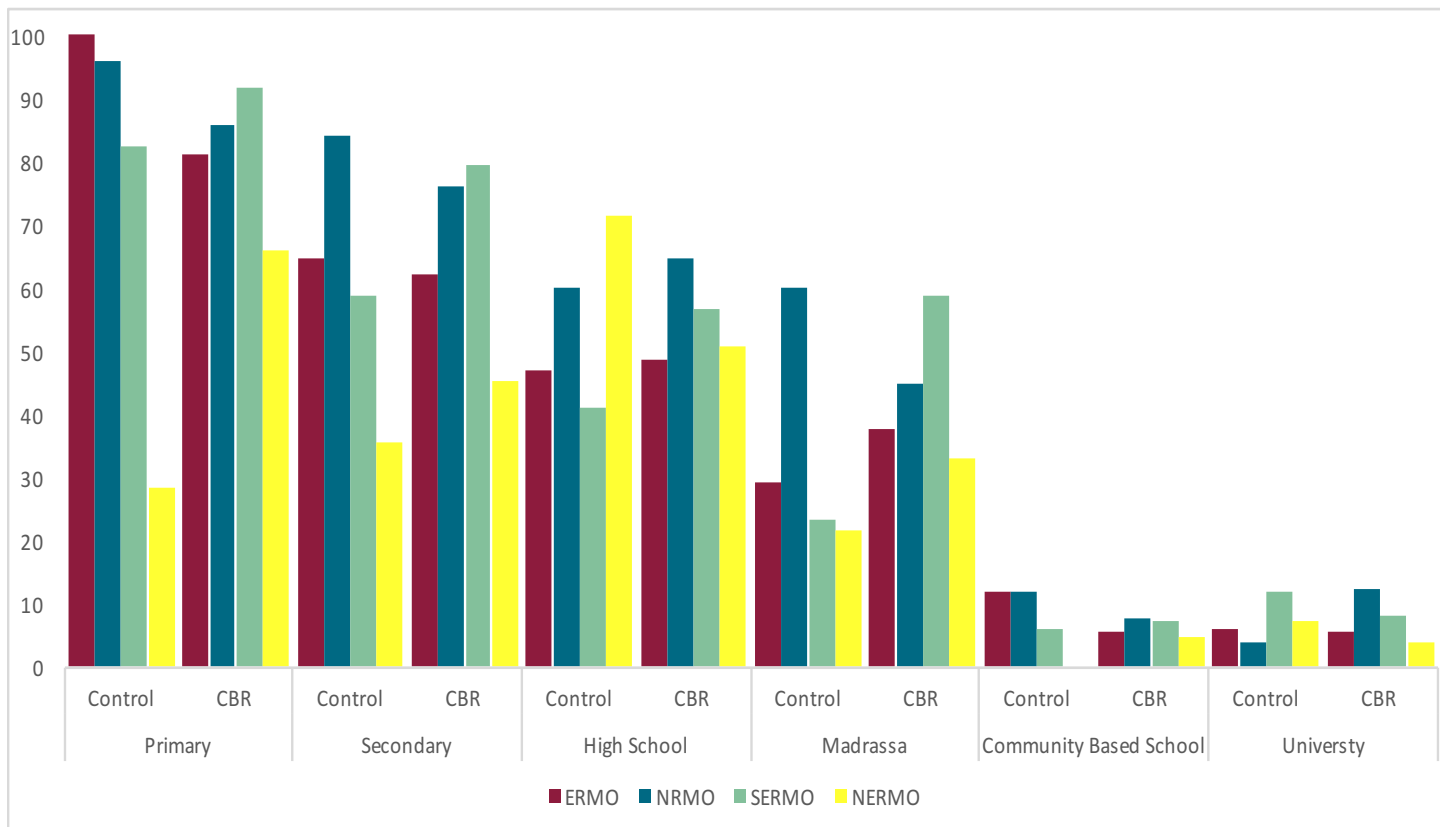


Figure 89: Types of schools available for boys in the village or town

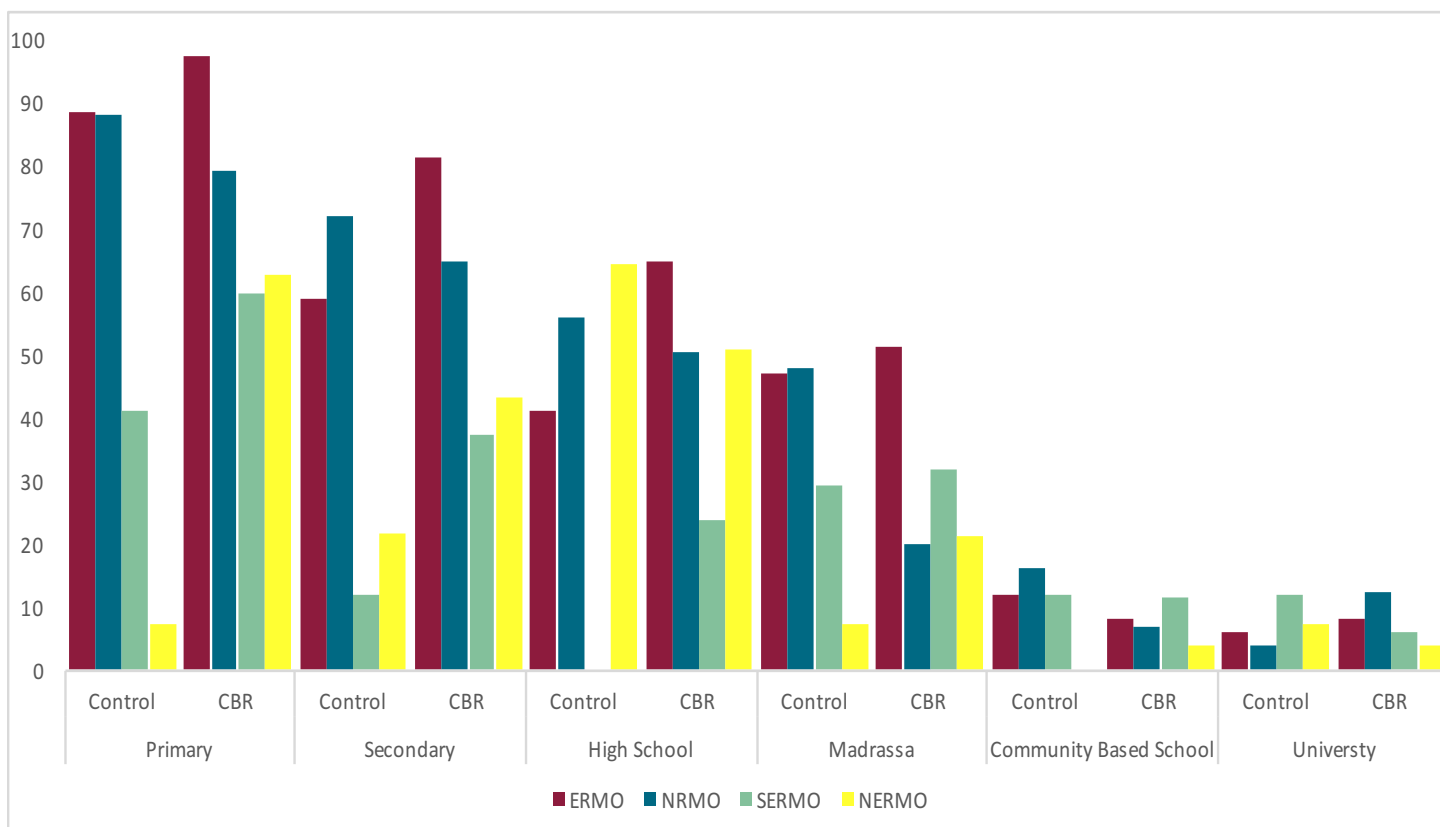


Figure 90: Types of schools available for girls in the village or town

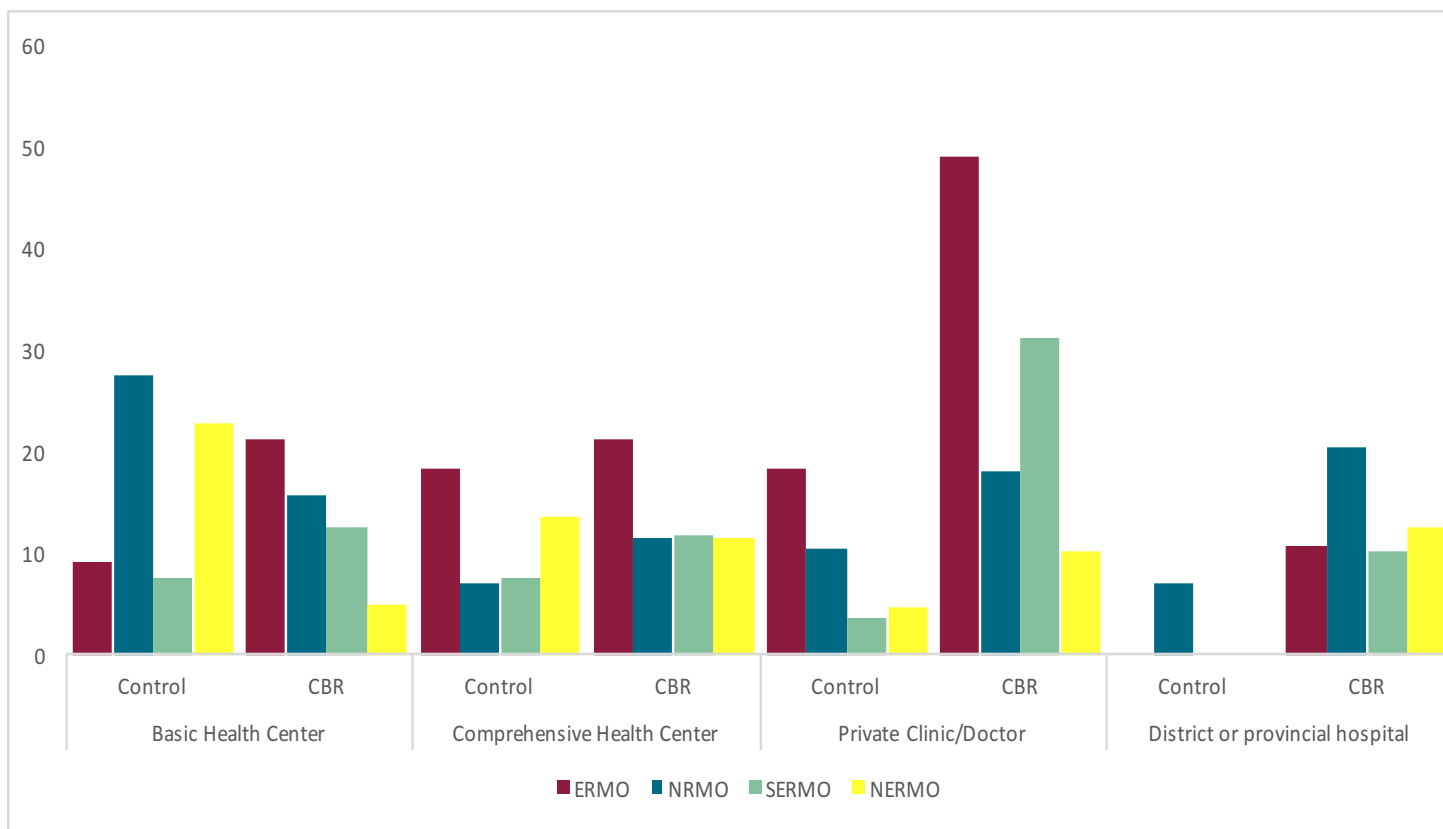


Figure 91: Types of healthcare facility available

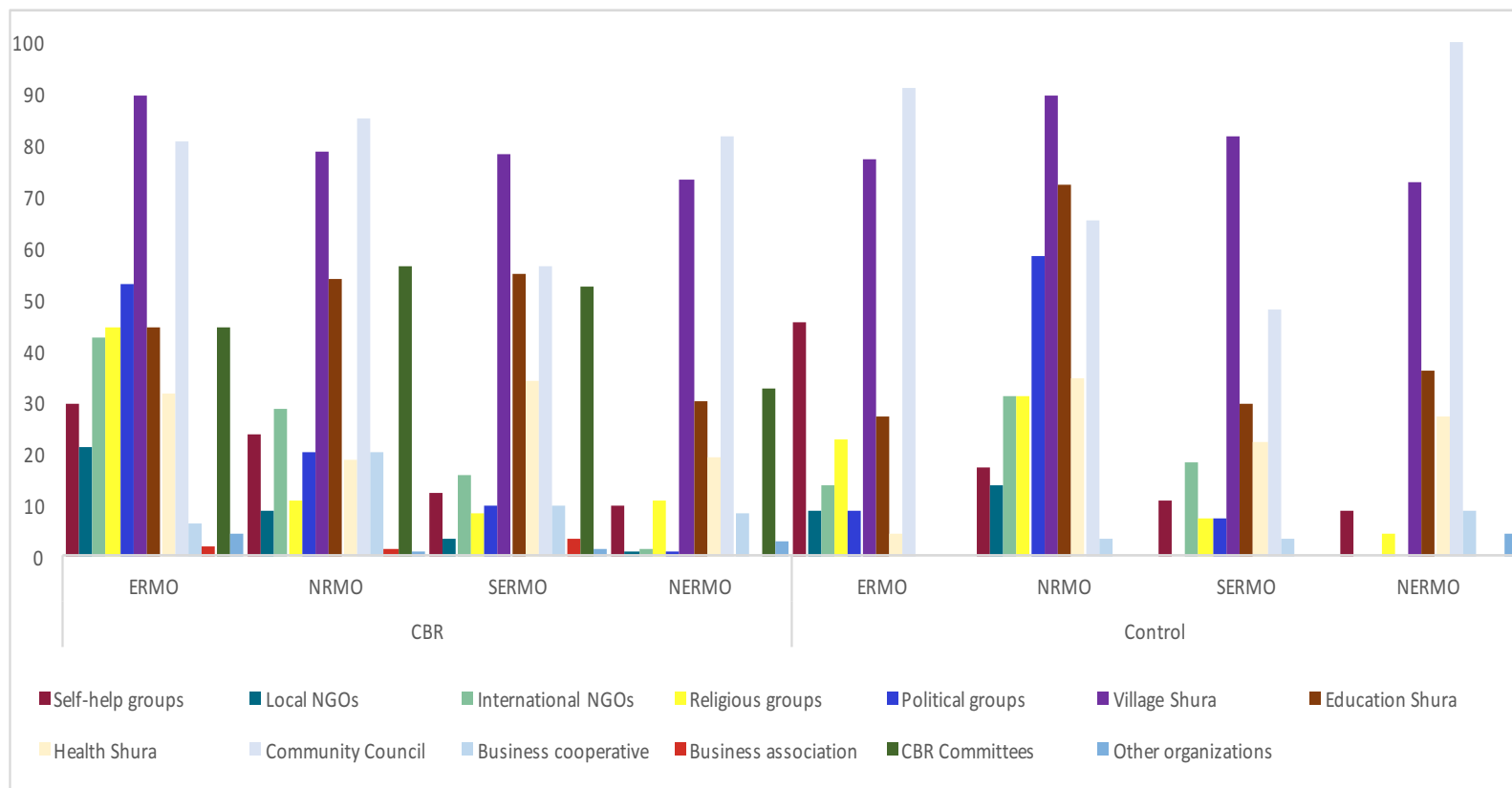


Figure 92: Presence of social and political groups in the clusters

or without a recognized and valid training. Most clusters do not have either a basic or a comprehensive healthcare facility. ERMO is the only region where a majority of CBR clusters have a basic or comprehensive healthcare center, compared to respectively 23.5%, 26.8% and 16.6% NRMO, SERMO and NERMO. In fact NRMO and NERMO control clusters have more often a health center than CBR clusters (respectively in 32.5% and 35.6% respectively, Figure 91, p. 88).

Social and political groups

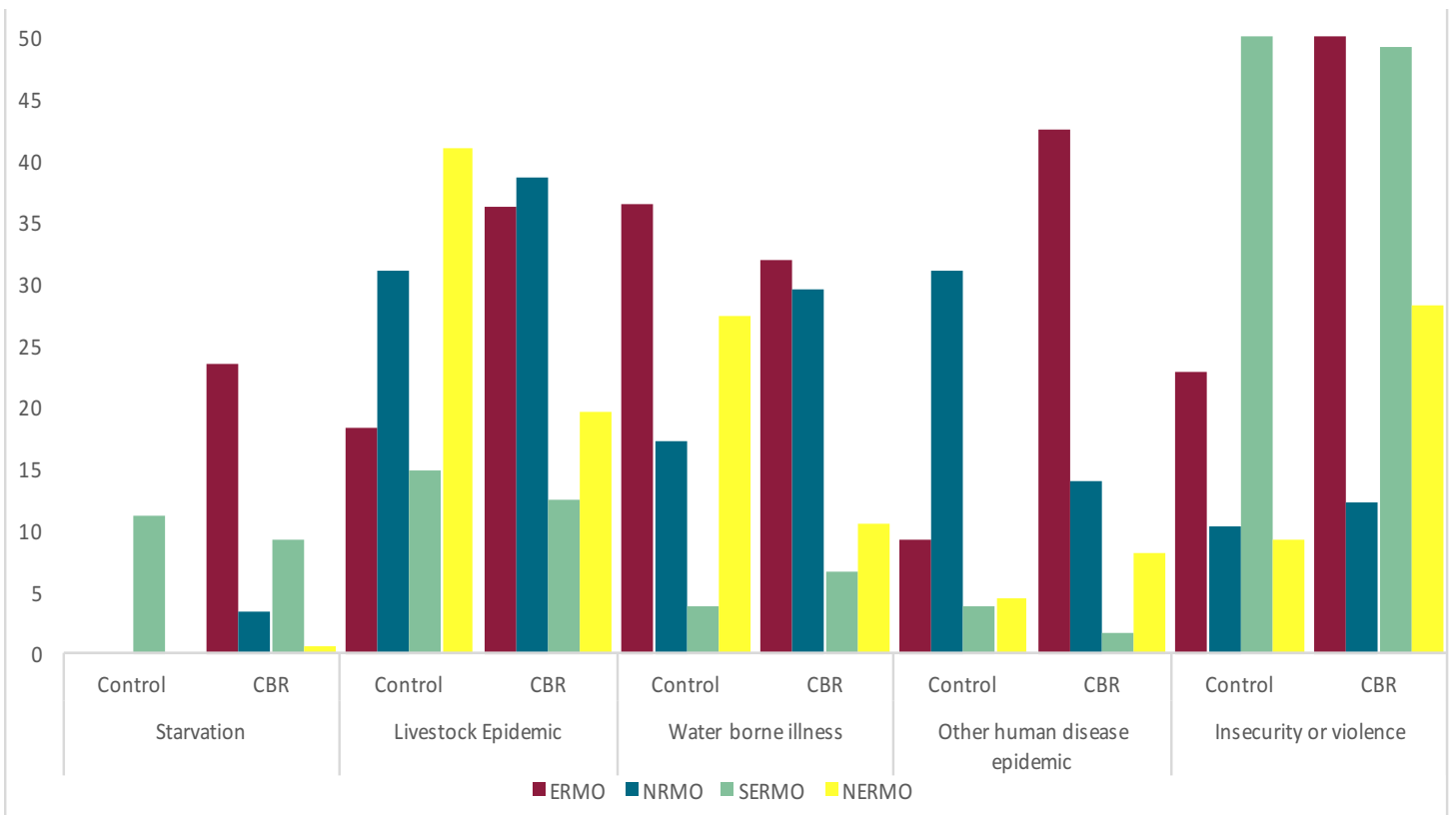
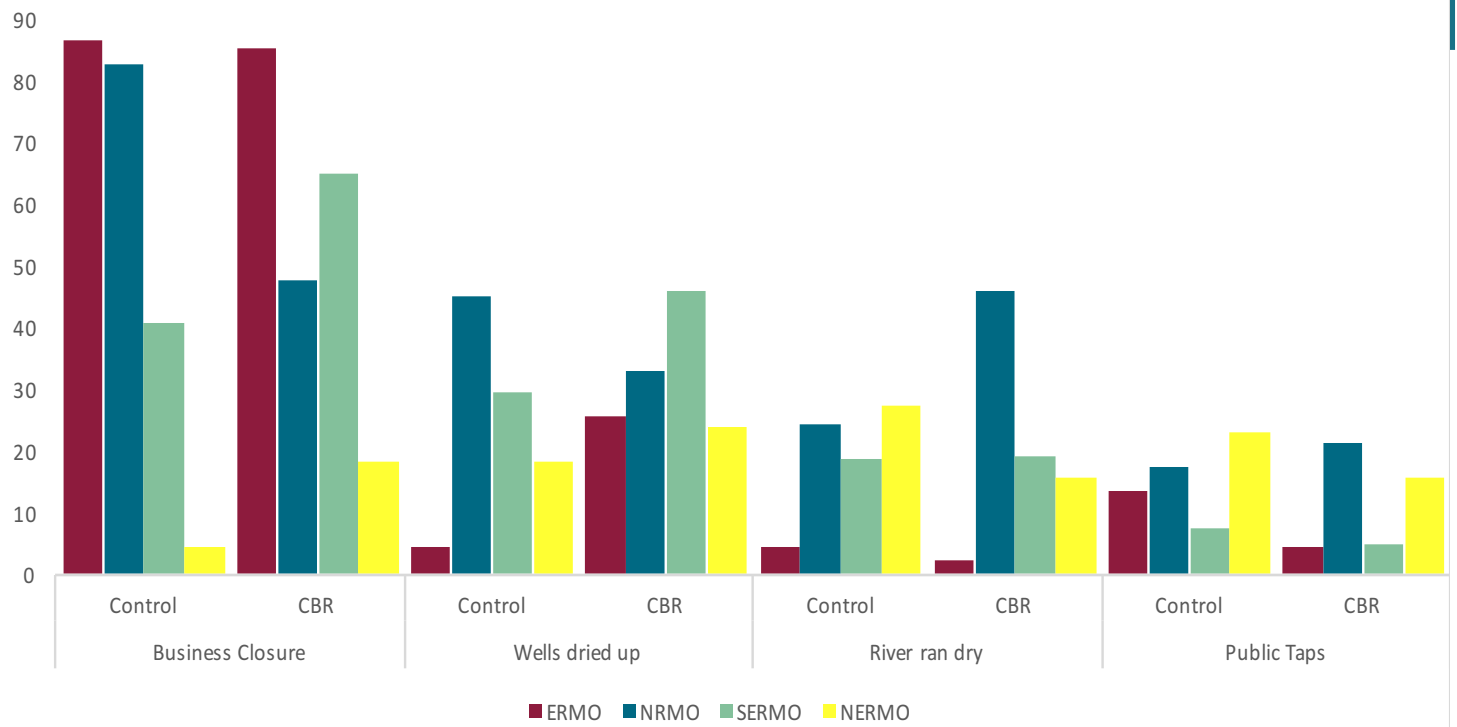
Afghan villages are structured around various

social and political groups. Of course, all these groups are not represented in all the villages (Figure 92, p. 88). In fact the most common political organizations found in the selected clusters are village assemblies or Shuras and community councils. Village leaders debate and look for a consensus on important decisions for the community. More than 70% of the clusters, both CBR and control, have a Shura, and this rate is even of almost 90% in ERMO. Interestingly, business organizations are very rare, less than 10% of villages have such an organization, particularly in ERMO.

Other organizations are also under-represent-



Photo 29: Team reconvening to the meeting point after interviews carried on all day in a village



ed. With a few exceptions in certain regions, most social structures are present in less than half of the clusters. Even CBR committees that are promoted by SCA are present in just more than half of the CBR participant clusters in two out of four regions (NRMO and SERMO). Health committees are organized in a third - in SERMO CBR clusters (34.2%) and NRMO control clusters (34.5%) or less than a third of the other clusters, only in 4.6% of ERMO control clusters. Education committees or Shuras are slightly more common than the health ones overall. Self-help groups are also poorly represented in most clusters: Between 9 and 30% of villages have one or more, with the exception of ERMO control clusters which are 45.5% to have self-help groups. Similarly, a majority of clusters have neither local or international NGO nor religious or political groups with the exception of ERMO CBR clusters (44.7% and 53.2% respectively have at least one religious group or political party) and NRMO control clusters (58.6% have a political party).

Negative events in the last three years

The study collects information about negative events that affected each community included in our sample during the period of the study. Negative events vary in nature. Some are linked to economic life, livelihood and health such as business closure, starvation, compromised access to water, livestock epidemic, pandemic outbreak. Other are linked to so called “natural” disasters such as flood, landslide or simply a particularly severe winter. Finally, we recorded events associated to the current context of protracted conflict.

High level of business termination has been observed during the time of the study - over 80% of both CBR and control clusters were affected in ERMO and as much of NRMO control clusters - with the exception of NERMO.

Other negative events never reached half of the clusters with a couple of exceptions. Episodes of violence and insecurity affected two third of con-

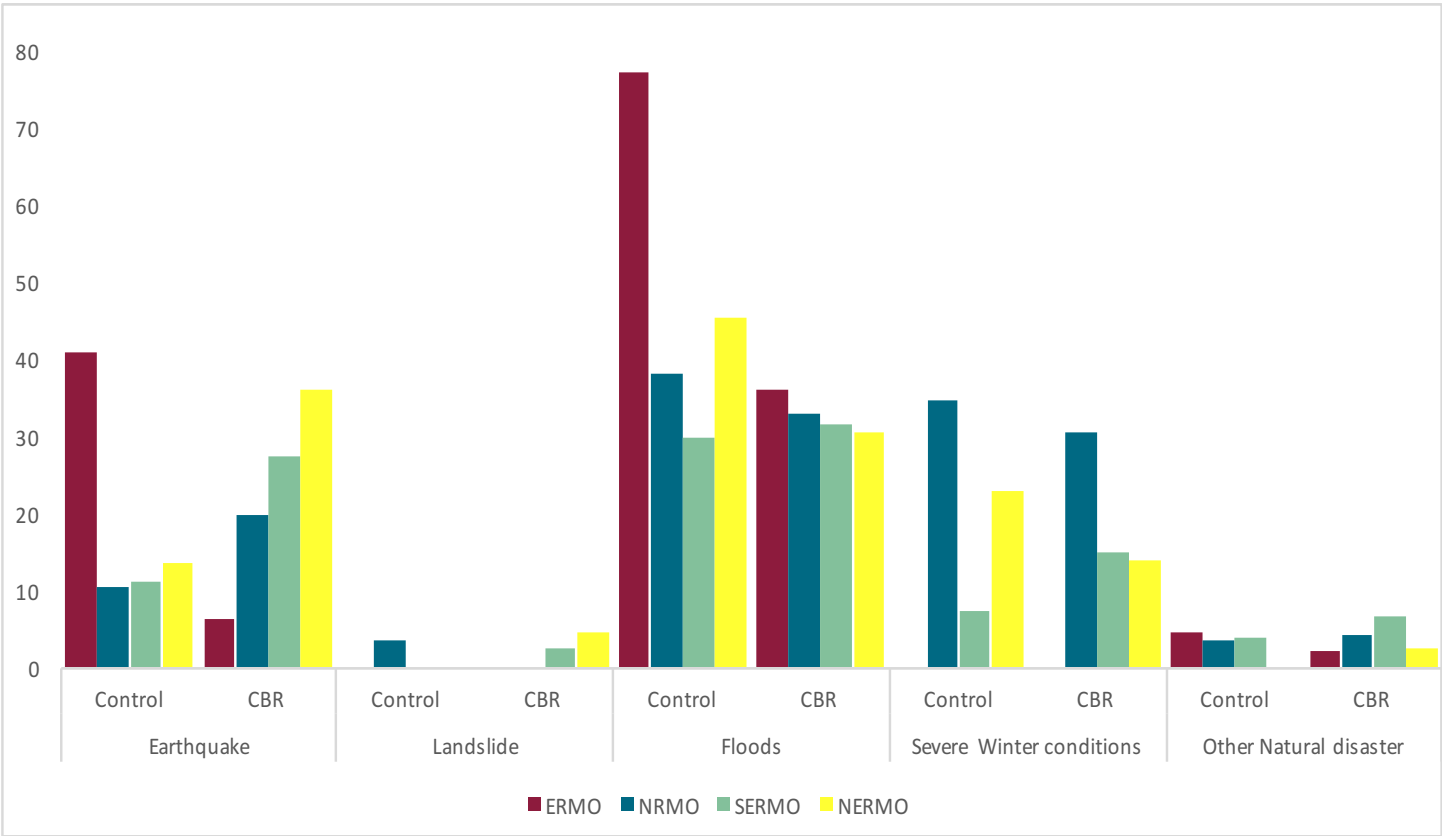


Figure 93a, b and c : Prevalence of negative events affecting the cluster in the last 3 years

trol clusters and almost half of CBR clusters in SERMO. Insecurity is the reason why SCA had to stop delivering the home based program in 2015 in Wardak and Logar provinces. The program has also been interrupted for many months in many areas of Kunduz province due to ongoing unrest.

Similarly, flood was an issue in 77.3% of ERMO control clusters and in over one third of CBR clusters. A least 30% of clusters were affected by floods in other regions. Severe weather conditions during winter has been observed in about one third of NRMO clusters over the study period, way more than in NERMO which has also a lot of mountaneous areas.

Livestock epidemic has affected almost 30% to over one third of clusters in all regions except SERMO where 12.5% of control and 3.7% of CBR clusters had such an epidemic. SERMO had also relatively low levels of water borne diseases or other human epidemic compared to other regions.

Measuring the occurence of these negative events allows to evaluate the potential negative consequences they might have on the delivery of the CBR program.



Photo 30: War survivor in Kabul

Impact of the CBR Program on the Wellbeing of Persons with Disabilities

This section presents the main impacts found on various outcomes of interest, namely mobility, activities of daily living, communication, participation in social and community life, emotional well-being indices but also learning to write, to read and obtaining a job.

The impacts were measured using a propensity score matching approach, which, based on observable variables that determine whether a person receives SCA interventions or not, matches each CBR participant with his or her most similar control. The main idea is to recreate a counter-factual: what would have happened to a person had he or she not received the program? In order to get the most accurate picture of this counter-factual, there is a need to compare a person with someone who is similar in as many characteristics as possible, except for one: being part of the SCA CBR program.

Beneficiaries and non beneficiaries of the program were matched on various individual characteristics such as age, gender, disability status, ethnicity, level of education, income, employment status. We also matched cluster level characteristics -such as presence of a road, electricity, healthcare facility - to account for the environment in which respondents live.

After each main impact was calculated, a subgroup analysis was carried out. This analysis explored whether certain groups of the population exhibited larger or smaller impacts, and whether some groups differed in how they benefit from SCA interventions. The main groups where some differences could potentially be expected are: gender, poverty (measured by assets), ethnicity, regional office, disability cause and disability type.

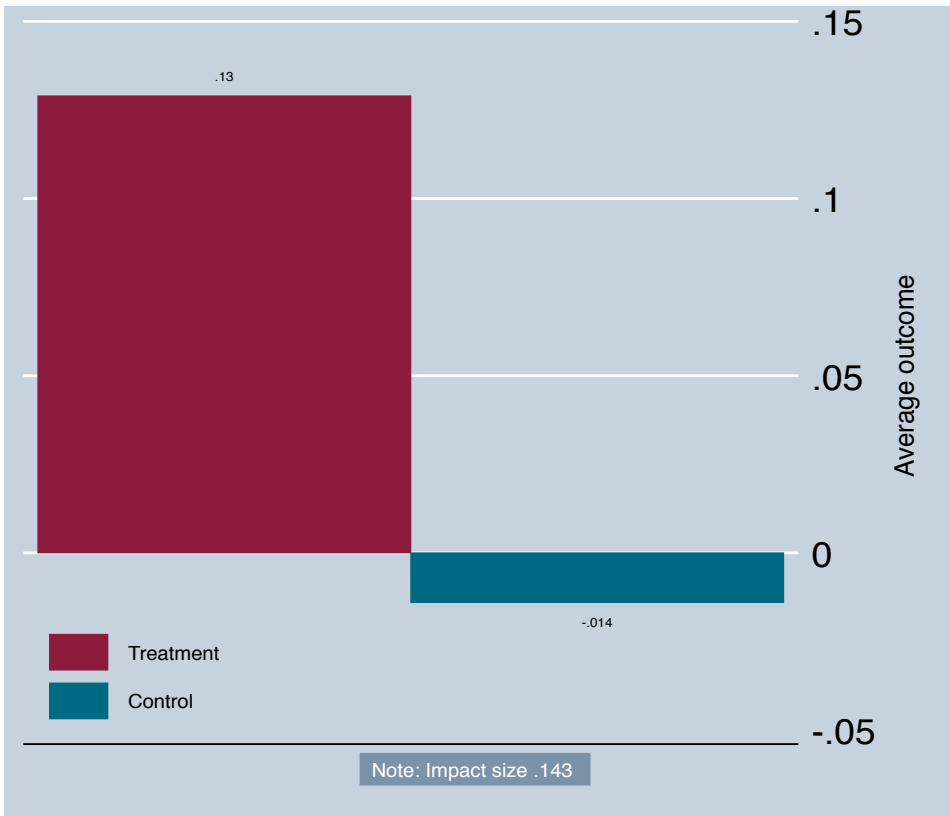


Figure 94 Impact of the program on mobility (average treatment of the treated).

Mobility

As presented earlier, the mobility index focuses on five activities: sitting, standing, moving inside and outside the home and walking.

Tables 52a and 52b in Appendix compare the difference in level of mobility between baseline and endline among participants and controls. Participants were 12.8% totally unable to sit on their own at baseline (controls were 2.4%), and only 1.8% at endline (controls 1.5%). Similarly, 25.3% of participants (7.6% of controls) could not stand on their own at baseline. They were only 7.1% participants at endline (5.2% controls) in this situation. Improvement in moving inside and outside the house were also very important: Respectively 28.6% and 30.5% of participants could not move inside and outside the house on their own at baseline. They were respectively 8% and 11% at endline.

The graph in Figure 94 (p. 93) presents the change over time in the mobility index for both treatment and control groups. Although both groups improved over time, CBR participants did so to a much larger extent: while the controls saw their mobility worsened slightly by 1.4 percentage points, CBR participants' mobility index improved by 13 percentage points. The 14.4 percentage point difference between both groups is statistically significant (Figure 94).

The effects of the CBR program on mobility was slightly stronger for female than for male recipients. Unfortunately the difference was not statistically significant at $p < 0.05$. People from Pashto ethnicity benefitted from an higher impact in terms of mobility outcome than Tajik and other ethnicities such as Hazara, Uzbek, and other minority ethnicities. This difference of 10.3% and 15.2% respectively was in effect statistically significant. Future effort to improve the CBR program will need to look into this potential issue.

People did not seem to significantly differ in their mobility improvements depending on their assets. In other words, poor people in the CBR program did not improve significantly more their mobility than wealthier recipients of the program.

The program improved less the mobility of recipients disabled because of an accident or as a result of the conflict or other forms of violence than for those disabled at birth. This difference between recipient linked to the cause of their disability was significant. It probably reflects the emphasis put by the program in addressing disability as early in life as possible.

The type of disability did also seem to play a role on how much the CBR program improved recipients' mobility. Recipients that have a sensory disability, a learning disability or a mental illness or epilepsy displayed a lower effect in terms of mobility when compared to those that have a physical or locomotor disabilities. This could be due to the fact that mobility related interventions were possibly designed mainly for those with physical or locomotor disabilities in mind, and targeted their limitations. It could also be the case that those with other types of disabilities did not have special mobility needs to start with.

Some differences could be seen regarding regional offices. Compared to ERMO, CBR participants in NRMO - and NERMO to a lesser extent- significantly achieved lower mobility improvements. Difference with SERMO was not significant. This can be due to the capacity of the program in those regions as well as to an emphasis placed on physiotherapy and orthopedic services.

Social participation

The next index relates to participation, and in particular captured a person's ability to make friends, whether they were consulted in family decisions, whether they joined community activities and ceremonies, whether they felt respected in their community and whether they were respected in their family. This indicator touched upon a person's sense of self-worth and placement within their family and community, and would also indicated how far a disability isolates a person from a family's and a community's daily life.

Tables 97 to 101 in Appendix show the changes in various indicators of social participation between baseline and endline for both participants and controls. The proportion of controls who could not work at baseline slightly increased at endline: 37.3% against 36.2%. The proportion of participants who could not work (34.9%) decreased considerably at endline (22.1%). Similarly, important reductions in inability to participate in various social activities have been observed for participants but only limited change for controls. The proportion of participants who could not make friends fell from 22.4% to 10.1% while the number of controls in the same situation increased from 14.1% to 15.6% between baseline and endline. The proportion of participants respectively not consulted in family decisions and never invited to ceremonies fell from 9.2% and 30.5% to 4.0% and 7.2% respectively. The proportion increased for consultation in family decisions for controls from 9.1% to 13.8% while the proportion of controls who could not join ceremonies reduced only of 3.8% (from 19% to 15.2%).

The CBR program seemed to improve a person's participation index over time while people who did not participate in the CBR program did not benefit from an increase participation. Figure 95 indicates

that the CBR participants had 17.8% more improvement in social participation compared to controls who saw their participation slightly reduced. In other words, in the absence of the program the situation actually worsened for the controls: Not only the CBR program improved the participants' situation, but also prevented it from getting worse.

Female had less improvement in their participation skills over time than male (7.2% less), but again this finding is not statistically significant ($p=0.348$).

Similarly to the effect on the mobility index above, findings show that Tajik and minority ethnic groups did not benefit as much as Pashtun. This difference is strong and significant.

Participation and inclusion in family and community life did not improve more for poor people compared to wealthier people. The type of disability or the cause of disability did not make a significant difference on how much people improved participation skills over time, or on how much they benefited from the program. This could mean that all disability types generate the same obstacles in terms of participation, and can thus benefit in a similar manner from the CBR program.



Photo 31: End of day survey checking questionnaires and filling the checklist (p.95)

' However, the program seems to operate differently in ERMO where the program achieved a stronger higher impact in this regard than in any of the other three regions.

Emotional well-being

The emotional well-being index includes feelings and emotions such as feeling sad or angry, feeling worried or distressed, having nightmares or bad sleep and having headaches, stomachache or nausea.

Tables 144a and 144b to 148a and 148b present descriptive statistics for the different indicators of emotional wellbeing between baseline and endline. Findings show that CBR participants had a higher prevalence on three out of five indicators at baseline compared to controls but the reduction in level of poor emotional wellbeing was larger among participants than controls. Respectively 8.8%, 6.6% and 8.9% felt sad, angry or distressed

among CBR participants at baseline and only 1.3%, 1.2% and 2.2% at endline showing a remarkable reduction. We only found limited reduction among controls between baseline and endline: 1.4%, 1.8% and 1.5% reduction respectively for each indicator (sad, angry or distressed). The changes in level of bad sleep and aches (headache, stomachache or nausea) was also important between baseline and endline, but without a huge difference between CBR participants and controls: the rate of permanent bad sleep reduced by 4.9% among participants and 4% among controls. The rate of aches fell by 2.1% among participants and 1.9% among controls, showing similar patterns. It is interesting to note that those who had never bad sleep or aches diminished among controls while the number increased among participants.

In terms of emotional well-being, not only did the program helped its beneficiaries improve considerably over time, but it actually prevented them

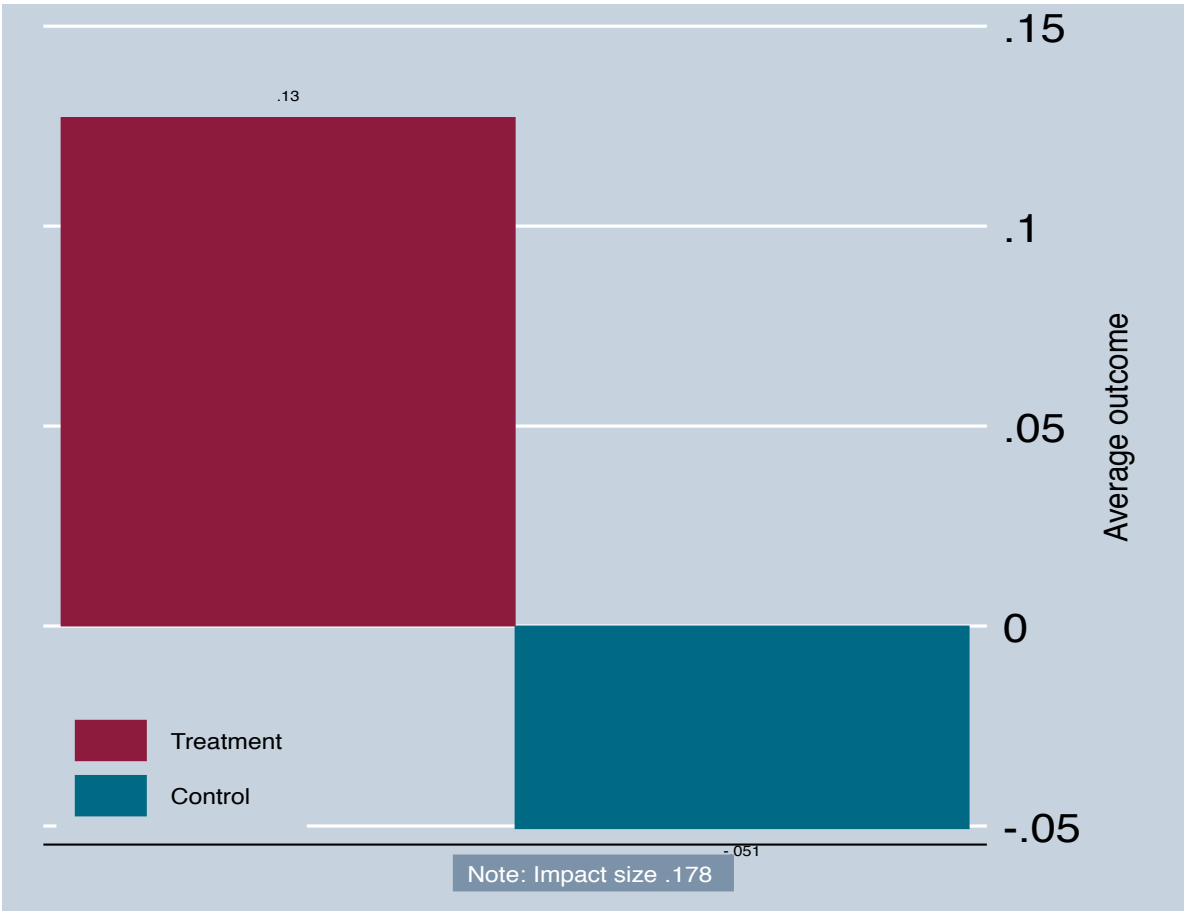


Figure 95 Impact of the program on social participation.

from following the trend of those who did not participate in the program, who showed a worsening of their emotional well-being in the 3 year period assessed. A pattern already observed with the effect on the social participation index. Figure 96 shows a 102% difference between CBR participants and controls. This is a clear sign that interventions are needed when it comes to emotional well-being and that the program has been extremely succesful in addressing this issue. Poor emotional well being is often the result of the negative impact of discrimination and prejudice on persons with disabilities and is often linked to attitudes and prejudice in the community towards people with disabilities.

Results by gender show a higher significant impact for female than for male ($p<0.01$).

Poverty (as measured by an assets index) played a limited role in how much people benefitted from the program in terms of emotional well-being: Poor people (those in the lower 20% category) did benefit more than those in the 20-80% category. This

result is not significant at our threshold ($p<0.10$). This time Pashtun did not benefitted more than Tajik and other ethnicities from the intervention in terms of improved emotional well-being, on the contrary. But the difference is also not quite significant at our threshold and only for Tajik ($p<0.10$).

In terms of disability type, although those that had a mental illness or epilepsy seemed to do better than the other groups, particularly than persons with physical disability, in terms of emotional well-being, the type of disability was not significantly related to higher or lower performance of the program in this domain. The cause of disability was not related to better emotional well-being outcomes with two exceptions. Those who were disabled at birth tend to do significantly better than those who were disable following an accident ($p<0.05$). Yet, those who were disabled due to a cause different from birth, accident, disease or injury had a better emotional well-being outcome ($p<0.06$).

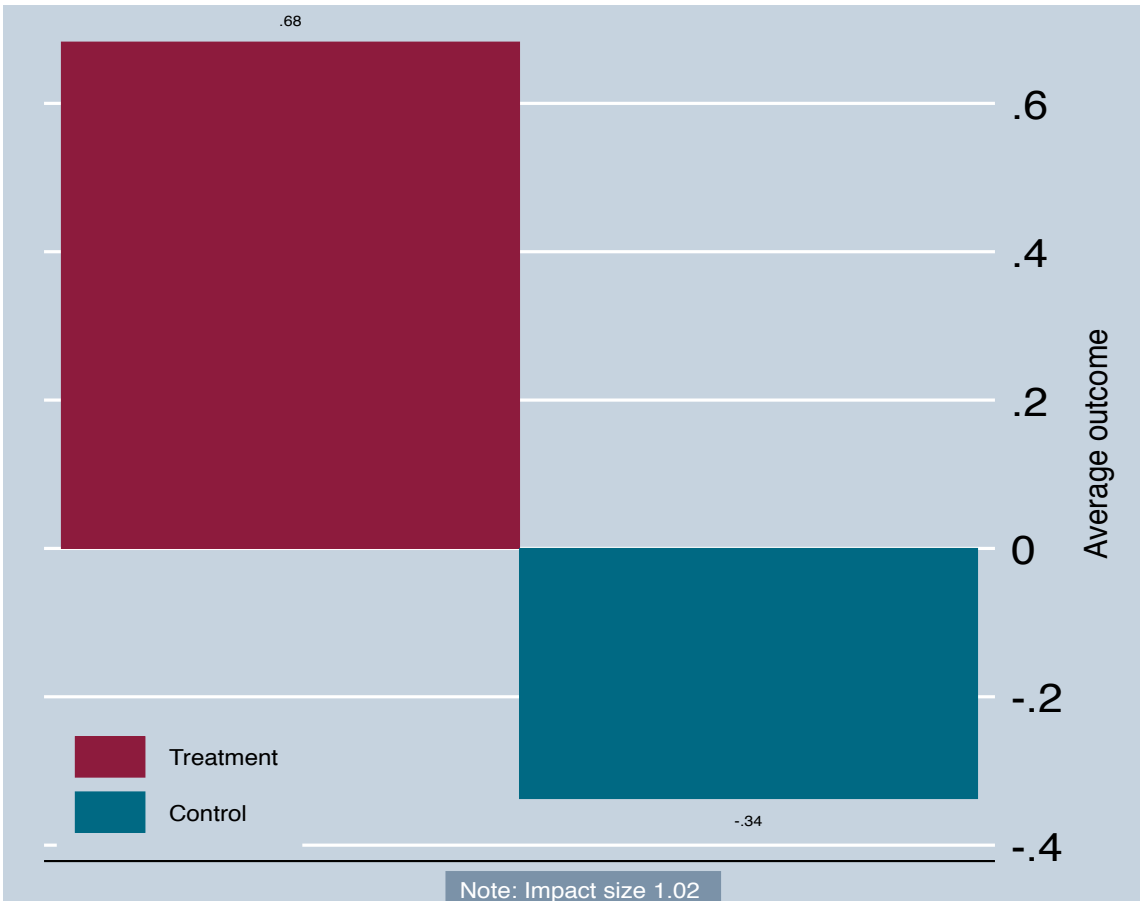


Figure 96 Impact of the program on emotional well-being.

Again, living in ERMO seemed to produce significant higher improvement for CBR participants when compared to NMRO and SERMO. This difference was small and not significant with NERMO where the program is likely to be almost as effective as in ERMO.

Communication

The communication index takes into account people’s ability to speak, to understand simple instructions, to express needs and to feel confident learning new things.

Tables 61a and 61b, 62a and 62b and 63a and 63b in appendix show the pattern for these communication indicators. The proportion of CBR participants who could not speak was 23.8% at baseline and only 14.8% at endline. The proportion of controls almost did not change: from 11.4% to 9.1%. Those participants who could not understand simple instructions were 13.9% at baseline and 3.4% at endline, a reduction over 10%; controls were re-

spectively 7% and 3.7%. Change in the proportion of those who could not express needs is of similar magnitude. Reduction from 18.4% to 6.1% for participants and 9.7% to 4.5% among controls.

Both CBR participants and controls improved in their communication skills in the 3-year period of study. However, the SCA CBR program boosted the improvement of CBR participants by 9.1 percentage points (Figure 97).

Gender, poverty or ethnicity did not significantly lead to larger improvements in communication skills over time. Yet, minority ethnicities were relatively worse off than the two major ethnic groups but this finding is just below the threshold for statistical significance ($p<0.08$).

Benefits from the CBR program in terms of communications did vary greatly depending on the type of disability that people had. Those with sensory, intellectual or multiple disabilities benefitted less from the program in terms of communications skills when compared to those that had a physical

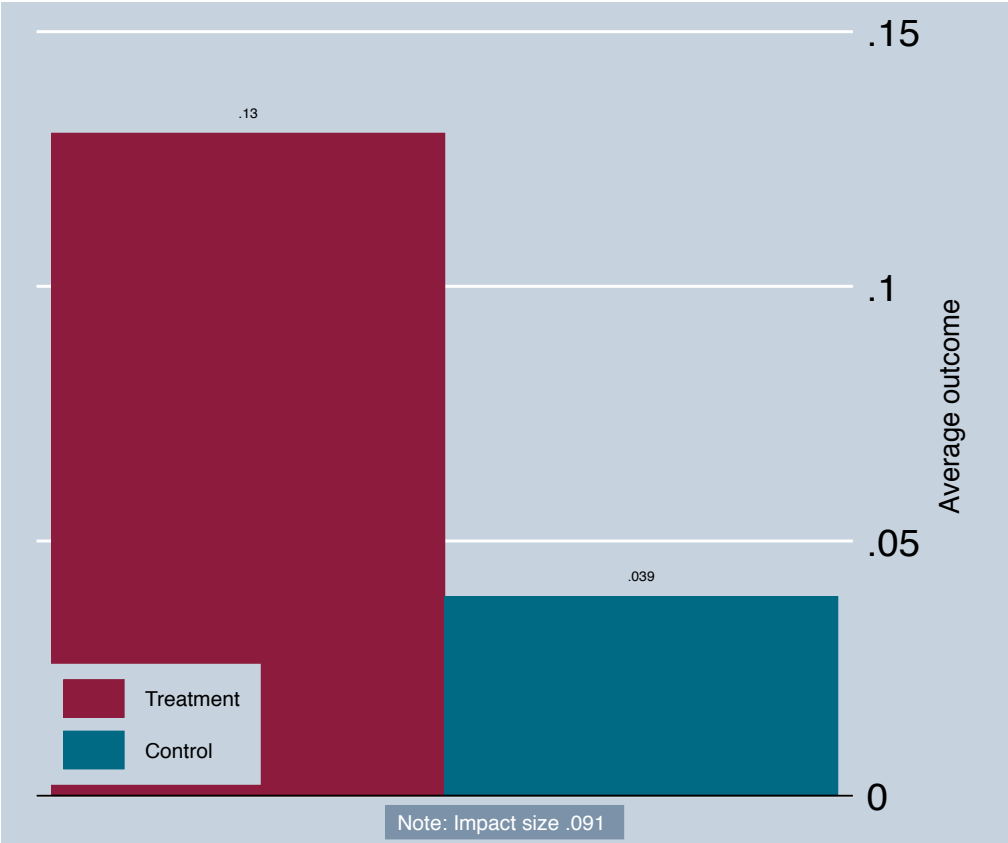


Figure 97 Impact of the program on communication abilities

or locomotor disability. There are several explanations for this finding. On the one hand, it could be that the CBR program is best suited to boost the communication skills of those with physical disabilities. On the other hand, it could also be the case that those with physical disabilities were also the ones with greatest communication hardships, and thus may benefit greatly from interventions that specifically target obstacles that without the interventions they would not be able to tackle. People with hearing or speech impairment could be trained in sign language. This requires the adequate skills among CBR workers. People with learning disabilities as well as those with mental illness would often find difficult learning new things and would require strong support from the program to make some progress in this domain. While the type of disability clearly mattered, the cause of disability did not make a significant difference in terms of communication skills.

Similarly to previous outcomes, the program in ERMO had delivered more effectively in terms of communication skills than NRMO and SERMO. This difference is again small and not significant

with NERMO.

Activities of daily living

The activities of daily living index focus on four different items of every day life, namely being able to eat on one's own, being able to bath, being able to use the latrine and being able to dress and undress.

Tables 46a and 46b compare levels of four indicators of activity of daily living at baseline and endline for participants and controls. The magnitude of change here again was way larger for participants compared to controls while the proportion of participants who could not carry any of these activities was higher than controls at baseline. For instance, the proportion of controls who could not use latrines was almost unchanged from 5.7% to 4.5% while the same proportion among participants vary from 17.1% to 4%. The smallest change among participants was observed for people who could not feed themselves: from 7.1% to 2.3% (compared to 3.3% to 1% for controls).

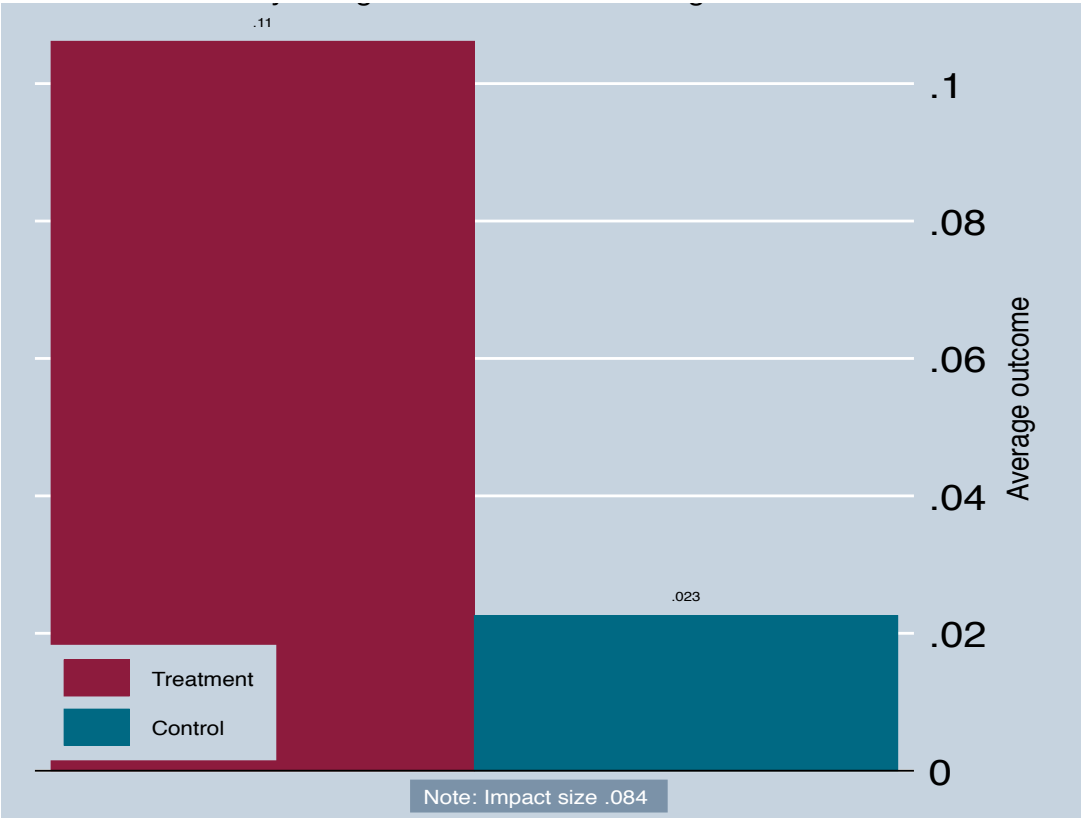


Figure 98 Impact of the program on the ability to perform activities of daily living

As in the cases of mobility and communication indices, both CBR participants and controls were improving in their capacity to carry out activities of daily living in the period assessed. However, the CBR program helped participants improve to a larger degree (8.4 percentage points) (Figure 98).

In terms of sub-groups, females and males showed the same benefit from program activities. Those with more or less assets also seemed to do equally well over time. Ethnicity did matter: those that declared themselves Pashtun benefitted more from the program when it came to their activities of daily living when compared to both Tajik and other ethnic groups.

As was seen with mobility and communication, the type of disability played an important role in determining how much people benefitted from the program. In particular, those with sensorial disability, mental illness or epilepsy and with multiple disabilities presented significantly lower gains from the CBR activities than their counterparts with physical disabilities. The reasoning of why this could be the case is similar to what was exposed before

and more information is needed to understand why this is the case. However, the cause of the disability did not create differences in how people improve over time in their ability to carry out daily life activities.

As seen before, those under ERMO coverage benefitted more than their counterparts in all other regional offices, including NERMO this time.

Employment

We measured the effect of the CBR program on employment. as defined by the fact of having a paid job - either in cash or in goods. We compared rates of employment at baseline and again at end-line among adults respondents between 15 and 60 years old in both CBR participant and control groups.

The effect did not significantly differ for female and male or by level of material wealth. It is worth noting that improvement in employment access was

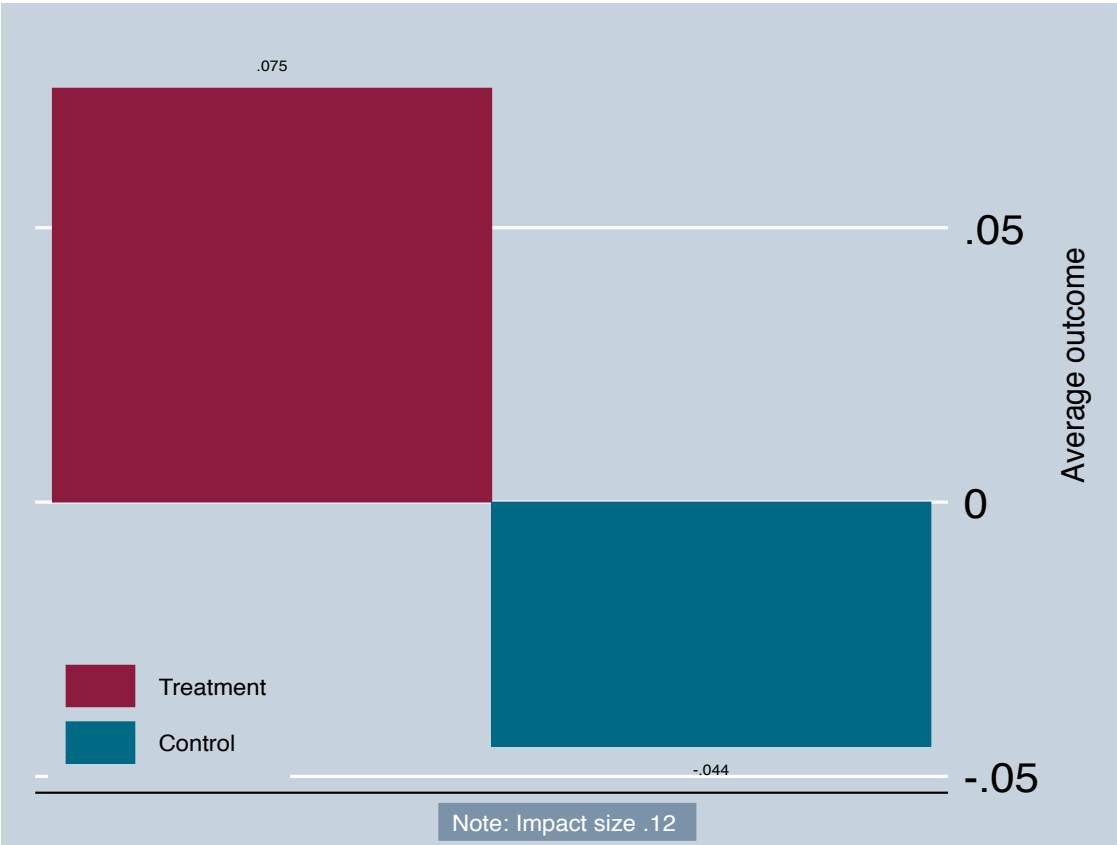


Figure 99 Impact of the program on employment fo adults (15-60 years old)

higher for Pashto compared to Tajik, although not at the $p<0.05$ threshold ($p<0.08$) and not compared to other ethnicities.

Surprisingly, the effect of the CBR program on access to employment was significantly better for persons with mental illness and epilepsy compared to persons with physical or locomotor disability. One possible explanation is that people with mental illness having a lower rate of employment at baseline than people with physical disabilities, some might therefore have been closer to employment than people with physical disability who were not active at baseline. Another possible explanation is that the CBR workers were particularly effective in providing employment support as well as removing stigma towards persons with mental illness. Finally, it can be that the type of employments persons with mental illness accessed could be easily adapted to their specific skills. In any case, further research is needed to explain which of these hypothesis might be actually relevant.

The cause of disability was not a significant factor that differentiated the employment outcome for

CBR participants. Similarly, no region showed better performance in terms of access to employment.

Learning to write and to read

The CBR program had an effect on improving the writing and reading skills of CBR participants (see Figure 100 and 101). In both cases, the effect was significantly higher for female than male. Yet, it did not vary according to ethnicity or wealth. Furthermore, it did not vary according to the type of disability.

Yet, it did vary according to the cause of disability: The impact was considerably higher for those born disabled, showing the huge effort made by the program to improve access to education for disabled children. Many of them born disabled have been identified very early on by the CBR workers who have been very active in removing barriers to education both through initial educational support as well as through advocacy work with school management.

ERMO has been also very effective in providing reading and writing compared to other offices. The

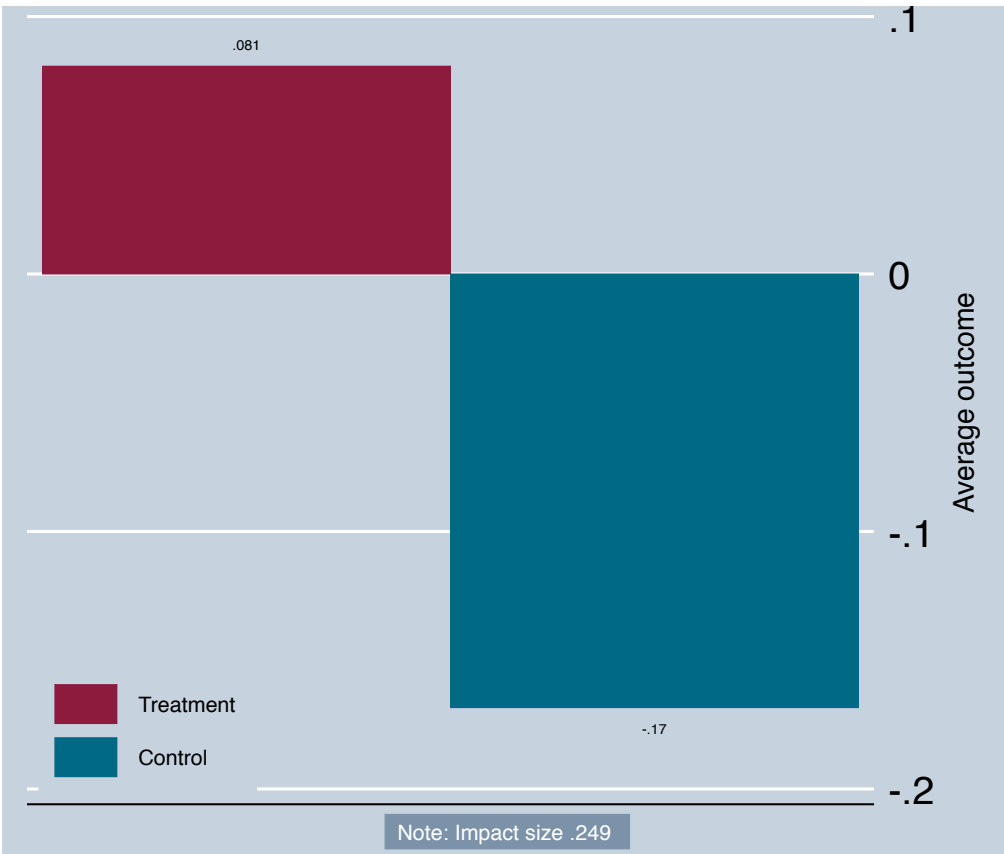


Figure100 Impact of the program on learning to write (above 8 years old)

impact was considerably higher than in other regions.

Conclusions

The CBR program had a positive impact on all outcomes of interest. Gender, ethnicity and poverty did not always play a role in determining how much people improved over time, and how much people benefitted from the CBR program. The program had a higher effect on women’s mobility skills, emotional well-being and reading and writing skills. But the effect was higher for men in terms of social participation, most probably because the tradition of purdah (seclusion) and the curtailment of independent movement of women in public spaces (Dupree, 2011).

Pashtun have benefitted more of the CBR program than other ethnic groups in four domains of

intervention: mobility, social participation, activities of daily living and employment. In the remaining domains for which we measured outcomes, the effect of the CBR program was of similar intensity for all ethnic groups. The Tajik group benefitted more in terms of emotional well-being than their Pashtun counterparts but the difference is just below the statistical significance threshold of $p<0.05$.

Disability type seemed to be an important determinant for mobility, communication and daily life activities. Those with physical or locomotive disabilities tended to show much higher impacts and benefit more from the program interventions than those with other types of disability.

In many instances, ERMO appeared to be the most performant regional office. The effect of the program was higher in that region for all outcomes

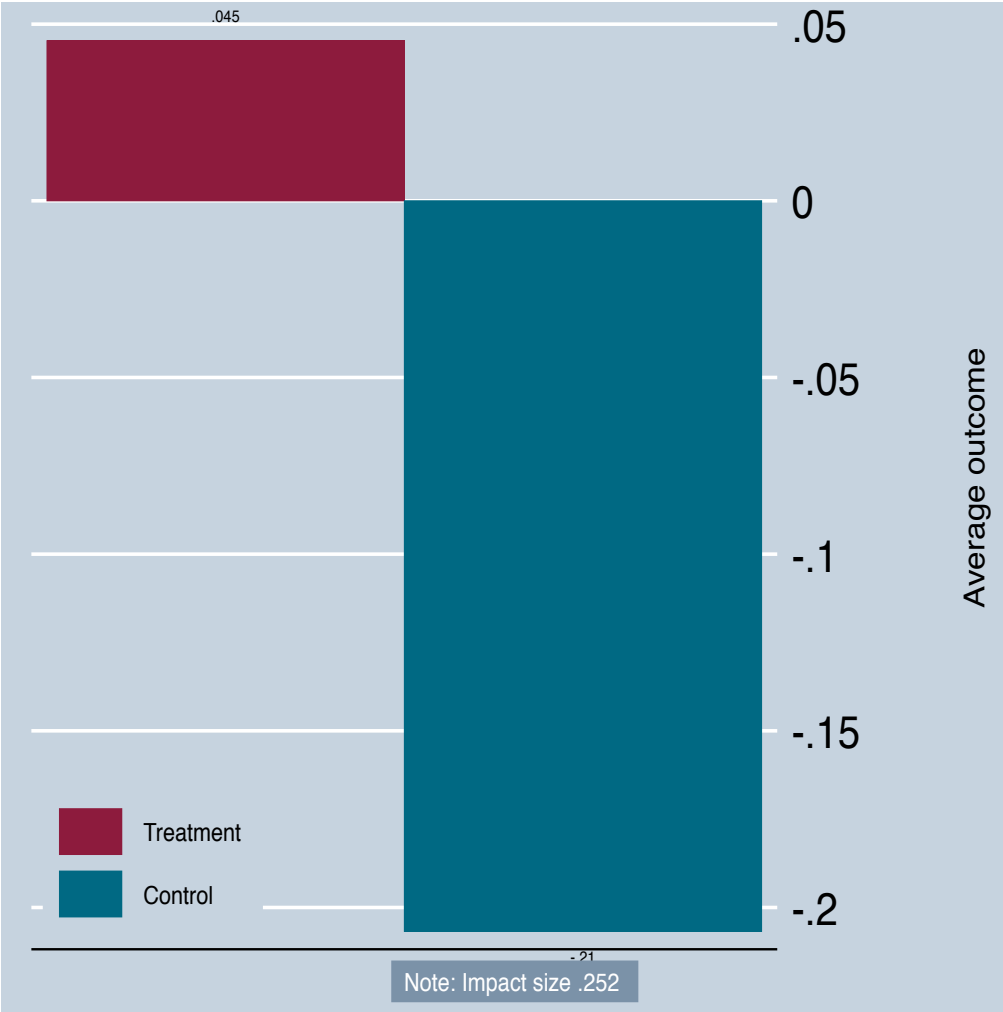


Figure 101 Impact of the program on learning to read (above 8 years old)

except employment where all regional offices performed similarly. ERMO performance needs to be analyzed more closely as their might be some lessons to be learned there to improve performance in other regions. A rigorous process evaluation is needed to identify possible causes for higher impact: higher program capacity and resources to tackle needs in ERMO than other regions, type of management, staff

knowledge and motivation, security issues, etc.

The CBR program had a positive impact for participants on all outcomes of interest after two to three years in the program.



Photo 32: Children playing in water, Kabul.

Effect of stigma associated with disability

Stigma is defined as the relationship between negative attitudes or prejudice resulting from negative stereotypes of society fueled by cultural beliefs towards a particular group that is discriminated against or excluded (Link and Phelan 2001). Stigma has been found to exacerbate mental distress through increased stress and higher rates of depression (Meyer, et al. 2008). Yet, there is paucity of literature linking stigma to such common mental disorders (Alonso, et al. 2008; Baxter, et al. 2013). Studies have shown that stigma –the combination of stereotypes, negative attitudes and discrimination or social exclusion– towards disability constitutes a barrier to service use (Maulik and Darmstadt 2007), access to school (Cooney, et al. 2006; Karangwa, et al. 2007), participation in employment (Mitra and Sambamoorthi 2008) and jeopardizes the possibility for persons with disabilities to make friends and achieve family life (Green 2003). Stigma is jeopardizing a general principle stated in article 3 of the 2006 United Nations Convention for the Rights of Persons with Disabilities (UN-CRPD), which stipulates that persons with disabilities have a right to “full and effective participation and inclusion in society” (United Nations 2006). But none has explored how these components of stigma cause mental distress and anxiety for persons with disabilities. Social exclusion in particular relates to mental health distress through feelings of shame, guilt, and the sense of being a burden on one’s family and community (Das, et al. 2012; World Health Organization 2010b). This set of relationships suggests that social exclusion may be one of the mechanisms that explain the association between prejudice and mental health distress. Specifically, prejudice creates a context for social isolation from valued community networks and groups, which then leads to a manifestation of mental health distress. This model of negative attitudes and prejudice causing mental distress via social exclusion may be particularly relevant within

cultures that place a strong emphasis on participation of community life such as Afghanistan.

We used structural equation modeling to assess if persons disabled at birth have a heightened risk for mental health distress compared to those with “known” causes of disability among CBR participants interviewed at baseline.

Figure 102 show that people born disabled have significantly higher rates of mental distress overall than people who became disabled later in life. The direct effect is not significant suggesting that the effect of prejudice attached to being disabled at birth - linked to a curse, bad faith or bad deeds of parents - on mental distress is fully mediated by social exclusion. In fact, the specific indirect effect between disability at birth and social exclusion was positive and significant (coefficient 0.293, confidence interval at 95%: 0.173-0.415). This indicates that persons born with disabilities had higher rates of social exclusion, which in turn, translated in higher rates of mental distress.

Higher social exclusion and distress for persons disabled at birth and without an identified cause

This study is the first to examine the pathway of stigma from labeling to mental distress through social exclusion. Our analysis confirmed that persons disabled at birth face social exclusion which has a strong effect on their mental health status. We found significant relationship between persons disabled at birth - who reported exclusion from community activities, feelings of disrespect and difficulties in making friends - and mental distress in the form of sadness, anger and worry. This relationship between labeling and mental distress is mediated by social exclusion. Our findings provide

empirical evidence to support the social model of disability that theorizes the role of society in creating disability by erecting barriers to full participation for persons having an impairment.

We found a significant relationship between stigmatized persons with disabilities - who reported being excluded from community activities, feelings of disrespect and having difficulties to make friends - and mental distress in the form of sadness, anger and worry. This relationship between stigma and mental distress is mediated by social exclusion. Our findings provide empirical evidence to support the social model of disability that the-

orizes the role of society in creating disability by erecting barriers to full participation of persons with impairment (Abberley 1987; Oliver 1990). They also demonstrate, following Link and Phelan (2001) how labelling and stereotyping a social group translates into social exclusion and discrimination resulting in negative outcomes (Link and Phelan 2001). Finally, they are consistent with the work of Cerveau (2011) who found that those that are born disabled are ostracized from community life because they are viewed as being cursed (Cerveau 2011). These results go beyond prior evidence suggesting that when disability is from birth persons are at higher risk of mental distress (Trani and Bakhshi 2013). Our findings are also

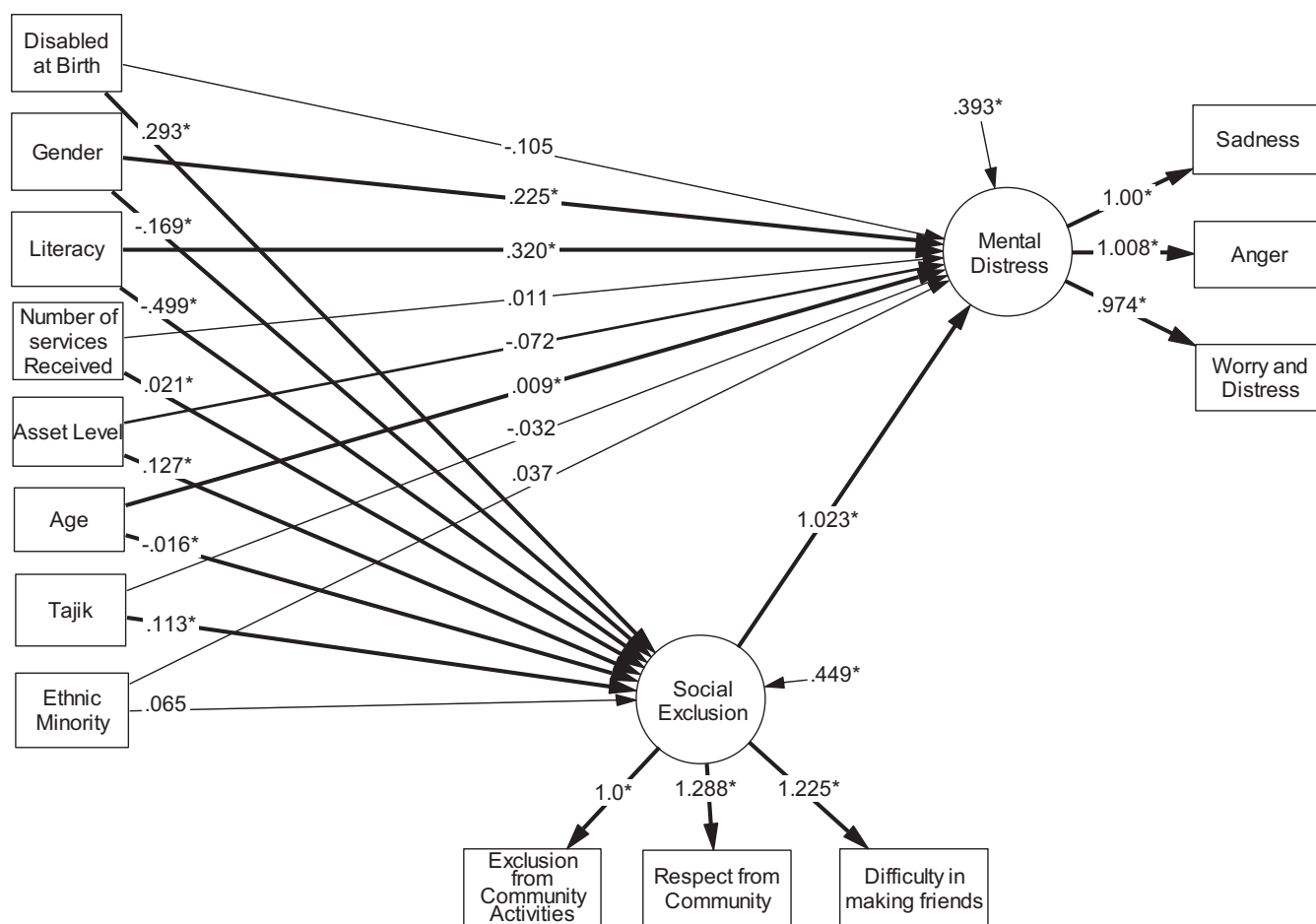


Figure 102: Mediation Model of Mental Distress for Persons with Disabilities in Afghanistan.

Note: Final structural equation models with standardized path coefficients, testing mediation of social exclusion on mental distress. Significant relationships are indicated with a star (*) and with a bold arrow.

consistent with prior research showing that persons with disabilities who are stigmatized develop withdrawal and lose self-esteem (Mirza, et al. 2009; Mollica, et al. 1999).

After taking into account all the other variables in the study, disabled men experienced more social exclusion than disabled women. This may be explained by the argument that Afghan society expects higher participation by men in community life, while women often remain confined within the walls of the household compound according to the Islamic rule of *purdah* (seclusion) or the segregation of genders (Bakhshi and Trani 2011; Cerveau 2011; Dupree 2011). Stigma prevents disabled men from engaging in valued and expected social interactions, thus threatening their mental health status.

We also found that persons with disabilities from the Tajik ethnic community faced less social exclusion than persons with disabilities from majority Pashtun or minority groups. Prior research showed the historic ethnic-based discrimination in Afghanistan, particularly towards the Hazaras and other minority ethnic groups, that was exacerbated during the Taliban regime and is still widespread

today (Adeney 2008; Emadi 1997). Yet, disabled Pashto also face higher social exclusion and mental distress than disabled Tajik. Disempowerment through social exclusion may have more impact on mental health of Pashto, who are particularly constrained by cultural norms –influenced by the *Pashtunwali*, the traditional ethical code - to fulfill specific social roles. This finding is corroborated by the literature that has shown the importance of cultural processes, particularly what Kleinman (2006) calls the “moral experience” of culture to understand the effect of stigma (Kleinman 2006). The absence of meaningful participation in the community that is central to personhood for Pashto therefore represents one of the most harmful effects of stigma, but one that is aggravated or protected by social norms and cultural values.

Poorer persons with disabilities do not face more social exclusion and mental distress than wealthier persons with disabilities. This is unexpected, as poverty has been found to be associated with low self-esteem, deterioration of social networks and loss of meaning of life for persons with disabilities (Groce, et al. 2011). It has also been linked to increased risk for both common and more severe



Photo 33: Child and grand father control respondent

mental disorders, particularly in emergency contexts (Ahearn Jr and Noble Jr 2004; Betancourt, et al. 2010; Eggerman and Panter-Brick 2010; Patel and Kleinman 2003; Patel, et al. 1999). The explanation that we put forward is that poverty is a great leveler and wealthier persons with disabilities may not have enough power to influence social exclusion mechanisms.

Educated persons with disabilities are less at risk of social exclusion and mental distress in line with other research, suggesting a role of resilience, fortitude and coping mechanisms that allow educated people in Afghanistan who are facing prejudice and discrimination to confront adversity caused by stigma (Panter-Brick, et al. 2009; Trani and Bakhshi 2013). Educated families may be more supportive and promote empowerment fighting the negative effect of stigma (Trani, et al. 2011). When imbued with a sense of value within the family, persons disabled at birth may be less likely to internalize stigma and develop low self-esteem (Chronister, et al. 2013).

Finally, the number of services received did not influence the level of mental distress, suggesting that the program does not have an effect in addressing stigma and resulting marginalization. Advocacy and sensitization take time to challenge deeply engrained negative attitudes and change behaviors. Community mobilization and advocacy around disability rights is a fundamental aspect of CBR programs (WHO, et al. 2010) including the SCA DP. However, its effectiveness at community and individual level might be reduced by the high level of structural stigma (Reid, et al. 2014).

Tempering the strength of insights generated by our model analysis, our study presents three limitations. First, sampling bias may emerge from the non-random selection of participants in the CBR program. In practice, some groups might have decided not to join or were discouraged from doing so such as elderly persons with disabilities who may have considered that support was no longer required; the lower number of female CBR workers may explain the under-representation of women in our sample. Second, the cross-sectional nature of the data suggests caution in inferring

causal relationships (Vanderweele 2012). Yet, a bidirectional influence between stigma and mental distress via social exclusion cannot be excluded. Longitudinal data collected as part of this study will allow further exploration of this causal relationship. Finally, the measures of social exclusion and mental distress were self-reported, and the possibility of a common response bias among respondents cannot be totally excluded.

Nevertheless, the study has a number of important strengths that contribute to the significance of our findings and the methodological contribution to the field. In particular, the large sample size of individuals with disabilities with high quality, in-depth interviews with few missing responses (0.5%) is rare in any low-income country, but particularly in Afghanistan, a country with persistent challenges of widespread insecurity and high poverty. Existing studies describe and investigate disadvantages due to stigma undergone by persons with disabilities but the body of literature showing how stigma affects negatively the mental status of persons with disabilities is very small and does not rely on large-scale population surveys.

Implication for the disability program and beyond of the consequences of stigma against persons with disabilities

Our results have important implications regarding the capacity of CBR to complement existing government initiatives in addressing the serious question of social inclusion of persons with disabilities in a conflict or disaster context. CBR programs are tasked with challenging stigma and prejudice in rural communities to promote people with disabilities' visibility and social participation (World Health Organization and World Bank 2011). Rehabilitation is incomplete unless it addresses stigma and prejudice towards people who were disabled at birth and who frequently cannot envision the future and have no prospect of social inclusion. It is well established that community acceptance is associated with better mental health and higher confidence. Yet, there is scarcity of evidence of stigma-reduction interventions that have

been effective in reducing stigma, particularly in low income countries (Li, et al. 2013). Additionally, existing capacity to meet the psychosocial needs through traditional mental health service mechanisms is limited (Bruckner, et al. 2011). Initiatives such as the Basic Needs Mental Health, the Development Model or the Mental Health Gap Action Programme or the HealthNet TPO in Afghanistan itself have shown the importance to involve both the target group and the community as well as building local capacity in existing primary healthcare facilities (Abdulmalik, et al. 2013; Raja, et al. 2012; Ventevogel, et al. 2012; World Health Organisation 2008). Future research should explore effectiveness of community intervention to reduce stigma, particularly towards persons with disabilities. For example, education and awareness campaigns, such as theatre or media campaigns (radio and TV) help community members questioning their own attitudes, particularly when they are directly involved in the process and delivery (Rolland 2011). Mainstreaming disability, for instance inclusion of children with disabilities in schools, has been shown to be effective in developing positive behavior (Twible and Henley 2000). Finally, support groups and/or counseling for those experiencing stigma related to disability and their family have shown to be effective in promoting resilience and rebuilding self-esteem (2000; Smith Fawzi, et al. 2012).

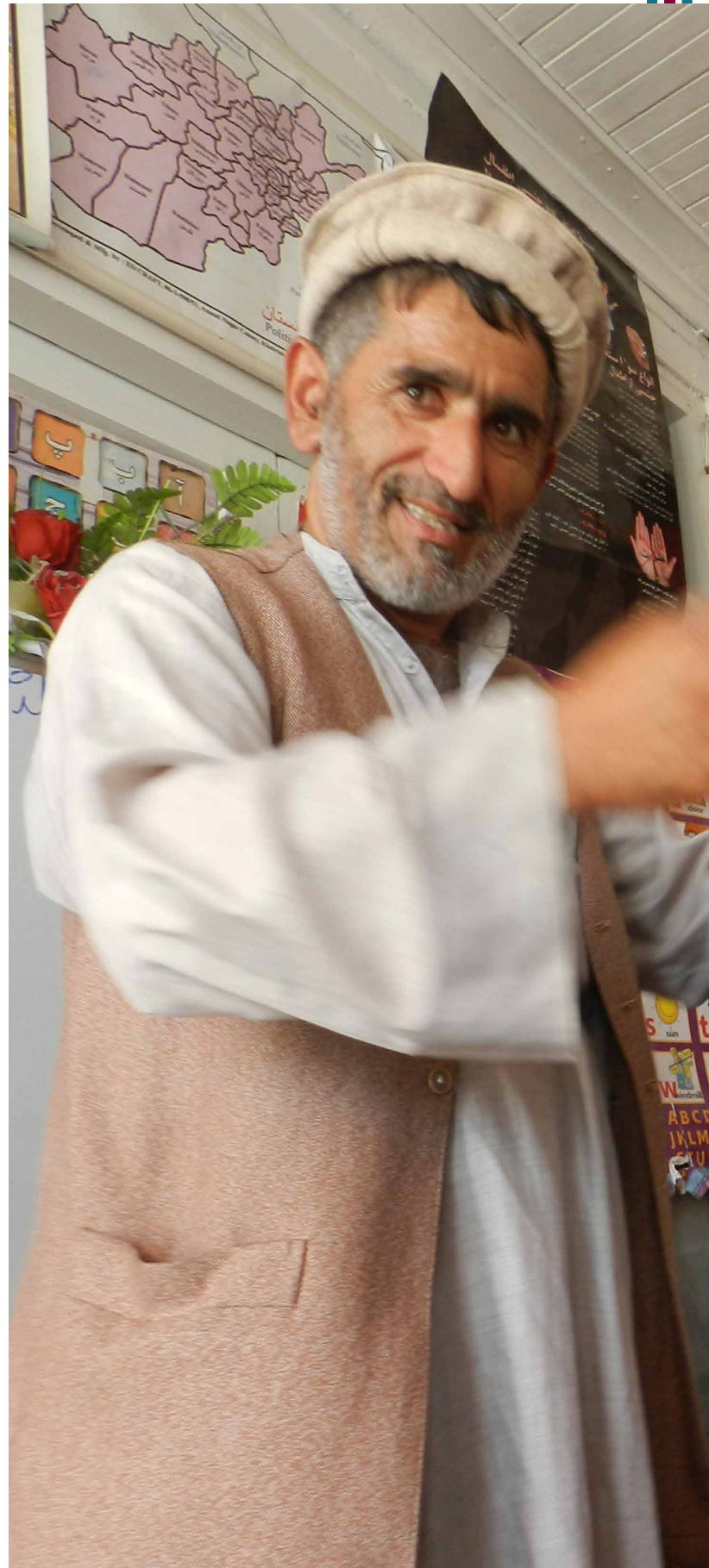


Photo 35: Sign language class in Kunduz center



Photo 36: CBR worker following a train of thoughts...

Box 7: How does public stigma fuel emotional stress and isolation?

“I was not able to go to school, despite the fact my family would have allowed me to go, because it was too far: I would have had to walk with crutches for a kilometer. I learned my ABC’s with my older sister. Other children use to call me names when I was little and I use to cry a lot. The program is currently teaching me to read and write extensively and is training me to weave carpets. Now that my dad is dead, I might be able to secure an income to complement what my elder brother gives to us. I also want to save some money for me. I will receive a loan from the program to start my business of carpets, and I will pay back gradually. I was operated on a year ago in a hospital and I am a lot better now, I don’t have back pain anymore. Both my brothers and sisters are married. My mother found a husband two years ago for my younger sister. She was then the same age as me, but not for me. She says nobody would marry someone like me because I cannot work properly in the house and would not be able to take care of my own house. I don’t know what will happen when my mother will not be here anymore. I will probably live with my brothers and their family. I don’t think I will either have a family on my own. I cannot take care of a house and of children (crying). When I go to visit people with my family, or when I am in the street, I can hear things such as –Look! She is crippled. And this makes me sad, until today, it hurts”.

Exploring the need for mental health services in Afghanistan: What did we learn from Group Model Building sessions with SCA staff?

Background: Mental health: A forgotten problem?

A recent study has shown that the global burden of mental illness has been systematically underestimated. Revised estimates show that mental illness accounts for 32.4% of years lived with disability (YLDs), ranking mental illness first in terms of YLDs (Vigo, et al. 2016). Despite a growing body of empirical evidence showing the considerable personal and socioeconomic impact of this burden, existing treatment options for persons with mental illness are limited (Bloom, et al. 2011). It becomes increasingly clear that it is possible to develop mental health treatment programmes in low income settings.

Some NGOs have developed programs to address the mental health needs of populations in post emergency settings such as the NGO HealthNet TPO in Afghanistan, Burundi or International Assistance Mission in Afghanistan (Ventevogel, et al. 2012; World Health Organization 2013a). In the province of Aceh in Indonesia, in the post tsunami period, the Ministry of Health and the World Health Organization set up a community-based mental health system integrating mental health services within primary healthcare facilities, with secondary mental care available at the district general hospitals and tertiary and specialized care provided at the provincial general hospitals level (World Health Organization 2013a). More generally, the the World Health Organization (WHO) Mental Health Gap Action Plan (mhGAP) provide guidelines for the provision of drugs and psychosocial interventions and has been referred to by several programs aiming primarily at integrating mental health into primary care in Low and Middle Income Countries (LMICs) (Gureje, et al. 2015; Patel, et al. 2007; Shidhaye, et al. 2016). Many other innovative initiatives such as the PRogramme for Improving Mental health care (PRIME) or the Africa

Focus on Intervention Research for Mental health (AFFIRM) and the Emerging Mental health systems in low and middle-income countries (EMER-ALD) have been developed to generate evidence on the implementation, capacity development and scaling up of mental health packages aiming at narrowing the treatment gap for mental disorders (Lund, et al. 2015; Lund, et al. 2012; Semrau, et al. 2015).

Yet the reach of these programs remains limited and many persons with mental illness (PMI) remain in need of mental healthcare services. Complex and interacting supply-side barriers of resource availability, costs of treatment, and logistical challenges to sustaining services, as well as demand side factors such as out-of-pocket expenditures, long term chronic needs and social factors such as stigma around mental illness, acceptability of the setting in which treatment is delivered, and lack of family participation in treatment and sensitization efforts have been shown to be major obstacles to widespread access to mental health services (Kim, et al. 2007; Patel and Saxena 2014; Rebello, et al. 2014; Saraceno, et al. 2007; Ssebunnya, et al. 2010; Trani and Barbou-des-Courieres 2012; Trani, et al. 2010). In public health these complex and seemingly intractable challenges are variously referred to as “wicked problems” (Brown, et al. 2010; Kreuter, et al. 2004) or “messy problems” (Vennix 1999). Addressing such barriers in low-income settings would require an integrated approach that involves people with mental illness themselves, their families and communities, as well as building local capacity in existing healthcare facilities (Rebello, et al. 2014). Another perspective argues that dominant approaches to promoting health fail to account for the diversity of the “Long Tail” of vulnerable populations – diverse social groups with specific socioeconomic characteristics that have various exposure to fundamental health risks, resulting in a failure to reach the most marginalized

(Kreuter, et al. 2014), among whom the burden of morbidity and mortality is greatest (Kabeer 2010; Kabeer 2011a; Kabeer 2011b; Lake 2011). From both perspectives, the challenge often comes down to the inadequacy of conventional analytic and planning tools to capture the complexity of problems operating at multiple levels and with diverse stakeholder perspectives and contexts. The broad framework of “participation” in global health and development efforts has been variously embraced (Chambers 2007; Minkler and Wallerstein 2011) and critiqued (Cooke and Kothari 2004; Williams 2004) as a solution to engaging with diverse local needs. Yet there is little uptake of approaches to designing policies and programs that engage with complexity, respond to the needs and promote the capabilities of the most vulnerable (Sen 1999), and provide concrete steps for action. Mental healthcare in countries in conflict represents a particularly ‘messy’ problem that, despite significant discussion among scholars and international development actors (World Health Organization 2010b), has not been prioritized to develop widespread, effective and well-funded intervention, particularly in low income countries and fragile contexts (Patel, et al. 2012). Limited availability of data in low income countries (Collins, et al. 2011; Patel, et al. 2011; Whiteford, et al. 2013), wide variation in social and cultural definitions and interpretations of mental disorder (Jacob and Patel 2014; Littlewood 1998), and limited evidence about the efficacy of intervention approaches (Cook, et al. 2014; Mascayano, et al. 2015) all pose barriers to progress.

In Afghanistan recent studies have reported high prevalence of various mental health disorders linked to the conflict and various psychosocial stressors associated to poverty, loss of employment, drug abuse and traumatizing events (Lopes Cardozo, et al. 2004; Miller, et al. 2008; Panter-Brick, et al. 2009). Despite important initiatives, the current situation of a lack of mental healthcare services is a considerable challenge. To date, Afghanistan lacks widespread access to mental health services despite successful pilot interventions in the province of Nangarhar (Epping-Jordan, et al. 2015; Ventevogel 2011; Ventevogel, et al. 2012) and the integration and recent scaling up of psychosocial models of treatment into the

basic package of health services (health posts, health centers and district hospitals) (Ayoughi, et al. 2012; Epping-Jordan, et al. 2015; Ministry of Public Health 2005). Moreover, the prioritization of mental health support in community-based interventions such as Community Based Rehabilitation (CBR) (Raja, et al. 2008; World Health Organization 2010a), has not translated into widespread effective mental health programs in Afghanistan being delivered through the CBR platform. What are the factors that would determine improvement in service utilization represents a dynamic problem in trying to understand what is impeding the utilization rate of healthcare services by individuals with mental disorders (Figure 1), and challenges current views of how best to increase the utilization over time.

Community based system dynamics (CBSD) represents a novel approach that holds promise for problem analysis and policy design. Like other par-



Photo 37: Child waiting for end of interview

ticipatory approaches such as Theory of Change (ToC) or Participatory Action Research (PAR) used to address public health issues (De Silva, et al. 2014; Minkler 2000; Osrin, et al. 2003), CBSD engages stakeholders who are embedded in a system to examine complex problems (Hovmand 2014). CBSD highlights the feedback within systems, and examines dynamic change in system behavior over time, as well as nonlinear relationships, allowing for explicit engagement with causal mechanisms in complex problems. CBSD is a form of Group Model Building (GMB) that provides a structured process and forum for diverse stakeholders to identify issues and prioritize intervention through the language of systems, and to give capacity for stakeholders to engage with practical problem-solving (Rouwette, et al. 2011; Vennix 1999).

We reported on a CBSD workshop to consider how an Afghan community based rehabilitation program might effectively expand its interventions to cover the needs of people with mental illness.

We examined the dynamics of mental health service seeking and capacity for supporting people with mental illness from the perspective of a CBR program operating in Afghanistan. It proposes insights into ways to enhance access to mental health services for people with mental illness (PMI).

We investigated further to what extent and under what conditions a CBR program could effectively expand its programs to cover the needs of people with mental illness.

Methods

We carried out a series of Group Model Building sessions with Community-Based Rehabilitation workers (CBRW) and CBR team leaders. The purpose of the sessions was to investigate questions arising from initial findings of the 3-year impact evaluation research study.

Initial GMB sessions were held over in June 2014 in Mazar-e-Sharif, Balkh, Afghanistan, and follow-up sessions were conducted in Kabul, Afghanistan in February 2015. The initial sessions were

conducted with three males and three females community based rehabilitation workers from the Mazar-e-Sharif region. Sessions were also conducted with 4 males CBR workers from Jalalabad to triangulate findings of the first sessions. The follow-up sessions consisted of two males and two females research officers with experience in both CBR and research methods. These four participants in the follow-up sessions were from Mazar-e-Sharif, Taloqan, Ghazni and Jalalabad, four regional program offices of our partner NGO.

Sessions were planned based on a series of scripts adapted from Scriptapedia a manual composed of structured group model building activities (Hovmand, et al. 2013), and were led by a team consisting of Afghan NGO staff members and of three international researchers as facilitators. Sessions included a series of scripts designed to explore the interactions and interdependencies between factors affecting participation of people with severe and disabling forms of mental disorder in CBR activities, and to develop a common model of the complex local dynamics and explore possibilities for intervention to provide care to PMI. In particular, GMB sessions participants described the existing relational dynamics among the set of factors identified by constructing causal loop diagrams (CLDs).

Results from the session

The model developed collaboratively between SCA CBR workers and team leaders and researchers highlights the complex interaction between family fears and prejudices and the context of economic hardship in which families of persons with mental illness (PMI) are operating in.

Causal loop diagrams (CLDs) can be read using a few key principles. Arrows, or links, represent causal relationships. The plus and minus symbols of the model indicate the polarity, or the direction of the causal relationship. The plus sign indicates a relationship that goes in the same direction, a minus sign represents an inverse relationship.

The model in Figure 103 p. 115 contains multiple

Group model building session agenda and description of “Scripts”

Session 1: June 2014, Mazar-e-Sharif, Balkh, Afghanistan: The introductory session took place over the course of an afternoon in Mazar-e-Sharif to explore the interacting factors that may explain low participation of people with mental illness in CBR programs.	
Activity	Description
Introduction to systems, Defining Terms	Introduction of the approach of community based system dynamics Defining concepts – “What do we mean when we say ‘Mental Illness’?”
Variable Elicitation	Participants nominated factors or variables that responded to the prompt: “What causes Rawani to receive or not receive rehabilitation services”
Stars	Participants prioritized the most relevant and impactful variables produced in the previous variable elicitation activity.
CLD Elaboration	Based on the priority variables emerging from the stars exercise the facilitators led participants through an exercise to develop a causal loop diagram describing causal structure and feedback relationships.
Model Review	At the end of the CLD Elaboration activity, facilitators led participants through a structured exercise to restate common definitions established for Rawani and identify important feedback loops and exogenous variables. A later discussion revisited the model to identify preliminary points for potential intervention by CBR program activities.
Session 2: February 2015, Kabul, Afghanistan: This session took place over two meetings in three days using a series of models to explore the dynamics of social inclusion of people with mental illness and articulate potential strategies for programmatic intervention.	
Session 2.1	
Introduction	Participants had previously been oriented to group model building through a research methods seminar. An opening discussion examined the question “What distinguishes Rawani vs Diwana”? Participants shared examples of scenarios in which a family member or community member might be considered Rawani or Diwana, and prompting facilitators and fellow participants probed to draw contextual distinctions between the two concepts.
Variable Elicitation	Participants nominated variables based on the prompt “What would be conditions for including people with ‘psychological problems’ in CBR activities?”.
Priorities	Each participant was asked to vote for the three most important variables in the inclusion of people with “psychological problems” in CBR activities.
CLD Elaboration	The highest rated variables were used to seed the structure for elaborating a causal loop diagram on sheets of chart paper that had been taped together. Participants nominated causal links, with pauses to discuss the specific assumptions of causality or negotiate definitions of terms as questions emerged.
Model Review	At the close of the first day of the session, facilitators identified major themes that emerged from the session, highlighted major feedback loops from the session, and discussed potential areas for further development or exploration.
Session 2.2	
Revisiting the CLD Model	The first day’s model, was posted beside blank chart paper, and core structure for the second day model building as identified on the old model and redrawn on the new model paper. Questions about translation or recopying were discussed.
CLD Elaboration	New causal structure was built onto the seed structure identified in the previous activity.
Model Review	At the end of the session major feedback loops, themes, and remaining questions or exogenous variables were identified. A further discussion explored potential points for programmatic or policy intervention revealed by the model.

interacting feedback loops.

The first balancing loop (B1) shows that if persons with mental illness seek more treatment, adverse symptoms might reduce encouraging them to seek more treatment and show more medical compliance. (B2) displays the vicious cycle between poverty and mental disorders: people are poor and cannot afford to spend even small amount on medical care for the PMI, making the situation of scarcity of mental care within the BPHS (supposedly free) even more daring for those families. (B3) links this relationship between treatment needs associated with mental illness and poverty to the stressors caused by the risk of falling deeper into poverty if the family has to spend resources for the medical needs of the PMI.

The four reinforcing feedback loop demonstrate the many ways in which public stigma impacts the wellbeing of PMI. (R1) indicates that as understanding of mental illness becomes more common, families' stigmatizing beliefs about mental illness lessen. Again the inverse is true. As understanding is reduced, stigmatizing beliefs increase. The second reinforcing loop illustrates a worrying effect of stigma: mistreatment of PMI. As norms and values reflect increasingly prejudice and discrimination of PMI, likelihood of them being mistreated raises, resulting in fear and isolation from the community to prevent mistreatment. The third reinforcing loop shows that as stigmatizing norms and values are more prevalent among the community, so are stigmatizing beliefs about mental illness. The opposite is true; as community stigmatizing norms decrease family stigmatizing beliefs also decrease. Finally, (R4) shows how stigma, by fueling practices of various forms of mistreatment (use of bad language and bullying, harassment, physical violence), has a negative effect of the mental state of the PMI which in turn influences negatively beliefs and behaviors towards PMI.

Discussion

The GMB model developed collaboratively between CBR workers and team leaders and researchers provides insight into the factors that

impede access to mental healthcare for persons with mental illness and what intervention could be done to change the status quo. GMB establishes the causal loop relationships that explain poor access to mental healthcare and identifies points of leverage for intervention. Our approach shares with ToC the aim of exploring solutions to complex problems using a participatory approach and ensuring stakeholders buy-in and sense of ownership (Anderson, 2006). In both approaches, solutions to address the problem take into account the context, in particular existing needs, difficulties such as power relations, barriers to intervention and possible remedies to problems (Breuer et al., 2014). Yet, the GMB approach differs from a ToC approach in the method used. The ToC works backward from defining in partnership the intended impact – e.g. improve access to care, to determine required intermediate and short-term outcomes to achieve the aim, and the related indicators associated to each outcome (Anderson, 2006; Connell & Kubisch, 1998). Furthermore, the GMB approach does not assume ex ante the adoption of any component of a mental health care package as in the Programme for Implementing Mental Health Care (PRIME) approach (Lund et al., 2012) but engage stakeholders and let them determine first the system and its components and identify leverage points for intervention.

Components of the System

Surface level system insights that emerge from the model include the composition and interaction between individual, family, and community level variables. The model describes the broad connections between family economic situations, mental healthcare seeking, and mistreatment in the community and family. The scope of these components represents a vision of care seeking that is centered on family decision making and is contingent upon both the availability of such healthcare and the social and economic environment of the family. A dynamic hypothesis that emerges from this model is that the interaction of economic burdens of generalized poverty and treatment expenses interact with cultural and social stigmatizing beliefs, in the context of limited clinical or other treatment support, to perpetuate low access of any form of care for people with mental illness. This interaction

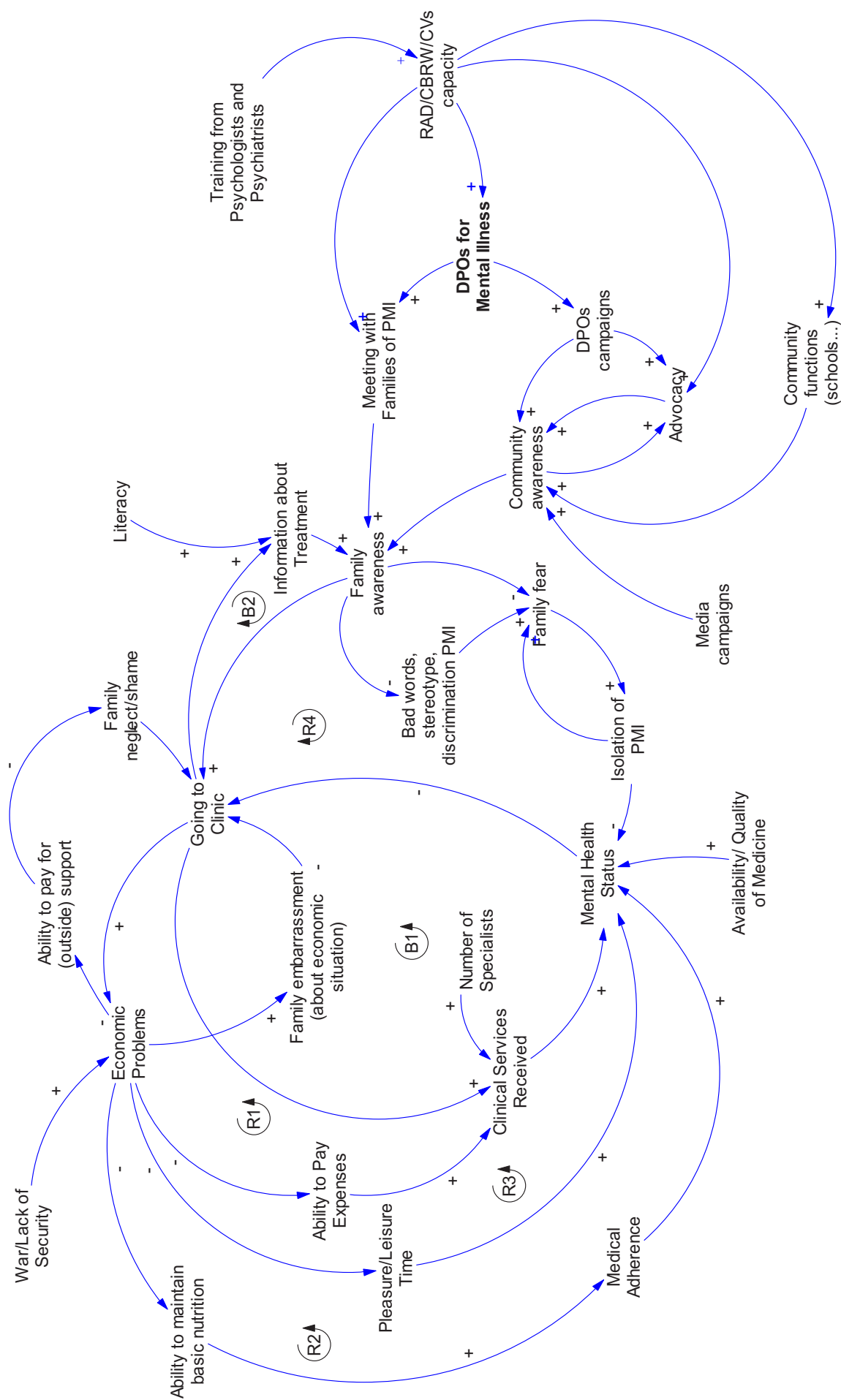




Figure 103: Causal loop diagram of mental illness in Afghanistan.



of feedback loops describes a situation in which, even if clinical mental healthcare capacity were to be introduced, community stigma and economic forces would still represent significant barriers to access. This simple visual representation connects a number of important insights that have been shown separately by different studies: limited resources are available for mental healthcare services in Afghanistan despite original initiatives (Epping-Jordan et al., 2015; P. Ventevogel, 2011; P. Ventevogel et al., 2012), that poverty plays a role in discouraging mental healthcare seeking behaviors (Trani, Kuhlberg, Cannings, & Dilbal, in press) and the importance of stigma associated to mental illness (Cerveau, 2011).

As important as the content of the model are the concepts that are highlighted and left out by the participants in the session, in other words how members of a system think about their system. Specifically, participants operated with an understanding that mental illness is something that is caused by outside or unknown forces. There is an additional assumption that mental illness is treatable through clinical support, shown by the link that treatment received reduces adverse symptomatology. Implicit in this mental health treatment variable is a vision of treatment that is primarily psychiatric. There was little discussion of any form of psychosocial counseling as a response to mental illness or its symptoms. Additionally, the assumptions of the model were that treatment primarily occurred through formal clinical mechanisms, though there was discussion of a role for trained outreach workers. This perspective suggests that any intervention associating medical treatment and psychosocial services will require information and sensitization of non-specialist health and rehabilitation workers to get their buy-in and participation.

Points of Entry for intervention



Finally, the model reveals a number of potential entry points for programmatic or community intervention to address low service receipt by PMI. Participants mentioned awareness of families and communities of the needs and rights of PMI as a potential leverage point. They argued that CBR workers are already experienced in reaching out

to the community in villages where the CBR program is taking place through sensitization campaigns to promote acceptance and change attitudes towards people with disabilities generally. A sensitization effort to reach out to families (the “Understanding of mental disorders” variable) and communities (“Awareness of mental disorders in community”) would potentially have significant impact on the adverse symptomatology of mental illness through reductions in stigma and in mistreatment, as well as through increased willingness to support treatment seeking for affected family members. Participants in the model building sessions discussed that such sensitization programs could work through multiple avenues: through direct face-to-face outreach with families of PMI; sessions with organizations of persons with disabilities (DPOs); and participating in community events within schools, mosques and during sessions of village shuras (committees of elders) meetings. Similarly, studies using a ToC approach identified the need for mental health awareness raising and engaging with PMI and their families as important activities in other low-income contexts (Hailemariam et al., 2015).

Other points of programmatic entry into this system were identified as potentially valuable, but not strictly within the purview of the CBR Program. Investments in developing the capacity of the mental healthcare system through the development of new training expertise within Afghanistan for psychiatrists, psychologists, and potentially social workers could be another avenue for NGO involvement. Such intervention has been pioneered by Healthnet TPO in Afghanistan (P. Ventevogel et al., 2012). Other studies have shown elsewhere the need for specialized mental health professionals to drive the process of developing and integrating mental healthcare as part of the primary healthcare system (Hanlon et al., 2014; Patel et al., 2013). Finally, promotion of family livelihood strategies would affect the overall family context, which is argued to have a central, if indirect role in the experience and support of PMI. This finding reinforces emerging literature demonstrating the association that exists between poverty, stigma and mental illness in low-income countries (Ssebunnya J., Kigozi F., Lund C., Kizza D., & Okello E., 2009).

Limitations

Our study is the first example of the use of community based system dynamics looking at mental illness in a conflict setting. Because of the new context, multiple challenges in the design and facilitation of the sessions had to be addressed, which are reported here. One of the strengths of this approach is the ability to make explicit the subjectivities of individuals who are building the model. This perspective of participants who are embedded in the system allows for insights into interconnections and dependencies that may not be apparent from an external view. This strength also argues for caution: this subjectivity comes with biases and limitations of knowledge that may challenge the validity of findings. For example, discussions of mental health treatment were primarily focused on a vision of treatment that is primarily psychiatric. There was little discussion of any form of psychosocial counseling as a response to severe mental disorders or its symptoms. Furthermore, generalizing findings to whole organization based on the vision of a few stakeholders may jeopardize validity. Replication and triangulation through multiple sessions with diverse stakeholder groups would be necessary to strengthen findings. Additionally, convergence of opinions by participants in a system does not necessarily translate to capacity for action. As with any participatory method, CBSD approach requires involvement of organizational leadership to implement findings and recommendations. Finally, the role of the outside facilitators cannot be ignored. The identification of the problem in this study stems from the results of a partnership with academic researchers who have experience in an Afghan context. The resulting model is a negotiation between facilitators' prompts and participants' understandings and perspectives. Neither would achieve the outcomes on its own.


Implications

Our study demonstrates that CBSD methods can provide an effective tool to elicit a common vision on a complex/messy problem and identify shared potential strategies for intervention in a develop-

ment and global health context. The process and the resulting model showed that: (i) a sophisticated problem analysis is possible with multiple stakeholder groups; (ii) a successful facilitation process preserves the vision and perspectives of participants while reaching a common understanding of the issue at stake at a given point in time; (iii) a roadmap to intervention shared by various stakeholders involved in the program can be delineated efficiently without expert leadership and with limited expert knowledge.

The issue of mental disorders in low-income countries is the subject of growing research and literature particularly around the need of effective interventions in context of limited financial and professional resources (Barry, et al. 2013; Cohen, et al. 2011; Rahman and Prince 2009). An important issue that remains to be adequately addressed is the role of stigma as a strong driver of discrimination of persons with mental disorders resulting in exclusion from treatment but also from employment and community participation (Ssebunnya, et al. 2009). Such a process of exclusion results in poor self-esteem, material poverty for the person and her family and deepening and mental suffering as underlined by GMB participants (Pescosolido 2013). These dynamics articulated in the literature were elaborated over the course of only a few sessions through the complex interactions of feedback loops. They suggested that an appropriate strategy must address community and families' perception of mental disorders to reduce stigma and barriers to seeking outside support. Participants identified the conditions for expanding the current program to address the needs of persons with mental disorders: revising organizational priorities, building staff expertise and increasing in-country training capacity in psychiatry and psychology. Our study demonstrates that the CBSD modeling process can elicit these relationships with minimal expert input. This suggest that endogenous expertise – i.e. knowledge of the people involved in the system itself – may be adequate to frame a sophisticated argument about the messy problem of CBR access for people with mental disorders.

Conclusion



In a context of limited resources, the CBSD approach suggests a different path for program planning and eventually evaluation. Current approaches to designing and evaluating global health and development programs have had limited impact. Far from collecting data through relatively complex processes involving field experiment or quasi experiment with before and after intervention data collection, NGO and UN agencies program managers often call on outside experts – who move from one country to the next for limited period of time with limited knowledge of the context, both programmatic and socio-cultural - to carry process as well as impact evaluation of often complex programs. These experts are expected to develop analyses and program and policy recommendations that are both empirically sound and well suited to local contexts. As a consequence, the resulting recommendations both lack evidence based information and focus mainly on process activities and outputs while neglecting to evaluate the impact of the intervention on the wellbeing of program participants.

The originality of the problem solving approach described in our study is that it is driven by people embedded within the system. It can generate robust sophisticated results with actionable policy recommendations building on the knowledge and expertise of participants.

This approach offers a new collaboration framework that privileges the knowledge of people involved in the system and focuses on outcomes that address the needs of communities. The process of Group Model Building provides a window for organizational reflection and the opportunity to build a common vision and momentum for action. This is particularly valuable for messy and neglected problems such as mental disorders that are too often forgotten in development efforts.

The Group Model Building process and the resulting model showed that: (i) a sophisticated problem analysis is possible with multiple stakeholder groups; (ii) a successful facilitation process preserves the vision and perspectives of participants; (iii) a roadmap to intervention can be delineated efficiently without expert leadership and knowledge.



Photo 38: Child and pigeons, Mazar I Sharif



Exploring factors influencing gender based violence for women with disabilities using Group Model Building

Background: Women with disabilities: Multiple marginalization

Despite more than a decade of effort from the International Community to promote women's rights in Afghanistan, women still have lower rates of political participation, economic empowerment, and educational attainment than men. Even though, gender equality has been at the forefront of policy and program interventions and position papers.

Women with disabilities are considered to have a double handicap in Afghanistan. Fewer opportunities for employment and education mean that girls and women with disabilities have lower literacy rates and very low employment. Public stigma makes marriage difficult or impossible, particularly for women born with a disability or disabled from an unknown cause (Cerveau 2011). Women with disabilities are seen as unfit to bear children or unable to raise children without any aide. These social norms, particularly in rural areas, make challenging these traditional roles nearly impossible and leave women with disabilities isolated and hidden.

There are 2 rationales for this exploratory study on GBV on women with disabilities:

1. Even when women in general are targeted, women with disabilities continue to be missed;
2. Our understanding of violence against women with disabilities needs to be more complex, including issues of stigma, severity, and poverty. The group model building session was carried with women who were all SCA CBR staff in NERMO.

Results from the session

Our results confirm what previous research has partially shown. First and foremost, women with disabilities are victims of violent behaviors that contribute to a syndrome of dysphoria or deep sadness and called Jigar Khun. Jigar Khun has been identified in the literature as a major symptom of mental distress (Miller, et al. 2006; Rasmussen, et al. 2014). Several factors have been identified during the session as contributing to this state of Jigar Khun: direct violence such as beating by family members, either brothers for non married women or members of the husband family for married women. On one hand, not being married and not having children is a source of loneliness that increases the state of Jigar Khun. On the other hand, forced marriages are also a



Photo 39: Localizing control clusters before fieldwork trip

cause of increased mental distress. Higher mental distress translates in lower capacity to contribute to household chores, increasing the risk of being beaten or mistreated. Overall, violence in family is a strong component of the system, though often overlooked. Education is a prominent concept, though seems to consist of a number of factors (economic growth, 'westernization' etc.). Educated women with disabilities are more able to voice their concern and advocate for themselves, reducing the likelihood to be forced into marriage suppressing an important source of distress through mistreatment in the husband's family. Furthermore, educated women with disabilities are more able to work which has an impact on the behavior of family members and therefore reduces the level of mental distress. They become contributing members of the household and this status reduc-

es negative perception and resulting prejudice. There is nonetheless a perverse dynamic of family support for work outside home for women with disabilities. Because women with disabilities are not expected to contribute as much as other women to domestic duties, and if not married, they do not have children to raise, they are encouraged to work outside the home. The rules of the purdah play differently for women with disabilities. Considered as less marriageable, they are less likely to be kept secluded behind the family compound walls to ensure chastity, as a major symbol of the respectability of the family. Working for an income seems to play a strong role in encouraging employment of women with disabilities.



Photo 40: End of the Group Model Building session, Taloqan

The page features a minimalist design with the word 'Recommendations' centered. It is flanked by two groups of three vertical bars. Each group consists of a teal bar on the outside and a maroon bar in the middle. The bars on the left are shorter, while the bars on the right are taller.

Recommendations

Main policy recommendations

We want to emphasize that some of the principles we recommend here have been implemented informally to some extent within the CBR program. These recommendations were developed through discussions and observations with CBR workers and DP leadership. They integrate the beliefs of CBR workers and above findings of this study.

There is a need for a new instrument used for monitoring the recruitment process of new participants and their progress during their involvement in the DP. Having a system of monitoring will make the reporting process more effective for various stakeholders, in particular the head office in Stockholm, but also Swedish International Development Agency (SIDA), Afghan government partners and other NGOs in Afghanistan. In appendix we propose an updated instrument that could be used to monitor activities carried out and services offered to CBR participants. This will allow checking that the CBR program is delivering activities and services as planned and will provide feedback for partners interested in measurement of outputs.

The variation in impact between some subgroups and some areas call for more standardization of practices by service and by CBR workers. One of them is the duration of individual participation in the CBR. Another example is the selection of services. Are people getting supplemental services or only getting home based therapy? How much of this is based on CBR individual abilities and decision-making process? There should be a common decision tree based on the assessment of the individual's needs.

Prioritization of the services received by the CBR participants should be done based on the goals of the individual herself or himself rather than on a deficit model.

The CBR worker in accordance with the CBR


participant and her caregiver should agree on:

- What is important for the individual to achieve based on the needs assessment, and
- A treatment plan to meet those individual goals determined in partnership with her/his family and the CBR worker.

Another important modification to the way the program is delivered would be to standardize the delivery of the advocacy and awareness raising activities. Currently each CBR worker in her/his Mahals or catchment area implements advocacy on an ad hoc basis as needed and/or whenever it comes up. Establishing strategies to engage schools management, parents, village leaders and Shura members would improve inclusion. Based on discussion and observation during the present study, we found that practices and knowledge vary considerably between CBR workers about the meaning and delivery of advocacy. In fact, there are different ways that we saw advocacy being understood. One of them is just service delivery. One is training and lecturing for families about the rights of people with disabilities. One is negotiation with school principals and employers for inclusion in school or in employment. Another one is awareness raising or public activities.

As part of standardization of service delivery in the field of economic support, it seems important to establish well-defined and universal selection criteria that are strictly applied in the whole program for allocation of loans. Similarly, there is also a need for establishing thorough market analysis before developing a vocational training program in a given area, and this requires further investigation that was beyond the scope of the present study. There is a risk to promote training such as tailoring in areas where there is not further market for it.

Our study constitutes only a first step in evaluating



the SCA CBR program. It should be carried out on a regular basis (every 7/10 years) to evaluate the impact of the program. The SCA CBR program needs to improve its monitoring system to make sure it is delivered according to the parameters set in the planning phase. One question that is raised is how to collect data. Along with activity logs, organizational records and client records, we recommend ongoing monitoring using small-scale surveys, focus group discussions or qualitative interviews that will provide managerial guidance to adapt the program to the needs of its beneficiaries on an ongoing basis - considering that the CBR program has been going on for more than a decade - and make adjustment and corrections as needed. Furthermore, monitoring the program and measuring the amount of input used to provide the amount of effect will allow to assess the efficiency of the CBR program. We were not able to evaluate the efficiency of the program because no detailed information was available about the level of inputs. SCA management and staff will have to determine together with evaluators which inputs to the organizational plan - human resources, physical resources, funding - that are utilized by the program are essential to be monitored to assess if the CBR program is implemented as designed. For instance, the number of participants and number of sessions per a given period of time (weekly, monthly, quarterly and yearly) per CBR worker could be monitored and compared to the overall financial cost of delivering the home based program if a detailed monitoring of expenses is organized.

The next step for evaluation would be to include a system of process evaluation of the CBR program to determine retrospectively if the program was delivered as intended and if it reached its intended audience. This requires continuing research initiatives to investigate issues that may arise from the systematic examination of programmatic coverage and delivery. Such process evaluation would provide operational information about how the program was delivered to allow the dissemination or the replication of the program elsewhere. This is an important consideration considering on one hand that the CBR program had a positive impact on the health and well-being of participants and on the other hand that we lack evidence about

what in the CBR program is actually responsible for this effect. The fact that the program has a positive impact indicates that the process followed is effective. Being able to provide information about this process will allow other organizations to attempt to follow the same model. Such process evaluation would provide information not only about the effectiveness of the protocol and the fidelity to it, but also will document events, situations, circumstances and cases that influenced the way the program was delivered. Collecting data on a frequent basis will allow for instance in the future to monitor if individuals with mental disabilities are covered by the program. Measuring dosage elements of the program - namely frequency, duration, strength, route of administration and administration credibility) are important in determining program completion. Dosage elements indicate how much and to what extent are recipients of the intervention participating in the activities proposed. Activities in the program - physiotherapy, employment support, etc.- have defined standards for the number of sessions where recipients and staff meets and their duration for instance. The success of the program depends on the right dosage. This service plan completion can only be estimated if CBR staff keeps track of enrollement and attendance records for each and every recipient and for all activities. Changes in completion rates might be an indication of issues either with program staff or with the design of the program.

Measuring the level of participation of recipients of the program is also important to determine that they receive the right amount of services. For instance, we could measure if participants regularly practice the exercises given to them by the physiotherapist. We could also measure if children with disabilities included in school are attending class regularly. If the level of participation is low among recipients with certain characteristics, this might indicate that either the CBR program staff lacks skills to engage those participants - which is a managerial issue- or that the participants are not interested in participating or they doubt the intervention can provide them with useful services - which is a process theory issue that requires to adjust the program to their needs.

A better program requires to keep developing the capacity of its staff. We suggest ongoing training of CBR workers on the following skills: technical rehabilitation, needs assessment, interpersonal communication, case management and advocacy. These skills will make possible to adjust the program. Our research team contributed to capacity development through multiple trainings across the years. First, as mentioned earlier, the data collection team was trained every year (in 2013, 2014, 2015 and 2016) for two weeks on survey methods for the specific study reported in the present report. Second, staff from the disability program and from the monitoring and evaluation office were trained in data monitoring and analysis using Excel and SPSS in August 2013. Third, a week long master level research method training was organized for 20 SCA staff participants from various departments in January 2015.

Finally, a major drawback seems to be the lack of participation and empowerment of end beneficiaries and their families, as well as organization of persons with disabilities in the definition of services and activities provided, in line with WHO recommendations for CBR programs (WHO, 2010). Services and activities are largely defined by the SCA management and are essentially driven by the funding requirements of SIDA. We encourage SCA management to consider promoting further the participation of various stakeholders in the program including persons with disabilities and their family. Some CBR workers have been trained by our GRID research team to use Community Based System Dynamic and could use these techniques to promote participation of persons with disabilities and their families. More training could be done and the GRID team is willing to provide such training.

Another way for the SCA DP to promote inclusion of persons with disabilities within local communities, would be by developing and conducting regularly public/community awareness campaigns about inclusion of disability, in collaboration with public and private sector community partners, including provincial directors of the Ministry of Labour Social Affairs Martyrs and Disabled (MoLSAMD). Awareness through direct

interaction between the stigmatised individuals and the rest of the community has been shown to be effective in fighting stigma attached to various types of disabilities (Rolland, 2011). Awareness campaigns should utilize appropriate mass media such as public radio and television program to reach a broad audience.

We would encourage SCA to engage with other NGOs and the Ministry of Public Health in order to promote the contribution of CBR workers to the Basic Package of Health Services (BPHS). To increase inclusion of persons with disabilities into the BPHS, there is a need for better coordination among CBR workers, community health workers (CHW), patients and clinical care staff.

More generally, and in summary to achieve Universal Health Coverage for persons with disabilities it will be necessary to intervene at multiple levels. First, reaching out to vulnerable groups such as persons with disabilities through outreach program implemented by CHW will contribute to address inequities. Increasing the number of CHW and promoting a community based health-care and education system to promote hygiene and prevention of diseases, basic communicable diseases such as malaria, and provide basic reproductive health advice will contribute to the prevention of many disabilities. Furthermore, additional training of CHWs to assess disability and address stigmatisation of disability will improve the experience of persons with disabilities, perhaps coupling them with CBR workers to provide basic services to persons with disabilities or refer them to hospitals or rehabilitation centres. Finally, better coverage may be achieved by training healthcare workers at all levels of the healthcare system around issues of disabilities as a way to fight stigma and improve access to healthcare services. In sum, a more comprehensive, intentional, and well-resourced approach to prioritizing the needs of the most vulnerable, particularly persons with disabilities, is required if we are to achieve an improvement in socioeconomic development for all (Trani et al., 2017).

A major drawback of the current Disability Program that needs to be addressed in priority is the lack of participation of end beneficiaries and their families, as well as organization of persons with disabilities in the definition of services and activities provided.



Photo 41: Team pictures; GMB session, Mazar-E-Sharif

Using a new instrument for identification, planning, monitoring and assessing outcomes

Principles of a new instrument design

The instrument should be organized as follows:

- A common identification page for all persons with disabilities identified for the program and the creation of a unique ID. The identification page will have entry and discharged dates, information about location of the household, demographic and socioeconomic characteristics of the participant, socioeconomic characteristics of the family, brief assessment of the disability, by disability type. There will be a space for comments and notes from CBR workers and supervisors to indicate any question from CBR workers and comments from supervisors or any difficulty associated with CBR participants. The unique ID can be used to merge with other records for the same person. This will cut down on data collection and entry of the same information.

- An assessment form, filled by the CBR worker and/or the supervisor on a regular basis (for instance quarterly) that establishes change overtime in the following dimensions of wellbeing: activities of daily living, mobility, communication, social participation and emotional wellbeing. The important modification we suggest is to have a score on a Likert scale (Yes, with some difficulty, with a lot of difficulty, cannot do at all without assistance) that is revised at different points in time.

- A treatment plan form that focuses on aspirations instead of deficits. This form is composed of a list of three main personal goals formulated at the beginning of the program. Based on those individual goals, the CBR workers identify a series of skills/abilities to focus treatment to achieve those goals. The set of skills necessary to achieve the identified goals might overlap. A summary table at the end of the form allows identifying the skills, the resources

available and the definition of a plan of action following largely the existing form. Finally, the form contains a table indicating services planned, received and documentation of when was the service received.

- An accountability form that documents activities carried out at each CBR worker's visit.

- A specific discharged form that also documents at discharge what goals have been met and makes recommendations for further activities the family can help to do or other SCA or external services required. The form also includes a follow-up plan specifying how the CBR worker will keep in touch with the family.

Need for more robust baseline assessment of new participants

There are two parts in the need assessment we recommend. One part is about the community assessment that will establish resources available, cultural norms, community stigma around disability, level of interest of community Shura and other leadership towards rehabilitations. At the individual level, the assessment includes individual needs and aspirations, individual activity limitations and functionings difficulties, level of participation in the social and economical environment, family attitude and support.

Clear guidelines for discharged decision making

We suggest that the decision of discharging a person from participating in the CBR program needs to be substantiated. One possibility is basing this decision on the achievement of the goals defined by the person with disabilities and discussed with the CBR worker. This requires that the goals are

realistic and specific. Defining such goals entails good initial assessment of the person's abilities, resources including family support as well as alignment of vision between the participant and the CBR worker, which takes time and interpersonal skills.

One of the recommendations of WHO CBR guidelines is to promote participation of persons with disabilities, their families and their community in the definition, content and processes of the CBR program. GMB seems a promising method to foster genuine participation by involving stakeholders in the discussion of complex problems associated to the CBR program. In the short-term, pilot GMB sessions can help evaluate the readiness, needs, and interests of multiple parties and assess opportunities for using GMB and systems approaches for both SCA and researchers. In the long-term, GMB could be used with SCA to rapidly gain insights into the policies, social systems, perceptions, and remove barriers to participation in the planning of the CBR program, particularly for women and other groups without a voice. Those insights would inform empirical studies of CBR impact, but would also empower frontline workers, women with disabilities, communities, and SCA management to immediately consider potential points for intervention into social systems and service delivery.

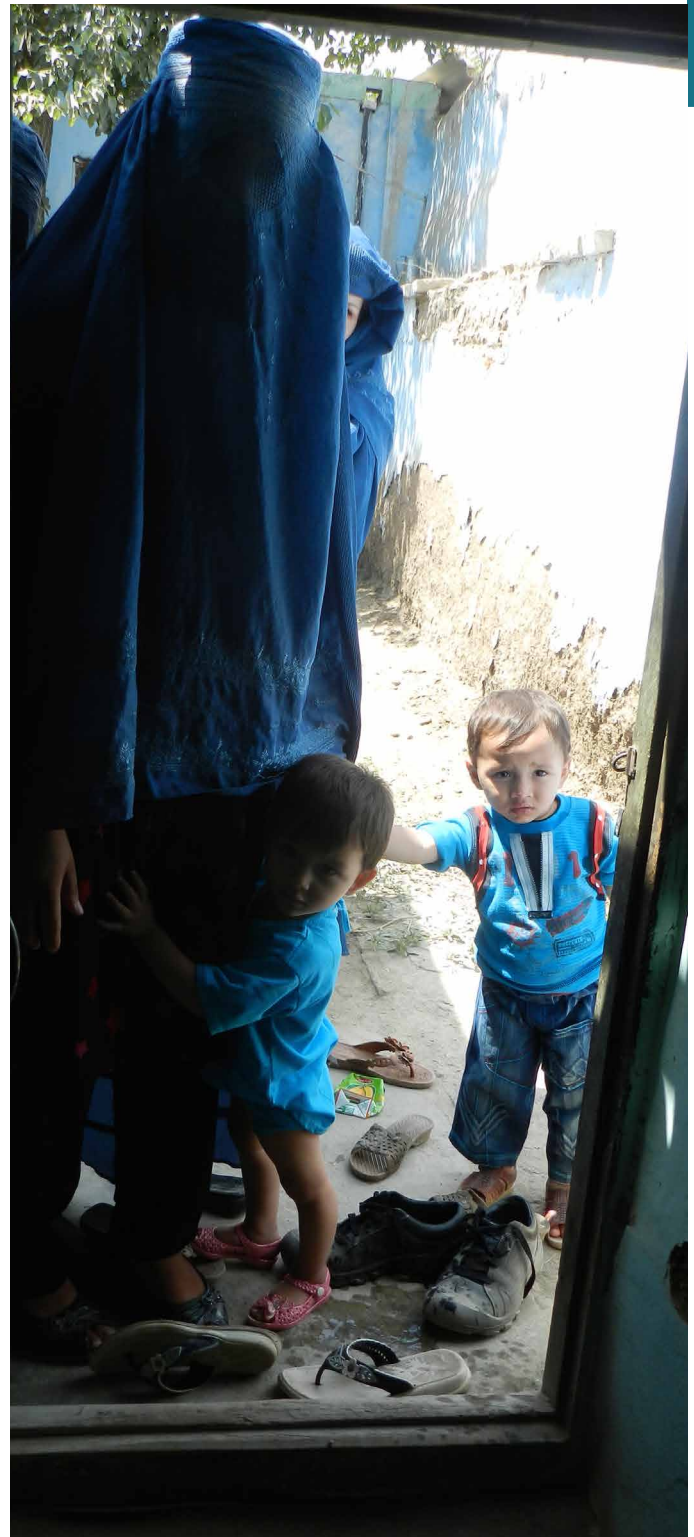


Photo 42: Children and mother at the SCA Kunduz orthopedic workshop

Promoting participation of persons with disabilities, their family and the CBR staff in the definition, content and processes of the program is essential to promote ownership and effectiveness.



Appendix

Tables for descriptive statistics



Photo 43: CBR colleagues leaving Mazar office after training

Section 1: Demographic Characteristics

Table 1. Gender by Control and CBR

Gender x Control x CBR	Control n	Within control %	CBR n	Within CBR %
Male	597	62.25%	1047	62.32%
Female	362	37.75%	633	37.68%
Chi Sq	0.001			
DF	1			
P-value	0.972			

Table 2. Age Group by Control and CBR

Age x Control x CBR	Control n	Within control %	CBR n	Within CBR %
Infant	16	1.67%	209	12.46%
Child 3-14	253	26.38%	832	49.58%
Youth 15-24	187	19.50%	310	18.47%
Adult 25-45	262	27.32%	219	13.05%
Older adult 46+	241	25.13%	108	6.44%
Chi Sq	392.648			
DF	4			
P-value	<.0001			

Table 3. Ethnicity by Control and CBR

Ethnicity x Control x CBR	Control n	Within control %	CBR n	Within CBR %
Pashtun	339	35.39%	572	34.05%
Tajik	345	36.01%	692	41.19%
Hazara	120	12.53%	144	8.57%
Uzbek	123	12.84%	233	13.87%
Other minority group	31	3.24%	39	2.32%
Chi Sq	16.414			
DF	4			
P-value	0.003			

Table 4. Region by Control and CBR

Ethnicity x Control x CBR	Control n	Within control %	CBR n	Within CBR %
ERMO	133	13.87%	270	16.07%
NRMO	338	35.25%	589	35.06%
SERMO	218	22.73%	373	22.20%
NERMO	270	28.15%	448	26.67%
Chi Sq	2.519			
DF	3			
P-value	0.472			

Table 5. Type of Disability by Control and CBR

Disability Type x Control x CBR	Control n	Within control %	CBR n	Within CBR %
Physical	567	59.19%	1189	70.90%
Hearing/Speech	116	12.11%	155	9.24%
Vision	62	6.47%	50	2.98%
Intellectual/Learning	70	7.31%	159	9.48%
Mental Illness	45	4.70%	7	0.42%
Epilepsy	46	4.80%	19	1.13%
Multiple disabilities	52	5.43%	98	5.84%
Chi Sq	128.260			
DF	6			
P-value	<.0001			

Table 6. Causes of Disability by Control and CBR

Cause of Disability x Control x CBR	Control n	Within control %	CBR n	Within CBR %
Birth	338	35.25%	1008	60.00%
Accident	164	17.10%	218	12.98%
Disease	296	30.87%	320	19.05%
Conflict Related Injury	117	12.20%	83	4.94%
Other	44	4.59%	51	3.04%
Chi Sq	163.599			
DF	4			
P-value	<.0001			

Section 2: Complex Demographics

Table 7. Age Group by Gender by Control and CBR

Age x Gender x CBR & Control	CBR						Control		
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %	Within men %
Infant	103	16.30%	106	10.13%	10	2.76%	6	1.01%	
Child 3-14	311	49.21%	521	49.81%	100	27.62%	153	25.63%	
Youth 15-24	123	19.46%	187	17.88%	72	19.89%	115	19.26%	
Adult 25-45	76	12.03%	143	13.67%	93	25.69%	169	28.31%	
Older adult 46+	19	3.01%	89	8.51%	87	24.03%	154	25.80%	
Chi Sq	31.929						5.401		
DF	4						4		
P-value	<.0001						0.249		

Cochran-Mantel-Haenszel statistic 27.961

DF 4

P-value <.0001

Table 8. Ethnicity by Gender by Control and CBR

Ethnicity x Gender x CBR & Control	CBR						Control		
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %	Within men %
Pashtun	196	30.96%	376	35.91%	117	32.41%	222	37.19%	
Tajik	292	46.13%	400	38.20%	146	40.44%	199	33.33%	
Hazara	46	7.27%	98	9.36%	39	10.80%	81	13.57%	
Uzbek	88	13.90%	145	13.85%	48	13.30%	75	12.56%	
Other minority group	11	1.74%	28	2.67%	11	3.05%	20	3.35%	
Chi Sq	12.360						6.139		
DF	4						4		
P-value	0.015						0.189		

Cochran-Mantel-Haenszel statistic 18.109

DF 4

P-value 0.001

Table 9. Cause of Disability by Gender by Control and CBR

Cause of Disability x Gender x CBR & Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Birth	423	66.82%	585	55.87%	137	37.85%	201	33.67%
Accident	59	9.32%	159	15.19%	52	14.36%	112	18.76%
Disease	125	19.75%	195	18.62%	135	37.29%	161	26.97%
Conflict Related Injury	10	1.58%	73	6.97%	19	5.25%	98	16.42%
Other	16	2.53%	35	3.34%	19	5.25%	25	4.19%
Chi Sq	42.688				35.031			
DF	4				4			
P-value	<.0001				<.0001			

Cochran-Mantel-Haenszel statis-

tic

DF

P-value

Table 10. Type of Disability by Gender by Control and CBR

Type of Disability x Gender x CBR & Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Physical	434	68.56%	756	72.21%	203	56.23%	364	60.97%
Sensory	86	13.59%	120	11.46%	75	20.78%	103	17.25%
Intellectual-Mental-Neurological	68	10.74%	98	9.36%	37	10.25%	78	13.07%
Multiple Disabilities	45	7.11%	73	6.97%	46	12.74%	52	8.71%
Chi Sq	2.965				7.418			
DF	3				3			
P-value	0.397				0.060			

Cochran-Mantel-Haenszel statis-

tic

DF

P-value



Table 11. Type of Disability by Age Group by Control and CBR

Table 11a. Type of Disability by Age Group by CBR

Type of Disability x Age Group x CBR	CBR							
	Infants n	Within Infants %	Children 3-14 n	Within Children 3-14 %	Youth 15-24 n	Within Youth 15-24 %	Adults 25-45 n	Within Adults 25-45 %
Physical	183	87.56%	500	60.10%	219	70.65%	182	83.11%
Sensory	8	3.83%	127	15.26%	46	14.84%	22	10.05%
Intellectual-Mental-Neurological	4	1.91%	131	15.75%	25	8.06%	5	2.28%
Multiple Disabilities	14	6.70%	74	8.89%	20	6.45%	10	4.57%
Chi Sq	149.212							
DF	12							
P-value	<.0001							

Table 11b. Type of Disability by Age Group by Control

Type of Disability x Age Group x Control	Control							
	Infants n	Within Infants %	Children 3-14 n	Within Children 3-14 %	Youth 15-24 n	Within Youth 15-24 %	Adults 25-45 n	Within Adults 25-45 %
Physical	13	81.25%	104	41.11%	109	58.29%	168	64.12%
Sensory	2	12.50%	66	26.09%	35	18.72%	35	13.36%
Intellectual-Mental-Neurological	0	0.00%	49	19.37%	21	11.23%	34	12.98%
Multiple Disabilities	1	6.25%	34	13.44%	22	11.76%	25	9.54%
Chi Sq	66.431							
DF	12							
P-value	0.000							
Cochran-Mantel-Haenszel statistic	200.136							
DF	12							
P-value	<.0001							

Table 12. Cause of Disability by Age Group by Control and CBR

Table 12a. Cause of Disability by Age Group by CBR									
Cause of Disability x Age Group x CBR	CBR								
	Infants n	Within infants %	Children 3-14 n	Within children 3-14 %	Youth 15-24 n	Within youth 15-24 %	Adults 25-45 n	Within adults 25-45 %	Older adults 46+ n
Birth	186	89.00%	664	79.81%	123	39.68%	32	14.61%	1
Accident	4	1.91%	53	6.37%	70	22.58%	70	31.96%	21
Disease	15	7.18%	91	10.94%	86	27.74%	62	28.31%	66
Conflict Related Injury	0	0.00%	6	0.72%	19	6.13%	44	20.09%	14
Other	4	1.91%	18	2.16%	12	3.87%	11	5.02%	6
Chi Sq	709.196								
DF	16								
P-value	0.000								

Table 12b. Cause of Disability by Age Group by Control									
Cause of Disability x Age Group x Control	Control								
	Infants n	Within infants %	Children 3-14 n	Within children 3-14 %	Youth 15-24 n	Within youth 15-24 %	Adults 25-45 n	Within adults 25-45 %	Older adults 46+ n
Birth	16	100.0%	184	72.73%	74	39.57%	53	20.23%	11
Accident	0	0	21	8.30%	35	18.72%	50	19.08%	58
Disease	0	0	34	13.44%	55	29.41%	95	36.26%	112
Conflict Related Injury	0	0	4	1.58%	15	8.02%	55	20.99%	43
Other	0	0	10	3.95%	8	4.28%	9	3.44%	17
Chi Sq	331.226								
DF	16								
P-value	0.000								



Table 13. Cause of Disability by AType of Disability by Control and CBR

Table 13a.1. Cause of Disability by Type of Disability by CBR

Causes of Disability x Type of Disability x CBR	CBR					
	Physical disability n	Within physical disability %	Sensory n	Within sensory disability %	Intellectual - mental-neurological disability n	Within intellectual-mental-neurological disability %
Birth	607	51.01%	172	83.50%	145	87.35%
Accident	201	16.89%	5	2.43%	3	1.81%
Disease	268	22.52%	20	9.71%	14	8.43%
Conflict Related Injury	74	6.22%	7	3.40%	0	0
Other	40	3.36%	2	0.97%	4	2.41%
Chi Sq	155.829					
DF	12					
P-value	<0.001					

Table 13a.1. Cause of Disability by Type of Disability by Control

Causes of Disability x Type of Disability x Control	Control					
	Physical disability n	Within physical disability %	Sensory n	Within sensory disability %	Intellectual - mental-neurological disability n	Within intellectual-mental-neurological disability %
Birth	145	25.57%	94	52.81%	63	54.78%
Accident	130	22.93%	16	8.99%	8	6.96%
Disease	170	29.98%	48	26.97%	37	32.17%
Conflict Related Injury	105	18.52%	9	5.06%	2	1.74%
Other	17	3.00%	11	6.18%	5	4.35%
Chi Sq	134.880					
DF	12					
P-value	<0.001					
Cochran-Mantel-Haenszel statistic	271.255					
DF	12					
P-value	<.0001					

Table 14. Region by Gender by Control and CBR

Region x Gender x CBR x Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
ERMO	88	13.90%	182	17.38%	53	14.64%	80	13.40%
NRMO	232	36.65%	357	34.10%	118	32.60%	220	36.85%
SERMO	134	21.17%	239	22.83%	76	20.99%	142	23.79%
NERMO	179	28.28%	269	25.69%	115	31.77%	155	25.96%
Chi Sq	5.185				4.877			
DF	3				3			
P-value	0.159				0.181			
Cochran-Mantel-Haenszel statistic								
DF					5.663			
P-value					3			
					0.129			

Table 15. Region by Ethnicity by Control and CBR

Table 15a. Region by Ethnicity by CBR

Region x Ethnicity x CBR	CBR									
	Pashtun n	Within Pashtun %	Tajik n	Within Tajik %	Hazara n	Within Hazara %	Uzbek n	Within Uzbek %	Other minority group n	Within other minority group %
ERMO	246	43.01%	18	2.60%	0	0.00%	0	0.00%	6	15.38%
NRMO	78	13.64%	293	42.34%	73	50.69%	120	51.50%	25	64.10%
SERMO	188	32.87%	118	17.05%	63	43.75%	0	0.00%	4	10.26%
NERMO	60	10.49%	263	38.01%	8	5.56%	113	48.50%	4	10.26%
Chi Sq	800.755									
DF	12									
P-value	<0.001									

Table 15b. Region by Ethnicity by Control

Region x Ethnicity x Control	Control									
	Pashtun n	Within Pashtun %	Tajik n	Within Tajik %	Hazara n	Within Hazara %	Uzbek n	Within Uzbek %	Other minority group n	Within other minority group %
ERMO	115	33.92%	11	3.19%	0	0.00%	0	0.00%	7	22.58%
NRMO	26	7.67%	169	48.99%	81	67.50%	54	43.90%	7	22.58%
SERMO	154	45.43%	30	8.70%	32	26.67%	0	0.00%	2	6.45%
NERMO	44	12.98%	135	39.13%	7	5.83%	69	56.10%	15	48.39%
Chi Sq	534.435									
DF	12									
P-value	<0.001									
Cochran-Mantel-Haenszel statistic	1273.708									
DF	12									
P-value	<0.001									

Table 16. Region by Age Group by Control and CBR

Region x Age Group x CBR	CBR									
	Infant n	Within infant %	Children 3-14 n	Within children 3-14 %	Youth 15-24 n	Within youth 15-24 %	Adults 25-45 n	Within adults 25-45 %	Older adults 46+ n	Within older adults 46+ %
ERMO	35	16.75%	145	17.43%	47	15.16%	31	14.16%	12	11.11%
NRMO	51	24.40%	347	41.71%	89	28.71%	60	27.40%	42	38.89%
SERMO	21	10.05%	128	15.38%	120	38.71%	78	35.62%	24	22.22%
NERMO	102	48.80%	212	25.48%	54	17.42%	50	22.83%	30	27.78%

Region x Age Group x Control	Control									
	Infant n	Within infant %	Children 3-14 n	Within children 3-14 %	Youth 15-24 n	Within youth 15-24 %	Adults 25-45 n	Within adults 25-45 %	Older adults 46+ n	Within older adults 46+ %
ERMO	6	37.50%	43	17.00%	26	13.90%	28	10.69%	30	12.45%
NRMO	5	31.25%	73	28.85%	67	35.83%	111	42.37%	82	34.02%
SERMO	2	12.50%	67	26.48%	41	21.93%	59	22.52%	49	20.33%
NERMO	3	18.75%	70	27.67%	53	28.34%	64	24.43%	80	33.20%
Chi Sq	24.350									
DF	12									
P-value	0.017									

Table 17. Literacy by Control and CBR

Literacy x Control and CBR	Control n	Within control %	CBR n	Within CBR %
Illiterate	600	74.35%	643	70.35%
Literate	207	25.65%	271	29.65%
Chi Sq	3.417			
DF	1			
P-value	0.065			

Table 18. Literacy by Gender by Control and CBR

Literacy x Gender x CBR x Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Literate	51	16.89%	220	35.95%	45	15.15%	162	31.76%
Illiterate	251	83.11%	392	64.05%	252	84.85%	348	68.24%
Chi Sq	35.220				27.163			
DF	1				1			
P-value	<0.001				<0.001			
Cochran-Mantel-Haenszel statistic	62.275							

DF 1

P-value 0.001



Table 19. Literacy by Age Group by Control and CBR

Age x Literacy x CBR x Control		CBR				Control			
		Illiterate n	Within illiterate %	Literate n	Within literate %	Illiterate n	Within illiterate %	Literate n	Within literate %
Child >8 years		197	30.64%	80	29.52%	71	11.83%	46	22.22%
Youth 15-24		195	30.33%	115	42.44%	119	19.83%	68	32.85%
Adult 25-45		164	25.51%	55	20.30%	209	34.83%	53	25.60%
Older adult 46+		87	13.53%	21	7.75%	201	33.50%	40	19.32%
Chi Sq		15.873				37.106			
DF		3				3			
P-value		0.001				<0.001			
Cochran-Mantel-Haenszel statistic									
DF		3							
P-value		<0.001							

Table 20. Literacy by Cause of disability by Control and CBR

Literacy rate x cause of disability x Control x CBR		Control				CBR			
		Disabled at birth	Other cause	Within illiterate %	Within literate %	Disabled at birth	Within illiterate %	Within literate %	Other cause
Not literate		n 168	433	262	378				
		% 79.62	56.31	74.64	66.32				
Literate		n 43	336	89	192				
		% 20.38	43.69	25.36	33.68				
Pearson chi2(2)		37.945		7.106					
P		<0.001		0.008					
Kendall's tau-b		0.197		0.088					
ASE		0.028		0.032					

Section 3: Socio-Economic Characteristics

Table 21. Completion of P-valueimary and Secondary School by Gender and by Control and CBR

School Completion x Gender x CBR & Con- trol	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Secondary	7	2.90%	40	8.60%	9	3.32%	38	8.23%
P-valueimary	9	3.73%	69	14.84%	15	5.54%	53	11.47%
Not Completed	225	93.36%	356	76.56%	247	91.14%	371	80.30%
Chi Sq	30.901				15.277			
DF	2				2			
P-value	<0.001				<0.001			
Cochran-Man- tel-Haenszel statistic	44.603							
DF	2							
P-value	<0.001							

Table 22a. P-valueimary Education by Age Group by CBR

CBR: P-valueimary school Completion x Age	Child >12 years n	Within child >12 years %	Youth 15-24 n	Within youth 15-24 %	Adult 25-45 n	Within adults 25-45 %	Older adult 46+ n
P-valueimary Completed	14	20.29%	63	20.32%	38	17.35%	10
Not Completed	55	79.71%	247	79.68%	181	82.65%	98
Chi Sq	7.080						
DF	3						
P-value	0.069						

Table 22b. P-valueimary Education by Age Group by Control

Control: P-valueimary school Completion x Age	Child >12 years n	Within child >12 years %	Youth 15-24 n	Within youth 15-24 %	Adult 25-45 n	Within adults 25-45 %	Older adult 46+ n
P-valueimary Completed	12	25.53%	52	27.81%	30	11.58%	21
Not Completed	35	74.47%	135	72.19%	229	88.42%	219
Chi Sq	36.241						
DF	3						
P-value	<0.001						
Cochran-Mantel-Haenszel statistic	34.035						
DF	3						
P-value	<0.001						

Table 23a. P-valueimary Education by Type of Disability and by CBR

CBR: P-valueimary school completion x Type of disability	Physical n	Within physical disability %	Sensory disability n	Within sensory disability %	Intellectual-Mental-Neurological disability n	Within intellectual-mental neurological disability %	Multiple disabilities n	Within multiple disabilities %
P-valueimary	105	19.27%	9	10.47%	4	9.52%	7	21.21%
Not Completed	440	80.73%	77	89.53%	38	90.48%	26	78.79%
Chi Sq								
DF					6.213			
P-value					3			
					0.102			

Table 23b. P-valueimary Education by Type of Disability and by Control

Control: P-valueimary school completion x Type of disability	Physical n	Within physical disability %	Sensory disability n	Within sensory disability %	Intellectual-Mental-Neurological disability n	Within intellectual-mental neurological disability %	Multiple disabilities n	Within multiple disabilities %
P-valueimary	86	18.45%	20	16.53%	5	6.67%	4	5.71%
Not Completed	380	81.55%	101	83.47%	70	93.33%	66	94.29%
Chi Sq								
DF					12.626			
P-value					3			
Cochran-Mantel-Haenszel statistic					0.006			
DF					13.379			
P-value					3			
					0.004			

Table 24a. P-value/primary Education by Cause of Disability by Control and CBR

P-value/primary school x cause of disability x Control x CBR	Control			CBR		
	Disabled at birth	Other cause	Disabled at birth	Disabled at birth	Other cause	Other cause
not completed	n 147	476	184	393		
	% 88.02	83.36	87.62	80.37		
completed	n 20	95	26	96		
	% 11.98	16.64	12.38	19.63		
Pearson chi2(2)	2.134		5.361			
P-value	0.144		0.021			
Kendall's tau-b	0.054		0.088			
ASE	0.034		0.035			

Table 24b. Secondary Education by Cause of Disability by Control and CBR

Secondary school x cause of disability x Control x CBR	Control			CBR		
	Disabled at birth	Other cause	Disabled at birth	Disabled at birth	Other cause	Other cause
not completed	n 101	447	85	344		
	% 93.52	86.13	88.54	81.13		
completed	n 7	72	11	80		
	% 6.48	13.87	11.46	18.87		
Pearson chi2(2)	4.435		2.977			
P	0.035		0.084			
Kendall's tau-b	0.084		0.076			
ASE	0.031		0.038			

Table 25. Reason for Not Attending School by Cause of Disability

Reason for not attending school x cause of disability x Control x CBR		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Family could not afford school costs	n	3	20	4	6
	%	1.36	4.27	0.81	1.3
He/she had to work	n	7	64	7	97
	%	3.18	13.68	1.42	20.95
School is too far away	n	38	197	57	122
	%	17.27	42.09	11.56	26.35
Other children in school would be meann	n	2	3	13	3
	%	0.91	0.64	2.64	0.65
No school will enrol him/her	n	28	22	30	21
	%	12.73	4.7	6.09	4.54
He/she cannot learn	n	73	41	104	34
	%	33.18	8.76	21.1	7.34
He/she cannot get into or to the school	n	8	18	47	34
	%	3.64	3.85	9.53	7.34
We do not want him/her to be seen by others	n	8	12	9	13
	%	3.64	2.56	1.83	2.81
Being a girl my family refuse to send her/him	n	15	35	11	20
	%	6.82	7.48	2.23	4.32
Too young to go to school	n	25	5	133	26
	%	11.36	1.07	26.98	5.62
Other reason	n	13	51	78	87
	%	5.91	10.9	15.82	18.79
Pearson chi2(2)		155.108		222.435	
P		<0.001		<0.001	
Kendall's tau-b		-0.231		-0.234	
ASE		0.031		0.028	

Table 26. Reason for Not Attending School by Control and CBR

Reason for not attending school by CBR and Control	CBR n	Within CBR %	Control n	Within Control %
School costs	9	1.02%	23	3.44%
Has to work	107	12.08%	71	10.63%
Distance/access	177	19.98%	233	34.88%
Other children are mean	16	1.81%	5	0.75%
Not admitted	52	5.87%	48	7.19%
Cannot learn	134	15.12%	113	16.92%
Cannot get into or to school	81	9.14%	26	3.89%
Do not want child to be seen	22	2.48%	20	2.99%
Child is a girl	31	3.50%	50	7.49%
Too young	98	11.06%	15	2.25%
Other	159	17.95%	64	9.58%
Chi Sq	135.097			
DF	10			
P-value	<0.001			

Table 27. Rate of Work by Control and CBR

Rate of work x treatment x CBR & Control	CBR n	Within CBR %	Control n	Within Control %
Some Employment	226	37.36%	169	29.19%
Unemployed	379	62.64%	410	70.81%
Chi Sq	8.877			
DF	1			
P-value	0.003			

Table 28. Rate of Work by Gender and by Control and CBR

Rate of work x gender x CBR & Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Some employment	38	17.59%	188	48.33%	25	11.74%	144	39.34%
Unemployed	178	82.41%	201	51.67%	188	88.26%	222	60.66%
Chi Sq	56.068				49.649			
DF	1				1			
P-value	<0.001				<0.001			

Cochran-Mantel-Haenszel

statistic 105.532

DF 1

P-value <0.001

Table 29a. Rate of Work by Age Group and by CBR

CBR: Rate of work x age group	Youth 15-24 n		Within youth 15-24 %		Adult 25-45 n		Within adults 25-45 %		Older adult 46-60 n		Within older adults 46-60 %	
Some employment	111		36.04%		85		39.53%		30		37.50%	
Unemployed	197		63.96%		130		60.47%		50		62.50%	

Chi Sq

DF

P-value

0.660

2

0.719

Table 29b. Rate of Work by Age Group and by Control

Control: Rate of work x age group	Youth 15-24 n		Within youth 15-24 %		Adult 25-45 n		Within adults 25-45 %		Older adult 46-60 n		Within older adults 46-60 %	
Some employment	31		17.13%		102		39.69%		36		25.53%	
Unemployed	150		82.87%		155		60.31%		105		74.47%	

Chi Sq

DF

P-value

27.361

2

<0.001

16.611

2

<0.001

Cochran-Mantel-Haenszel statistic

DF

P-value

Table 30a. Rate of Work by Disability by CBR

CBR: Rate of work x Type of disability	Physical disability n	Within physical disability %	Sensory disability n	Within sensory disability %	Intellectual-Mental-Neurological disability n	Within intellectual-mental-neurological disability %	Multiple disabilities n	Within multiple disabilities %
Some employment	181	38.11%	31	44.93%	4	12.90%	10	33.33%
Unemployed	294	61.89%	38	55.07%	27	87.10%	20	66.67%
Chi Sq	9.933							
DF	3							
P-value	0.019							

Table 30b. Rate of Work by Disability by Control

CBR: Rate of work x Type of disability	Physical disability n	Within physical disability %	Sensory disability n	Within sensory disability %	Intellectual-Mental-Neurological disability n	Within intellectual-mental-neurological disability %	Multiple disabilities n	Within multiple disabilities %
Some employment	119	31.56%	23	26.74%	12	19.35%	15	27.78%
Unemployed	258	68.44%	63	73.26%	50	80.65%	39	72.22%
Chi Sq	4.231							
DF	3							
P-value	0.238							
Cochran-Mantel-Haenszel statistic	10.789							
DF	3							
P-value	0.013							



Table 31 . Location of Work by Control and CBR

Work location by treatment	CBR n	Within CBR		Within Control	
			%	Control n	%
Does not work	378		62.48%	411	70.74%
Home/family land	88		14.55%	84	14.46%
Outside the home	126		20.83%	82	14.11%
Working and in school	13		2.15%	4	0.69%
Chi Sq			15.066		
DF			3		
P-value			0.002		

Table 32. Location of Work by Gender and by Control and CBR

Work location x gender x CBR & Control	CBR			Control		
	Women n	Within women %	Men n	Within women %	Men n	Within men %
Does not work	178	82.41%	200	51.41%	188	88.26%
Home/family land	26	12.04%	62	15.94%	20	9.39%
Outside the home	11	5.09%	115	29.56%	4	1.88%
Working and in school	1	0.46%	12	3.08%	1	0.47%
Chi Sq	67.180			56.477		
DF	3			3		
P-value	<0.001			<0.001		
Cochran-Mantel-Haenszel statistic	122.631					
DF	3					
P-value	<0.001					

Table 33a. Location of Work by Region by CBR

CBR: Work location x region	ERMO n	Within ERMO %	NRMO n	Within NRMO %	SERMO n	Within SERMO %	NERMO n	Within NERMO %
Does not work	67	75.28%	127	72.16%	107	50.23%	77	60.63%
Home/family land	4	4.49%	25	14.20%	45	21.13%	14	11.02%
Outside the home	17	19.10%	24	13.64%	50	23.47%	35	27.56%
Working and in school	1	1.12%	0	0.00%	11	5.16%	1	0.79%
Chi Sq	46.080							
DF	9							
P-value	<0.001							

Table 33b. Location of Work by Region by Control

Control: Work location x region	ERMO n	Within ERMO %	NRMO n	Within NRMO %	SERMO n	Within SERMO %	NERMO n	Within NERMO %
Does not work	55	78.57%	144	66.06%	85	61.59%	127	81.94%
Home/family land	8	11.43%	30	13.76%	35	25.36%	11	7.10%
Outside the home	6	8.57%	42	19.27%	18	13.04%	16	10.32%
Working and in school	1	1.43%	2	0.92%	0	0.00%	1	0.65%
Chi Sq	32.329							
DF	9							
P-value	0.001							
Cochran-Mantel-Haenszel statistic	49.109							
DF	9							
P-value	<0.001							

Table 34. Type of Work by Control and CBR

Work type by treatment	CBR n	Within CBR %	Control n	Within Control %
Does not work	378	62.48%	411	70.74%
Agricultural work	44	7.27%	53	9.12%
Non-agricultural work	115	19.01%	77	13.25%
Working and in school	13	2.15%	4	0.69%
Housework	55	9.09%	36	6.20%
Chi Sq	17.990			
DF	4			
P-value	0.001			

Table 35. Type of Work by Gender and by Control and CBR

Work type x gender x CBR & Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Does not work	178	82.41%	200	51.41%	188	88.26%	223	60.60%
Agricultural work	2	0.93%	42	10.80%	1	0.47%	52	14.13%
Non-agricultural work	10	4.63%	105	26.99%	4	1.88%	73	19.84%
Working and in school	1	0.46%	12	3.08%	1	0.47%	3	0.82%
Housework	25	11.57%	30	7.71%	19	8.92%	17	4.62%
Chi Sq	83.220				79.290			
DF	4				4			
P-value	<0.001				<0.001			
Cochran-Mantel-Haenszel statistic	161.022							
DF	4							
P-value	<0.001							

Table 36a. Type of Work by Region by CBR

CBR: Work type by region	ERMO n	Within %	ERMO %	NRMO n	Within %	SRMONERMO n	Within %	NERMO %
Does not work	67	75.28%		127	72.16%	107	50.23%	60.63%
Agricultural work	4	4.49%		7	3.98%	25	11.74%	6.30%
Non-agricultural work	17	19.10%		23	13.07%	43	20.19%	25.20%
Working and in school	1	1.12%		0	0.00%	11	5.16%	0.79%
Housework	0	0.00%		19	10.80%	27	12.68%	7.09%
Chi Sq	52.265							
DF	12							
P-value	<0.001							

Table 36b. Type of Work by Region by Control

Control : Work type by region	ERMO n	Within %	ERMO %	NRMO n	Within %	SRMONERMO n	Within %	NERMO %
Does not work	55	78.57%		144	66.06%	85	61.59%	81.94%
Agricultural work	5	7.14%		8	3.67%	32	23.19%	5.16%
Non-agricultural work	6	8.57%		41	18.81%	15	10.87%	9.68%
Working and in school	1	1.43%		2	0.92%	0	0.00%	0.65%
Housework	3	4.29%		23	10.55%	6	4.35%	2.58%
Chi Sq	66.774							
DF	12							
P-value	<0.001							
Cochran-Mantel-Haenszel statistic	79.784							
DF	12							
P-value	<0.001							



Table 37a. Employment by Cause of Disability by Control and CBR

Employment x cause of disability x Control x CBR		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Unemployed	n	108	310	111	270
	%	80	68.58	71.61	60.54
Employed	n	27	142	44	176
	%	20	31.42	28.39	39.46
Pearson chi2(2)		6.608		6.079	
P		0.01		0.014	
Kendall's tau-b		0.106		0.101	
ASE		0.038		0.039	

Table 37b. Type of Work by Cause of Disability by Control and CBR

Type of work x cause of disability x Control x CBR		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Does not work	n	105	305	107	268
	%	78.95	68.23	70.86	60.22
Home, Family Land	n	14	70	21	63
	%	10.53	15.66	13.91	14.16
Outside Home	n	14	68	20	104
	%	10.53	15.21	13.25	23.37
Working and in School	n	0	4	3	10
	%	0	0.89	1.99	2.25
Pearson chi2(2)		6.312		7.623	
P		0.097		0.054	
Kendall's tau-b		0.095		0.099	
ASE		0.037		0.037	

Section 4: Receipt of Services

Table 38. Services Received P-valueior to Study by CBR and Control

Services received x CBR x Control	CBR n	Within CBR %	Control n	Within Control %
Received	146	8.69%	135	14.08%
Not received	1534	91.31%	824	85.92%
Chi Sq	18.619			
DF	1			
P-value	<0.0001			

Table 39a. Services Received P-valueior to Study by Region by CBR

Services received x Region x CBR	ERMO n	Within ERMO %	NRMO n	Within NRMO %	SERMO n	Within SERMO %	NERMO n	Within NERMO %
Received	35	12.96%	5	0.85%	63	16.89%	43	9.60%
Not received	235	87.04%	584	99.15%	310	83.11%	405	90.40%
Chi Sq	83.922							
DF	3							
P-value	<0.001							

Table 39b. Services Received P-valueior to Study by Region by CBR

Services received x Region x Control	ERMO n	Within ERMO %	NRMO n	Within NRMO %	SERMO n	Within SERMO %	NERMO n	Within NERMO %
Received	42	31.58%	50	14.79%	9	4.13%	34	12.59%
Not received	91	68.42%	288	85.21%	209	95.87%	236	87.41%
Chi Sq	52.156							
DF	3							
P-value	<0.001							
Cochran-Mantel-Haenszel statistic	55.567							
DF	3							
P-value	<0.001							

Table 40a. Services received P-valueior to study by type of disability and by CBR

Services received x disabilityx CBR	Type of Physical n	Within physical disability %	Sensory disability n	Within sensory disability %	Intellectual- Mental- Neurologi- cal disability n	Within intel- lectual- mental- neurological disability %	Multiple disabilities n	Within multi- ple disabili- ties %
Received	121	10.17%	11	5.34%	6	3.61%	8	6.78%
Not received	1069	89.83%	195	94.66%	160	96.39%	110	93.22%
Chi Sq	12.122							
DF	3							
P-value	0.007							

Table 40b. Services received P-valueior to study by type of disability and by Control

Services received x disabilityx Control	Type of Physical n	Within physical disability %	Sensory disability n	Within sensory disability %	Intellectual- Mental- Neurologi- cal disability n	Within intel- lectual- mental- neurological disability %	Multiple disabilities n	Within multi- ple disabili- ties %
Received	108	19.05%	14	7.87%	5	4.35%	8	8.16%
Not received	459	80.95%	164	92.13%	110	95.65%	90	91.84%
Chi Sq	29.068							
DF	3							
P-value	<0.001							
Cochran-Mantel-Haenszel statistic	39.103							
DF	3							
P-value	<0.001							

Table 41. Services received P-valueior to study by cause of disability by Control and CBR

Services received x cause of disability x Control x CBR		Control		Disabled at birth		Other cause		Disabled at birth		Other cause	
Not received	n	310	687	91.72	948	86.52	603	93.95	87.65	85	12.35
	%										
Received	n	28	107	8.28	6.05	13.48	20.707	<0.001	0.111	0.025	
	%										
Pearson chi2(1)		6.085									
P		0.014									
Kendall's tau-b		0.073									
ASE		0.027									

Table 42. Accessibility of healthcare by Control and CBR

Accessibility of healthcare x treatment x CBR & Control		CBR n	Within CBR %	Control n	Within Control %
Never/Cannot		76	4.53%	65	6.78%
Sometimes/with difficulty or help		729	43.42%	470	49.01%
Always/without difficulty		874	52.05%	424	44.21%
Chi Sq		17.615			
DF		2			
P-value		<0.001			

Table 43. Accesibility of Healthcare by Gender

Accessability of health-care x gender x CBR & Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Never/Cannot	33	5.21%	43	4.11%	22	6.08%	43	7.20%
Sometimes/with difficulty or help	295	46.60%	434	41.49%	178	49.17%	292	48.91%
Always/without difficulty	305	48.18%	569	54.40%	162	44.75%	262	43.89%
Chi Sq	6.358				0.462			
DF	2				2			
P-value	0.042				0.794			

Cochran-Man-tel-Haenszel statistic	3.311
DF	2
P-value	0.191

Table 44. Accesibility of Health care by cause of disability by Control and CBR

Medical care x cause of disability x Control x CBR	Control			CBR		
	Disabled at birth		Other cause	Disabled at birth		Other cause
Never/Cannot	n	21	44	56	19	
	%	6.21	7.09	5.59	2.87	
Sometimes/with difficulty or help	n	161	309	478	247	
	%	47.63	49.76	47.75	37.31	
Always/without difficulty	n	156	268	467	396	
	%	46.15	43.16	46.65	59.82	
Pearson chi2(2)		0.892		29.831		
P		0.64		<0.001		
Kendall's tau-b		-0.030		0.131		
ASE		0.031		0.024		

Table 45a. Accessibility of Healthcare by Region by CBR

CBR: Accessibility of healthcare x region	ERMO n	Within ERMO %	NRMO n	Within NRMO %	SERMO n	Within SERMO %	NERMO n	Within NERMO %
Never/Cannot	4	1.48%	34	5.77%	6	1.61%	32	7.14%
Sometimes/with difficulty or help	153	56.67%	258	43.80%	87	23.39%	231	51.56%
Always/without difficulty	113	41.85%	297	50.42%	279	75.00%	185	41.29%
Chi Sq	126.748							
DF	6							
P-value	<0.001							

Table 45b. Accessibility of Healthcare by Region by Control

Control: Accessibility of healthcare x region	ERMO n	Within ERMO %	NRMO n	Within NRMO %	SERMO n	Within SERMO %	NERMO n	Within NERMO %
Never/Cannot	2	1.50%	35	10.36%	4	1.83%	24	8.89%
Sometimes/with difficulty or help	64	48.12%	173	51.18%	92	42.20%	141	52.22%
Always/without difficulty	67	50.38%	130	38.46%	122	55.96%	105	38.89%
Chi Sq	36.661							
DF	6							
P-value	<0.001							
Cochran-Mantel-Haenszel statistic	141.956							
DF	6							
P-value	<0.001							

Section 5: Limitation in Basic Activities of Daily Living

Table 46a. Activities of daily living (ADLs) by Control and CBR at baseline

Activities of daily life x gender x CBR & Control	CBR		Control	
	n	% Within	n	% Within
Can you feed yourself?				
Never/Cannot	91	7.13%	30	3.33%
Sometimes/with difficulty or help	423	33.12%	142	15.74%
Always/without difficulty	763	59.75%	730	80.93%
Chi Sq	109.956	89.331		
DF	2	2		
P-value	<0.001	<0.001		
Can you bathe yourself?				
Never/Cannot	118	12.90%	60	7.43%
Sometimes/with difficulty or help	357	39.02%	305	37.79%
Always/without difficulty	440	48.09%	442	54.77%
Chi Sq	16.279			
DF	2			
P-value	<0.001			
Can you use the latrine by yourself?				
Never/Cannot	233	17.14%	53	5.73%
Sometimes/with difficulty or help	520	38.26%	309	33.41%
Always/without difficulty	606	44.59%	563	60.86%
Chi Sq	89.331			
DF	2			
P-value	<0.001			
Can you dress yourself?				
Never/Cannot	203	15.88%	55	6.10%
Sometimes/with difficulty or help	438	34.27%	256	28.38%
Always/without difficulty	637	49.84%	591	65.52%
Chi Sq	71.631			
DF	2			
P-value	<0.001			

Table 46b. Activities of daily living (ADLs) by CBR and Control at endline

Activities of daily life x gender x CBR & Control	CBR		Control	
	n	% Within	n	% Within
A. Can you feed yourself?				
Never/Cannot	10	2.29%	10	0.96%
Sometimes/with difficulty or help	348	33.37%	102	12.30%
Always/without difficulty	685	65.68%	708	85.40%
Chi Sq	114.688			
DF	2			
P-value	0.000			
B. Can you bathe yourself?				
Never/Cannot	23	3.01%	36	4.90%
Sometimes/with difficulty or help	209	27.39%	241	32.79%
Always/without difficulty	531	69.59%	458	62.31%
Chi Sq	10.008			
DF	2			
P-value	0.007			
C. Can you use the latrine by yourself?				
Never/Cannot	44	3.98%	38	4.47%
Sometimes/with difficulty or help	375	33.94%	214	25.15%
Always/without difficulty	686	62.08%	599	70.39%
Chi Sq	17.652			
DF	2			
P-value	0.000			
D. Can you dress yourself?				
Never/Cannot	38	3.64%	33	3.98%
Sometimes/with difficulty or help	338	32.41%	169	20.39%
Always/without difficulty	667	63.95%	627	75.63%
Chi Sq	33.901			
DF	2			
P-value	0.000			

Table 47. Activities of Daily Life by Gender by Control and CBR

Activities of daily life x gender x CBR & Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Can you feed yourself?								
Never/Cannot	34	7.61%	57	6.87%	14	4.17%	16	2.83%
Sometimes/with difficulty or help	162	36.24%	261	31.45%	54	16.07%	88	15.55%
Always/without difficulty	251	56.15%	512	61.69%	268	79.76%	462	81.63%
Chi Sq	3.729				1.265			
DF	2				2			
P-value	0.155				0.531			
Cochran-Mantel-Haenszel statistic	3.997							
DF	2							
P-value	0.136							
Can you bathe yourself?								
Never/Cannot	37	12.21%	81	13.24%	22	7.41%	38	7.45%
Sometimes/with difficulty or help	126	41.58%	231	37.75%	111	37.37%	194	38.04%
Always/without difficulty	140	46.20%	300	49.02%	164	55.22%	278	54.51%
Chi Sq	1.264				0.040			
DF	2				2			
P-value	0.531				0.980			
Cochran-Mantel-Haenszel statistic	0.495							
DF	2							
P-value	0.781							
Can you use the latrine by yourself?								
Never/Cannot	88	18.37%	145	16.48%	27	7.83%	26	4.48%
Sometimes/with difficulty or help	184	38.41%	336	38.18%	105	30.43%	204	35.17%
Always/without difficulty	207	43.22%	399	45.34%	213	61.74%	350	60.34%
Chi Sq	0.968				5.743			
DF	2				2			
P-value	0.616				0.057			
Cochran-Mantel-Haenszel statistic	3.208							
DF	2							
P-value	0.201							
Can you dress yourself?								
Never/Cannot	80	17.90%	123	14.80%	26	7.74%	29	5.12%
Sometimes/with difficulty or help	159	35.57%	279	33.57%	92	27.38%	164	28.98%
Always/without difficulty	208	46.53%	429	51.62%	218	64.88%	373	65.90%
Chi Sq	3.604				2.586			
DF	2				2			
P-value	0.165				0.274			
Cochran-Mantel-Haenszel statistic	4.765							
DF	2							
P-value	0.092							

Table 48. Activities of Daily Life by Age by Control and CBR

Activities of daily life x age x CBR & Control	CBR									
	Child					Control				
	5-14 n	Within children 5-14 %	Youth 15-24 n	Within youth 15-24 %	Adult 25-45 n	Within adult 25-45 %	Older adult 46+ n	Within older adult 46+ %	Child 5-14 n	Within child 5-14 %
Can you feed yourself?										
Never/Cannot	73	11.44%	9	2.90%	4	1.83%	5	4.63%	17	8.02%
Sometimes/with difficulty or help	241	37.77%	89	28.71%	58	26.48%	35	32.41%	46	21.70%
Always/without difficulty	324	50.78%	212	68.39%	157	71.69%	68	62.96%	149	70.28%
Chi Sq	60.747								33.241	
DF	6								6	
P-value	<0.001								<0.001	
Cochran-Man-tel-Haenszel statistic	91.257									
DF	6									
P-value	<0.001									
Can you bathe yourself?										
Never/Cannot	62	22.38%	19	6.13%	16	7.31%	21	19.63%	19	16.24%
Sometimes/with difficulty or help	90	32.49%	120	38.71%	98	44.75%	48	44.86%	40	34.19%
Always/without difficulty	125	45.13%	171	55.16%	105	47.95%	38	35.51%	58	49.57%
Chi Sq	52.381								32.158	
DF	6								6	
P-value	<0.001								<0.001	
Cochran-Man-tel-Haenszel statistic	78.425									
DF	6									
P-value	<0.001									



Table 48 continue. Activities of Daily Life by Age by Control and CBR continue

		CBR										Control				
Activities of daily life x age x CBR & Control	Child 5-14 n	Within children 5-14 %	Youth 15-24 n	Within youth 15-24 %	Adult 25-45 n	Within adult 25-45 %	Older adult 46+ n	Within older adult 46+ %	Child 5-14 n	Within children 5-14 %	Youth 15-24 n	Within youth 15-24 %	Adult 25-45 n	Within adult 25-45 %	Older adult 46+ n	Within older adult 46+ %
Can you use the latrine yourself?																
Never/Cannot	133	20.85%	16	5.16%	16	7.31%	16	14.81%	29	13.68%	5	2.67%	3	1.15%	11	4.56%
Sometimes/with difficulty or help	244	38.24%	125	40.32%	89	40.64%	47	43.52%	74	34.91%	46	24.60%	73	27.86%	103	42.74%
Always/without difficulty	261	40.91%	169	54.52%	114	52.05%	45	41.67%	109	51.42%	136	72.73%	186	70.99%	127	52.70%
Chi Sq	56.482								66.570							
DF	6								6							
P-value	<0.001								<0.001							
Cochran-Mantel-Haenszel statistic	108.035															
DF	6															
P-value	<0.001															
Can you dress yourself?																
Never/Cannot	161	25.20%	12	3.87%	13	5.94%	17	15.74%	34	16.04%	6	3.21%	4	1.53%	11	4.56%
Sometimes/with difficulty or help	212	33.18%	106	34.19%	75	34.25%	45	41.67%	70	33.02%	40	21.39%	64	24.43%	82	34.02%
Always/without difficulty	266	41.63%	192	61.94%	131	59.82%	46	42.59%	108	50.94%	141	75.40%	194	74.05%	148	61.41%
Chi Sq	101.806								68.983							
DF	6								6							
P-value	<0.001								<0.001							
Cochran-Mantel-Haenszel statistic	158.760															
DF	6															
P-value	<0.001															

Table 49. ADLS by type of disability and by Control and CBR

Activities of daily life x disability type x CBR & Control	CBR								Control							
	Physi- cal n	Within physical %	Sensory n	Within sensory %	Intellectual- Neurolog- ical n	Within Intellectual- Mental- Neurolog- ical %	Multiple Disabili- ties n	Within multiple disabili- ties %	Physi- cal n	Within physi- cal %	Senso- ry n	Within sensory %	Intellectual- Neurolog- ical n	Within Intellectual- Mental- Neurolog- ical %	Multiple Disabili- ties n	Within multiple disabilities %
Can you feed yourself?																
Never/Cannot	75	8.85%	3	1.60%	2	1.32%	11	12.09%	19	3.57%	6	3.57%	3	2.78%	2	2.15%
Sometimes/with difficulty or help	255	30.11%	79	42.02%	60	39.74%	29	31.87%	73	13.72%	26	15.48%	24	22.22%	19	20.43%
Always/without difficulty	517	61.04%	106	56.38%	89	58.94%	51	56.04%	440	82.71%	136	80.95%	81	75.00%	72	77.42%
Chi Sq	31.572								6.988							
DF	6								6							
P-value	<0.001								0.312							
Cochran-Man- tel-Haenszel statistic	28.470															
DF	6															
P-value	<0.001															
Can you bathe yourself?																
Never/Cannot	94	14.26%	5	4.13%	7	8.33%	12	23.53%	33	6.69%	7	4.96%	12	12.77%	8	10.26%
Sometimes/with difficulty or help	273	41.43%	44	36.36%	30	35.71%	10	19.61%	204	41.38%	39	27.66%	36	38.30%	25	32.05%
Always/without difficulty	292	44.31%	72	59.50%	47	55.95%	29	56.86%	256	51.93%	95	67.38%	46	48.94%	45	57.69%
Chi Sq	27.481								17.666							
DF	6								6							
P-value	<0.001								0.007							
Cochran-Man- tel-Haenszel statistic	33.457															
DF	6															
P-value	<0.001															

Table 49 continue. ADLS by type of disability and by Control and CBR,

Activities of daily life x disability type x CBR & Control	CBR								Control							
	Physical n	Within physical %	Sensory n	Within sensory %	Intellectual-Neurological n	Within Intellectual-Mental-Neurological %	Multiple Disabilities n	Within multiple disabilities %	Physical n	Within physical %	Sensory n	Within sensory %	Intellectual-Neurological n	Within Intellectual-Mental-Neurological %	Multiple Disabilities n	Within multiple disabilities %
Can you use the latrine yourself?																
Never/Cannot	185	20.29%	5	2.58%	18	11.54%	25	25.77%	30	5.50%	6	3.49%	7	6.19%	10	10.64%
Sometimes/with difficulty or help	343	37.61%	87	44.85%	66	42.31%	24	24.74%	213	39.08%	46	26.74%	32	28.32%	17	18.09%
Always/without difficulty	384	42.11%	102	52.58%	72	46.15%	48	49.48%	302	55.41%	120	69.77%	74	65.49%	67	71.28%
Chi Sq	48.575								27.563							
DF	6								6							
P-value	<0.001								<0.001							
Cochran-Mantel-Haenszel statistic	62.790															
DF	6															
P-value	<0.001															
Can you dress yourself?																
Never/Cannot	150	17.69%	4	2.13%	22	14.57%	27	29.67%	30	5.64%	5	2.98%	8	7.41%	12	12.90%
Sometimes/with difficulty or help	300	35.38%	67	35.64%	51	33.77%	20	21.98%	157	29.51%	39	23.21%	39	36.11%	20	21.51%
Always/without difficulty	398	46.93%	117	62.23%	78	51.66%	44	48.35%	345	64.85%	124	73.81%	61	56.48%	61	65.59%
Chi Sq	46.989								19.022							
DF	6								6							
P-value	<0.001								0.004							
Cochran-Mantel-Haenszel statistic	59.362															
DF	6															
P-value	<0.001															

Table 50. ADLs by Region by Control and CBR

Activities of daily life x Region x Control x CBR		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Are you able to eat on your own?									
Never/Cannot	n	5	16	5	4	30	42	16	30
	%	4.24	5	2.38	1.57	13.7	8.99	3.24	9.87
Sometimes/with difficulty or help	n	10	54	33	45	47	264	61	83
	%	8.47	16.88	15.71	17.65	21.46	56.53	12.35	27.3
Always/without difficulty	n	103	250	172	206	142	161	417	191
	%	87.29	78.12	81.9	80.78	64.84	34.48	84.41	62.83
Pearson chi2(6)		11.668				286.361			
P-value		0.07				<0.001			
B. Are you able to bath?									
Never/Cannot	n	7	24	5	24	24	51	15	37
	%	7.07	8.19	2.78	10.17	15.89	17.23	3.74	19.89
Sometimes/with difficulty or help	n	29	112	65	99	70	88	144	87
	%	29.29	38.23	36.11	41.95	46.36	29.73	35.91	46.77
Always/without difficulty	n	63	157	110	113	57	157	242	62
	%	63.64	53.58	61.11	47.88	37.75	53.04	60.35	33.33
Pearson chi2(6)		15.858				76.466			
P-value		0.015				<0.001			
Are you able to use latrines?									
Never/Cannot	n	9	22	9	13	51	100	33	66
	%	7.26	6.73	4.21	4.98	23.29	20.16	6.68	21.71
Sometimes/with difficulty or help	n	40	112	70	87	91	170	170	134
	%	32.26	34.25	32.71	33.33	41.55	34.27	34.41	44.08
Always/without difficulty	n	75	193	135	161	77	226	291	104
	%	60.48	59.02	63.08	61.69	35.16	45.56	58.91	34.21
Pearson chi2(6)		2.737				83.664			
P-value		0.841				<0.001			
Can you dress and undress?									
Never/Cannot	n	14	18	7	16	43	91	25	55
	%	11.86	5.62	3.33	6.27	20.98	19.49	5.21	20.15
Sometimes/with difficulty or help	n	35	89	60	72	84	166	113	103
	%	29.66	27.81	28.57	28.24	40.98	35.55	23.54	37.73
Always/without difficulty	n	69	213	143	167	78	210	342	115
	%	58.47	66.56	68.1	65.49	38.05	44.97	71.25	42.12
Pearson chi2(6)		10.476				250.621			
P-value		0.106				<0.001			

Table 51. ADLs by cause of disability

ADL x cause of disability x Control x CBR		Control		CBR	
		Disabled at birth	Other causes	Disabled at birth	Other causes
Are you able to eat on your own?					
Never/Cannot	n	18	12	86	26
	%	6.27	1.95	12.27	4.11
Sometimes/with difficulty or help	n	60	82	255	183
	%	20.91	13.31	36.38	28.96
Always/without difficulty	n	209	522	360	423
	%	72.82	84.74	51.36	66.93
Pearson chi2(2)		21.632		45.598	
P-value		<0.001		<0.001	
Kendall's tau-b		0.144		0.169	
ASE		0.035		0.026	
Are you able to {bath}?					
Never/Cannot	n	24	36	61	59
	%	11.37	6.03	17.23	10.41
Sometimes/with difficulty or help	n	77	228	120	238
	%	36.49	38.19	33.9	41.98
Always/without difficulty	n	110	333	173	270
	%	52.13	55.78	48.87	47.62
Pearson chi2(2)		6.493		11.522	
P-value		0.039		0.003	
Kendall's tau-b		0.048		0.022	
ASE		0.035		0.032	
Are you able to use latrines?					
Never/Cannot	n	32	21	165	70
	%	10.42	3.39	22.73	11.01
Sometimes/with difficulty or help	n	114	195	252	269
	%	37.13	31.5	34.71	42.3
Always/without difficulty	n	161	403	309	297
	%	52.44	65.11	42.56	46.7
Pearson chi2(2)		25.077		33.395	
P-value		<0.001		<0.001	
Kendall's tau-b		0.136		0.089	
ASE		0.033		0.025	
Can you dress and undress?					
Never/Cannot	n	34	21	145	59
	%	11.85	3.41	22.04	9.47
Sometimes/with difficulty or help	n	89	167	216	223
	%	31.01	27.11	32.83	35.79
Always/without difficulty	n	164	428	297	341
	%	57.14	69.48	45.14	54.74
Pearson chi2(2)		28.481		38.473	
P-value		<0.001		<0.001	
Kendall's tau-b		0.137		0.130	
ASE		0.033		0.026	

Section 6: Mobility Limitations

Table 52a. Mobility Limitations by Control and CBR at baseline

Mobility Limitations x CBR & Control	CBR		Control	
	n	% Within	n	% Within
Can you sit by yourself?				
Never/Cannot	206	12.82%	23	2.41%
Sometimes/with difficulty or help	543	33.79%	119	12.47%
Always/without difficulty	858	53.39%	812	85.12%
Chi Sq		270.134		
DF		2		
P-value		<0.001		
Can you stand by yourself?				
Never/Cannot	406	25.26%	73	7.64%
Sometimes/with difficulty or help	521	32.42%	186	19.48%
Always/without difficulty	680	42.31%	696	72.88%
Chi Sq		240.041		
DF		2		
P-value		<0.001		
Can you move inside the house by yourself?				
Never/Cannot	460	28.62%	84	8.80%
Sometimes/with difficulty or help	518	32.23%	254	26.60%
Always/without difficulty	629	39.14%	617	64.61%
Chi Sq		197.117		
DF		2		
P-value		<0.001		
Can you move outside the house by yourself?				
Never/Cannot	448	30.48%	94	9.99%
Sometimes/with difficulty or help	486	33.06%	326	34.64%
Always/without difficulty	536	36.46%	521	55.37%
Chi Sq		154.311		
DF		2		
P-value		<0.001		



Table 52b. Mobility Limitation by CBR and Control at endline

Mobility Limitations x CBR & Control	CBR		Control	
	n	% Within	n	% Within
A. Can you sit by yourself?				
Never/Cannot	23	1.81%	13	1.49%
Sometimes/with difficulty or help	442	34.69%	73	8.35%
Always/without difficulty	809	63.50%	788	90.16%
Chi Sq		199.888		
DF		2		
P-value		<0.001		
B. Can you stand by yourself?				
Never/Cannot	90	7.05%	45	5.15%
Sometimes/with difficulty or help	424	33.23%	131	14.99%
Always/without difficulty	762	59.72%	698	79.86%
Chi Sq		100.849		
DF		2		
P-value		<0.001		
C. Can you move inside the house by yourself?				
Never/Cannot	102	8.00%	44	5.04%
Sometimes/with difficulty or help	434	34.04%	165	18.90%
Always/without difficulty	739	57.96%	664	76.06%
Chi Sq		75.255		
DF		2		
P-value		<0.001		
D. Can you move outside the house by yourself?				
Never/Cannot	130	10.98%	52	6.01%
Sometimes/with difficulty or help	385	32.52%	253	29.25%
Always/without difficulty	669	56.50%	560	64.74%
Chi Sq		21.258		
DF		2		
P-value		<0.001		



Table 53. Mobility limitations by gender and by CBR & Control

Mobility limitations x gender x CBR & Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Can you sit?								
Never/Cannot	88	14.84%	118	11.64%	13	3.62%	10	1.68%
Sometimes/with difficulty or help	218	36.76%	325	32.05%	39	10.86%	80	13.45%
Always/without difficulty	287	48.40%	571	56.31%	307	85.52%	505	84.87%
Chi Sq	9.841				4.704			
DF	2				2			
P-value	0.007				0.095			
Cochran-Mantel-Haenszel statistic	8.725							
DF	2							
P-value	0.013							
Can you stand?								
Never/Cannot	172	29.01%	234	23.08%	33	9.17%	40	6.72%
Sometimes/with difficulty or help	189	31.87%	332	32.74%	70	19.44%	116	19.50%
Always/without difficulty	232	39.12%	448	44.18%	257	71.39%	439	73.78%
Chi Sq	7.555				1.929			
DF	2				2			
P-value	0.023				0.381			
Cochran-Mantel-Haenszel statistic	9.384							
DF	2							
P-value	0.009							
Can you move inside of the house?								
Never/Cannot	191	32.21%	269	26.53%	40	11.11%	44	7.39%
Sometimes/with difficulty or help	186	31.37%	332	32.74%	89	24.72%	165	27.73%
Always/without difficulty	216	36.42%	413	40.73%	231	64.17%	386	64.87%
Chi Sq	6.209				4.302			
DF	2				2			
P-value	0.045				0.116			
Cochran-Mantel-Haenszel statistic	9.268							
DF	2							
P-value	0.010							

Table 53 continue. Mobility limitations by gender and by CBR & Control

Mobility limitations x gender x CBR & Control	CBR				Control			
	Women n	Within women %	Men n	Within men %	Women n	Within women %	Men n	Within men %
Can you move outside of the house?								
Never/Cannot	171	32.26%	277	29.47%	43	12.25%	51	8.64%
Sometimes/with difficulty or help	172	32.45%	314	33.40%	120	34.19%	206	34.92%
Always/without difficulty	187	35.28%	349	37.13%	188	53.56%	333	56.44%
Chi Sq	1.278				3.229			
DF	2				2			
P-value	0.528				0.199			
Cochran-Mantel-Haenszel statistic	3.400							
DF	2							
P-value	0.183							
Can you walk 10 steps?								
Cannot	58	9.80%	93	9.17%	34	9.44%	40	6.72%
With crutches or bar	170	28.72%	254	25.05%	29	8.06%	35	5.88%
With help form someone	172	29.05%	276	27.22%	72	20.00%	150	25.21%
Always/without difficulty	192	32.43%	391	38.56%	225	62.50%	370	62.18%
Chi Sq	6.377				6.348			
DF	3				3			
P-value	0.095				0.096			
Cochran-Mantel-Haenszel statistic	6.779							
DF	3							
P-value	0.079							

Table 54a. Mobility outside the home by age group by CBR?

Mobility outside the home x age x CBR	C h i l d 3-14 n	W i t h i n children 3-14 %	Youth 15- 24 n	W i t h i n youth 15- 24 %	Adult 25- 45 n	W i t h i n adult 25-45 %	O l d e r adult 46+ n	W i t h i n older adults 46+ %
Never/Cannot	325	39.06%	40	12.90%	39	17.89%	44	40.74%
Sometimes/with difficulty or help	249	29.93%	120	38.71%	88	40.37%	29	26.85%
Always/without difficulty	258	31.01%	150	48.39%	91	41.74%	35	32.41%
Chi Sq	97.814							
DF	6							
P-value	<0.001							

Table 54b. Mobility outside the home by age group by Control?

Mobility outside the home x age x Control	C h i l d 3-14 n	W i t h i n children 3-14 %	Youth 15- 24 n	W i t h i n youth 15- 24 %	Adult 25- 45 n	W i t h i n adult 25-45 %	O l d e r adult 46+ n	W i t h i n older adults 46+ %
Never/Cannot	40	15.81%	10	5.35%	17	6.54%	27	11.20%
Sometimes/with difficulty or help	45	17.79%	62	33.16%	100	38.46%	119	49.38%
Always/without difficulty	168	66.40%	115	61.50%	143	55.00%	95	39.42%
Chi Sq	71.049							
DF	6							
P-value	<0.001							
Cochran-Mantel-Haenszel statistic	137.594							
DF	6							
P-value	<0.001							

Table 55a. Ability to stand by type of disability by CBR

Ability to stand x type of disability x CBR	Physical		Within physical		Sensory		Within sensory		Intellectual-Mental-Neurological		Within intellectual-mental-neurological		Multiple Disabilities		Within multiple disabilities	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Never/Cannot	365	32.62%	1	0.49%	3	1.83%	37	31.36%								
Sometimes/with difficulty or help	315	28.15%	86	41.75%	87	53.05%	33	27.97%								
Always/without difficulty	439	39.23%	119	57.77%	74	45.12%	48	40.68%								
Chi Sq	159.988															
DF	6															
P-value	<0.001															

Table 55b. Ability to stand by type of disability by Control

Ability to stand x type of disability x Control	Physical		Within physical		Sensory		Within sensory		Intellectual-Mental-Neurological		Within intellectual-mental-neurological		Multiple Disabilities		Within multiple disabilities	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Never/Cannot	61	10.80%	2	1.13%	1	0.88%	9	9.18%								
Sometimes/with difficulty or help	165	29.20%	4	2.26%	8	7.02%	8	8.16%								
Always/without difficulty	339	60.00%	171	96.61%	105	92.11%	81	82.65%								
Chi Sq	128.057															
DF	6															
P-value	<0.001															
Cochran-Mantel-Haenszel statistic	205.200															
DF	6															
P-value	<0.001															

Table 56a. Mobility outside the home by type of disability by CBR

Mobility outside the home x type of disability x CBR	Physical n	Within physical %	Sensory n	Within sensory %	Intellectual-Mental-Neurological n	Within intellectual-mental-neurological %	Multiple Disabilities n	Within multiple disabilities %
Never/Cannot	396	39.36%	7	3.54%	9	5.56%	36	34.62%
Sometimes/with difficulty or help	300	29.82%	88	44.44%	75	46.30%	23	22.12%
Always/without difficulty	310	30.82%	103	52.02%	78	48.15%	45	43.27%
Chi Sq	159.464							
DF	6							
P-value	<0.001							

Table 56b. Mobility outside the home by type of disability by Control

Mobility outside the home x type of disability x CBR	Physical n	Within physical %	Sensory n	Within sensory %	Intellectual-Mental-Neurological n	Within intellectual-mental-neurological %	Multiple Disabilities n	Within multiple disabilities %
Never/Cannot	77	13.92%	4	2.27%	4	3.51%	9	9.28%
Sometimes/with difficulty or help	261	47.20%	37	21.02%	9	7.89%	18	18.56%
Always/without difficulty	215	38.88%	135	76.70%	101	88.60%	70	72.16%
Chi Sq	158.610							
DF	6							
P-value	<0.001							
Cochran-Man-tel-Haenszel statistic	252.263							
DF	6							
P-value	<0.001							

Table 57. Mobility Limitations by age group by control and CBR

Mobility x Age Group x Control x CBR		Control		CBR														
		infant	Child 3-14	Youth15-24	Adult 25-45	Older Adult 46+	infant	Child 3-14	Youth15-24	Adult 25-45	Older Adult 46+							
Can you sit?																		
Never/Cannot	n	2	18	0	1	2	67	127	5	5	1.98	8						
	%	15.38	7.14	0	0.38	0.83	47.18	14	1.39	1.98	7.21							
Sometimes/with difficulty or help	n	1	21	23	28	46	44	331	89	62	46							
	%	7.69	8.33	12.3	10.73	19.09	30.99	36.49	24.79	24.6	41.44							
Always/without difficulty	n	10	213	164	232	193	31	449	265	185	57							
	%	76.92	84.52	87.7	88.89	80.08	21.83	49.5	73.82	73.41	51.35							
Pearson chi2(8)		58.147					296.822											
P-value		<0.001					<0.001											
Can you stand?																		
Never/Cannot	n	7	31	8	10	17	106	243	22	31	25							
	%	53.85	12.25	4.28	3.83	7.02	74.65	26.79	6.13	12.25	22.52							
Sometimes/with difficulty or help	n	1	22	32	56	75	24	303	110	76	38							
	%	7.69	8.7	17.11	21.46	30.99	16.9	33.41	30.64	30.04	34.23							
Always/without difficulty	n	5	200	147	195	150	12	361	227	146	48							
	%	38.46	79.05	78.61	74.71	61.98	8.45	39.8	63.23	57.71	43.24							
Pearson chi2(8)		93.179					311.102											
P-value		<0.001					<0.001											
Can you move inside the home?																		
Never/Cannot	n	7	36	10	11	20	117	283	28	33	26							
	%	53.85	14.23	5.35	4.21	8.26	82.39	31.2	7.8	13.04	23.42							
Sometimes/with difficulty or help	n	3	29	43	74	106	16	287	121	84	41							
	%	23.08	11.46	22.99	28.35	43.8	11.27	31.64	33.7	33.2	36.94							
Always/without difficulty	n	3	188	134	176	116	9	337	210	136	44							
	%	23.08	74.31	71.66	67.43	47.93	6.34	37.16	58.5	53.75	39.64							
Pearson chi2(8)		116.571					331.897											
P-value		<0.001					<0.001											

Table 57 continue. Mobility limitations by age group by control and CBR

		Control								CBR			
		infant	Child 3-14	Youth15-24	Adult 25-45	Older 46+	Adult 46+	infant	Child 3-14	Youth15-24	Adult 25-45	Older 46+	Adult 46+
Mobility x Age Group x Control x CBR													
Can you move outside home?													
Never/Cannot	n	NA	40	10	17	27		NA	342	42	43	44	
	%	NA	15.81	5.35	6.54	11.16		NA	37.75	11.7	17.06	39.64	
Sometimes/with difficulty or help	n	NA	45	62	100	120		NA	270	131	98	31	
	%	NA	17.79	33.16	38.46	49.59		NA	29.8	36.49	38.89	27.93	
Always/without difficulty	n	NA	168	115	143	95		NA	294	186	111	36	
	%	NA	66.4	61.5	55	39.26		NA	32.45	51.81	44.05	32.43	
Pearson chi2(8)			71.754						118.421				
P-value			<0.001						<0.001				
Can you walk ten steps?													
I cannot walk	n	6	33	7	11	17		26	100	7	15	15	
	%	46.15	13.04	3.74	4.21	7.05		18.31	11.04	1.96	5.93	13.51	
I can walk with bar/crutches	n	4	12	11	8	29		98	246	40	32	24	
	%	30.77	4.74	5.88	3.07	12.03		69.01	27.15	11.17	12.65	21.62	
I can walk with help from someone	n	0	26	39	71	86		11	248	112	83	29	
	%	0	10.28	20.86	27.2	35.68		7.75	27.37	31.28	32.81	26.13	
Always/without difficulty	n	3	182	130	171	109		7	312	199	123	43	
	%	23.08	71.94	69.52	65.52	45.23		4.93	34.44	55.59	48.62	38.74	
Pearson chi2(12)			130.211						301.477				
P-value			<0.001						<0.001				



Table 58. Mobility limitations by type of disability and by control and CBR

Mobility x Type of disability x Control x CBR		Controls				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple Disability	Physical	Sensory	Intellectual/ Mental	Multiple Disability
Can you sit?									
Never/Cannot	n	14	2	2	5	185	1	3	23
	%	2.48	1.13	1.75	5.15	15.02	0.44	1.66	17.83
Sometimes/with difficulty or help	n	97	5	10	7	355	83	87	47
	%	17.17	2.82	8.77	7.22	28.81	36.24	48.07	36.43
Always/without difficulty	n	454	170	102	85	692	145	91	59
	%	80.35	96.05	89.47	87.63	56.17	63.32	50.28	45.74
Pearson chi2(6)		35.326				80.813			
P-value		<0.001				<0.001			
Can you stand?									
Never/Cannot	n	61	2	1	9	383	1	3	40
	%	10.8	1.13	0.88	9.18	31.09	0.44	1.66	30.77
Sometimes/with difficulty or help	n	165	4	8	8	340	87	87	37
	%	29.2	2.26	7.02	8.16	27.6	37.99	48.07	28.46
Always/without difficulty	n	339	171	105	81	509	141	91	53
	%	60	96.61	92.11	82.65	41.31	61.57	50.28	40.77
Pearson chi2(6)		128.057				163.213			
P-value		<0.001				<0.001			
Can you move inside the home?									
Never/Cannot	n	71	3	1	9	433	3	5	46
	%	12.57	1.69	0.88	9.18	35.15	1.31	2.76	35.38
Sometimes/with difficulty or help	n	223	17	4	9	339	87	88	35
	%	39.47	9.6	3.51	9.18	27.52	37.99	48.62	26.92
Always/without difficulty	n	271	157	109	80	460	139	88	49
	%	47.96	88.7	95.61	81.63	37.34	60.7	48.62	37.69
Pearson chi2(6)		177.504				181.997			
P-value		<0.001				<0.001			

Table 58 continue. Mobility limitations by type of disability and by control and CBR

Mobility x Type of disability x Control x CBR	Controls				CBR			
	Physical	Sensory	Intellectual/ Mental	Multiple Disability	Physical	Sensory	Intellectual/ Mental	Multiple Disability
Can you move outside the home?								
Never/Cannot	n 77	4	4	9	415	7	9	42
	% 13.92	2.27	3.51	9.28	37.29	3.17	5.03	35.9
Sometimes/with difficulty or help	n 261	37	9	18	336	91	75	28
	% 47.2	21.02	7.89	18.56	30.19	41.18	41.9	23.93
Always/without difficulty	n 215	135	101	70	362	123	95	47
	% 38.88	76.7	88.6	72.16	32.52	55.66	53.07	40.17
Pearson chi2(6)	158.610				166.184			
P-value	<0.001				<0.001			
Can you walk ten steps?								
I cannot walk	n 63	2	1	8	155			8
	% 11.15	1.13	0.88	8.16	12.59			6.2
I can walk with bar/crutches	n 52	8		4	368	12	10	50
	% 9.2	4.52		4.08	29.89	5.24	5.52	38.76
can walk with help from someone	n 181	21	8	11	283	86	81	33
	% 32.04	11.86	7.02	11.22	22.99	37.55	44.75	25.58
Always/without difficulty	n 269	146	105	75	425	131	90	38
	% 47.61	82.49	92.11	76.53	34.52	57.21	49.72	29.46
Pearson chi2(9)	138.890				211.509			
P-value	<0.001				<0.001			

Table 59. Mobility limitations by cause of disability and by control and CBR

Mobility x cause of disability x Control & CBR		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Can you sit?					
Never/Cannot	n	17	6	174	38
	%	5.09	0.97	16.59	5.26
Sometimes/with difficulty or help	n	35	84	378	194
	%	10.48	13.55	36.03	26.87
Always/without difficulty	n	282	530	497	490
	%	84.43	85.48	47.38	67.87
Pearson chi2(2)		16.966		89.145	
P-value		<0.001		<0.001	
Kendall's tau-b		0.022		0.212	
ASE		0.033		0.021	
Can you stand?					
Never/Cannot	n	33	40	312	115
	%	9.88	6.43	29.71	15.93
Sometimes/with difficulty or help	n	42	144	342	209
	%	12.57	23.15	32.57	28.95
Always/without difficulty	n	259	438	396	398
	%	77.54	70.42	37.71	55.12
Pearson chi2(2)		17.394		64.492	
P-value		<0.001		<0.001	
Kendall's tau-b		-0.058		0.180	
ASE		0.031		0.022	
Can you move inside the home?					
Never/Cannot	n	39	45	356	131
	%	11.68	7.23	33.9	18.14
Sometimes/with difficulty or help	n	52	203	318	231
	%	15.57	32.64	30.29	31.99
Always/without difficulty	n	243	374	376	360
	%	72.75	60.13	35.81	49.86
Pearson chi2(2)		33.980		59.410	
P-value		<0.001		<0.001	
Kendall's tau-b		-0.094		0.167	
ASE		0.031		0.022	

Table 59 continue. Mobility limitations by cause of disability and by control and CBR

Mobility x cause of disability x Control & CBR		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Can you move outside the home?					
Never/Cannot	n	35	59	313	160
	%	10.9	9.5	33.8	22.73
Sometimes/with difficulty or help	n	75	252	287	243
	%	23.36	40.58	30.99	34.52
Always/without difficulty	n	211	310	326	301
	%	65.73	49.92	35.21	42.76
Pearson chi2(2)		28.051		24.356	
P-value		<0.001		<0.001	
Kendall's tau-b		-0.122		0.105	
ASE		0.031		0.023	
Can you walk ten steps?					
I cannot walk	n	37	37	123	40
	%	11.08	5.96	11.74	5.54
I can walk with bar/crutches	n	19	45	303	137
	%	5.69	7.25	28.91	18.98
can walk with help from someone	n	44	178	278	205
	%	13.17	28.66	26.53	28.39
Always/without difficulty	n	234	361	344	340
	%	70.06	58.13	32.82	47.09
Pearson chi2(2)		35.510		57.868	
P-value		<0.001		<0.001	
Kendall's tau-b		-0.077		0.165	
ASE		0.031		0.021	

Table 60. Mobility limitations by region and by control and CBR

Mobility x Region x Control x CBR		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Can you sit?									
Never/Cannot	n	1	10	7	5	32	85	17	78
	%	0.76	2.99	3.23	1.85	12.31	14.76	3.25	18.93
Sometimes/with difficulty or help	n	14	55	22	28	57	355	75	85
	%	10.61	16.42	10.14	10.37	21.92	61.63	14.34	20.63
Always/without difficulty	n	117	270	188	237	171	136	431	249
	%	88.64	80.6	86.64	87.78	65.77	23.61	82.41	60.44
Pearson chi2(6)		10.636				465.122			
P-value		0.1				<0.001			
Can you stand?									
Never/Cannot	n	12	26	13	22	71	147	54	155
	%	9.09	7.74	5.96	8.15	27.31	25.52	10.31	37.62
Sometimes/with difficulty or help	n	27	71	39	49	69	259	117	106
	%	20.45	21.13	17.89	18.15	26.54	44.97	22.33	25.73
Always/without difficulty	n	93	239	166	199	120	170	353	151
	%	70.45	71.13	76.15	73.7	46.15	29.51	67.37	36.65
Pearson chi2(6)		2.918				224.175			
P-value		0.819				<0.001			
Can you move inside the home?									
Never/Cannot	n	13	31	15	25	75	168	69	175
	%	9.85	9.23	6.88	9.26	28.85	29.17	13.17	42.48
Sometimes/with difficulty or help	n	41	93	58	63	73	248	130	98
	%	31.06	27.68	26.61	23.33	28.08	43.06	24.81	23.79
Always/without difficulty	n	78	212	145	182	112	160	325	139
	%	59.09	63.1	66.51	67.41	43.08	27.78	62.02	33.74
Pearson chi2(6)		4.614				200.058			
P-value		0.594				<0.001			



Table 60 continue. Mobility limitations by region and by control and CBR

Mobility x Region x Control x CBR		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Can you move outside the home?									
Never/Cannot	n	15	34	18	27	74	187	69	143
	%	11.81	10.27	8.29	10.11	31.49	34.69	13.61	40.97
Sometimes/with difficulty or help	n	47	122	74	84	78	178	167	107
	%	37.01	36.86	34.1	31.46	33.19	33.02	32.94	30.66
Always/without difficulty	n	65	175	125	156	83	174	271	99
	%	51.18	52.87	57.6	58.43	35.32	32.28	53.45	28.37
Pearson chi2(6)		3.969				110.443			
P-value		0.681				<0.001			
Can you walk at least 10 steps?									
I cannot walk	n	10	29	15	20	0	92	36	35
	%	7.58	8.63	6.91	7.41	0	15.97	6.9	8.5
I can walk with bar/crutches	n	12	25	6	21	91	122	53	174
	%	9.09	7.44	2.76	7.78	35	21.18	10.15	42.23
can walk with help from someone	n	29	88	55	50	52	249	115	67
	%	21.97	26.19	25.35	18.52	20	43.23	22.03	16.26
Always/without difficulty	n	81	194	141	179	117	113	318	136
	%	61.36	57.74	64.98	66.3	45	19.62	60.92	33.01
Pearson chi2(9)		13.897				374.570			
P-value		0.126				<0.001			



Section 7. Limitations in Communication Abilities

Table 61a. Basic Communication(Speak) by Control and CBR at baseline

Can you speak?		Control	CBR
Never/Cannot	n	108	345
	%	11.44	23.76
Sometimes/with difficulty or help	n	132	410
	%	13.98	28.24
Always/without difficulty	n	704	697
	%	74.58	48
Pearson chi2(2) = 166.3923 P-value = 0.000			
Kendall's tau-b = -0.2438 ASE = 0.018			

Table 62a. Basic Communication(Understand Simple Instructions) by control and CBR at baseline

Can you understand simple instructions?		Control	CBR
Never/Cannot	n	66	202
	%	7.01	13.91
Sometimes/with difficulty or help	n	163	455
	%	17.3	31.34
Always/without difficulty	n	713	795
	%	75.69	54.75
Pearson chi2(2) = 107.6817 P-value = 0.000			
Kendall's tau-b = -0.2018 ASE = 0.018			

Table 63a. Basic Communication(Express needs) by control and CBR at baseline

Can you express needs?		Control	CBR
Never/Cannot	n	91	267
	%	9.65	18.4
Sometimes/with difficulty or help	n	158	430
	%	16.76	29.63
Always/without difficulty	n	694	754
	%	73.59	51.96
Pearson chi2(2) = 112.0852 P-value = 0.000			
Kendall's tau-b = -0.2034 ASE = 0.018			



Table 61b. Basic Communication(Speak) by Control and CBR at endline

Can you speak?		Control	CBR
Never/Cannot	n	79	175
	%	9.13	14.77
Sometimes/with difficulty or help	n	122	341
	%	14.1	28.78
Always/without difficulty	n	664	669
	%	76.76	56.46
Pearson chi2(2) = 92.1847 Pvalue = 0.000			
Kendall's tau-b = -0.1931 ASE = 0.020			

Table 62b. Basic Communication(Understand Simple Instructions) by control and CBR at endline

Can you understand simple instructions?		Control	CBR
Never/Cannot	n	32	40
	%	3.7	3.38
Sometimes/with difficulty or help	n	153	390
	%	17.69	32.94
Always/without difficulty	n	680	754
	%	78.61	63.68
Pearson chi2(2) = 59.9386 Pr = 0.000			
Kendall's tau-b = -0.1509 ASE = 0.021			

Table 63b. Basic Communication(Express needs) by control and CBR at endline

Can you express needs?		Control	CBR
Never/Cannot	n	39	72
	%	4.51	6.08
Sometimes/with difficulty or help	n	154	383
	%	17.8	32.35
Always/without difficulty	n	672	729
	%	77.69	61.57
Pearson chi2(2) = 61.6151 Pr = 0.000			
Kendall's tau-b = -0.1620 ASE = 0.021			





Table 64. High Level Communication(Read) by control and CBR

Can you read		Control	CBR
Never/Cannot	n	583	625
	%	72.51	68.98
Sometimes/with difficulty or help	n	73	133
	%	9.08	14.68
Always/without difficulty	n	148	148
	%	18.41	16.34
Pearson chi2(2) = 12.8977 P-value = 0.002			
Kendall's tau-b = 0.0241 ASE = 0.023			

Table 65. High Level Communication(Write) by control and CBR

Can you read		Control	CBR
Never/Cannot	n	596	640
	%	74.22	70.72
Sometimes/with difficulty or help	n	75	127
	%	9.34	14.03
Always/without difficulty	n	132	138
	%	16.44	15.25
Pearson chi2(2) = 9.0267 P-value = 0.011			
Kendall's tau-b = 0.0280 ASE = 0.023			

Table 66. High Level Communication(Feel Confident Learning New Things) by control and CBR

Do you feel confident learning new things?		Control	CBR
Never/Cannot	n	376	672
	%	39.41	40.43
Sometimes/with difficulty or help	n	288	450
	%	30.19	27.08
Always/without difficulty	n	290	540
	%	30.4	32.49
Pearson chi2(2) = 3.0759 P-value = 0.215			
Kendall's tau-b = 0.0047 ASE = 0.018			



Table 67. Basic Communication(Speak) by gender

Can you speak?		Control		CBR	
		Male	Female	Male	Female
Never/Cannot	n	62	46	199	146
	%	10.49	13.03	21.4	27.97
Sometimes/with difficulty or help	n	90	42	261	149
	%	15.23	11.9	28.06	28.54
Always/without difficulty	n	439	265	470	227
	%	74.28	75.07	50.54	43.49
		Pearson chi2(2) = 3.0182 P-value = 0.221 Kendall's tau-b = 0.0006 ASE = 0.032		Pearson chi2(2) = 9.5667 P-value = 0.008 Kendall's tau-b = -0.0750 ASE = 0.025	

Table 68. Basic Communication(Understand Simple Instructions) by gender

Can you understand simple instructions?		Control		CBR	
		Male	Female	Male	Female
Never/Cannot	n	40	26	116	86
	%	6.78	7.39	12.47	16.48
Sometimes/with difficulty or help	n	106	57	283	172
	%	17.97	16.19	30.43	32.95
Always/without difficulty	n	444	269	531	264
	%	75.25	76.42	57.1	50.57
		Pearson chi2(2) = 0.5559 P-value = 0.757 Kendall's tau-b = 0.0102 ASE = 0.032		Pearson chi2(2) = 7.1241 P-value = 0.028 Kendall's tau-b = -0.0660 ASE = 0.025	

Table 69. Basic Communication(Express Needs) by gender

Can you express needs?		Control		CBR	
		Male	Female	Male	Female
Never/Cannot	n	55	36	154	113
	%	9.31	10.23	16.56	21.69
Sometimes/with difficulty or help	n	99	59	272	158
	%	16.75	16.76	29.25	30.33
Always/without difficulty	n	437	257	504	250
	%	73.94	73.01	54.19	47.98
		Pearson chi2(2) = 0.2199 P-value = 0.896 Kendall's tau-b = -0.0114 ASE = 0.032		Pearson chi2(2) = 7.3841 P-value = 0.025 Kendall's tau-b = -0.0655 ASE = 0.025	

Table 70. High Level Communication(Read) by gender

Can you read?		Control		CBR	
		Male	Female	Male	Female
Cannot read	n	348	235	385	240
	%	68.37	79.66	63.53	80
can read with some difficulty	n	51	22	98	35
	%	10.02	7.46	16.17	11.67
I can read without difficulty	n	110	38	123	25
	%	21.61	12.88	20.3	8.33
		Pearson chi2(2) = 12.3657 P-value = 0.002		Pearson chi2(2) = 28.2450 P-value = 0.000	
		Kendall's tau-b = -0.1204 ASE = 0.032		Kendall's tau-b = -0.1687 ASE = 0.029	

Table 71. High Level Communication(Write) by gender

Can you write?		Control		CBR	
		Male	Female	Male	Female
Cannot write	n	355	241	398	242
	%	69.74	81.97	65.79	80.67
can write with some difficulty	n	53	22	92	35
	%	10.41	7.48	15.21	11.67
I can write without difficulty	n	101	31	115	23
	%	19.84	10.54	19.01	7.67
		Pearson chi2(2) = 15.2691 P-value = 0.000		Pearson chi2(2) = 24.9892 P-value = 0.000	
		Kendall's tau-b = -0.1337 ASE = 0.032		Kendall's tau-b = -0.1569 ASE = 0.029	

Table 72. High Level Communication(Feel Confident Learning New things) by gender

Do you feel confident learning new things?		Control		CBR	
		Male	Female	Male	Female
Never/Cannot	n	226	150	397	275
	%	38.05	41.67	38.28	44
Sometimes/with difficulty or help	n	174	114	294	156
	%	29.29	31.67	28.35	24.96
Always/without difficulty	n	194	96	346	194
	%	32.66	26.67	33.37	31.04
		Pearson chi2(2) = 3.8121 P-value = 0.149		Pearson chi2(2) = 5.4570 P-value = 0.065	
		Kendall's tau-b = -0.0519 ASE = 0.030		Kendall's tau-b = -0.0443 ASE = 0.023	

Table 73. Basic Communication(Speak) by age-group

Can you (speak)?		Control				CBR			
		Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Never/Cannot	n	77	17	13	1	300	32	9	4
	%	30.43	9.09	4.96	0.41	36.45	10.46	4.19	3.7
Sometimes/with difficulty or help	n	60	31	16	25	226	84	58	42
	%	23.72	16.58	6.11	10.33	27.46	27.45	26.98	38.89
Always/without difficulty	n	116	139	233	216	297	190	148	62
	%	45.85	74.33	88.93	89.26	36.09	62.09	68.84	57.41
		Pearson chi2(6) = 190.2194 P-value = 0.000				Pearson chi2(6) = 194.6687 P-value = 0.000			
		Kendall's tau-b = 0.3524 ASE = 0.025				Kendall's tau-b = 0.2906 ASE = 0.020			

Table 74. Basic Communication(Understand Simple Instructions) by age-group

Can you understand simple instructions?		Control				CBR			
		Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Never/Cannot	n	49	11	6	0	190	8	1	3
	%	19.37	5.88	2.29	0	23.09	2.61	0.47	2.78
Sometimes/with difficulty or help	n	89	31	31	12	262	91	63	39
	%	35.18	16.58	11.83	5	31.83	29.74	29.3	36.11
Always/without difficulty	n	115	145	225	228	371	207	151	66
	%	45.45	77.54	85.88	95	45.08	67.65	70.23	61.11
		Pearson chi2(6) = 199.0035 P-value = 0.000				Pearson chi2(6) = 150.3848 P-value = 0.000			
		Kendall's tau-b = 0.3841 ASE = 0.023				Kendall's tau-b = 0.2343 ASE = 0.021			

Table 75. Basic Communication(Express Needs) by age-group

Can you express needs?		Control				CBR			
		Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Never/Cannot	n	62	20	9	0	242	14	6	5
	%	24.51	10.7	3.44	0	29.4	4.58	2.8	4.63
Sometimes/with difficulty or help	n	83	27	26	22	242	91	60	37
	%	32.81	14.44	9.92	9.13	29.4	29.74	28.04	34.26
Always/without difficulty	n	108	140	227	219	339	201	148	66
	%	42.69	74.87	86.64	90.87	41.19	65.69	69.16	61.11
		Pearson chi2(6) = 195.6964 P-value = 0.000				Pearson chi2(6) = 169.7293 P-value = 0.000			
		Kendall's tau-b = 0.3714 ASE = 0.024				Kendall's tau-b = 0.2616 ASE = 0.021			

Table 76. High Level Communication(Read) by age-group

Can you read?		Control				CBR			
		Child 9-14	Youth 15-24	Adult 25-45	Adult 46+	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Cannot read	n	74	114	203	192	198	174	164	89
	%	63.25	60.96	77.78	80.33	71.22	57.05	76.28	82.41
can read with some difficulty	n	23	19	18	13	39	66	17	11
	%	19.66	10.16	6.9	5.44	14.03	21.64	7.91	10.19
I can read without difficulty	n	20	54	40	34	41	65	34	8
	%	17.09	28.88	15.33	14.23	14.75	21.31	15.81	7.41
		Pearson chi2(6) = 42.2201 P-value = 0.000				Pearson chi2(6) = 39.6848 P-value = 0.000			
		Kendall's tau-b = -0.1399 ASE = 0.030				Kendall's tau-b = -0.0653 ASE = 0.028			

Table 77. High Level Communication(Write) by age-group

Can you write?		Control				CBR			
		Child 9-14	Youth 15-24	Adult 25-45	Adult 46+	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Cannot write	n	74	115	208	199	202	179	167	92
	%	63.25	61.5	80	83.26	72.66	58.88	77.67	85.19
can write with some difficulty	n	25	20	20	10	40	63	18	6
	%	21.37	10.7	7.69	4.18	14.39	20.72	8.37	5.56
I can write without difficulty	n	18	52	32	30	36	62	30	10
	%	15.38	27.81	12.31	12.55	12.95	20.39	13.95	9.26
		Pearson chi2(6) = 55.5045 P-value = 0.000				Pearson chi2(6) = 40.0223 P-value = 0.000			
		Kendall's tau-b = -0.1645 ASE = 0.030				Kendall's tau-b = -0.0671 ASE = 0.028			

Table 78. High Level Communication(Feel Confident Learning New Things) by age-group

Do you feel confident learning new things?		Control					CBR				
		infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Never/Cannot	n	5	101	56	83	131	163	352	55	60	42
	%	31.25	40.24	29.95	31.8	54.81	77.99	42.67	18.03	27.91	38.89
Sometimes/with difficulty or help	n	4	81	58	81	64	31	211	103	66	39
	%	25	32.27	31.02	31.03	26.78	14.83	25.58	33.77	30.7	36.11
Always/without difficulty	n	7	69	73	97	44	15	262	147	89	27
	%	43.75	27.49	39.04	37.16	18.41	7.18	31.76	48.2	41.4	25
		Pearson chi2(8) = 45.7689 P-value = 0.000					Pearson chi2(8) = 213.4134 P-value = 0.000				
		Kendall's tau-b = -0.0889 ASE = 0.028					Kendall's tau-b = 0.2289 ASE = 0.020				

Table 79. Basic Communication (Speak) by type of disability

Can you Speak?		Control				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple disability	Physical	Sensory	Intellectual/ Mental	Multiple disability
Never/Cannot	n	25	59	8	16	167	120	23	35
	%	4.51	33.52	6.96	16.49	16.8	61.22	14.56	33.65
Sometimes/with difficulty or help	n	42	33	36	21	293	30	63	24
	%	7.58	18.75	31.3	21.65	29.48	15.31	39.87	23.08
Always/without difficulty	n	487	84	71	60	534	46	72	45
	%	87.91	47.73	61.74	61.86	53.72	23.47	45.57	43.27
		Pearson chi2(6) = 184.8558 P-value = 0.000				Pearson chi2(6) = 198.6946 P-value = 0.000			
		Kendall's tau-b = -0.2901 ASE = 0.028				Kendall's tau-b = -0.1652 ASE = 0.023			

Table 80. Basic Communication(Understand Simple instructions) by type of disability

Can you understand simple instructions?		Control				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple disability	Physical	Sensory	Intellectual/ Mental	Multiple disability
Never/Cannot	n	18	27	10	11	132	30	17	23
	%	3.25	15.43	8.77	11.34	13.28	15.31	10.76	22.12
Sometimes/with difficulty or help	n	28	56	58	21	295	79	56	25
	%	5.05	32	50.88	21.65	29.68	40.31	35.44	24.04
Always/without difficulty	n	508	92	46	65	567	87	85	56
	%	91.7	52.57	40.35	67.01	57.04	44.39	53.8	53.85
		Pearson chi2(6) = 227.7342 P-value = 0.000				Pearson chi2(6) = 20.0810 P-value = 0.003			
		Kendall's tau-b = -0.3708 ASE = 0.028				Kendall's tau-b = -0.0517 ASE = 0.024			

Table 81. Basic Communication(Express Needs) by type of disability

Can you express needs?		Control				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple disability	Physical	Sensory	Intellectual/ Mental	Multiple disability
Never/Cannot	n	25	40	10	16	171	41	25	30
	%	4.51	22.73	8.7	16.49	17.22	20.92	15.82	28.85
Sometimes/with difficulty or help	n	30	49	55	24	279	67	63	21
	%	5.42	27.84	47.83	24.74	28.1	34.18	39.87	20.19
Always/without difficulty	n	499	87	50	57	543	88	70	53
	%	90.07	49.43	43.48	58.76	54.68	44.9	44.3	50.96
		Pearson chi2(6) = 227.8484 P-value = 0.000				Pearson chi2(6) = 24.1433 P-value = 0.000			
		Kendall's tau-b = -0.3676 ASE = 0.028				Kendall's tau-b = -0.0684 ASE = 0.024			

Table 82. High Level Communication (Read) by type of disability

Can you read?		Control				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple disability	Physical	Sensory	Intellectu- al/Mental	Multiple disability
Cannot read	n	332	104	80	66	427	88	75	35
	%	67.34	74.29	86.96	84.62	65.69	72.73	90.36	67.31
can read with some difficulty	n	37	19	10	7	97	20	7	9
	%	7.51	13.57	10.87	8.97	14.92	16.53	8.43	17.31
I can read without difficulty	n	124	17	2	5	126	13	1	8
	%	25.15	12.14	2.17	6.41	19.38	10.74	1.2	15.38
		Pearson chi2(6) = 45.2743 P-value = 0.000				Pearson chi2(6) = 27.2211 P-value = 0.000			
		Kendall's tau-b = -0.1663 ASE = 0.028				Kendall's tau-b = -0.1162 ASE = 0.028			

Table 83. High Level Communication (Write) by type of disability

Can you write?		Control				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple disability	Physical	Sensory	Intellectu- al/Mental	Multiple disability
Cannot write	n	345	104	82	64	441	90	73	36
	%	69.98	74.29	89.13	83.12	67.85	75	87.95	69.23
can write with some difficulty	n	40	19	8	8	91	20	8	8
	%	8.11	13.57	8.7	10.39	14	16.67	9.64	15.38
I can write without difficulty	n	108	17	2	5	118	10	2	8
	%	21.91	12.14	2.17	6.49	18.15	8.33	2.41	15.38
		Pearson chi2(6) = 34.9048 P-value = 0.000				Pearson chi2(6) = 22.7090 P-value = 0.001			
		Kendall's tau-b = -0.1411 ASE = 0.029				Kendall's tau-b = -0.1037 ASE = 0.028			

Table 84. High Level Communication (Feel confident learning new things)

Do you feel confident learning new things?		Control				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple disability	Physical	Sensory	Intellectu- al/Mental	Multiple disability
Never/Cannot	n	181	72	74	48	505	51	62	54
	%	32.04	40.68	65.49	48.98	42.83	25.12	38.27	45.76
Sometimes/with difficulty or help	n	165	61	32	30	310	68	49	23
	%	29.2	34.46	28.32	30.61	26.29	33.5	30.25	19.49
Always/without difficulty	n	219	44	7	20	364	84	51	41
	%	38.76	24.86	6.19	20.41	30.87	41.38	31.48	34.75
		Pearson chi2(6) = 70.8139 P-value = 0.000				Pearson chi2(6) = 27.0511 P-value = 0.000			
		Kendall's tau-b = -0.2110 ASE = 0.027				Kendall's tau-b = 0.0535 ASE = 0.022			

Table 85. Basic Communication (Speak) by cause of disability

Can you speak?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never/Cannot	n	93	15	308	41
	%	28.88	2.41	37.52	6.3
Sometimes/with difficulty or help	n	77	55	223	191
	%	23.91	8.84	27.16	29.34
Always/without difficulty	n	152	552	290	419
	%	47.2	88.75	35.32	64.36
		Pearson chi2(2) = 213.4957 P-value = 0.000		Pearson chi2(2) = 213.4244 P-value = 0.000	
		Kendall's tau-b = 0.4550 ASE = 0.029		Kendall's tau-b = 0.3385 ASE = 0.022	

Table 86. Basic Communication (Understand simple instructions) by cause of disability

Can you understand simple instructions?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never/Cannot	n	55	11	177	27
	%	17.08	1.77	21.56	4.15
Sometimes/with difficulty or help	n	118	45	270	189
	%	36.65	7.26	32.89	29.03
Always/without difficulty	n	149	564	374	435
	%	46.27	90.97	45.55	66.82
		Pearson chi2(2) = 232.5804 P-value = 0.000		Pearson chi2(2) = 111.0356 P-value = 0.000	
		Kendall's tau-b = 0.4850 ASE = 0.029		Kendall's tau-b = 0.2410 ASE = 0.023	

Table 87. Basic Communication (Express Needs) by cause of disability

Can you express needs?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never/Cannot	n	72	19	228	41
	%	22.36	3.06	27.8	6.3
Sometimes/with difficulty or help	n	109	49	252	183
	%	33.85	7.89	30.73	28.11
Always/without difficulty	n	141	553	340	427
	%	43.79	89.05	41.46	65.59
		Pearson chi2(2) = 226.1745 P-value = 0.000		Pearson chi2(2) = 133.1509 P-value = 0.000	
		Kendall's tau-b = 0.4753 ASE = 0.029		Kendall's tau-b = 0.2705 ASE = 0.023	

Table 88. High level communication (Read) by cause of disability

Can you read?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Cannot read	n	160	423	259	374
	%	76.19	71.21	73.16	66.08
Can read with some difficulty	n	20	53	57	79
	%	9.52	8.92	16.1	13.96
I can read without difficulty	n	30	118	38	113
	%	14.29	19.87	10.73	19.96
		Pearson chi2(2) = 3.2160 P-value = 0.200		Pearson chi2(2) = 13.5715 P-value = 0.001	
		Kendall's tau-b = 0.0529 ASE = 0.033		Kendall's tau-b = 0.0876 ASE = 0.031	

Table 89. High level communication (Write) by cause of disability

Can you write□		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Cannot write	n	162	434	264	385
	%	77.51	73.06	74.79	68.02
Can write with some difficulty	n	20	55	59	70
	%	9.57	9.26	16.71	12.37
I can write without difficulty	n	27	105	30	111
	%	12.92	17.68	8.5	19.61
		Pearson chi2(2) = 2.5573 P-value = 0.278		Pearson chi2(2) = 21.8344 P-value = 0.000	
		Kendall's tau-b = 0.0477 ASE = 0.033		Kendall's tau-b = 0.0914 ASE = 0.030	

Table 90. High level communication (Feel confident learning new things) by cause of disability

Do you feel confident learning new things?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never/Cannot	n	151	225	491	184
	%	44.94	36.41	48.76	27.3
Sometimes/with difficulty or help	n	105	183	236	225
	%	31.25	29.61	23.44	33.38
Always/without difficulty	n	80	210	280	265
	%	23.81	33.98	27.81	39.32
		Pearson chi2(2) = 11.6217 P-value = 0.003		Pearson chi2(2) = 77.3737 P-value = 0.000	
		Kendall's tau-b = 0.1005 ASE = 0.030		Kendall's tau-b = 0.1827 ASE = 0.022	

Table 91. Basic Communication (Speak) by region

Can you speak?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never/Cannot	n	24	40	20	24	52	154	40	99
	%	18.9	12.01	9.22	8.99	22.13	28.79	11.94	28.53
Sometimes/with difficulty or help	n	25	34	31	42	49	246	40	75
	%	19.69	10.21	14.29	15.73	20.85	45.98	11.94	21.61
Always/without difficulty	n	78	259	166	201	134	135	255	173
	%	61.42	77.78	76.5	75.28	57.02	25.23	76.12	49.86
		Pearson chi2(6) = 19.0806 P-value = 0.004				Pearson chi2(6) = 247.2456 P-value = 0.000			
		Kendall's tau-b = 0.0572 ASE = 0.030				Kendall's tau-b = 0.0874 ASE = 0.024			

Table 92. Basic Communication (Understand simple instructions) by region

Can you understand simple instructions?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never/Cannot	n	8	26	15	17	30	94	7	71
	%	6.3	7.85	6.91	6.37	12.77	17.57	2.09	20.46
Sometimes/with difficulty or help	n	32	59	33	39	58	264	49	84
	%	25.2	17.82	15.21	14.61	24.68	49.35	14.63	24.21
Always/without difficulty	n	87	246	169	211	147	177	279	192
	%	68.5	74.32	77.88	79.03	62.55	33.08	83.28	55.33
		Pearson chi2(6) = 8.3661 P-value = 0.212				Pearson chi2(6) = 242.2129 P-value = 0.000			
		Kendall's tau-b = 0.0641 ASE = 0.029				Kendall's tau-b = 0.0919 ASE = 0.024			

Table 93. Basic Communication (Express needs) by region

Can you express needs?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never/Cannot	n	14	33	22	22	38	128	15	86
	%	11.02	9.91	10.19	8.24	16.17	23.93	4.49	24.78
Sometimes/with difficulty or help	n	29	58	34	37	65	234	49	82
	%	22.83	17.42	15.74	13.86	27.66	43.74	14.67	23.63
Always/without difficulty	n	84	242	160	208	132	173	270	179
	%	66.14	72.67	74.07	77.9	56.17	32.34	80.84	51.59
		Pearson chi2(6) = 6.9223 P-value = 0.328				Pearson chi2(6) = 212.0481 P-value = 0.000			
		Kendall's tau-b = 0.0661 ASE = 0.029				Kendall's tau-b = 0.0904 ASE = 0.024			

Table 94. High Level Communication (Read) by region

Can you read?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Cannot read	n	77	209	113	184	115	236	139	135
	%	77.78	72.07	63.13	77.97	76.16	80.55	50.18	72.97
can read with some difficulty	n	11	23	21	18	16	28	58	31
	%	11.11	7.93	11.73	7.63	10.6	9.56	20.94	16.76
I can read without difficulty	n	11	58	45	34	20	29	80	19
	%	11.11	20	25.14	14.41	13.25	9.9	28.88	10.27
		Pearson chi2(6) = 16.0565 P-value = 0.013				Pearson chi2(6) = 75.4896 P-value = 0.000			
		Kendall's tau-b = -0.0066 ASE = 0.030				Kendall's tau-b = 0.1049 ASE = 0.028			

Table 95. High Level Communication (Write) by region

Can you write?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Cannot write	n	77	215	113	191	114	241	142	143
	%	77.78	74.39	63.13	80.93	75.5	82.25	51.45	77.3
can write with some difficulty	n	11	22	25	17	18	23	60	26
	%	11.11	7.61	13.97	7.2	11.92	7.85	21.74	14.05
I can write without difficulty	n	11	52	41	28	19	29	74	16
	%	11.11	17.99	22.91	11.86	12.58	9.9	26.81	8.65
		Pearson chi2(6) = 20.7723 P-value = 0.002				Pearson chi2(6) = 77.4556 P-value = 0.000			
		Kendall's tau-b = -0.0191 ASE = 0.030				Kendall's tau-b = 0.0828 ASE = 0.028			

Table 96. High Level Communication (Feel confident learning new things) by region

Do you feel confident learning new things?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never/Cannot	n	28	161	77	110	106	252	75	239
	%	21.21	48.2	35.16	40.89	39.11	42.78	21.25	53.23
Sometimes/with difficulty or help	n	61	80	67	80	98	75	119	158
	%	46.21	23.95	30.59	29.74	36.16	12.73	33.71	35.19
Always/without difficulty	n	43	93	75	79	67	262	159	52
	%	32.58	27.84	34.25	29.37	24.72	44.48	45.04	11.58
		Pearson chi2(6) = 36.4407 P-value = 0.000				Pearson chi2(6) = 229.5476 P-value = 0.000			
		Kendall's tau-b = -0.0220 ASE = 0.027				Kendall's tau-b = -0.0966 ASE = 0.020			

Section 8. Limitations in Social Participation

Table 97. Participation (Work) by Control and CBR

Can you work?		Control	CBR
Never/Cannot	n	279	275
	%	36.23	34.85
Sometimes/difficulties	n	306	284
	%	39.74	35.99
Always/without difficulties	n	185	230
	%	24.03	29.15
Pearson chi2(2) = 5.4980 P-value = 0.064			
Kendall's tau-b = 0.0376 ASE = 0.024			

Table 98. Participation (Cleaning the house) by Control and CBR

Can you participate in cleaning the house?		Control	CBR
Never/Cannot	n	251	293
	%	31.14	32.34
Sometimes/with difficulties	n	330	325
	%	40.94	35.87
Always/without difficulties	n	225	288
	%	27.92	31.79
Pearson chi2(2) = 5.1943 P-value = 0.074			
Kendall's tau-b = 0.0156 ASE = 0.023			

Table 99. Participation (Make friends outside the family)

Can you make friends outside the family?		Control	CBR
Never/Cannot	n	123	262
	%	14.11	22.35
Sometimes/with difficulties	n	340	373
	%	38.99	31.83
Always/without difficulties	n	409	537
	%	46.9	45.82
Pearson chi2(2) = 25.5501 P-value = 0.000			
Kendall's tau-b = -0.0469 ASE = 0.021			



Table 100. Participation (consulted in family decisions)

Are you consulted in family decisions?		Control	CBR
Never	n	60	54
	%	9.05	9.18
Sometimes	n	189	190
	%	28.51	32.31
Always	n	414	344
	%	62.44	58.5
Pearson chi2(2) = 2.2947 P-value = 0.317			
Kendall's tau-b = -0.0351 ASE = 0.027			

Table 101. Participation(join in community activities & ceremonies)

Can you join in community activities & ceremonies?		Control	CBR
Never	n	182	508
	%	19	30.53
Sometimes	n	506	611
	%	52.82	36.72
Always	n	270	545
	%	28.18	32.75
Pearson chi2(2) = 71.7922 P-value = 0.000			
Kendall's tau-b = -0.0386 ASE = 0.018			

Table 102. Participation (Work) by gender

Can you work?		Control		CBR	
		Male	Female	Male	Female
Never/Cannot	n	185	94	214	61
	%	38.14	32.98	40.45	23.46
Sometimes/with difficulty or help	n	194	112	173	111
	%	40	39.3	32.7	42.69
Always/without difficulty	n	106	79	142	88
	%	21.86	27.72	26.84	33.85
		Pearson chi2(2) = 3.9112		Pearson chi2(2) = 22.2060	
		P-value = 0.141		P-value = 0.000	
		Kendall's tau-b = 0.0647		Kendall's tau-b =	
		ASE = 0.034		0.1354 ASE = 0.032	



Table 103. Participation (Cleaning the house) by gender

Can you participate in cleaning the house?		Control		CBR	
		Male	Female	Male	Female
Never/Cannot	n	166	85	218	75
	%	32.61	28.62	36.03	24.92
Sometimes/with difficulty or help	n	221	109	205	120
	%	43.42	36.7	33.88	39.87
Always/without difficulty	n	122	103	182	106
	%	23.97	34.68	30.08	35.22
		Pearson chi2(2) = 10.7370 P-value = 0.005 Kendall's tau-b = 0.0863 ASE = 0.034		Pearson chi2(2) = 11.3518 P-value = 0.003 Kendall's tau-b = 0.0903 ASE = 0.031	

Table 104. Participation (Make friends outside the family) by gender

Can you make friends outside the family?		Control		CBR	
		Male	Female	Male	Female
Never/Cannot	n	73	50	165	97
	%	13.37	15.34	21.35	24.31
Sometimes/with difficulty or help	n	203	137	251	122
	%	37.18	42.02	32.47	30.58
Always/without difficulty	n	270	139	357	180
	%	49.45	42.64	46.18	45.11
		Pearson chi2(2) = 3.8089 P-value = 0.149 Kendall's tau-b = -0.0605 ASE = 0.032		Pearson chi2(2) = 1.3978 P-value = 0.497 Kendall's tau-b = -0.0204 ASE = 0.028	

Table 105. Participation (Consulted in family decisions) by gender

Are you consulted in family decisions?		Control		CBR	
		Male	Female	Male	Female
Never	n	37	23	36	18
	%	8.71	9.66	9.16	9.23
Sometimes/with difficulty or help	n	106	83	125	65
	%	24.94	34.87	31.81	33.33
Always/without difficulty	n	282	132	232	112
	%	66.35	55.46	59.03	57.44
		Pearson chi2(2) = 8.3327 P-value = 0.016 Kendall's tau-b = -0.0965 ASE = 0.038		Pearson chi2(2) = 0.1515 P-value = 0.927 Kendall's tau-b = -0.0133 ASE = 0.040	

Table 106. Participation (Join in community activities and ceremonies) by gender

Can you join in community activities & ceremonies?		Control		CBR	
		Male	Female	Male	Female
Never	n	107	75	311	197
	%	17.92	20.78	29.99	31.42
Sometimes	n	296	210	376	235
	%	49.58	58.17	36.26	37.48
Always	n	194	76	350	195
	%	32.5	21.05	33.75	31.1
		Pearson chi2(2) = 14.5591 P-value = 0.001		Pearson chi2(2) = 1.2585 P-value = 0.533	
		Kendall's tau-b = -0.0997 ASE = 0.030		Kendall's tau-b = -0.0236 ASE = 0.023	

Table 107. Participation (Work) by age-group

Can you work?		Control				CBR			
		Child 11-14	Youth 15-24	Adult 25-45	Adult 46+	Child 11-14	Youth 15-24	Adult 25-45	Adult 46+
Never/Cannot	n	25	48	62	144	72	64	67	72
	%	31.25	25.67	23.66	59.75	44.72	20.98	31.16	66.67
Sometimes/with difficulty or help	n	32	79	131	64	46	134	85	19
	%	40	42.25	50	26.56	28.57	43.93	39.53	17.59
Always/without difficulty	n	23	60	69	33	43	107	63	17
	%	28.75	32.09	26.34	13.69	26.71	35.08	29.3	15.74
		Pearson chi2(6) = 89.3879 P-value = 0.000				Pearson chi2(6) = 82.9218 P-value = 0.000			
		Kendall's tau-b = -0.2223 ASE = 0.032				Kendall's tau-b = -0.0896 ASE = 0.033			

Table 108. Participation (Cleaning the house)

Can you participate in cleaning the house?		Control				CBR			
		Child 9-14	Youth 15-24	Adult 25-45	Adult 46+	Child 9-14	Youth 15-24	Adult 25-45	Adult 46+
Never/Cannot	n	42	38	46	128	108	57	63	65
	%	35	20.32	17.62	53.11	38.85	18.63	29.3	60.75
Sometimes/with difficulty or help	n	45	76	136	73	86	132	82	25
	%	37.5	40.64	52.11	30.29	30.94	43.14	38.14	23.36
Always/without difficulty	n	33	73	79	40	84	117	70	17
	%	27.5	39.04	30.27	16.6	30.22	38.24	32.56	15.89
		Pearson chi2(6) = 94.5515 P-value = 0.000				Pearson chi2(6) = 72.8807 P-value = 0.000			
		Kendall's tau-b = -0.1822 ASE = 0.032				Kendall's tau-b = -0.0548 ASE = 0.03			

Table 109. Participation (Make friends outside the family)

Can you make friends outside the family?		Control				CBR			
		Child 6-14	Youth 15-24	Adult 25-45	Adult 46+	Child 6-14	Youth 15-24	Adult 25-45	Adult 46+
Never/Cannot	n	56	28	19	21	199	32	13	18
	%	30.43	14.97	7.28	8.68	36.65	10.46	6.05	16.67
Sometimes/with difficulty or help	n	71	64	95	110	149	100	79	45
	%	38.59	34.22	36.4	45.45	27.44	32.68	36.74	41.67
Always/without difficulty	n	57	95	147	111	195	174	123	45
	%	30.98	50.8	56.32	45.87	35.91	56.86	57.21	41.67
		Pearson chi2(6) = 67.1108 P-value = 0.000				Pearson chi2(6) = 130.6863 P-value = 0.000			
		Kendall's tau-b = 0.1279 ASE = 0.030				Kendall's tau-b = 0.1993 ASE = 0.025			

Table 110. Participation (Consulted in family decisions)

Are you consulted in family decisions?		Control			CBR		
		Youth 15-24	Adult 25-45	Adult 46+	Youth 15-24	Adult 25-45	Adult 46+
Never/Cannot	n	29	19	12	37	9	7
	%	18.24	7.25	4.96	14.02	4.19	6.48
Sometimes/with difficulty or help	n	63	72	54	91	65	34
	%	39.62	27.48	22.31	34.47	30.23	31.48
Always/without difficulty	n	67	171	176	136	141	67
	%	42.14	65.27	72.73	51.52	65.58	62
		Pearson chi2(4) = 45.4231 P-value = 0.000			Pearson chi2(6) = 28.2717 P-value = 0.000		
		Kendall's tau-b = 0.2185 ASE = 0.035			Kendall's tau-b = 0.1258 ASE = 0.038		

Table 111. Participation(Join in community activities & ceremonies)

Can you join in community activities & ceremonies?		Control					CBR				
		infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Never	n	5	76	27	29	45	108	283	46	33	38
	%	35.71	30.04	14.44	11.07	18.6	51.67	34.26	15.03	15.35	35.19
Sometimes	n	7	147	105	128	119	70	277	132	99	33
	%	50	58.1	56.15	48.85	49.17	33.49	33.54	43.14	46.05	30.56
Always	n	2	30	55	105	78	31	266	128	83	37
	%	14.29	11.86	29.41	40.08	32.23	14.83	32.2	41.83	38.6	34.26
Pearson chi2(8) = 71.7133 P-value = 0.000							Pearson chi2(8) = 118.5523 P-value = 0.000				
Kendall's tau-b = 0.1698 ASE = 0.028							Kendall's tau-b = 0.1726 ASE = 0.021				

Table 112. Participation (Work) by type of disability

Can you work?		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Never	n	164	44	40	30	220	18	22	15
	%	34.17	33.59	48.19	40	37.23	17.82	40	35.71
Sometimes	n	212	36	28	30	214	39	15	16
	%	44.17	27.48	33.73	40	36.21	38.61	27.27	38.1
Always	n	104	51	15	15	157	44	18	11
	%	21.67	38.93	18.07	20	26.57	43.56	32.73	26.19
Pearson chi2(6) = 27.3981 P-value = 0.000						Pearson chi2(6) = 20.1214 P-value = 0.003			
Kendall's tau-b = -0.0198 ASE = 0.032						Kendall's tau-b = 0.0823 ASE = 0.033			

Table 113. Participation (Cleaning the house) by type of disability

Can you participate in cleaning the house?		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Never	n	149	39	38	24	221	24	27	21
	%	30.28	27.66	40.43	30.77	34	19.83	32.53	40.38
Sometimes	n	218	40	43	29	247	39	25	14
	%	44.31	28.37	45.74	37.18	38	32.23	30.12	26.92
Always	n	125	62	13	25	182	58	31	17
	%	25.41	43.97	13.83	32.05	28	47.93	37.35	32.69
Pearson chi2(6) = 32.1358 P-value = 0.000						Pearson chi2(6) = 24.3183 P-value = 0.000			
Kendall's tau-b = 0.0059 ASE = 0.031						Kendall's tau-b = 0.0816 ASE = 0.031			

Table 114. Participation (Make friends outside the family) by type of disability

Can you make friends outside the family?		Control				CBR			
		Physical disability	Sensory disability	Intellectual/Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/Mental disability	Multiple disability
Never	n	44	20	35	24	157	22	52	31
	%	8.48	12.5	33.33	27.91	20.05	12.79	38.24	38.27
Sometimes	n	184	79	47	29	259	64	33	17
	%	35.45	49.38	44.76	33.72	33.08	37.21	24.26	20.99
Always	n	291	61	23	33	367	86	51	33
	%	56.07	38.12	21.9	38.37	46.87	50	37.5	40.74
		Pearson chi2(6) = 85.8208 P-value = 0.000				Pearson chi2(6) = 44.1588 P-value = 0.000			
		Kendall's tau-b = -0.2372 ASE = 0.030				Kendall's tau-b = -0.0690 ASE = 0.028			

Table 115. Participation (Consulted in family decisions) by type of disability

Are you consulted in family decisions?		Control				CBR			
		Physical disability	Sensory disability	Intellectual/Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/Mental disability	Multiple disability
Never	n	12	14	23	11	32	7	10	5
	%	2.74	13.86	35.94	18.97	6.85	10.45	41.67	16.67
Sometimes	n	111	38	23	16	146	28	6	10
	%	25.34	37.62	35.94	27.59	31.26	41.79	25	33.33
Always	n	315	49	18	31	289	32	8	15
	%	71.92	48.51	28.12	53.45	61.88	47.76	33.33	50
		Pearson chi2(6) = 107.0393 P-value = 0.000				Pearson chi2(6) = 39.9168 P-value = 0.000			
		Kendall's tau-b = -0.2853 ASE = 0.036				Kendall's tau-b = -0.1505 ASE = 0.041			

Table 116. Participation (Join in community activities and ceremonies) by type of disability

Can you join in community activities & ceremonies?		Control				CBR			
		Physical disability	Sensory disability	Intellectual/Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/Mental disability	Multiple disability
Never	n	85	29	38	30	397	25	48	38
	%	15.04	16.29	33.04	30.61	33.64	12.25	29.63	32.2
Sometimes	n	287	106	66	45	454	84	45	28
	%	50.8	59.55	57.39	45.92	38.47	41.18	27.78	23.73
Always	n	193	43	11	23	329	95	69	52
	%	34.16	24.16	9.57	23.47	27.88	46.57	42.59	44.07
		Pearson chi2(6) = 50.5415 P-value = 0.000				Pearson chi2(6) = 67.1012 P-value = 0.000			
		Kendall's tau-b = -0.1724 ASE = 0.029				Kendall's tau-b = 0.1298 ASE = 0.023			

Table 117. Participation(Work) by cause of disability

Can you work?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never/Cannot	n	62	217	92	188
	%	32.98	37.29	34.59	35.01
Sometimes/with difficulty or help	n	72	234	86	205
	%	38.3	40.21	32.33	38.18
Always/without difficulty	n	54	131	88	144
	%	28.72	22.51	33.08	26.82
Pearson chi2(2) = 3.1419 P-value = 0.208 Pearson chi2(2) = 4.1039 P-value = 0.128					
Kendall's tau-b = -0.0544 ASE = 0.034 Kendall's tau-b = -0.0358 ASE = 0.034					

Table 118. Participation(Cleaning the house) by cause of disability

Can you participate in cleaning the house?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never/Cannot	n	72	183	120	178
	%	33.64	30.7	33.9	31.45
Sometimes/with difficulty or help	n	81	249	114	218
	%	37.85	41.78	32.2	38.52
Always/without difficulty	n	61	164	120	170
	%	28.5	27.52	33.9	30.04
Pearson chi2(2) = 1.0840 P-value = 0.582				Pearson chi2(2) = 3.8393 P-value = 0.147	
Kendall's tau-b = 0.0111 ASE = 0.034				Kendall's tau-b = -0.0079 ASE = 0.031	

Table 119. Participation(Make friends outside the family) by type of disability

Can you make friends outside the family?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never/Cannot	n	69	56	183	83
	%	26.14	9.17	31.77	13.52
Sometimes/with difficulty or help	n	114	226	155	224
	%	43.18	36.99	26.91	36.48
Always/without difficulty	n	81	329	238	307
	%	30.68	53.85	41.32	50
Pearson chi2(2) = 60.0970 P-value = 0.000				Pearson chi2(2) = 57.7372 P-value = 0.000	
Kendall's tau-b = 0.2402 ASE = 0.032				Kendall's tau-b = 0.1471 ASE = 0.027	

Table 120. Participation (Consulted in family decisions) by cause of disability

Are you consulted in family decisions?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never	n	31	29	22	33
	%	25.2	5.37	16.42	7.1
Sometimes	n	48	141	47	145
	%	39.02	26.11	35.07	31.18
Always	n	44	370	65	287
	%	35.77	68.52	48.51	61.72
Pearson chi2(2) = 66.6069 P-value = 0.000				Pearson chi2(2) = 13.4251 P-value = 0.001	
Kendall's tau-b = 0.2837 ASE = 0.039				Kendall's tau-b = 0.1267 ASE = 0.041	

Table 121. Participation (Join in community activities and ceremonies) by cause of disability

Can you join in community activities & ceremonies?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never	n	92	90	347	166
	%	27.38	14.47	34.42	24.63
Sometimes	n	199	307	339	281
	%	59.23	49.36	33.63	41.69
Always	n	45	225	322	227
	%	13.39	36.17	31.94	33.68
Pearson chi2(2) = 63.3362 P-value = 0.000				Pearson chi2(2) = 20.1995 P-value = 0.000	
Kendall's tau-b = 0.2405 ASE = 0.028				Kendall's tau-b = 0.0663 ASE = 0.023	

Table 122. Participation (Work) by region

Can you work?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	29	113	46	91	56	100	52	67
	%	31.18	39.51	27.06	41.18	45.16	39.84	20.31	42.41
Sometimes	n	44	114	62	86	58	28	122	76
	%	47.31	39.86	36.47	38.91	46.77	11.16	47.66	48.1
Always	n	20	59	62	44	10	123	82	15
	%	21.51	20.63	36.47	19.91	8.06	49	32.03	9.49
Pearson chi2(6) = 22.9157 P-value = 0.001						Pearson chi2(6) = 161.3421 P-value = 0.000			
Kendall's tau-b = -0.0057 ASE = 0.031						Kendall's tau-b = -0.0132 ASE = 0.029			

Table 123. Participation (Cleaning the house) by region

Can you participate in cleaning the house?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	34	83	45	89	57	108	49	79
	%	34.34	28.42	25.14	37.71	37.75	36.86	17.69	42.7
Sometimes	n	41	135	61	93	77	43	121	84
	%	41.41	46.23	34.08	39.41	50.99	14.68	43.68	45.41
Always	n	24	74	73	54	17	142	107	22
	%	24.24	25.34	40.78	22.88	11.26	48.46	38.63	11.89
		Pearson chi2(6) = 24.4863 P-value = 0.000				Pearson chi2(6) = 156.2320 P-value = 0.000			
		Kendall's tau-b = -0.0174 ASE = 0.031				Kendall's tau-b = -0.0219 ASE = 0.027			

Table 124. Participation (Make friends outside the family) by region

Can you make friends outside the family?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	17	40	32	34	53	120	20	69
	%	15.18	12.9	15.84	13.71	27.75	28.71	6.41	27.49
Sometimes	n	42	144	58	96	86	83	92	112
	%	37.5	46.45	28.71	38.71	45.03	19.86	29.49	44.62
Always	n	53	126	112	118	52	215	200	70
	%	47.32	40.65	55.45	47.58	27.23	51.44	64.1	27.89
		Pearson chi2(6) = 16.5949 P-value = 0.011				Pearson chi2(6) = 148.8638 P-value = 0.000			
		Kendall's tau-b = 0.0342 ASE = 0.030				Kendall's tau-b = 0.0326 ASE = 0.025			

Table 125. Participation (Consulted in family decisions) by region

Are you consulted in family decisions?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	6	27	8	19	8	25	8	13
	%	7.59	10.89	5.52	9.95	10	13.74	4.04	10.16
Sometimes	n	20	71	38	60	29	83	40	38
	%	25.32	28.63	26.21	31.41	36.25	45.6	20.2	29.69
Always	n	53	150	99	112	43	74	150	77
	%	67.09	60.48	68.28	58.64	53.75	40.66	75.76	60.16
		Pearson chi2(6) = 6.0562 P-value = 0.417				Pearson chi2(6) = 49.9453 P-value = 0.000			
		Kendall's tau-b = -0.0205 ASE = 0.035				Kendall's tau-b = 0.1419 ASE = 0.037			

Section 9: Respect and Satisfaction with Life



Table 126. Respect (Feel respected in the community) by Control and CBR

Do you feel respected in the community?		Control	CBR
Never	n	78	140
	%	8.94	12
Sometimes	n	302	371
	%	34.63	31.79
Always	n	492	656
	%	56.42	56.21
Pearson chi2(2) = 5.5723 P-value = 0.062			
Kendall's tau-b = -0.0142 ASE = 0.021			

Table 127. Respect (Feel respected in the family) by Control and CBR

Do you feel respected in the family?		Control	CBR
Never	n	16	34
	%	1.83	2.9
Sometimes	n	190	406
	%	21.76	34.64
Always	n	667	732
	%	76.4	62.46
Pearson chi2(2) = 45.0276 P-value = 0.000			
Kendall's tau-b = -0.1460 ASE = 0.021			

Table 128. Respect (Satisfied with your life) by Control and CBR

Are you satisfied with your life?		Control	CBR
Very satisfied	n	419	718
	%	44.01	43.38
Quite satisfied	n	498	910
	%	52.31	54.98
Not satisfied	n	35	27
	%	3.68	1.63
Pearson chi2(2) = 11.4829 P-value = 0.003			
Kendall's tau-b = -0.0051 ASE = 0.020			



Table 129. Respect (Feel respected in the community) by gender

Do you feel respected in the community?		Control		CBR	
		Male	Female	Male	Female
Never	n	46	32	135	94
	%	8.41	9.82	14.36	17.12
Sometimes	n	189	113	309	192
	%	34.55	34.66	32.87	34.97
Always	n	312	181	496	263
	%	57.04	55.52	52.77	47.91
Pearson chi2(2) = 0.5720 P-value = 0.751				Pearson chi2(2) = 0.4307 P-value = 0.806	
Kendall's tau-b = -0.0196 ASE = 0.033				Kendall's tau-b = -0.0145 ASE = 0.028	

Table 130. Respect (Feel respected in the family) by gender

Do you feel respected in the family?		Control		CBR	
		Male	Female	Male	Female
Never	n	12	6	39	28
	%	2.1	1.74	3.76	4.47
Sometimes	n	120	77	361	234
	%	20.98	22.32	34.81	37.38
Always	n	440	262	637	364
	%	76.92	75.94	61.43	58.15
Pearson chi2(2) = 0.1222 P-value = 0.941				Pearson chi2(2) = 5.9775 P-value = 0.050	
Kendall's tau-b = -0.0113 ASE = 0.034				Kendall's tau-b = -0.0698 ASE = 0.029	

Table 131. Respect(Satisfied with your life) by gender

Are you satisfied with your life?		Control		CBR	
		Male	Female	Male	Female
Very satisfied	n	264	155	459	259
	%	44.44	43.3	44.52	41.51
Quite satisfied	n	309	189	555	355
	%	52.02	52.79	53.83	56.89
Not satisfied	n	21	14	17	10
	%	3.54	3.91	1.65	1.6
Pearson chi2(2) = 0.1780 P-value = 0.915				Pearson chi2(2) = 1.4807 P-value = 0.477	
Kendall's tau-b = 0.0124 ASE = 0.032				Kendall's tau-b = 0.0282 ASE = 0.024	

Table 132. Respect (Feel respected in the community) by age-group

Do you feel respected in the community?		Control				CBR			
		Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Never	n	33	24	14	7	109	22	5	4
	%	18.13	12.83	5.34	2.9	20.15	7.26	2.33	3.7
Sometimes	n	80	70	87	65	189	82	60	40
	%	43.96	37.43	33.21	26.97	34.94	27.06	27.91	37.04
Always	n	69	93	161	169	243	199	150	64
	%	37.91	49.73	61.45	70.12	44.92	65.68	69.77	59.26
		Pearson chi2(6) = 64.9233 P-value = 0.000				Pearson chi2(6) = 88.6635 P-value = 0.000			
		Kendall's tau-b = 0.2295 ASE = 0.028				Kendall's tau-b = 0.2011 ASE = 0.025			

Table 133. Respect (Feel respected in the family) by age-group

Do you feel respected in the family?		Control				CBR			
		Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Never	n	3	5	7	1	23	9	0	2
	%	1.65	2.67	2.67	0.41	4.24	2.94	0	1.85
Sometimes	n	63	47	52	28	213	83	66	44
	%	34.62	25.13	19.85	11.57	39.23	27.12	30.7	40.74
Always	n	116	135	203	213	307	214	149	62
	%	63.74	72.19	77.48	88.02	56.54	69.93	69.3	57.41
		Pearson chi2(6) = 39.7736 P-value = 0.000				Pearson chi2(6) = 28.2347 P-value = 0.000			
		Kendall's tau-b = 0.1819 ASE = 0.029				Kendall's tau-b = 0.0840 ASE = 0.027			

Table 134. Respect(Satisfied with your life) by age-group

Are you satisfied with your life?		Control					CBR				
		infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Very satisfied	n	6	90	85	116	122	83	332	155	100	48
	%	42.86	35.86	45.45	44.27	51.26	40.1	40.29	50.82	47.39	44.44
Quite satisfied	n	7	146	94	137	114	121	477	144	109	59
	%	50	58.17	50.27	52.29	47.9	58.45	57.89	47.21	51.66	54.63
Not satisfied	n	1	15	8	9	2	3	15	6	2	1
	%	7.14	5.98	4.28	3.44	0.84	1.45	1.82	1.97	0.95	0.93
		Pearson chi2(8) = 18.9265 P-value = 0.015					Pearson chi2(8) = 13.8901 P-value = 0.085				
		Kendall's tau-b = -0.1051 ASE = 0.029					Kendall's tau-b = -0.0610 ASE = 0.022				

Table 135. Respect (Feel respected in the community) by type of disability

Do you feel respected in the community?		Control				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple	Physical	Sensory	Intellectual/ Mental	Multiple
Never	n	19	16	26	17	75	16	35	16
	%	3.65	10	24.53	19.77	9.47	9.3	25.18	19.75
Sometimes	n	149	66	57	30	248	65	45	18
	%	28.65	41.25	53.77	34.88	31.31	37.79	32.37	22.22
Always	n	352	78	23	39	469	91	59	47
	%	67.69	48.75	21.7	45.35	59.22	52.91	42.45	58.02
		Pearson chi2(6) = 114.8069 P-value = 0.000				Pearson chi2(6) = 41.0462 P-value = 0.000			
		Kendall's tau-b = -0.2857 ASE = 0.030				Kendall's tau-b = -0.0979 ASE = 0.028			

Table 136. Respect (Feel respected in the family) by type of disability

Do you feel respected in the family?		Control				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple	Physical	Sensory	Intellectual/ Mental	Multiple
Never	n	6	3	5	2	19	5	3	7
	%	1.15	1.88	4.76	2.33	2.43	2.91	2.21	8.64
Sometimes	n	77	41	48	24	257	57	68	24
	%	14.81	25.62	45.71	27.91	32.82	33.14	50	29.63
Always	n	437	116	52	60	507	110	65	50
	%	84.04	72.5	49.52	69.77	64.75	63.95	47.79	61.73
		Pearson chi2(6) = 62.7718 P-value = 0.000				Pearson chi2(6) = 26.1542 P-value = 0.000			
		Kendall's tau-b = -0.2119 ASE = 0.032				Kendall's tau-b = -0.0730 ASE = 0.028			

Table 137. Respect(Satisfied with your life)

Are you satisfied with your life?		Control				CBR			
		Physical	Sensory	Intellectual/ Mental	Multiple	Physical	Sensory	Intellectual/ Mental	Multiple
Very satisfied	n	281	70	38	30	521	93	59	45
	%	49.91	39.33	33.33	31.25	44.38	45.81	36.65	38.46
Quite satisfied	n	272	100	67	58	631	108	100	71
	%	48.31	56.18	58.77	60.42	53.75	53.2	62.11	60.68
Not satisfied	n	10	8	9	8	22	2	2	1
	%	1.78	4.49	7.89	8.33	1.87	0.99	1.24	0.85
		Pearson chi2(6) = 33.1980 P-value = 0.000				Pearson chi2(6) = 7.0292 P-value = 0.318			
		Kendall's tau-b = 0.1557 ASE = 0.029				Kendall's tau-b = 0.0310 ASE = 0.023			

Table 138. Respect (Feel respected in the community) by cause of disability

Do you feel respected in the community?	Control		CBR	
	Disabled at birth	Other cause	Disabled at birth	Other cause
Never	47	31	105	37
	18.01	5.07	18.26	6.08
Sometimes	121	181	204	172
	46.36	29.62	35.48	28.24
Always	93	399	266	400
	35.63	65.3	46.26	65.68
Pearson chi2(2) = 77.5280 P-value = 0.000 Pearson chi2(2) = 61.3220 P-value = 0.000				
Kendall's tau-b = 0.2842 ASE = 0.032 Kendall's tau-b = 0.2102 ASE = 0.027				

Table 139. Respect (Feel respected in the family) by cause of disability

Do you feel respected in the family?	Control		CBR	
	Disabled at birth	Other cause	Disabled at birth	Other cause
Never	10	6	25	9
	3.82	0.98	4.34	1.47
Sometimes	94	96	234	179
	35.88	15.69	40.62	29.15
Always	158	510	317	426
	60.31	83.33	55.03	69.38
Pearson chi2(2) = 55.1978 P-value = 0.000 Pearson chi2(2) = 29.6612 P-value = 0.000				
Kendall's tau-b = 0.2485 ASE = 0.035 Kendall's tau-b = 0.1518 ASE = 0.028				

Table 140. Respect (Satisfied with your life) by cause of disability

Are you satisfied with your life?	Control		CBR	
	Disabled at birth	Other cause	Disabled at birth	Other cause
Very satisfied	118	301	393	336
	35.22	48.78	39.1	50.22
Quite satisfied	197	301	592	326
	58.81	48.78	58.91	48.73
Not satisfied	20	15	20	7
	5.97	2.43	1.99	1.05
Pearson chi2(2) = 20.6363 P-value = 0.000 Pearson chi2(2) = 21.2058 P-value = 0.000				
Kendall's tau-b = -0.1394 ASE = 0.031 Kendall's tau-b = -0.1114 ASE = 0.024				

Table 141. Respect (Feel respected in the community) by region

Do you feel respected in the community?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	6	32	12	28	33	63	13	33
	%	5.36	10.26	5.97	11.29	17.28	15	4.04	13.15
Sometimes	n	48	100	53	101	93	123	76	84
	%	42.86	32.05	26.37	40.73	48.69	29.29	23.6	33.47
Always	n	58	180	136	119	65	234	233	134
	%	51.79	57.69	67.66	47.98	34.03	55.71	72.36	53.39
		Pearson chi2(6) = 23.2432 P-value = 0.001				Pearson chi2(6) = 82.0407 P-value = 0.000			
		Kendall's tau-b = -0.0317 ASE = 0.030				Kendall's tau-b = 0.1276 ASE = 0.026			

Table 142. Respect (Feel respected in the family) by region

Do you feel respected in the family?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	1	8	5	4	4	11	5	14
	%	0.89	2.37	2.28	1.61	2.09	2.62	1.52	5.58
Sometimes	n	25	75	43	54	43	250	35	85
	%	22.32	22.19	19.63	21.77	22.51	59.52	10.67	33.86
Always	n	86	255	171	190	144	159	288	152
	%	76.79	75.44	78.08	76.61	75.39	37.86	87.8	60.56
		Pearson chi2(6) = 2.5635 P-value = 0.861				Pearson chi2(6) = 226.4427 P-value = 0.000			
		Kendall's tau-b = 0.0160 ASE = 0.031				Kendall's tau-b = 0.0865 ASE = 0.027			

Table 143. Respect (Satisfied with your life) by region

Are you satisfied with your life?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Very satisfied	n	59	109	103	148	109	203	206	200
	%	44.7	32.44	47.25	55.64	40.22	34.52	59.03	44.74
Quite satisfied	n	73	205	107	113	159	379	134	238
	%	55.3	61.01	49.08	42.48	58.67	64.46	38.4	53.24
Not satisfied	n	0	22	8	5	3	6	9	9
	%	0	6.55	3.67	1.88	1.11	1.02	2.58	2.01
		Pearson chi2(6) = 44.0843 P-value = 0.000				Pearson chi2(6) = 63.2359 P-value = 0.000			
		Kendall's tau-b = -0.1264 ASE = 0.029				Kendall's tau-b = -0.0765 ASE = 0.022			

Section 10. Emotional Wellbeing

Table 144a. Emotion (Feel sad) by Control and CBR at baseline

Do you feel sad?		Control	Treatment
Never	n	275	531
	%	31.5	45.31
Sometimes	n	539	538
	%	61.74	45.9
Always	n	59	103
	%	6.76	8.79
Pearson chi2(2) = 50.6271 P-value = 0.000			
Kendall's tau-b = 0.1072 ASE = 0.021			

Table 145a. Emotion (Feel angry) by Control and CBR at baseline

Do you feel angry?		Control	Treatment
Never	n	310	551
	%	35.51	47.05
Sometimes	n	508	543
	%	58.19	46.37
Always	n	55	77
	%	6.3	6.58
Pearson chi2(2) = 29.4700 P-value = 0.000			
Kendall's tau-b = 0.1000 ASE = 0.021			

Table 146a. Emotion (Feel distressed) by Control and CBR at baseline

Do you feel distressed?		Control	Treatment
Never	n	287	554
	%	32.88	47.31
Sometimes	n	534	513
	%	61.17	43.81
Always	n	52	104
	%	5.96	8.88
Pearson chi2(2) = 60.3582 P-value = 0.000			
Kendall's tau-b = 0.1083 ASE = 0.021			

Table 147a. Emotion (Have nightmares or bad sleep) by Control and CBR

Do you have nightmares or bad sleep?

		Control	Treatment
Never	n	503	639
	%	57.62	54.52
Sometimes	n	309	462
	%	35.4	39.42
Always	n	61	71
	%	6.99	6.06
Pearson chi2(2) = 3.6773 P-value = 0.159			
Kendall's tau-b = -0.0236 ASE = 0.022			

Table 148a. Emotion (Have headache, stomachache or nausea) by Control and CBR

Do you have headache, stomachache or nausea?

		Control	Treatment
Never	n	385	529
	%	44.1	45.14
Sometimes	n	453	604
	%	51.89	51.54
Always	n	35	39
	%	4.01	3.33
Pearson chi2(2) = 0.7744 P-value = 0.679			
Kendall's tau-b = 0.0132 ASE = 0.022			

Table 144b. Emotion (Feel sad) by Control and CBR at endline

Do you feel sad?		Control	Treatment
Never	n	213	537
	%	26.36	61.51
Sometimes	n	552	325
	%	68.32	37.23
Always	n	43	11
	%	5.32	1.26
Pearson chi2(2) = 215.4958 Pr = 0.000			
Kendall's tau-b = 0.3528 ASE = 0.022			

Table 145b. Emotion (Feel angry) by Control and CBR at endline

Do you feel angry?		Control	Treatment
Never	n	181	493
	%	22.4	56.86
Sometimes	n	591	364
	%	73.14	41.98
Always	n	36	10
	%	4.46	1.15
Pearson chi2(2) = 211.2639 Pr = 0.000			
Kendall's tau-b = 0.3504 ASE = 0.022			

Table 146b. Emotion (Feel distressed) by Control and CBR at endline

		Control	Treatment
Never	n	197	513
	%	24.53	59.03
Sometimes	n	570	337
	%	70.98	38.78
Always	n	36	19
	%	4.48	2.19

Pearson chi2(2) = 203.4641 Pr = 0.000

Kendall's tau-b = 0.3385 ASE = 0.022

Table 147b. Emotion (Have nightmares or bad sleep) by Control and CBR at endline

		Control	Treatment
Never	n	408	535
	%	50.81	61.64
Sometimes	n	371	323
	%	46.2	37.21
Always	n	24	10
	%	2.99	1.15

Pearson chi2(2) = 23.6959 Pr = 0.000

Kendall's tau-b = 0.1130 ASE = 0.024

Table 148b. Emotion (Have headache, stomachache or nausea) by Control and CBR at endline

		Control	Treatment
Never		243	462
		30.26	53.23
Sometimes		543	395
		67.62	45.51
Always		17	11
		2.12	1.27

Pearson chi2(2) = 90.2755 Pr = 0.000

Kendall's tau-b = 0.2290 ASE = 0.023

Table 149. Emotion (Feel sad) by gender

Do you feel sad?		Control		CBR	
		Male	Female	Male	Female
Never	n	187	88	364	167
	%	34.19	26.99	47.09	41.85
Sometimes	n	323	216	344	194
	%	59.05	66.26	44.5	48.62
Always	n	37	22	65	38
	%	6.76	6.75	8.41	9.52

Pearson chi2(2) = 5.0737 P-value = 0.079

Pearson chi2(2) = 2.9368 P-value = 0.230

Kendall's tau-b = -0.0638 ASE = 0.032

Kendall's tau-b = -0.0475 ASE = 0.028

Table 150. Emotion (Feel angry) by gender

Do you feel angry?		Control		CBR	
		Male	Female	Male	Female
Never	n	192	118	375	176
	%	35.1	36.2	48.58	44.11
Sometimes	n	317	191	350	193
	%	57.95	58.59	45.34	48.37
Always	n	38	17	47	30
	%	6.95	5.21	6.09	7.52
Pearson chi2(2) = 1.0562 P-value = 0.590				Pearson chi2(2) = 2.4555 P-value = 0.293	
Kendall's tau-b = 0.0201 ASE = 0.033				Kendall's tau-b = -0.0442 ASE = 0.028	

Table 151. Emotion (Feel distressed) by gender

Do you feel distressed?		Control		CBR	
		Male	Female	Male	Female
Never	n	189	98	376	178
	%	34.55	30.06	48.7	44.61
Sometimes	n	325	209	335	178
	%	59.41	64.11	43.39	44.61
Always	n	33	19	61	43
	%	6.03	5.83	7.9	10.78
Pearson chi2(2) = 2.0036 P-value = 0.367				Pearson chi2(2) = 3.4693 P-value = 0.176	
Kendall's tau-b = -0.0390 ASE = 0.033				Kendall's tau-b = -0.0463 ASE = 0.028	

Table 152. Emotion (Have nightmares or bad sleep) by gender

Do you have nightmares or bad sleep?		Control		CBR	
		Male	Female	Male	Female
Never	n	330	173	428	211
	%	60.33	53.07	55.37	52.88
Sometimes	n	176	133	298	164
	%	32.18	40.8	38.55	41.1
Always	n	41	20	47	24
	%	7.5	6.13	6.08	6.02
Pearson chi2(2) = 6.7005 P-value = 0.035				Pearson chi2(2) = 0.7349 P-value = 0.692	
Kendall's tau-b = -0.0576 ASE = 0.033				Kendall's tau-b = -0.0210 ASE = 0.029	

Table 153. Emotion (Have headache, stomachache or nausea) by gender

Do you have headache, stomachache or nausea?		Control		CBR	
		Male	Female	Male	Female
Never	n	266	119	359	170
	%	48.63	36.5	46.44	42.61
Sometimes	n	262	191	392	212
	%	47.9	58.59	50.71	53.13
Always	n	19	16	22	17
	%	3.47	4.91	2.85	4.26
Pearson chi2(2) = 12.3583 P-value = 0.002				Pearson chi2(2) = 2.7398 P-value = 0.254	
Kendall's tau-b = -0.1164 ASE = 0.033				Kendall's tau-b = -0.0413 ASE = 0.029	

Table 154. Emotion (Feel sad) by age-group

Do you fee sad?		Control				CBR			
		Child 5-14	Youth 15-24	Adult 25-45	Adult 46+	Child 5-14	Youth 15-24	Adult 25-45	Adult 46+
Never	n	63	50	81	81	236	153	95	47
	%	34.62	26.74	30.92	33.47	43.46	50	44.19	43.52
Sometimes	n	103	127	159	150	248	130	108	52
	%	56.59	67.91	60.69	61.98	45.67	42.48	50.23	48.15
Always	n	16	10	22	11	59	23	12	9
	%	8.79	5.35	8.4	4.55	10.87	7.52	5.58	8.33
Pearson chi2(6) = 8.6766 P-value = 0.193						Pearson chi2(6) = 9.5842 P-value = 0.143			
Kendall's tau-b = 0.0202 ASE = 0.030						Kendall's tau-b = 0.0290 ASE = 0.026			

Table 155. Emotion (Feel angry) by age-group

Do you feel angry?		Control				CBR			
		Child 5-14	Youth 15-24	Adult 25-45	Adult 46+	Child 5-14	Youth 15-24	Adult 25-45	Adult 46+
Never	n	70	66	88	86	253	148	102	48
	%	38.46	35.29	33.59	35.54	46.68	48.37	47.44	44.44
Sometimes	n	100	110	156	142	249	139	104	51
	%	54.95	58.82	59.54	58.68	45.94	45.42	48.37	47.22
Always	n	12	11	18	14	40	19	9	9
	%	6.59	5.88	6.87	5.79	7.38	6.21	4.19	8.33
Pearson chi2(6) = 1.4697 P-value = 0.961						Pearson chi2(6) = 3.5449 P-value = 0.738			
Kendall's tau-b = -0.0144 ASE = 0.030						Kendall's tau-b = 0.0054 ASE = 0.027			

Table 156. Emotion (Feel worried or distressed) by age-group

Do you feel worried or distressed?		Control				CBR			
		Child 5-14	Youth 15-24	Adult 25-45	Adult 46+	Child 5-14	Youth 15-24	Adult 25-45	Adult 46+
Never	n	76	57	77	77	269	175	115	51
	%	41.76	30.48	29.39	31.82	44.46	48.88	45.45	45.95
Sometimes	n	93	122	163	156	268	159	126	53
	%	51.1	65.24	62.21	64.46	44.3	44.41	49.8	47.75
Always	n	13	8	22	9	68	24	12	7
	%	7.14	4.28	8.4	3.72	11.24	6.7	4.74	6.31
Pearson chi2(6) = 15.7133 P-value = 0.015						Pearson chi2(6) = 14.0867 P-value = 0.029			
Kendall's tau-b = -0.0410 ASE = 0.031						Kendall's tau-b = 0.0373 ASE = 0.025			

Table 157. Emotion (Have nightmares or bad sleep) by age-group

Do you have nightmares or bad sleep?		Control				CBR			
		Child 5-14	Youth 15-24	Adult 25-45	Adult 46+	Child 5-14	Youth 15-24	Adult 25-45	Adult 46+
Never	n	101	112	151	139	311	224	143	60
	%	55.49	59.89	57.63	57.44	51.4	62.4	56.52	54.05
Sometimes	n	70	59	94	86	245	120	102	45
	%	38.46	31.55	35.88	35.54	40.5	33.43	40.32	40.54
Always	n	11	16	17	17	49	15	8	6
	%	6.04	8.56	6.49	7.02	8.1	4.18	3.16	5.41
Pearson chi2(6) = 2.5790 P-value = 0.860						Pearson chi2(6) = 18.4101 P-value = 0.005			
Kendall's tau-b = 0.0037 ASE = 0.030						Kendall's tau-b = 0.0571 ASE = 0.025			

Table 158. Emotion (Have headache, stomachache or nausea) by age-group

Do you have headache, stomachache or nausea?		Control				CBR			
		Child 5-14	Youth 15-24	Adult 25-45	Adult 46+	Child 5-14	Youth 15-24	Adult 25-45	Adult 46+
Never	n	82	77	120	106	248	179	123	60
	%	45.05	41.18	45.8	43.8	40.99	49.86	48.62	54.05
Sometimes	n	91	104	132	126	331	171	128	46
	%	50	55.61	50.38	52.07	54.71	47.63	50.59	41.44
Always	n	9	6	10	10	26	9	2	5
	%	4.95	3.21	3.82	4.13	4.3	2.51	0.79	4.5
Pearson chi2(6) = 2.0485 P-value = 0.915						Pearson chi2(6) = 18.9317 P-value = 0.004			
Kendall's tau-b = 0.0040 ASE = 0.031						Kendall's tau-b = 0.0859 ASE = 0.025			

Table 159. Emotion (Feel sad) by type of disability

Do you feel sad?		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Never	n	217	57	16	20	394	86	70	50
	%	41.73	35.62	15.24	23.26	44.67	44.1	44.59	53.76
Sometimes	n	289	95	67	56	435	102	77	32
	%	55.58	59.38	63.81	65.12	49.32	52.31	49.04	34.41
Always	n	14	8	22	10	53	7	10	11
	%	2.69	5	20.95	11.63	6.01	3.59	6.37	11.83
Pearson chi2(6) = 58.1213 P-value = 0.000						Pearson chi2(6) = 22.5823 P-value = 0.001			
Kendall's tau-b = -0.1837 ASE = 0.029						Kendall's tau-b = -0.0002 ASE = 0.026			

Table 160. Emotion (Feel angry) by type of disability

Do you feel angry?		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Never	n	217	57	16	20	394	86	70	50
	%	41.73	35.62	15.24	23.26	44.67	44.1	44.59	53.76
Sometimes	n	289	95	67	56	435	102	77	32
	%	55.58	59.38	63.81	65.12	49.32	52.31	49.04	34.41
Always	n	14	8	22	10	53	7	10	11
	%	2.69	5	20.95	11.63	6.01	3.59	6.37	11.83
Pearson chi2(6) = 74.9688 P-value = 0.000						Pearson chi2(6) = 13.1669 P-value = 0.040			
Kendall's tau-b = -0.1996 ASE = 0.030						Kendall's tau-b = 0.0142 ASE = 0.026			

Table 161. Emotion (Feel worried or distressed) by type of disability

Do you feel worried or distressed?		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Never	n	201	56	15	15	404	93	68	45
	%	38.65	35	14.29	17.44	45.75	47.94	43.31	48.39
Sometimes	n	306	95	73	58	409	92	72	33
	%	58.85	59.38	69.52	67.44	46.32	47.42	45.86	35.48
Always	n	13	9	17	13	70	9	17	15
	%	2.5	5.62	16.19	15.12	7.93	4.64	10.83	16.13
Pearson chi2(6) = 65.9540 P-value = 0.000						Pearson chi2(6) = 14.1205 P-value = 0.028			
Kendall's tau-b = -0.2020 ASE = 0.029						Kendall's tau-b = -0.0074 ASE = 0.026			

Table 162. Emotion (Have nightmares or bad sleep) by type of disability

Do you have night- mares or bad sleep?		Control				CBR			
		Physical disability		Intellectual/ Mental disability		Physical disability		Intellectual/ Mental disability	
Never	n	336	98	40	29	493	117	74	54
	%	64.62	61.25	38.1	33.72	55.83	60	47.13	58.06
Sometimes	n	160	52	50	45	340	72	68	32
	%	30.77	32.5	47.62	52.33	38.51	36.92	43.31	34.41
Always	n	24	10	15	12	6	15	7	7
	%	4.62	6.25	14.29	13.95	5.66	3.08	9.55	7.53
		Pearson chi2(6) = 53.4293 P-value = 0.000				Pearson chi2(6) = 11.0034 P-value = 0.088			
		Kendall's tau-b = -0.1971 ASE = 0.031				Kendall's tau-b = -0.0164 ASE = 0.026			

Table 163. Emotion (Have headache, stomachache or nausea) by type of disability

Do you have head- ache, stomachache or nausea?		Control				CBR			
		Physical disability		Intellectual/ Mental disability		Physical disability		Intellectual/ Mental disability	
Never	n	253	79	31	21	416	95	51	48
	%	48.65	49.38	29.52	24.42	47.11	48.72	32.48	51.61
Sometimes	n	255	74	63	60	440	95	99	42
	%	49.04	46.25	60	69.77	49.83	48.72	63.06	45.16
Always	n	12	7	11	5	27	5	7	3
	%	2.31	4.38	10.48	5.81	3.06	2.56	4.46	3.23
		Pearson chi2(6) = 39.9195 P-value = 0.000				Pearson chi2(6) = 14.0596 P-value = 0.029			
		Kendall's tau-b = -0.1479 ASE = 0.030				Kendall's tau-b = -0.0346 ASE = 0.026			

Table 164. Emotion (Feel sad) by cause of disability

Do you fee sad?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never	n	83	192	283	306
	%	31.8	31.37	42.88	45.81
Sometimes	n	153	386	306	322
	%	58.62	63.07	46.36	48.2
Always	n	25	34	71	40
	%	9.58	5.56	10.76	5.99
		Pearson chi2(2) = 4.9795 P-value = 0.083		Pearson chi2(2) = 9.9156 P-value = 0.007	
		Kendall's tau-b = 0.0213 ASE = 0.034		Kendall's tau-b = 0.0499 ASE = 0.027	

Table 165. Emotion (Feel angry) by cause of disability

Do you feel angry?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never	n	84	226	281	319
	%	32.18	36.93	42.58	47.83
Sometimes	n	158	350	332	314
	%	60.54	57.19	50.3	47.08
Always	n	19	36	47	34
	%	7.28	5.88	7.12	5.1
		Pearson chi2(2) = 2.0790 P-value = 0.354		Pearson chi2(2) = 4.9578 P-value = 0.084	
		Kendall's tau-b = 0.0475 ASE = 0.033		Kendall's tau-b = 0.0573 ASE = 0.027	

Table 166. Emotion (Feel worried or distressed) by cause of disability

Do you feel worried or distressed?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never	n	89	198	285	325
	%	34.1	32.35	43.18	48.73
Sometimes	n	152	382	304	302
	%	58.24	62.42	46.06	45.28
Always	n	20	32	71	40
	%	7.66	5.23	10.76	6
		Pearson chi2(2) = 2.5126 P-value = 0.285		Pearson chi2(2) = 11.2506 P-value = 0.004	
		Kendall's tau-b = -0.0001 ASE = 0.034		Kendall's tau-b = 0.0715 ASE = 0.026	

Table 167. Emotion (Have nightmares or bad sleep) by cause of disability

Do you have nightmares or bad sleep?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never	n	142	361	341	397
	%	54.41	58.99	51.67	59.43
Sometimes	n	99	210	277	235
	%	37.93	34.31	41.97	35.18
Always	n	20	41	42	36
	%	7.66	6.7	6.36	5.39
		Pearson chi2(2) = 1.5858 P-value = 0.453		Pearson chi2(2) = 8.1083 P-value = 0.017	
		Kendall's tau-b = 0.0412 ASE = 0.033		Kendall's tau-b = 0.0746 ASE = 0.027	

Table 168. Emotion(Have headache, stomachache or nausea) by cause of disability

Do you have headache, stomachache or nausea?		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Never	n	104	281	273	337
	%	39.85	45.92	41.36	50.45
Sometimes	n	143	310	363	313
	%	54.79	50.65	55	46.86
Always	n	14	21	24	18
	%	5.36	3.43	3.64	2.69
Pearson chi2(2) = 3.8355 P-value = 0.147				Pearson chi2(2) = 11.2223 P-value = 0.004	
Kendall's tau-b = 0.0611 ASE = 0.033				Kendall's tau-b = 0.0905 ASE = 0.027	

Table 169. Emotion(Feel sad) by region

Do you fee sad?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	189	57	18	11	386	86	71	46
	%	36.35	35.62	17.14	12.79	43.71	44.1	45.22	49.46
Sometimes	n	313	94	69	62	431	99	68	30
	%	60.19	58.75	65.71	72.09	48.81	50.77	43.31	32.26
Always	n	18	9	18	13	66	10	18	17
	%	3.46	5.62	17.14	15.12	7.47	5.13	11.46	18.28
Pearson chi2(6) = 55.5599 P-value = 0.000						Pearson chi2(6) = 302.6371 P-value = 0.000			
Kendall's tau-b = 0.0698 ASE = 0.030						Kendall's tau-b = -0.0928 ASE = 0.024			

Table 170.Emotion (Feel angry) by region

Do you feel angry?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	217	57	16	20	394	86	70	50
	%	41.73	35.62	15.24	23.26	44.67	44.1	44.59	53.76
Sometimes	n	289	95	67	56	435	102	77	32
	%	55.58	59.38	63.81	65.12	49.32	52.31	49.04	34.41
Always	n	14	8	22	10	53	7	10	11
	%	2.69	5	20.95	11.63	6.01	3.59	6.37	11.83
Pearson chi2(6) = 44.2618 P-value = 0.000						Pearson chi2(6) = 365.5530 P-value = 0.000			
Kendall's tau-b = 0.1056 ASE = 0.031						Kendall's tau-b = -0.1066 ASE = 0.024			

Table 171. Emotion (Feel worried or distressed) by region

Do you feel worried or distressed?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	201	56	15	15	404	93	68	45
	%	38.65	35	14.29	17.44	45.75	47.94	43.31	48.39
Sometimes	n	306	95	73	58	409	92	72	33
	%	58.85	59.38	69.52	67.44	46.32	47.42	45.86	35.48
Always	n	13	9	17	13	70	9	17	15
	%	2.5	5.62	16.19	15.12	7.93	4.64	10.83	16.13
		Pearson chi2(6) = 61.5210 P-value = 0.000				Pearson chi2(6) = 306.3523 P-value = 0.000			
		Kendall's tau-b = 0.0927 ASE = 0.031				Kendall's tau-b = -0.0616 ASE = 0.024			

Table 172. Emotion (Have nightmares or bad sleep) by region

Do you have nightmares or bad sleep?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	336	98	40	29	493	117	74	54
	%	64.62	61.25	38.1	33.72	55.83	60	47.13	58.06
Sometimes	n	160	52	50	45	340	72	68	32
	%	30.77	32.5	47.62	52.33	38.51	36.92	43.31	34.41
Always	n	24	10	15	12	50	6	15	7
	%	4.62	6.25	14.29	13.95	5.66	3.08	9.55	7.53
		Pearson chi2(6) = 55.6552 P-value = 0.000				Pearson chi2(6) = 54.8912 P-value = 0.000			
		Kendall's tau-b = 0.1207 ASE = 0.031				Kendall's tau-b = 0.0638 ASE = 0.024			

Table 173. Emotion (Have headache, stomachache or nausea) by region

Do you have headache, stomachache or nausea?		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Never	n	15	123	110	137	8	223	258	121
	%	13.39	39.55	54.46	55.24	4.19	53.22	55.48	47.83
Sometimes	n	97	176	86	94	181	175	198	122
	%	86.61	56.59	42.57	37.9	94.76	41.77	42.58	48.22
Always	n	0	12	6	17	2	21	9	10
	%	0	3.86	2.97	6.85	1.05	5.01	1.94	3.95
		Pearson chi2(6) = 87.4287 P-value = 0.000				Pearson chi2(6) = 182.4269 P-value = 0.000			
		Kendall's tau-b = 0.1930 ASE = 0.029				Kendall's tau-b = 0.1687 ASE = 0.024			

Section11. Additonal Needs

Table 174. Additonal need (Education) by Control and CBR

Need education		Control	Treatment
Yes	n	542	603
	%	62.59	45.51
No	n	324	722
	%	37.41	54.49
Pearson chi2(1) = 61.2168 P-value = 0.000			
Kendall's tau-b = 0.1672 ASE = 0.021			

Table 175. Additonal need (Health) by Control and CBR

Need health		Control	Treatment
Yes	n	516	1,340
	%	54.32	72.67
No	n	434	504
	%	45.68	27.33
Pearson chi2(1) = 94.6918 P-value = 0.000			
Kendall's tau-b = -0.1841 ASE = 0.019			

Table 176. Additional need (Job) by Control and CBR

Need a job		Control	Treatment
Yes	n	509	465
	%	58.78	35.15
No	n	357	858
	%	41.22	64.85
Pearson chi2(1) = 118.3215 P-value = 0.000			
Kendall's tau-b = 0.2325 ASE = 0.021			

Table 177. Additonal need (House) by Control and CBR

Need a house		Control	Treatment
Yes	n	510	831
	%	53.68	45.21
No	n	440	1,007
	%	46.32	54.79
Pearson chi2(1) = 18.0069 P-value = 0.000			
Kendall's tau-b = 0.0804 ASE = 0.019			



Table 178. Additional need (Income) by Control and CBR

Need more income		Control	Treatment
Yes	n	514	276
	%	74.93	38.28
No	n	172	445
	%	25.07	61.72
Pearson chi2(1) = 191.7418 P-value = 0.000			
Kendall's tau-b = 0.3692 ASE = 0.025			

Table 179. Additional need (Pension) by Control and CBR

Need a disability pension		Control	Treatment
Yes	n	498	284
	%	72.59	39.5
No	n	188	435
	%	27.41	60.5
Pearson chi2(1) = 155.8013 P-value = 0.000			
Kendall's tau-b = 0.3330 ASE = 0.025			

Table 180. Additional need (Respect from family) by Control and CBR

Need respect from family		Control	Treatment
Yes	n	303	946
	%	35.03	71.23
No	n	562	382
	%	64.97	28.77
Pearson chi2(1) = 280.0789 P-value = 0.000			
Kendall's tau-b = -0.3574 ASE = 0.020			

Table 181. Additional need (Respect from community) by Control and CBR

Need respect from community		Control	Treatment
Yes	n	380	889
	%	43.93	67.09
No	n	485	436
	%	56.07	32.91
Pearson chi2(1) = 115.2314 P-value = 0.000			
Kendall's tau-b = -0.2294 ASE = 0.021			



Table 182. Additional Need (Marriage) by Control and CBR

Need to get married		Control	Treatment
Yes	n	275	319
	%	40.38	44.37
No	n	406	400
	%	59.62	55.63
Pearson chi2(1) = 2.2742 P-value = 0.132			
Kendall's tau-b = -0.0403 ASE = 0.027			

Table 183. Additional need (Education) by gender

Need education		Control		CBR	
		Male	Female	Male	Female
Yes	n	347	195	421	182
	%	63.9	60.37	48.39	40
No	n	196	128	449	273
	%	36.1	39.63	51.61	60
Pearson chi2(1) = 1.0794 P-value = 0.299				Pearson chi2(1) = 8.4820 P-value = 0.004	
Kendall's tau-b = 0.0353 ASE = 0.034				Kendall's tau-b = 0.0800 ASE = 0.027	

Table 184. Additional need (Health) by gender

Need health		Control		CBR	
		Male	Female	Male	Female
Yes	n	312	204	826	514
	%	52.61	57.14	71.76	74.17
No	n	281	153	325	179
	%	47.39	42.86	28.24	25.83
Pearson chi2(1) = 1.8421 P-value = 0.175				Pearson chi2(1) = 1.2614 P-value = 0.261	
Kendall's tau-b = -0.0440 ASE = 0.032				Kendall's tau-b = -0.0262 ASE = 0.023	

Table 185. Additional need (Job) by gender

Need a job		Control		CBR	
		Male	Female	Male	Female
Yes	n	277	135	228	100
	%	63.68	53.78	48.1	40.49
No	n	158	116	246	147
	%	36.32	46.22	51.9	59.51
Pearson chi2(1) = 6.4941 P-value = 0.011				Pearson chi2(1) = 3.7978 P-value = 0.051	
Kendall's tau-b = 0.0973 ASE = 0.038				Kendall's tau-b = 0.0726 ASE = 0.037	

Table 186. Additional need (House) by gender

Need a house		Control		CBR	
		Male	Female	Male	Female
Yes	n	316	194	499	332
	%	53.29	54.34	43.43	48.19
No	n	277	163	650	357
	%	46.71	45.66	56.57	51.81
Pearson chi2(1) = 0.0994 P-value = 0.752				Pearson chi2(1) = 3.9343 P-value = 0.047	
Kendall's tau-b = -0.0102 ASE = 0.032				Kendall's tau-b = -0.0463 ASE = 0.023	

Table 187. Additional need (Income) by gender

Need more income		Control		CBR	
		Male	Female	Male	Female
Yes	n	332	182	185	91
	%	76.32	72.51	39.03	36.84
No	n	103	69	289	156
	%	23.68	27.49	60.97	63.16
Pearson chi2(1) = 1.2310 P-value = 0.267				Pearson chi2(1) = 0.3289 P-value = 0.566	
Kendall's tau-b = 0.0424 ASE = 0.039				Kendall's tau-b = 0.0214 ASE = 0.037	

Table 188. Additional need (Pension) by gender

Need a disability pension		Control		CBR	
		Male	Female	Male	Female
Yes	n	316	182	193	91
	%	72.64	72.51	40.89	36.84
No	n	119	69	279	156
	%	27.36	27.49	59.11	63.16
Pearson chi2(1) = 0.0014 P-value = 0.970				Pearson chi2(1) = 1.1117 P-value = 0.292	
Kendall's tau-b = 0.0014 ASE = 0.038				Kendall's tau-b = 0.0393 ASE = 0.037	

Table 189. Additional need (Respect from family) by gender

Need respect from family		Control		CBR	
		Male	Female	Male	Female
Yes	n	200	103	611	335
	%	36.83	31.99	70.07	73.46
No	n	343	219	261	121
	%	63.17	68.01	29.93	26.54
Pearson chi2(1) = 2.0847 P-value = 0.149				Pearson chi2(1) = 1.6853 P-value = 0.194	
Kendall's tau-b = 0.0491 ASE = 0.034				Kendall's tau-b = -0.0356 ASE = 0.027	

Table 190. Additional need (Respect from community) by gender

Need respect from community		Control		CBR	
		Male	Female	Male	Female
Yes	n	243	137	584	305
	%	44.75	42.55	67.2	66.89
No	n	300	185	285	151
	%	55.25	57.45	32.8	33.11
Pearson chi2(1) = 0.3989 P-value = 0.528				Pearson chi2(1) = 0.0137 P-value = 0.907	
Kendall's tau-b = 0.0215 ASE = 0.034				Kendall's tau-b = 0.0032 ASE = 0.027	

Table 191. Additional need (Marriage) by gender

Need to get married		Control		CBR	
		Male	Female	Male	Female
Yes	n	185	90	211	108
	%	42.73	36.29	44.51	44.08
No	n	248	158	263	137
	%	57.27	63.71	55.49	55.92
Pearson chi2(1) = 2.7121 P-value = 0.100				Pearson chi2(1) = 0.0123 P-value = 0.912	
Kendall's tau-b = 0.0631 ASE = 0.038				Kendall's tau-b = 0.0041 ASE = 0.037	

Table 192. Additional need (Education) by age-group

Need education		Control				CBR			
		Child 5-14	Youth 15-24	Adult 25-45	Adult 46+	Child 5-14	Youth 15-24	Adult 25-45	Adult 46+
Yes	n	145	144	165	88	301	172	88	42
	%	80.56	77.42	63.22	36.82	49.83	47.91	35.06	37.84
No	n	35	42	96	151	303	187	163	69
	%	19.44	22.58	36.78	63.18	50.17	52.09	64.94	62.16
Pearson chi2(3) = 110.1055 P-value = 0.000						Pearson chi2(3) = 19.0776 P-value = 0.000			
Kendall's tau-b = 0.3137 ASE = 0.028						Kendall's tau-b = 0.0973 ASE = 0.025			

Table 193. Additional Need (Health) by age-group

Need health		Control					CBR				
		Infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	Infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Yes	n	7	136	100	142	131	162	673	255	179	71
	%	46.67	54.62	53.76	54.41	54.81	75.35	74.2	71.23	70.75	63.96
No	n	8	113	86	119	108	53	234	103	74	40
	%	53.33	45.38	46.24	45.59	45.19	24.65	25.8	28.77	29.25	36.04
Pearson chi2(4) = 0.4103 P-value = 0.982							Pearson chi2(4) = 7.8950 P-value = 0.096				
Kendall's tau-b = -0.0062 ASE = 0.030							Kendall's tau-b = 0.0575 ASE = 0.023				

Table 194. Additional Need (Job) by age-group

Need a job		Control			CBR		
		Youth 15-24	Adult 25-45	Adult 46+	Youth 15-24	Adult 25-45	Adult 46+
Yes	n	137	182	93	163	122	43
	%	73.66	69.73	38.91	45.53	48.61	38.74
No	n	49	79	146	195	129	68
	%	26.34	30.27	61.09	54.47	51.39	61.26
Pearson chi2(2) = 69.0692 P-value = 0.000				Pearson chi2(3) = 3.8085 P-value = 0.283			
Kendall's tau-b = 0.2762 ASE = 0.034				Kendall's tau-b = 0.0041 ASE = 0.038			

Table 195. Additional Need (House) by age-group

Need a house		Control					CBR				
		Infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+	Infant	Child 3-14	Youth 15-24	Adult 25-45	Adult 46+
Yes	n	8	138	102	141	121	93	394	176	121	47
	%	53.33	55.42	54.84	54.02	50.63	43.26	43.63	49.03	48.4	42.34
No	n	7	111	84	120	118	122	509	183	129	64
	%	46.67	44.58	45.16	45.98	49.37	56.74	56.37	50.97	51.6	57.66
Pearson chi2(4) = 1.3129 P-value = 0.859							Pearson chi2(4) = 4.8840 P-value = 0.299				
Kendall's tau-b = 0.0303 ASE = 0.030							Kendall's tau-b = -0.0273 ASE = 0.023				

Table 196. Additional Need (Income) by age-group

Need more income		Control			CBR		
		Youth 15-24	Adult 25-45	Adult 46+	Youth 15-24	Adult 25-45	Adult 46+
Yes	n	144	197	173	138	96	42
	%	77.42	75.48	72.38	38.55	38.25	37.84
No	n	42	64	66	220	155	69
	%	22.58	24.52	27.62	61.45	61.75	62.16
Pearson chi2(2) = 1.4794 P-value = 0.477				Pearson chi2(3) = 0.6292 P-value = 0.890			
Kendall's tau-b = 0.0436 ASE = 0.036				Kendall's tau-b = -0.0091 ASE = 0.038			

Table 197. Additional Need (Pension) by age-group

Need a disability pension		Control			CBR		
		Youth 15-24	Adult 25-45	Adult 46+	Youth 15-24	Adult 25-45	Adult 46+
Yes	n	145	184	169	135	106	43
	%	77.96	70.5	70.71	37.92	42.23	38.74
No	n	41	77	70	221	145	68
	%	22.04	29.5	29.29	62.08	57.77	61.26
Pearson chi2(2) = 3.6911 P-value = 0.158				Pearson chi2(3) = 2.9196 P-value = 0.404			
Kendall's tau-b = 0.0556 ASE = 0.035				Kendall's tau-b = -0.0498 ASE = 0.038			

Table 198. Additional need (Respect from family) by age-group

Need respect from family		Control				CBR			
		Child 5-14	Youth 15-24	Adult 25-45	Adult 46+	Child 5-14	Youth 15-24	Adult 25-45	Adult 46+
Yes	n	73	65	88	77	430	252	187	77
	%	40.56	34.95	33.85	32.22	71.07	70.19	73.91	69.37
No	n	107	121	172	162	175	107	66	34
	%	59.44	65.05	66.15	67.78	28.93	29.81	26.09	30.63
Pearson chi2(3) = 3.4061 P-value = 0.333						Pearson chi2(3) = 0.6893 P-value = 0.876			
Kendall's tau-b = 0.0522 ASE = 0.031						Kendall's tau-b = 0.0036 ASE = 0.027			

Table 199. Additional need (Respect from community) by age-group

Need respect from community		Control				CBR			
		Child 5-14	Youth 15-24	Adult 25-45	Adult 46+	Child 5-14	Youth 15-24	Adult 25-45	Adult 46+
Yes	n	97	92	99	92	394	237	182	76
	%	53.89	49.46	38.08	38.49	65.34	66.02	71.94	69.09
No	n	83	94	161	147	209	122	71	34
	%	46.11	50.54	61.92	61.51	34.66	33.98	28.06	30.91
Pearson chi2(3) = 16.0426 P-value = 0.001						Pearson chi2(3) = 3.8021 P-value = 0.284			
Kendall's tau-b = 0.1132 ASE = 0.031						Kendall's tau-b = -0.0441 ASE = 0.027			

Table 200. Additional needs (Marriage) by age-group

Need to get married		Control			CBR		
		Youth15-24	Adult 25-45	Adult 46+	Youth15-24	Adult 25-45	Adult 46+
Yes	n	126	88	61	108	140	71
	%	68.11	34.11	25.63	30.25	56	63.96
No	n	59	170	177	249	110	40
	%	31.89	65.89	74.37	69.75	44	36.04
Pearson chi2(2) = 84.8030 Pr = 0.000					Pearson chi2(3) = 46.3148 Pr = 0.000		
Kendall's tau-b = 0.3069 ASE = 0.034					Kendall's tau-b = -0.2567 ASE = 0.036		

Table 201. Additional need (Education) by type of disability

Need educa- tion		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental dis- ability	Multiple disabil- ity
Yes	n	319	102	67	54	399	95	69	40
	%	61.58	64.97	63.81	63.53	45.29	48.72	43.95	43.48
No	n	199	55	38	31	482	100	88	52
	%	38.42	35.03	36.19	36.47	54.71	51.28	56.05	56.52
Pearson chi2(3) = 0.7010 P-value = 0.873						Pearson chi2(3) = 0.7612 P-value = 0.859			
Kendall's tau-b = -0.0226 ASE = 0.032						Kendall's tau-b = 0.0075 ASE = 0.028			

Table 202. Additional need (Health) by type of disability

Need health		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental dis- ability	Multiple disabil- ity
Yes	n	301	92	68	55	941	171	134	94
	%	53.37	52.57	59.65	57.29	72.22	74.67	73.22	72.87
No	n	263	83	46	41	362	58	49	35
	%	46.63	47.43	40.35	42.71	27.78	25.33	26.78	27.13
Pearson chi2(3) = 2.0670 P-value = 0.559						Pearson chi2(3) = 0.3605 P-value = 0.948			
Kendall's tau-b = -0.0301 ASE = 0.030						Kendall's tau-b = -0.0046 ASE = 0.023			

Table 203. Additional need (Job) by type of disability

Need a job		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental dis- ability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental dis- ability	Multiple disabil- ity
Yes	n	277	60	42	33	259	38	13	18
	%	61.83	55.56	63.64	52.38	45.84	43.18	37.14	54.55
No	n	171	48	24	30	306	50	22	15
	%	38.17	44.44	36.36	47.62	54.16	56.82	62.86	45.45
Pearson chi2(3) = 3.3998 P-value = 0.334						Pearson chi2(3) = 3.5220 P-value = 0.318			
Kendall's tau-b = 0.0446 ASE = 0.036						Kendall's tau-b = 0.0149 ASE = 0.039			

Table 204. Additional need (House) by type of disability

Need a house		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Yes	n	304	91	63	52	603	108	65	55
	%	53.9	52	55.26	54.17	46.49	46.96	35.71	42.64
No	n	260	84	51	44	694	122	117	74
	%	46.1	48	44.74	45.83	53.51	53.04	64.29	57.36
Pearson chi2(3) = 0.3324 P-value = 0.954						Pearson chi2(3) = 8.7642 P-value = 0.033			
Kendall's tau-b = -0.0002 ASE = 0.031						Kendall's tau-b = 0.0543 ASE = 0.023			

Table 205. Additional need (Income) by type of disability

Need more income		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Yes	n	347	75	47	45	209	37	13	17
	%	77.46	69.44	71.21	71.43	36.86	42.05	37.14	54.84
No	n	101	33	19	18	358	51	22	14
	%	22.54	30.56	28.79	28.57	63.14	57.95	62.86	45.16
Pearson chi2(3) = 4.1554 P-value = 0.245						Pearson chi2(3) = 4.0364 P-value = 0.258			
Kendall's tau-b = 0.0684 ASE = 0.037						Kendall's tau-b = -0.0493 ASE = 0.039			

Table 206. Additional need (Pension) by type of disability

Need a disability pension		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Yes	n	328	76	45	49	220	36	11	17
	%	73.21	70.37	68.18	77.78	38.87	41.86	32.35	51.52
No	n	120	32	21	14	346	50	23	16
	%	26.79	29.63	31.82	22.22	61.13	58.14	67.65	48.48
Pearson chi2(3) = 1.8524 P-value = 0.604						Pearson chi2(3) = 1.7916 P-value = 0.617			
Kendall's tau-b = 0.0077 ASE = 0.036						Kendall's tau-b = -0.0059 ASE = 0.039			

Table 207. Additional need (Respect from family) by type of disability

Need respect from family		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Yes	n	162	61	49	30	630	132	122	62
	%	31.27	39.1	46.67	35.29	71.35	67.69	77.71	66.67
No	n	356	95	56	55	253	63	35	31
	%	68.73	60.9	53.33	64.71	28.65	32.31	22.29	33.33
Pearson chi2(3) = 10.6059 P-value = 0.014						Pearson chi2(3) = 5.5664 P-value = 0.135			
Kendall's tau-b = -0.0842 ASE = 0.032						Kendall's tau-b = -0.0164 ASE = 0.027			

Table 208. Additional need (Respect from community) by type of disability

Need respect from community		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Yes	n	194	74	63	48	602	140	91	56
	%	37.45	47.44	60	56.47	68.25	71.79	58.33	60.87
No	n	324	82	42	37	280	55	65	36
	%	62.55	52.56	40	43.53	31.75	28.21	41.67	39.13
Pearson chi2(3) = 26.0467 P-value = 0.000						Pearson chi2(3) = 9.7194 P-value = 0.021			
Kendall's tau-b = -0.1582 ASE = 0.032						Kendall's tau-b = 0.0484 ASE = 0.028			

Table 209. Additional need (Marriage) by type of disability

Need to get married		Control				CBR			
		Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability	Physical disability	Sensory disability	Intellectual/ Mental disability	Multiple disability
Yes	n	166	47	28	34	270	30	6	13
	%	37.22	44.34	42.42	54.84	47.7	34.88	17.65	39.39
No	n	280	59	38	28	296	56	28	20
	%	62.78	55.66	57.58	45.16	52.3	65.12	82.35	60.61
Pearson chi2(3) = 8.0340 P-value = 0.045						Pearson chi2(3) = 15.8510 P-value = 0.001			
Kendall's tau-b = -0.0929 ASE = 0.037						Kendall's tau-b = 0.1255 ASE = 0.035			

Table 210. Additional need (Education) by cause of disability

Need education		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Yes	n	191	351	296	307
	%	73.75	57.83	44.98	46.03
No	n	68	256	362	360
	%	26.25	42.17	55.02	53.97
		Pearson chi2(1) = 19.6489 P-value = 0.000		Pearson chi2(1) = 0.2360 P-value = 0.627	
		Kendall's tau-b = 0.1506 ASE = 0.032		Kendall's tau-b = -0.0142 ASE = 0.029	

Table 211. Additional need (Health) by cause of disability

Need health		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Yes	n	181	335	821	519
	%	54.19	54.38	73.63	71.19
No	n	153	281	294	210
	%	45.81	45.62	26.37	28.81
		Pearson chi2(1) = 0.0032 P-value = 0.955		Pearson chi2(1) = 2.4487 P-value = 0.118	
		Kendall's tau-b = -0.0018 ASE = 0.032		Kendall's tau-b = 0.0384 ASE = 0.025	

Table 222. Additional need (Job) by cause of disability

Need a job		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Yes	n	100	312	83	245
	%	72.99	56.83	42.78	46.49
No	n	37	237	111	282
	%	27.01	43.17	57.22	53.51
		Pearson chi2(1) = 11.9389 P-value = 0.001		Pearson chi2(1) = 0.7337 P-value = 0.392	
		Kendall's tau-b = 0.1319 ASE = 0.036		Kendall's tau-b = -0.0342 ASE = 0.040	

Table 223. Additional need (House) by cause of disability

Need a house		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Yes	n	186	324	493	338
	%	55.69	52.6	44.37	46.49
No	n	148	292	618	389
	%	44.31	47.4	55.63	53.51
		Pearson chi2(1) = 0.8323 P-value = 0.362		Pearson chi2(1) = 1.1740 P-value = 0.279	
		Kendall's tau-b = 0.0296 ASE = 0.032		Kendall's tau-b = -0.0266 ASE = 0.025	

Table 224. Additional need (Income) by cause of disability

Need more income		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Yes	n	102	412	71	205
	%	74.45	75.05	36.6	38.9
No	n	35	137	123	322
	%	25.55	24.95	63.4	61.1
Pearson chi2(1) = 0.0205 P-value = 0.886 Pearson chi2(1) = 0.4690 P-value = 0.493					
Kendall's tau-b = -0.0055 ASE = 0.038 Kendall's tau-b = -0.0274 ASE = 0.040					

Table 225. Additional need (Pension) by cause of disability

Need a disability pension		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Yes	n	105	393	76	208
	%	76.64	71.58	39.79	39.39
No	n	32	156	115	320
	%	23.36	28.42	60.21	60.61
Pearson chi2(1) = 1.4097 P-value = 0.23 Pearson chi2(1) = 0.2072 P-value = 0.649					
Kendall's tau-b = 0.0453 ASE = 0.037 Kendall's tau-b = -0.0181 ASE = 0.040					

Table 226. Additional need (Respect from family) by cause of disability

Need respect from family		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Yes	n	109	194	459	487
	%	42.25	31.96	69.55	72.9
No	n	149	413	201	181
	%	57.75	68.04	30.45	27.1
Pearson chi2(1) = 8.4193 P-value = 0.004 Pearson chi2(1) = 1.1934 P-value = 0.275					
Kendall's tau-b = 0.0987 ASE = 0.035 Kendall's tau-b = -0.0319 ASE = 0.029					

Table 227. Additional need (Respect from community) by cause of disability

Need respect from community		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Yes	n	138	242	429	460
	%	53.49	39.87	65.2	68.97
No	n	120	365	229	207
	%	46.51	60.13	34.8	31.03
Pearson chi2(1) = 13.6353 P-value = 0.000 Pearson chi2(1) = 2.8216 P-value = 0.093					
Kendall's tau-b = 0.1256 ASE = 0.034 Kendall's tau-b = -0.0491 ASE = 0.029					

Table 228. Additional need (Marriage) by cause of disability

Need to get married		Control		CBR	
		Disabled at birth	Other cause	Disabled at birth	Other cause
Yes	n	74	201	61	258
	%	54.41	36.88	31.77	48.96
No	n	62	344	131	269
	%	45.59	63.12	68.23	51.04
Pearson chi2(1) = 13.8944 P-value = 0.000				Pearson chi2(1) = 16.8390 P-value = 0.000	
Kendall's tau-b = 0.1428 ASE = 0.039				Kendall's tau-b = -0.1530 ASE = 0.036	

Table 229. Additional need (Education) by region

Need education		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	87	165	126	164	165	72	202	164
	%	77.68	54.1	62.69	66.13	86.39	17.18	43.72	64.82
No	n	25	140	75	84	26	347	260	89
	%	22.32	45.9	37.31	33.87	13.61	82.82	56.28	35.18
Pearson chi2(3) = 21.6091 P-value = 0.000				Pearson chi2(3) = 306.7440 P-value = 0.000					
Kendall's tau-b = -0.0066 ASE = 0.031				Kendall's tau-b = -0.0140 ASE = 0.030					

Table 230. Additional need (Health) by region

Need health		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	75	182	94	165	186	442	414	298
	%	56.82	55.32	42.92	61.11	68.63	74.79	77.82	66.22
No	n	57	147	125	105	85	149	118	152
	%	43.18	44.68	57.08	38.89	31.37	25.21	22.18	33.78
Pearson chi2(3) = 16.9478 P-value = 0.001				Pearson chi2(3) = 15.6199 P-value = 0.001					
Kendall's tau-b = -0.0141 ASE = 0.030				Kendall's tau-b = 0.0235 ASE = 0.023					

Table 231. Additional need (Job) by region

Need a job		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	46	124	108	134	69	23	151	85
	%	54.76	48.44	72.48	68.02	76.67	12.04	49.51	62.96
No	n	38	132	41	63	21	168	154	50
	%	45.24	51.56	27.52	31.98	23.33	87.96	50.49	37.04
Pearson chi2(3) = 30.1890 P-value = 0.000				Pearson chi2(3) = 137.7459 P-value = 0.000					
Kendall's tau-b = -0.1507 ASE = 0.035				Kendall's tau-b = -0.1096 ASE = 0.040					

Table 232. Additional need (House) by region

Need a house		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	57	144	189	120	162	120	271	278
	%	43.18	43.77	86.3	44.44	59.78	20.3	51.52	61.78
No	n	75	185	30	150	109	471	255	172
	%	56.82	56.23	13.7	55.56	40.22	79.7	48.48	38.22
Pearson chi2(3) = 121.8393 P-value = 0.000						Pearson chi2(3) = 231.5096 P-value = 0.000			
Kendall's tau-b = -0.0725 ASE = 0.031						Kendall's tau-b = -0.1525 ASE = 0.023			

Table 233. Additional need (Income) by region

Need more income		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	73	127	144	170	81	11	102	82
	%	86.9	49.61	96.64	86.29	90	5.76	33.55	60.29
No	n	11	129	5	27	9	180	202	54
	%	13.1	50.39	3.36	13.71	10	94.24	66.45	39.71
Pearson chi2(3) = 144.7181 P-value = 0.000						Pearson chi2(3) = 224.1694 P-value = 0.000			
Kendall's tau-b = -0.2171 ASE = 0.032						Kendall's tau-b = -0.0213 ASE = 0.044			

Table 234. Additional need (Pension) by region

Need a disability pension		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	70	122	145	161	90	9	101	84
	%	83.33	47.66	97.32	81.73	100	4.71	33.44	61.76
No	n	14	134	4	36	0	182	201	52
	%	16.67	52.34	2.68	18.27	0	95.29	66.56	38.24
Pearson chi2(3) = 138.9217 P-value = 0.000						Pearson chi2(3) = 275.6425 P-value = 0.000			
Kendall's tau-b = -0.2019 ASE = 0.033						Kendall's tau-b = 0.0092 ASE = 0.044			

Table 235. Additional need (Respect from family) by region

Need respect from family		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	30	157	49	67	49	409	363	125
	%	26.79	51.64	24.38	27.02	25.65	97.61	78.06	49.41
No	n	82	147	152	181	142	10	102	128
	%	73.21	48.36	75.62	72.98	74.35	2.39	21.94	50.59
Pearson chi2(3) = 57.2374 P-value = 0.000						Pearson chi2(3) = 391.4431 P-value = 0.000			
Kendall's tau-b = 0.1208 ASE = 0.031						Kendall's tau-b = -0.0060 ASE = 0.034			

Table 236. Additional need (Respect from community) by region

Need respect from community		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	54	138	67	121	127	269	337	156
	%	48.21	45.39	33.33	48.79	66.49	64.35	72.79	61.66
No	n	58	166	134	127	64	149	126	97
	%	51.79	54.61	66.67	51.21	33.51	35.65	27.21	38.34
		Pearson chi2(3) = 12.6409 P-value = 0.005				Pearson chi2(3) = 5.9285 P-value = 0.115			
		Kendall's tau-b = 0.0056 ASE = 0.032				Kendall's tau-b = 0.0035 ASE = 0.027			

Table 237. Additional need (Marriage) by region

Need to get married		Control				CBR			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	29	114	54	78	39	91	130	59
	%	34.52	45.42	36.24	39.59	43.33	47.64	43.05	43.38
No	n	55	137	95	119	51	100	172	77
	%	65.48	54.58	63.76	60.41	56.67	52.36	56.95	56.62
		Pearson chi2(3) = 4.9537 P-value = 0.175				Pearson chi2(3) = 1.6094 P-value = 0.657			
		Kendall's tau-b = 0.0145 ASE = 0.035				Kendall's tau-b = 0.0246 ASE = 0.037			

Section12. Characteristics of urban and rural clusters

Table 238. Main topographical situation of croplands

Situation of cropland x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Open Plain	n	43	106	72	159	17	19	11	10
	%	91.49	86.89	60	79.9	77.27	65.52	40.74	45.45
Valley	n	1	1	19	5	1	1	6	1
	%	2.13	0.82	15.83	2.51	4.55	3.45	22.22	4.55
Valley and Hills	n	1	14	21	34	1	8	8	8
	%	2.13	11.48	17.5	17.09	4.55	27.59	29.63	36.36
Hills	n	2	1	8	1	3	1	2	3
	%	4.26	0.82	6.67	0.5	13.64	3.45	7.41	13.64
Pearson chi2(9) = 61.9478 Pr = 0.000						Pearson chi2(9) = 18.1775 Pr = 0.033			
Kendall's tau-b = 0.0647 ASE = 0.037						Kendall's tau-b = 0.2153 ASE = 0.089			

Table 239. Road distance

Road distance x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
<1 km	n	34	86	96	172	19	20	17	19
	%	72.34	70.49	80	86.43	86.36	68.97	62.96	86.36
2-4 kms	n	12	24	18	15	3	5	6	0
	%	25.53	19.67	15	7.54	13.64	17.24	22.22	0
> 5 kms	n	1	12	6	12	0	4	4	3
	%	2.13	9.84	5	6.03	0	13.79	14.81	13.64
Pearson chi2(6) = 19.9363 Pr = 0.003						Pearson chi2(6) = 9.1454 Pr = 0.166			
Kendall's tau-b = -0.1364 ASE = 0.040						Kendall's tau-b = 0.0396 ASE = 0.081			

Table 240. Available electricity in the village

Available electricity x Re- gion x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Not Available	n	0	32	1	17	8	6	6	7
	%	0	26.23	0.83	8.54	36.36	20.69	22.22	31.82
Available	n	47	90	119	182	14	23	21	15
	%	100	73.77	99.17	91.46	63.64	79.31	77.78	68.18
Pearson chi2(3) = 51.4466 Pr = 0.000						Pearson chi2(3) = 2.1364 Pr = 0.545			
Kendall's tau-b = 0.0893 ASE = 0.042						Kendall's tau-b = 0.0243 ASE = 0.097			

Table 241. Available electricity to everyone

Available electricity to everyone x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	41	72	92	117	7	14	10	8
	%	87.23	80	76.67	63.24	50	60.87	47.62	53.33
No	n	6	18	28	68	7	9	11	7
	%	12.77	20	23.33	36.76	50	39.13	52.38	46.67
		Pearson chi2(3) = 16.7591 Pr = 0.001				Pearson chi2(3) = 0.8628 Pr = 0.834			
		Kendall's tau-b = 0.1776 ASE = 0.042				Kendall's tau-b = 0.0229 ASE = 0.108			

Table 242. Use of electricity (Domestic Use)

Domestic use x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	47	88	112	178	14	23	21	14
	%	100	97.78	93.33	96.22	100	100	100	93.33
No	n	0	2	8	7	0	0	0	1
	%	0	2.22	6.67	3.78	0	0	0	6.67
		Pearson chi2(3) = 4.7212 Pr = 0.193				Pearson chi2(3) = 3.9204 Pr = 0.270			
		Kendall's tau-b = 0.0229 ASE = 0.034				Kendall's tau-b = 0.1540 ASE = 0.076			

Table 243. Use of electricity (Agricultural use)

Agricultural use x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes		1	11	12	2	2	1	0	1
		2.13	12.22	10	1.08	14.29	4.35	0	6.67
No		46	79	108	183	12	22	21	14
		97.87	87.78	90	98.92	85.71	95.65	100	93.33
		Pearson chi2(3) = 18.8836 Pr = 0.000				Pearson chi2(3) = 3.4114 Pr = 0.332			
		Kendall's tau-b = 0.1198 ASE = 0.032				Kendall's tau-b = 0.1112 ASE = 0.128			

Table 244. Use of electricity (Other use)

Other use x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes		0	6	0	1	0	0	1	1
		0	6.67	0	0.54	0	0	4.76	6.67
No		47	84	120	184	14	23	20	14
		100	93.33	100	99.46	100	100	95.24	93.33
		Pearson chi2(3) = 18.6708 Pr = 0.000				Pearson chi2(3) = 2.2326 Pr = 0.526			
		Kendall's tau-b = 0.0891 ASE = 0.037				Kendall's tau-b = -0.1513 ASE = 0.071			

Table 245. Source of electricity (Public connection)

Public connection x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	18	70	19	93	6	16	3	4
	%	38.3	77.78	15.83	50.27	42.86	69.57	14.29	26.67
No	n	29	20	101	92	8	7	18	11
	%	61.7	22.22	84.17	49.73	57.14	30.43	85.71	73.33
		Pearson chi2(3) = 82.9018 Pr = 0.000				Pearson chi2(3) = 15.3545 Pr = 0.002			
		Kendall's tau-b = 0.0330 ASE = 0.046				Kendall's tau-b = 0.2574 ASE = 0.104			

Table 246. Source of electricity (Public Solar Panel)

Public Solar Panel x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	30	24	105	74	7	9	17	8
	%	63.83	26.67	87.5	40	50	39.13	80.95	53.33
No	n	17	66	15	111	7	14	4	7
	%	36.17	73.33	12.5	60	50	60.87	19.05	46.67
		Pearson chi2(3) = 98.7093 Pr = 0.000				Pearson chi2(3) = 8.2165 Pr = 0.042			
		Kendall's tau-b = 0.0682 ASE = 0.046				Kendall's tau-b = -0.1412 ASE = 0.109			

Table 247. Source of electricity (Public generator)

Public generator x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	1	2	15	16	4	1	1	0
	%	2.13	2.22	12.5	8.65	28.57	4.35	4.76	0
No	n	46	88	105	169	10	22	20	15
	%	97.87	97.78	87.5	91.35	71.43	95.65	95.24	100
		Pearson chi2(3) = 10.1090 Pr = 0.018				Pearson chi2(3) = 9.8203 Pr = 0.020			
		Kendall's tau-b = -0.0831 ASE = 0.036				Kendall's tau-b = 0.2653 ASE = 0.092			

Table 248. Source of electricity (Other)

Other x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Yes	n	0	0	5	32	0	1	2	2
	%	0	0	4.17	17.3	0	4.35	9.52	13.33
No	n	47	90	115	153	14	22	19	13
	%	100	100	95.83	82.7	100	95.65	90.48	86.67
		Pearson chi2(3) = 35.0521 Pr = 0.000				Pearson chi2(3) = 2.4789 Pr = 0.479			
		Kendall's tau-b = -0.2525 ASE = 0.028				Kendall's tau-b = -0.1687 ASE = 0.086			

Table 249. Type of School by gender (Primary School)

Primary school x Gender x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Boy									
Yes	n	30	90	89	101	17	24	14	4
	%	81.08	85.71	91.75	66.01	100	96	82.35	28.57
No	n	7	15	8	52	0	1	3	10
	%	18.92	14.29	8.25	33.99	0	4	17.65	71.43
Pearson chi2(3) = 11.3795 Pr = 0.010 Pearson chi2(3) = 40.4238 Pr = 0.000									
Kendall's tau-b = 0.0810 ASE = 0.052 Kendall's tau-b = 0.5259 ASE = 0.074									
Girl									
Yes	n	36	83	58	96	15	22	7	1
	%	97.3	79.05	59.79	62.75	88.24	88	41.18	7.14
No	n	1	22	39	57	2	3	10	13
	%	2.7	20.95	40.21	37.25	11.76	12	58.82	92.86
Pearson chi2(3) = 22.1859 Pr = 0.000 Pearson chi2(3) = 35.1430 Pr = 0.000									
Kendall's tau-b = 0.1272 ASE = 0.043 Kendall's tau-b = 0.5818 ASE = 0.078									

Table 250. Type of School by gender (Secondary School)

Secondary school x Gender x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Boy									
Yes	n	23	80	77	69	11	21	10	5
	%	62.16	76.19	79.38	45.1	64.71	84	58.82	35.71
No	n	14	25	20	84	6	4	7	9
	%	37.84	23.81	20.62	54.9	35.29	16	41.18	64.29
Pearson chi2(3) = 25.6574 Pr = 0.000 Pearson chi2(3) = 10.7698 Pr = 0.013									
Kendall's tau-b = 0.1545 ASE = 0.050 Kendall's tau-b = 0.2102 ASE = 0.118									
Girl									
Yes	n	30	68	36	66	10	18	2	3
	%	81.08	64.76	37.11	43.14	58.82	72	11.76	21.43
No	n	7	37	61	87	7	7	15	11
	%	18.92	35.24	62.89	56.86	41.18	28	88.24	78.57
Pearson chi2(3) = 28.1379 Pr = 0.000 Pearson chi2(3) = 19.2943 Pr = 0.000									
Kendall's tau-b = 0.1725 ASE = 0.046 Kendall's tau-b = 0.3762 ASE = 0.097									

Table 251. Type of School by gender (High School)

High school x Gender x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Boy									
Yes	n	18	68	55	78	8	15	7	10
	%	48.65	64.76	56.7	50.98	47.06	60	41.18	71.43
No	n	19	37	42	75	9	10	10	4
	%	51.35	35.24	43.3	49.02	52.94	40	58.82	28.57
Pearson chi2(3) = 3.8198 Pr = 0.282 Pearson chi2(3) = 2.1625 Pr = 0.539 Kendall's tau-b = -0.0011 ASE = 0.049 Kendall's tau-b = -0.0862 ASE = 0.109									
Girl									
Yes	n	24	53	23	78	7	14	0	9
	%	64.86	50.48	23.71	50.98	41.18	56	0	64.29
No	n	13	52	74	75	10	11	17	5
	%	35.14	49.52	76.29	49.02	58.82	44	100	35.71
Pearson chi2(3) = 33.8710 Pr = 0.000 Pearson chi2(3) = 14.9643 Pr = 0.002 Kendall's tau-b = -0.0155 ASE = 0.050 Kendall's tau-b = 0.0472 ASE = 0.114									

Table 252. Type of School by gender (Madrassa)

Madrassa x Gender x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Boy									
Yes	n	14	47	57	50	5	15	4	3
	%	37.84	44.76	58.76	32.89	29.41	60	23.53	21.43
No	n	23	58	40	102	12	10	13	11
	%	62.16	55.24	41.24	67.11	70.59	40	76.47	78.57
Pearson chi2(3) = 10.8878 Pr = 0.012 Pearson chi2(3) = 7.6614 Pr = 0.054 Kendall's tau-b = 0.0280 ASE = 0.048 Kendall's tau-b = 0.0990 ASE = 0.106									
Girl									
Yes	n	19	21	31	32	8	12	5	1
	%	51.35	20	31.96	21.05	47.06	48	29.41	7.14
No	n	18	84	66	120	9	13	12	13
	%	48.65	80	68.04	78.95	52.94	52	70.59	92.86
Pearson chi2(3) = 14.5350 Pr = 0.002 Pearson chi2(3) = 6.9009 Pr = 0.075 Kendall's tau-b = 0.0654 ASE = 0.049 Kendall's tau-b = 0.2470 ASE = 0.098									

Table 253. Type of School by gender (Community Based School)

Community Based School x Gender x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Boy									
Yes	n	2	8	7	7	2	3	1	0
	%	5.41	7.62	7.22	4.58	11.76	12	5.88	0
No	n	35	97	90	146	15	22	16	14
	%	94.59	92.38	92.78	95.42	88.24	88	94.12	100
Pearson chi2(3) = 0.6315 Pr = 0.889 Pearson chi2(3) = 1.8844 Pr = 0.597									
Kendall's tau-b = 0.0243 ASE = 0.047 Kendall's tau-b = 0.1325 ASE = 0.085									
Girl									
Yes	n	3	7	11	6	2	4	2	0
	%	8.11	6.67	11.34	3.92	11.76	16	11.76	0
No	n	34	98	86	147	15	21	15	14
	%	91.89	93.33	88.66	96.08	88.24	84	88.24	100
Pearson chi2(3) = 2.9394 Pr = 0.401 Pearson chi2(3) = 2.2492 Pr = 0.522									
Kendall's tau-b = 0.0394 ASE = 0.045 Kendall's tau-b = 0.0975 ASE = 0.087									

Table 254. Type of School by gender (University)

University x Gender x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
Boy									
Yes	n	2	13	8	6	1	1	2	1
	%	5.41	12.38	8.25	3.92	5.88	4	11.76	7.14
No	n	35	92	89	147	16	24	15	13
	%	94.59	87.62	91.75	96.08	94.12	96	88.24	92.86
Pearson chi2(3) = 5.4800 Pr = 0.140 Pearson chi2(3) = 1.2856 Pr = 0.733									
Kendall's tau-b = 0.0756 ASE = 0.044 Kendall's tau-b = -0.0668 ASE = 0.109									
Girl									
Yes	n	3	13	6	6	1	1	2	1
	%	8.11	12.38	6.19	3.92	5.88	4	11.76	7.14
No	n	34	92	91	147	16	24	15	13
	%	91.89	87.62	93.81	96.08	94.12	96	88.24	92.86
Pearson chi2(3) = 5.6417 Pr = 0.130 Pearson chi2(3) = 1.2856 Pr = 0.733									
Kendall's tau-b = 0.0931 ASE = 0.046 Kendall's tau-b = -0.0668 ASE = 0.109									

Table 255. Type of Health Facilities (Basic HealthCenter)

Basic HealthCenter x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	37	103	104	189	20	21	25	17
	%	78.72	84.43	87.39	94.97	90.91	72.41	92.59	77.27
Yes	n	10	19	15	10	2	8	2	5
	%	21.28	15.57	12.61	5.03	9.09	27.59	7.41	22.73
		Pearson chi2(3) = 15.1364 Pr = 0.002				Pearson chi2(3) = 5.5509 Pr = 0.136			
		Kendall's tau-b = -0.1614 ASE = 0.040				Kendall's tau-b = 0.0331 ASE = 0.090			

Table 256. Type of Health Facilities (Comprehensive Health Center)

Comprehensive Health Center by Region and CBR and Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	37	108	105	176	18	27	25	19
	%	78.72	88.52	88.24	88.44	81.82	93.1	92.59	86.36
Yes	n	10	14	14	23	4	2	2	3
	%	21.28	11.48	11.76	11.56	18.18	6.9	7.41	13.64
		Pearson chi2(3) = 3.6408 Pr = 0.303				Pearson chi2(3) = 2.1700 Pr = 0.538			
		Kendall's tau-b = -0.0428 ASE = 0.044				Kendall's tau-b = -0.0387 ASE = 0.104			

Table 257. Type of Health Facilities (Private Clinic/Doctor)

Private Clinic/Doctor by Region and CBR and Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	24	100	82	179	18	26	26	21
	%	51.06	81.97	68.91	89.95	81.82	89.66	96.3	95.45
Yes	n	23	22	37	20	4	3	1	1
	%	48.94	18.03	31.09	10.05	18.18	10.34	3.7	4.55
		Pearson chi2(3) = 44.5308 Pr = 0.000				Pearson chi2(3) = 3.7864 Pr = 0.285			
		Kendall's tau-b = -0.2001 ASE = 0.040				Kendall's tau-b = -0.1636 ASE = 0.088			

Table 258. Type of Health Facilities (District or provincial hospital)

District or provincial hospital by Region and CBR and Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	42	97	107	174	22	27	27	22
	%	89.36	79.51	89.92	87.44	100	93.1	100	100
Yes	n	5	25	12	25		2	0	0
	%	10.64	20.49	10.08	12.56		6.9	0	0
		Pearson chi2(3) = 6.6414 Pr = 0.084				Pearson chi2(3) = 4.9965 Pr = 0.172			
		Kendall's tau-b = -0.0441 ASE = 0.042				Kendall's tau-b = -0.0631 ASE = 0.029			

Table 259. Social and Political Group (Self-help groups)

Self-help groups x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	33	93	105	179	12	24	24	20
	%	70.21	76.23	87.5	89.95	54.55	82.76	88.89	90.91
Yes	n	14	29	15	20	10	5	3	2
	%	29.79	23.77	12.5	10.05	45.45	17.24	11.11	9.09
Kendall's tau-b = -0.2171 ASE = 0.032 Pearson chi2(3) = 12.0167 Pr = 0.007									
Kendall's tau-b = -0.1690 ASE = 0.042 Kendall's tau-b = -0.2750 ASE = 0.088									

Table 260. Social and Political Group (Local NGOs)

Local NGOs x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	37	111	116	197	20	25	27	22
	%	78.72	90.98	96.67	98.99	90.91	86.21	100	100
Yes	n	10	11	4	2	2	4	0	0
	%	21.28	9.02	3.33	1.01	9.09	13.79	0	0
Pearson chi2(3) = 34.0378 Pr = 0.000 Pearson chi2(3) = 6.6231 Pr = 0.085									
Kendall's tau-b = -0.2154 ASE = 0.037 Kendall's tau-b = -0.1820 ASE = 0.056									

Table 261. Social and Political Group (International NGOs)

International NGOs x Re- gion x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	27	87	101	196	19	20	22	22
	%	57.45	71.31	84.17	98.49	86.36	68.97	81.48	100
Yes	n	20	35	19	3	3	9	5	0
	%	42.55	28.69	15.83	1.51	13.64	31.03	18.52	0
Pearson chi2(3) = 71.1534 Pr = 0.000 Pearson chi2(3) = 8.7748 Pr = 0.032									
Kendall's tau-b = -0.3509 ASE = 0.032 Kendall's tau-b = -0.1447 ASE = 0.070									

Table 262. Social and Political Group (Religious groups)

Religious groups x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	26	109	110	177	17	20	25	21
	%	55.32	89.34	91.67	88.94	77.27	68.97	92.59	95.45
Yes	n	21	13	10	22	5	9	2	1
	%	44.68	10.66	8.33	11.06	22.73	31.03	7.41	4.55
Pearson chi2(3) = 43.6708 Pr = 0.000 Pearson chi2(3) = 8.7390 Pr = 0.033									
Kendall's tau-b = -0.1397 ASE = 0.047 Kendall's tau-b = -0.2166 ASE = 0.076									

Table 263. Social and Political Group (Political groups)

Political groups x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	22	97	108	197	20	12	25	22
	%	46.81	79.51	90	98.99	90.91	41.38	92.59	100
Yes	n	25	25	12	2	2	17	2	0
	%	53.19	20.49	10	1.01	9.09	58.62	7.41	0
Pearson chi2(3) = 98.7073 Pr = 0.000 Pearson chi2(3) = 35.4761 Pr = 0.000									
Kendall's tau-b = -0.3698 ASE = 0.033 Kendall's tau-b = -0.2239 ASE = 0.068									

Table 264. Social and Political Group (Village Shura)

Village Shura x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	5	26	26	53	5	3	5	6
	%	10.64	21.31	21.67	26.63	22.73	10.34	18.52	27.27
Yes	n	42	96	94	146	17	26	22	16
	%	89.36	78.69	78.33	73.37	77.27	89.66	81.48	72.73
Pearson chi2(3) = 5.8804 Pr = 0.118 Pearson chi2(3) = 2.5926 Pr = 0.459									
Kendall's tau-b = -0.0893 ASE = 0.040 Kendall's tau-b = -0.0593 ASE = 0.099									

Table 265. Social and Political Group (Education Shura)

Education Shura x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	26	56	54	139	16	8	19	14
	%	55.32	45.9	45	69.85	72.73	27.59	70.37	63.64
Yes	n	21	66	66	60	6	21	8	8
	%	44.68	54.1	55	30.15	27.27	72.41	29.63	36.36
Pearson chi2(3) = 26.4635 Pr = 0.000 Pearson chi2(3) = 14.8214 Pr = 0.002									
Kendall's tau-b = -0.1695 ASE = 0.041 Kendall's tau-b = -0.0592 ASE = 0.092									

Table 266. Social and Political Group (Health Shura)

Health Shura x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	32	99	79	161	21	19	21	16
	%	68.09	81.15	65.83	80.9	95.45	65.52	77.78	72.73
Yes	n	15	23	41	38	1	10	6	6
	%	31.91	18.85	34.17	19.1	4.55	34.48	22.22	27.27
Pearson chi2(3) = 12.8198 Pr = 0.005 Pearson chi2(3) = 6.6258 Pr = 0.085									
Kendall's tau-b = -0.0518 ASE = 0.041 Kendall's tau-b = 0.1144 ASE = 0.082									

Table 267. Social and Political Group (Community Council)

Community Council x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	9	18	52	36	2	10	14	
	%	19.15	14.75	43.33	18.09	9.09	34.48	51.85	
Yes	n	38	104	68	163	20	19	13	22
	%	80.85	85.25	56.67	81.91	90.91	65.52	48.15	100
Pearson chi2(3) = 35.1130 Pr = 0.000 Pearson chi2(3) = 21.4623 Pr = 0.000									
Kendall's tau-b = 0.0004 ASE = 0.039 Kendall's tau-b = 0.0075 ASE = 0.077									

Table 268. Social and Political Group (Business cooperative)

Business cooperative x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	44	97	108	182	22	28	26	20
	%	93.62	79.51	90	91.46	100	96.55	96.3	90.91
Yes	n	3	25	12	17		1	1	2
	%	6.38	20.49	10	8.54		3.45	3.7	9.09
Pearson chi2(3) = 12.6882 Pr = 0.005 Pearson chi2(3) = 2.4307 Pr = 0.488									
Kendall's tau-b = -0.0788 ASE = 0.040 Kendall's tau-b = 0.1320 ASE = 0.077									

Table 269. Social and Political Group (Business association)

Business association x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	46	120	116	199	22	29	27	22
	%	97.87	98.36	96.67	100	100	100	100	100
Yes	n	1	2	4	0	0	0	0	0
	%	2.13	1.64	3.33	0	0	0	0	0
Pearson chi2(3) = 6.1525 Pr = 0.104								NA	
Kendall's tau-b = -0.0659 ASE = 0.028								NA	

Table 270. Social and Political Group (CBR Committees)

CBR Committees x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	26	53	57	134	21	28	22	22
	%	55.32	43.44	47.5	67.34	95.45	96.55	81.48	100
Yes	n	21	69	63	65	0	0	0	0
	%	44.68	56.56	52.5	32.66	0	0	0	0
Pearson chi2(3) = 21.5587 Pr = 0.000 Pearson chi2(3) = 7.9242 Pr = 0.048									
Kendall's tau-b = -0.1588 ASE = 0.041 Kendall's tau-b = 0.0257 ASE = 0.069									

Table 271. Social and Political Group (Other organizations)

Other organizations x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	121	118	193	22	29	27	21	21
	%	95.74	99.18	98.33	96.98	100	100	100	95.45
Yes	n	2	1	2	6	0	0	0	1
	%	4.26	0.82	1.67	3.02	0	0	0	4.55
		Pearson chi2(3) = 2.7046 Pr = 0.439				Pearson chi2(3) = 3.5813 Pr = 0.310			
		Kendall's tau-b = 0.0248 ASE = 0.046				Kendall's tau-b = 0.1283 ASE = 0.064			

Table 272. Negative Events (Business Closure)

Business Closure x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	7	64	42	163	3	5	16	21
	%	14.89	52.46	35	81.91	13.64	17.24	59.26	95.45
Yes	n	40	58	78	36	19	24	11	1
	%	85.11	47.54	65	18.09	86.36	82.76	40.74	4.55
		Pearson chi2(3) = 108.7933 Pr = 0.000				Pearson chi2(3) = 42.6186 Pr = 0.000			
		Kendall's tau-b = -0.3626 ASE = 0.037				Kendall's tau-b = -0.5703 ASE = 0.062			

Table 273. Negative Events (Wells dried up)

Wells dried up x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	35	82	65	152	21	16	19	18
	%	74.47	67.21	54.17	76.38	95.45	55.17	70.37	81.82
Yes	n	12	40	55	47	1	13	8	4
	%	25.53	32.79	45.83	23.62	4.55	44.83	29.63	18.18
		Pearson chi2(3) = 18.0060 Pr = 0.000				Pearson chi2(3) = 11.4900 Pr = 0.009			
		Kendall's tau-b = -0.0647 ASE = 0.040				Kendall's tau-b = 0.0429 ASE = 0.081			

Table 274. Negative Events (River ran dry)

River ran dry x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	46	66	97	168	21	22	22	16
	%	97.87	54.1	80.83	84.42	95.45	75.86	81.48	72.73
Yes	n	1	56	23	31	1	7	5	6
	%	2.13	45.9	19.17	15.58	4.55	24.14	18.52	27.27
		Pearson chi2(3) = 55.2905 Pr = 0.000				Pearson chi2(3) = 4.4665 Pr = 0.215			
		Kendall's tau-b = -0.1252 ASE = 0.040				Kendall's tau-b = 0.1444 ASE = 0.083			

Table 275. Negative Events (Public taps not usable)

Public taps not usable x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	45	96	114	168	19	24	25	17
	%	95.74	78.69	95	84.42	86.36	82.76	92.59	77.27
Yes	n	2	26	6	31	3	5	2	5
	%	4.26	21.31	5	15.58	13.64	17.24	7.41	22.73
		Pearson chi2(3) = 18.1668 Pr = 0.000				Pearson chi2(3) = 2.3974 Pr = 0.494			
		Kendall's tau-b = 0.0172 ASE = 0.043				Kendall's tau-b = 0.0362 ASE = 0.097			

Table 276. Negative Events (Starvation)

Starvation x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	36	118	109	198	22	29	24	22
	%	76.6	96.72	90.83	99.5	100	100	88.89	100
Yes	n	11	4	11	1	0	0	3	0
	%	23.4	3.28	9.17	0.5	0	0	11.11	0
		Pearson chi2(3) = 42.5725 Pr = 0.000				Pearson chi2(3) = 8.3620 Pr = 0.039			
		Kendall's tau-b = -0.1855 ASE = 0.037				Kendall's tau-b = 0.0835 ASE = 0.033			

Table 277. Negative Events (Livestock Epidemic)

Livestock Epidemic x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	30	75	105	160	18	20	23	13
	%	63.83	61.48	87.5	80.4	81.82	68.97	85.19	59.09
Yes	n	17	47	15	39	4	9	4	9
	%	36.17	38.52	12.5	19.6	18.18	31.03	14.81	40.91
		Pearson chi2(3) = 28.5867 Pr = 0.000				Pearson chi2(3) = 5.3783 Pr = 0.146			
		Kendall's tau-b = -0.1567 ASE = 0.043				Kendall's tau-b = 0.0982 ASE = 0.093			

Table 278. Negative Events (Water borne illness epidemic)

Water borne illness x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	32	86	112	178	14	24	26	16
	%	68.09	70.49	93.33	89.45	63.64	82.76	96.3	72.73
Yes	n	15	36	8	21	8	5	1	6
	%	31.91	29.51	6.67	10.55	36.36	17.24	3.7	27.27
		Pearson chi2(3) = 36.8076 Pr = 0.000				Pearson chi2(3) = 9.0285 Pr = 0.029			
		Kendall's tau-b = -0.2026 ASE = 0.043				Kendall's tau-b = -0.1072 ASE = 0.105			

Table 279. Negative Events (Other human disease epidemic)

Other human disease epidemic x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	27	104	118	183	20	20	26	21
	%	57.45	85.95	98.33	91.96	90.91	68.97	96.3	95.45
Yes	n	20	17	2	16	2	9	1	1
	%	42.55	14.05	1.67	8.04	9.09	31.03	3.7	4.55
		Pearson chi2(3) = 59.9644 Pr = 0.000				Pearson chi2(3) = 12.0903 Pr = 0.007			
		Kendall's tau-b = -0.1997 ASE = 0.048				Kendall's tau-b = -0.1421 ASE = 0.072			

Table 280. Negative Events (Insecurity or violence)

Insecurity or violence x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	23	107	61	143	17	26	9	20
	%	48.94	87.7	50.83	71.86	77.27	89.66	33.33	90.91
Yes	n	24	15	59	56	5	3	18	2
	%	51.06	12.3	49.17	28.14	22.73	10.34	66.67	9.09
		Pearson chi2(3) = 47.5415 Pr = 0.000				Pearson chi2(3) = 28.7129 Pr = 0.000			
		Kendall's tau-b = -0.0038 ASE = 0.042				Kendall's tau-b = 0.0755 ASE = 0.087			

Table 281. Negative Events (Earthquake)

Earthquake x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	44	98	87	127	13	26	24	19
	%	93.62	80.33	72.5	63.82	59.09	89.66	88.89	86.36
Yes	n	3	24	33	72	9	3	3	3
	%	6.38	19.67	27.5	36.18	40.91	10.34	11.11	13.64
		Pearson chi2(3) = 21.9593 Pr = 0.000				Pearson chi2(3) = 10.1259 Pr = 0.018			
		Kendall's tau-b = 0.1910 ASE = 0.038				Kendall's tau-b = -0.1969 ASE = 0.098			

Table 282. Negative Events (Landslide)

Landslide x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	47	122	117	190	22	28	27	22
	%	100	100	97.5	95.48	100	96.55	100	100
Yes	n	0	0	3	9	0	1	0	0
	%	0	0	2.5	4.52	0	3.45	0	0
		Pearson chi2(3) = 7.7944 Pr = 0.050				Pearson chi2(3) = 2.4730 Pr = 0.480			
		Kendall's tau-b = 0.1150 ASE = 0.027				Kendall's tau-b = -0.0444 ASE = 0.026			

Table 289. Negative Events (Floods)

Floods x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	30	82	82	138	5	18	19	12
	%	63.83	67.21	68.33	69.35	22.73	62.07	70.37	54.55
Yes	n	17	40	38	61	17	11	8	10
	%	36.17	32.79	31.67	30.65	77.27	37.93	29.63	45.45
Pearson chi2(3) = 0.5824 Pr = 0.900 Pearson chi2(3) = 12.3374 Pr = 0.006									
Kendall's tau-b = -0.0287 ASE = 0.042 Kendall's tau-b = -0.2007 ASE = 0.092									

Table 290. Negative Events (Severe Winter conditions)

Severe Winter conditions x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	47	85	102	171	22	19	25	17
	%	100	69.67	85	85.93	100	65.52	92.59	77.27
Yes	n	0	37	18	28	0	10	2	5
	%	0	30.33	15	14	0	34	7	23
Pearson chi2(3) = 26.5257 Pr = 0.000 Pearson chi2(3) = 13.0602 Pr = 0.005									
Kendall's tau-b = -0.0474 ASE = 0.040 Kendall's tau-b = 0.0776 ASE = 0.082									

Table 291. Negative Events (Other Natural disaster)

Other Natural disaster x Region x CBR x Control		CBR				Control			
		ERMO	NRMO	SERMO	NERMO	ERMO	NRMO	SERMO	NERMO
No	n	46	117	112	194	21	28	26	22
	%	97.87	95.9	93.33	97.49	95.45	96.55	96.3	100
Yes	n	1	5	8	5	1	1	1	0
	%	2.13	4.1	6.67	2.51	4.55	3.45	3.7	0
Pearson chi2(3) = 3.8858 Pr = 0.274 Pearson chi2(3) = 0.9270 Pr = 0.819									
Kendall's tau-b = -0.0218 ASE = 0.036 Kendall's tau-b = -0.0729 ASE = 0.075									

Treatment main effect estimation

	Coefficient	Abadie-Imbens Robust Standard Errors	z	P value	95% Confidence interval	
Mobility index	0.14	0.02	7.16	<0.001	0.10	0.18
Social participation index	0.18	0.03	6.41	<0.001	0.12	0.23
Emotional well-being index	1.02	0.50	2.05	0.04	0.04	2.00
Communication abilities index	0.09	0.04	2.16	0.03	0.01	0.17
Activities of Daily Living index	0.08	0.03	3.22	<0.001	0.03	0.13
Employment level	0.12	0.03	4.16	<0.001	0.06	0.18
Learning to write	0.25	0.04	6.97	<0.001	0.18	0.32
Learning to read	0.25	0.09	2.69	0.01	0.07	0.44

Questionnaires



Photo 44: Explaining the survey scope, Jalalabad

English- Control Interview Form

0..Purpose of Interview	1.	Control Interview # _____		4.	Lost to Followup: Refused		1. Date of interview: / / / / DD/MM/YYYY					
	2.	Lost to Followup: Death		5.	Disappeared							
	3.	Lost to Followup: Moved		6.	Other _____							
2. CBR worker name and ID				3a. Household ID (1-60)								
3b. Control Name				and ID								
4.Province		Nangarhar	1	Balkh	4	Ghazni	7	Takhar	10	Baghlan	13	
		Laghman	2	Jozjan	5	Wardak	8	Kunduz	11			
		Kunar	3	Samangan	6	Logar	9	Badakshan	12			
5. District name and code (See list of districts)			 - / / / /								
6. Village name and code (See list of villages)			 - / / / /								
7.Disability type (several response possible)				Physical/locomotor		1	Vision		3	Mental illness		5
				Hearing/speech		2	Intellectual/learning		4	Epilepsy		6
8. Gender	Male	1	9. Age	/ /	10. Marital status	Unmarried	1	Widowed		3		
	Female	2				Married	2	Separated, divorced		4		
11. Age of onset of disability				12. Cause of disability								
				By birth		1	Home accident		4	Disease		7
				Work accident		2	Landmine		5	Other, specify		8
				Road accident		3	War injury		6	Don't know		9
13.Relationship of participant with the head of household?	Head	1	Son/Daughter in law		4	Parent in law		7	Other relatives	10		
	Spouse	2	Grandchild		5	Brother/sister		8				
	Son/Daughter	3	Parent		6	Brother/Sister in Law		9				
14. Ethnicity	Pashtun	1	15 .What is your level of education?	Not literate		1		Go to 16				
	Tadjik	2		Literate without any formal schooling		2		Go to 17				
	Hazara	3		Literate but below primary, not completed		3						
	Uzbek	4		Primary School completed (1 to 6 grade)		4						
	Turkoman	5		Middle School (7 to 9 grade)		5						
	Aimaq	6		Secondary school (10 to 12 grade)		6						
	Pashaee	7		Diploma/Certificate course		7						
	Qezalbash	8		Graduate (BA, BsC)		8						
	Other, specify	9		Post graduate and above		9						
16. For Children (below 15 years old) Why are you not going to school For Adults (15 years old and above) Why did you not go to school? (multiple answers possible)	We cannot afford school costs								1			
	He/she has to work								2			
	School is too far away/there is no school								3			
	Other children in school would be mean to him/her								4			
	No school will enrol him/her, teacher or head school do not want her/him								5			
	He/she cannot learn								6			
	He/she cannot get into or to the school								7			
	We do not want him/her to be seen by others								8			
	Being a girl my family refuse to send me								9			
	Too young to go to school								10			
	Other reason, specify _____								11			
17.What is your usual and current primary activity?	Works on own farm/land or family farm/land								1			
	Self-employed (home-based work) (does not include household chores)								2			
	Self-employed (work place outside home)								3			
	Works as regular wage/salaried employee								4			
	Works as casual/seasonal agricultural labourer								5			
	Works as casual/seasonal worker (non-agricultural)								6			
	Working and attending educational institutions at the same time								7			
	Does not work or carry out household chores								8			
18. How long have you been working ?To help the respondent remember, refer to important events (marriage, birth), Indicate duration of work in years (1 for less than 1 year)										/ / / /		
19. How many months per year do you work?				/ /		20. How many days per months do you work?				/ / /		
21. Since you started working, did you have any interruption?		1	YES		22. For how long? Indicate duration in months of unwanted interruption due to an external event (loss of job, war or violence, disease or accident, other event) and then go to Q24							
		2	NO									

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23. If the respondent is not working, why? Goto 26	Not working, attending Educational Institutions	1
	Attending to domestic duties including caring for others at home	2
	Too young	3
	Retired with a pension	4
	People would be mean to him/her	5
	No employer will hire him/her or clients will complain	6
	He/she cannot do any of the jobs available in the community	7
	He/she cannot get into or to the workplace	8
	Family do not want him/her to be seen by others	9
	Does not want to work	10
	Too old	11
	Other, specify :	12

24. What is your monthly income	/ / / / / / / / Afs	25. What is your HH monthly income (including the control income)	/ / / / / / / / Afs
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26. How many does your household own of the following ? (0 if none)	1. Radio	/ /	4. Pressure cooker/pots	/ /	7. Kerosene lamp/ electricity group/solar lamp	/ /	10. Motorbike/ auto	/ /
	2. Mobile phone	/ /	5. Refrigerator	/ /	8. Sewing machine	/ /	11. Car	/ /
	3. Television	/ /	6. Generator	/ /	9. Bicycle	/ /	12. House	/ /

27. In the past 2 years have you received any of the following services ...				28. If Yes, did it improve your life?		29. If yes to Q27 was it provided by SCA ?		29b. How many times/sessions per week and per month and in total did you receive this service since you start?		
	Yes	No	If Yes, how many months ago did you start?	Yes	No	Yes	No	# per week	# per month	Total #
1. Physiotherapy	1	2	/ / / / months	1	2	1	2	1. / / / /	1. / / / /	1. / / / /
2. Prosthesis	1	2	/ / / / months	1	2	1	2	2. / / / /	2. / / / /	2. / / / /
3. Orthotics	1	2	/ / / / months	1	2	1	2	3. / / / /	3. / / / /	3. / / / /
4. Wheelchair	1	2	/ / / / months	1	2	1	2	4. / / / /	4. / / / /	4. / / / /
5. Crutches	1	2	/ / / / months	1	2	1	2	5. / / / /	5. / / / /	5. / / / /
6. CP chair	1	2	/ / / / months	1	2	1	2	6. / / / /	6. / / / /	6. / / / /
7. Walking frame	1	2	/ / / / months	1	2	1	2	7. / / / /	7. / / / /	7. / / / /
8. Walking sticks	1	2	/ / / / months	1	2	1	2	8. / / / /	8. / / / /	8. / / / /
9. Job placement	1	2	/ / / / months	1	2	1	2	9. / / / /	9. / / / /	9. / / / /
10. Apprenticeship	1	2	/ / / / months	1	2	1	2	10. / / / /	10. / / / /	10. / / / /
11. Group training	1	2	/ / / / months	1	2	1	2	11. / / / /	11. / / / /	11. / / / /
12. Loan	1	2	/ / / / months	1	2	1	2	12. / / / /	12. / / / /	12. / / / /
13. Business training	1	2	/ / / / months	1	2	1	2	13. / / / /	13. / / / /	13. / / / /
14. Homebased educ. (HBE)	1	2	/ / / / months	1	2	1	2	14. / / / /	14. / / / /	14. / / / /
15. Centre base education	1	2	/ / / / months	1	2	1	2	15. / / / /	15. / / / /	15. / / / /
16. Help for inclusion in school	1	2	/ / / / months	1	2	1	2	16. / / / /	16. / / / /	16. / / / /
17. Homebased training (HBT)	1	2	/ / / / months	1	2	1	2	17. / / / /	17. / / / /	17. / / / /
18. Advocacy (DAAB)	1	2	/ / / / months	1	2	1	2	18. / / / /	18. / / / /	18. / / / /
19. Other healthcare services, specify : _____	1	2	/ / / / months	1	2	1	2	19. / / / /	19. / / / /	19. / / / /
20. Cash for work	1	2	/ / / / months	1	2	1	2	20. / / / /	20. / / / /	20. / / / /
21. Food for work	1	2	/ / / / months	1	2	1	2	21. / / / /	21. / / / /	21. / / / /
22. Any other service, specify: _____	1	2	/ / / / months	1	2	1	2	22. / / / /	22. / / / /	22. / / / /

Activities

30. If you are sick, can you get medical care?	I can always get medical care	1	I can sometime get medical care	2	I cannot get medical care	3
31. Are you able to eat on your own? (ask if above 4)	I can eat on my own	1	I can eat with help	2	Someone has to feed me	3
32. Are you able to bath? (ask if above 8)	I can bath on my own	1	I can bath with help	2	Someone has to bath me	3
33. Are you able to use the latrine? (ask if above 3)	I can use the latrine on my own	1	I can use the latrine with help	2	I cannot use the latrine at all	3

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34. Can you dress and undress (ask if above 4)	I can dress and undress on my own	1	I can dress and undress with help	2	Someone has to dress and undress me	3		
35. Can you sit? (ask if above 1)	I can sit on my own	1	I can sit with help	2	I cannot sit at all	3		
36. Can you stand? (ask if above 1)	I can stand on my own	1	I can stand with help	2	I cannot stand at all	3		
37. Can you move inside the home? (ask if above 1)	I can move inside the house on my own	1	I can move inside the house with help	2	I cannot move inside the house at all	3		
38. Can you move outside the home? (ask if above 2)	I can move outside the house on my own	1	I can move outside the house with help	2	I cannot move outside the house at all	3		
39. Can you walk at least ten steps ? (ask if above 1)	I can walk ten steps on my own	1	I can walk ten steps with bar/crutches/cane	2	I can walk ten steps with help from someone	3	I cannot walk ten steps at all	4
40. Can you speak? (ask if above 2)	I can speak without difficulty	1	I can speak but with some difficulty	2	I cannot speak at all	3		
41. Can you understand simple instructions? (ask if above 2)	I can understand simple instructions without difficulty	1	I can understand simple instructions but with difficulty	2	I cannot understand simple instructions	3		
42. Can you express needs? (ask if above 2)	I can express needs without difficulty	1	I can express needs but with some difficulty	2	I cannot express needs	3		
43. Can you read? (ask if above 8)	I can read without difficulty	1	I can read but with some difficulty	2	I cannot read at all	3		
44. Can you write? (ask if above 8)	I can write without difficulty	1	I can write but with some difficulty	2	I cannot write at all	3		
45. Do you feel confident learning new things?	Yes, I always feel confident learning new things	1	Yes, I sometimes feel confident learning new things	2	No I never feel confident learning new things	3		
46. Can you work? (above 10)	I can work without difficulty	1	I can work but with some difficulty	2	I cannot work at all	3		
47. Can you participate in cleaning the house?	I can participate in cleaning the house without difficulty	1	I can participate in cleaning the house but with some difficulty	2	I cannot participate in cleaning the house at all	3		
48. Can you make friends outside the family? (above 5)	Yes, I can make friends without difficulty	1	Yes, I can make friends but with some difficulty	2	No I cannot make friends at all	3		
49. Are you consulted in family decisions? (ask if above 15)	Yes I am always consulted in family decisions	1	Yes, I am sometimes consulted in family decisions	2	No, I am never consulted in family decisions	3		
50. Can you join in community activities and ceremonies?	Yes I can always join in community activities	1	Yes I can sometimes join in community activities	2	No I can never join in community activities	3		
51.If Yes, did you join in the last year...		YES	NO		YES	NO		
	1 Birth ceremony	1	2	7 Nazr/Khairat	1	2		
	2 Nam Guzari	1	2	8 KhatmeQuraan	1	2		
	3 Arusi/Wadah	1	2	9 Official days (Mujahidinday...)	1	2		
	4 Engagement	1	2	10 Circumcision	1	2		
	5 Village ceremonies	1	2	11 Nao Roz	1	2		
	6 Eid Ramazan/Qurban	1	2	12 Other, specify :	1	2		
52. Do you feel respected in the community? (Ask if above 5)	Yes, I always feel respected	1	Yes, I sometimes feel respected	2	No I never feel respected	3		
53. Do you feel respected in your family? (Ask if above 5)	Yes, I always feel respected	1	Yes, I sometimes feel respected	2	No, I never feel respected	3		
54. Do you feel sad?	No, I never feel sad	1	Yes, I sometimes feel sad	2	Yes, I always feel sad	3		
55. Do you feel angry?	No, I never feel angry	1	Yes, I sometimes feel angry	2	Yes, I always feel angry	3		
56. Do you feel worried or distressed? (Ask if above 5)	No, I never feel worried or distressed	1	Yes, I sometimes feel worried or distressed	2	Yes, I always feel worried or distressed	3		
57. Do you have nightmare or bad sleep? (Ask if above 5)	No, I never have nightmare or bad sleep	1	Yes, I sometimes have nightmare or bad sleep	2	Yes, I always have nightmare or bad sleep	3		
58. Do you have headache, stomachaches or nausea? (Ask if above 5)	No, I never have headache/stomachaches/nausea	1	Yes, I sometimes have headache/stomachaches/nausea	2	Yes, I always have headache/Stomachaches/nausea	3		

RADIE Control Interview Survey

59. Are you satisfied with your life? (Ask if above 10)			Very satisfied		1	Quite satisfied		2	Not satisfied		3			
60. How often do your family visit relatives outside your Household?			Every day	1	Once per week	2	Once per month	3	occasionally	4	never	5		
61. How often do relatives outside your Household come for a visit?			Every day	1	Once per week	2	Once per month	3	occasionally	4	never	5		
62. Do your family receive goods or services from relatives outside your Household?									YES	1	NO	2		
IF YES														
63. Of what kind? (Several answers possible)			Money	1	Food	2	Clothes	3	Moral help	4	Lodging	5	Jobs	6
Other, specify :									7					
64. Do your family provide goods or services to relatives outside your Household?									YES	1	NO	2		
IF YES														
65. Of what kind? (Several answers possible)			Money	1	Food	2	Clothes	3	Moral help	4	Lodging	5	Jobs	6
Other, specify :									7					
66. Do you think your family receive more and more goods and services in the last 2 years?			I receive more and more			1	I receive less and less			2	It remain the same		3	
67. Do you think your family give more goods and services than you receive in the last 2 years?			I receive more than I give			1	I give more than I receive			2	It's balanced		3	
68. Do your family help your household in case of hardship?									YES	1	NO		2	
69. Among the following, what do you need (that has not been covered)?				YES	NO		YES	NO		YES	NO			
			Education	1	2	Good Housing	1	2	Respect from family	1	2			
			Health service	1	2	Higher income	1	2	Respect from community	1	2			
			Job opportunity	1	2	Disability pension	1	2	Marriage	1	2			
			Other, specify :									1	2	

Head of Household Information

1. Head of Household Name											
2. Gender	Male	1	3. Age	/___/___/	4. Marital status	Unmarried	1	Widowed	3		
	Female	2				Married	2	Separated, divorced	4		
5. Number of members of family			6. Place of Birth	In the current village	1	Another village in this province	3	Iran or Pakistan	5		
7. Number of family members living in household				In the main city of this province	2	Another Province	4	Another foreign country_____	6		
8. What the level of education of the Head of Household?			Not literate								1
			Literate without any formal schooling								2
			Literate but below primary, not completed								3
			Primary School completed (1 to 6 grade)								4
			Middle School (7 to 9 grade)								5
			Secondary school (10 to 12 grade)								6
			Diploma/Certificate course								7
			Graduate (BA, BsC)								8
			Post graduate and above								9
9. What is the usual and current primary activity of the Head of Household?			Works on own farm/land or family farm/land								1
			Self-employed (home-based work) (does not include household chores)								2
			Self-employed (work place outside home)								3
			Works as regular wage/salaried employee								4
			Works as casual/seasonal agricultural labourer								5
			Works as casual/seasonal worker (non-agricultural)								6
			Working and attending educational institutions at the same time								7
			Does not work or carry out household chores								8

RADIE Control Interview Survey

Caretaker information

10. Is there a primary caretaker for the person with a disability in the family?				Yes	1	11. If Yes: Caretaker Name			
				No	2 (Finish Survey)				
12. Gender	Male	1	13. Age	/___/___/	14. Marital status	Unmarried	1	Widowed	3
	Female	2				Married	2	Separated, divorced	4
15. Relationship of caretaker with the <u>head of household</u> ?		Head	1	Son/Daughter in law		4	Parent in law		7
		Spouse	2	Grandchild		5	Brother/sister		8
		Son/Daughter	3	Parent		6	Brother/Sister in Law		9
16. Relationship of caretaker with the <u>person with a disability</u> ?		Head	1	Son/Daughter in law		4	Parent in law		7
		Spouse	2	Grandchild		5	Brother/sister		8
		Son/Daughter	3	Parent		6	Brother/Sister in Law		9
17. What the level of education of the Caretaker				Not literate					1
				Literate without any formal schooling					2
				Literate but below primary, not completed					3
				Primary School completed (1 to 6 grade)					4
				Middle School (7 to 9 grade)					5
				Secondary school (10 to 12 grade)					6
				Diploma/Certificate course					7
				Graduate (BA, BsC)					8
18. What is the usual and current primary activity of the Caretaker?				Post graduate and above					9
				Works on own farm/land or family farm/land					1
				Self-employed (home-based work) (does not include household chores)					2
				Self-employed (work place outside home)					3
				Works as regular wage/salaried employee					4
				Works as casual/seasonal agricultural labourer					5
				Works as casual/seasonal worker (non-agricultural)					6
				Carries out household chores					7
Does not work at all					8				

Thank you for your help. Please thank the respondent for her/his contribution to this survey.

Do you accept to be contacted once again in some months to see how the situation has changed?	YES	1	NO	2
If YES, is there a phone number where we can join you?	/___/___/___/___/___/___/___/___/___/___/			
Is there a second phone number available?	/___/___/___/___/___/___/___/___/___/___/			

Comments of the data collector

Comments of the supervisor

Question number	Remarks/corrections to be made	Correction made
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO

If your situation change (for example, change of address or phone number...) or if you don't want anymore to be part of this survey, can you please inform this persons :

Name : or Name :
 Phone number : /___/___/___/___/___/___/___/___/___/___/ Phone number : /___/___/___/___/___/___/___/___/___/___/

Dari- Control Interview Form

پروگرام بازتوانی معلولین افغان، فورم معلومات معلول

0. هدف مصاحبه		1. مصاحبه جهت کنترول دفعه #		4. معلول حاضر نیست که ادامه دهد	
2. فوت شده		5. معلول نا پدید شده		6. نقل مکان نموده	
3. تاریخ مصاحبه		سال/ماه/روز		2. نام کارمند بازتوانی مبتی بر جامعه و نمبر معرفت آن	
3a. نمبر فامیل (از 1 تا 60)		3b. اسم شخص معلول و نمبر مسلسل آن			
4. ولایت		1. ننگرهار		4. بلخ	
2. لغمان		5. جوزجان		8. وردگ	
3. کنړ		6. سمنگان		9. لوگر	
5. اسم ولسوالی و کود نمبر آن		به لیست ولسوالی ها نظر نماید		3. به لیست ولسوالی ها نظر نماید	
6. اسم و کود نمبر قریه یا محل		به لیست قریه جات نظر نماید		3. به لیست قریه جات نظر نماید	
7. نوع معلولیت (چندین پاسخ ممکن است)		1. جسمانی / حرکی		3. بینایی	
2. شنیدن/تکلم		4. ذکاوت/یادگیری		6. میرگی	
8. جنسیت		1. مرد		2. زن	
9. عمر		10. حالت مدنی		1. ازدواج نشده	
2. ازدواج شده		4. جدا، طلاق		3. بیوه	
11. در چند سالگی شما معلول گردیده اید؟		12. علل معلولیت شما چیست؟		1. از تولد	
2. حادثه در کار		5. ماین زیرزمینی		8. سایر موارد، مشخص نمایید	
3. حادثه ترافیکی		6. جروحات جنگ		9. نمیدانم	

13. رابطه شما با رئیس فامیل یا خانه چه است؟		1. رئیسخانه		4. داماد/سنو		7. خسر گنی		10. سایر رشته داری	
2. همسر		5. نواسه		8. برادر /خواهر		9. خسر بره / یازنه			
3. پسر/دختر		6. والدین							
14. ملیت		1. پشتون		2. تاجک		3. هزاره		4. ازبک	
5. ترکمن		6. ایماق		7. پشی		8. قزلباش		9. سایر مشخص گردد	
15. سطح تعلیمی شما چیست؟		1. بیسواد		2. باسواد بدون شمولیت در مکتب رسمی		3. دوره ابتدایه را تکمیل ننموده است (صنف 1 الی 5) تعلیم یافته مگر		4. مکتب ابتدایه را تکمیل نموده (صنف 6)	
5. مکتب متوسطه (صنف 7 تا 9)		6. مکتب ثانوی (صنف 10 تا 12)		7. دیپلوم / شهادتنامه کورس		8. لیسانس		9. ماستر و یا سابقه	
16. ما مصارف مکتب را پرداخته نمیتوانیم		1. من باید کار کنم		2. مکتب در فاصله دور قرار دارد / در اینجا مکتب وجود ندارد		3. اطفال دیگر شامل مکتب به من اهمیت نمیدهد		4. من در مکتب شامل نه گردیده ام / معلم یا مسؤل مکتب مرا نمیخواهد	
5. من نمیتوانم یاد بگیرم		6. من نمیتوانم به مکتب رسیدگی نمایم (نبود زینه های رمپ در مکتب قدم زده نمیتواند و امثال اینها)		7. فامیل من نمیخواهد که من را کسی دیگر ببیند		8. از اینکه من یک دختر هستم فامیل من اجازه نمیدهد مکتب بروم		9. طفل بسیار خورد است	
10. اگر شما کدام دلیل دیگر دارید بنویسید.									

مراجعه به سوال 18	1	کار در مزرعه شخصی / زمین یا مزرعه فامیلی			17. فعالیت یا وظیفه معمول و فعلی شما چیست؟	
	2	کاریابی خودی (کارهای به سطح فامیل)				
	3	کاریابی خودی (کار بیرون از خانه)				
	4	کار با مزد معمول / استخدام با معاش				
	5	کارهای تصادفی / کارگر موسمی زراعت				
	6	کارهای تصادفی/کارمند موسمی (کارهای غیر زراعتی)				
	7	کار ودر عین زمان شمولیت در مرکزتعلیمی				
مراجعه به سوال 23	8	کار نمی کند				
		به واقعات مهم مراجعه نماید (ازدواج، تولد) برای اینکه جوابات با شما کمک نماید به یاد بیاورید، مدت کار را با سال مشخص نماید (مثال: اگر شخص برای 5 سال کار کرده باشد در آنصورت صرف 5 بنویسید ودر صورتیکه ازیک سال کمتر کار کرده باشد انرا 1 بنویسید			18. برای چی مدت شما کار میکنید	
		20. در یک ماه چند روز کار میکند؟		19. در یک سال چند ماه کار میکند؟		
	22. مدت عدم دسترسی به کار شما روی ملحوظات (از دست دادن وظیفه، جنگ یا خشونت، امراض، یا تصادفات، واقعات دیگر) را به ماه ها مشخص سازید بعداً به سوال 24 مراجعه نمایید.		1	بلی	21. از زمان که شما کار کردن را شروع نمودید، آیا مدت هم در آن وقفه آمده (بیکار شده اید) ؟ برای چی مدت	
			2	نخیر		
1	کار نمیکند، شامل مرکز تعلیمی اند					23. در صورت که شرکت کننده کار نمیکند، دلیل آن چیست؟
2	اشتراک در کار های خانواده و مواظبت از دیگران در فامیل.					
3	خورد سال است					
4	متقاعد با پول تقاعدی					
5	افراد به او طعنه میدهد					
6	پامشتریان شکایت خواهد کرد /نمینماید/ کار فرماهاایشانرااستخدام					
7	او وظایف موجود در جامعه را انجام داده نمیتواند					
8	او به محل کار رسیدگی کرده نمیتواند					
9	فامیل اش نمخواهد او را توسط دیگران دیده شود					
10	نمیخواهد کار کند					
11	بسیار پیر است (و پول تقاعدی دریافت نمیکند)					
12	سایر دلایل، مشخص سازید					

24. درآمد (عاید) ماهوار شما چقدر است؟		25. درآمد ماهوار اعضای فامیل تان چقدر است؟		افغانی _____	
26. در خانه شما از این اشیا به چه تعداد موجود است؟ (هیچ چیز = 0)		1	رادیو	4	دیگ بخار
		2	تلفون موبایل	5	یخچال
		3	تلویزیون	6	جنراتور
		10	موتور سایلند ریکشا	7	چراغ تیل خاک/گروب سولر
		11	موتور	8	ماشین خیاطی
		12	خانه	9	بایسکل

پروگرام بازتوانی معلولین افغان، فورم معلومات معلول

29b چند بار در هفته و چند بار در ماه و در کل چند بار این خدمات را دریافت نموده اید؟			29. آیا این خدمات توسط کمیته سویدن برای شما رایج شده است؟		28. آیا این خدمات زندگی شما را بهتر ساخته؟		27. در دو سال اخیر آیا شما کدام یکی از خدمات زیر را دریافت نموده اید؟			
مجموع	در ماه	در هفته	نخیر	بلی	نخیر	بلی	در صورتیکه دریافت نموده اید چند ماه قبل آغاز نموده اید؟	نخیر	بلی	
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	1. فزیوتراپی
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	2. اعضای مصنوعی
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	3. قالب های حمایتی
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	4. بایسکل سه عرابه ای
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	5. زیربغلی
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	6. چوکی مخصوص فلج دماغی
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	7. چوکات قدم زدن
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	8. عصا قدم زدن
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	9. کارگماری
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	10. شاگردی
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	11. آموزش گروپی
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	12. قرصه
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	13. آموزش شغل
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	14. آموزش تعلیم خانگی HBE
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	15. تعلیم در سطح مرکز
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	16. کمک در شمولیت مکتب
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	17. آموزش خانگی HBT
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	18. دادخواهی
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	19. سایر، مشخص سازید
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	20. پول در بدل کار (از جانب برنامه موسسه یا دفتر)
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	21. غذا در بدل کار (از جانب برنامه موسسه یا دفتر)
/ _ _ /	/ _ _ /	/ _ _ /	2	1	2	1	/ _ _ /	2	1	22. یا کدام خدمات دیگر، مشخص نماید

فعالیتها

30. اگر شما مریض باشید، مراقبت طبی را بدست آورده میتوانید؟	من همیشه مراقبت صحی را بدست میآورم	1	من بعضی اوقات مراقبت صحی را بدست میآورم	2	من هیچگاه به مراقبت صحی دست رسی ندارم	3
--	------------------------------------	---	---	---	---------------------------------------	---

32. آیا توانمندی استفاده از حمام را دارید؟ (بالا تر از سن 8 سال پسران شود).	1	من میتوانم خودم حمام بگیرم	1	من با کمک میتوانم حمام بگیرم	2	شخص دیگر باید من را حمام دهد	3
33. آیا شما قادر هستید از بیت الخلا استفاده نمایید؟ (بالا تر از سن 3 سال پسران شود).	1	من میتوانم خودم از بیت الخلا استفاده نمایم	1	من میتوانم با کمک از بیت الخلا استفاده نمایم	2	من بکلی نمیتوانم از بیت خلا استفاده نمایم	3
34. آیا میتواند لباس خود را بپوشد؟ (بالا تر از سن 4 سال پسران شود).	1	من میتوانم لباس خود را خودم بپوشم	1	من میتوانم با کمک لباس خود را بپوشم	2	شخص دیگر باید مرا لباس بپوشاند	3
35. میتواند بنشیند؟ (بالا تر از سن 1 سال پسران شود).	1	من خودم نشسته میتوانم	1	من با کمک نشسته میتوانم	2	من بکلی نشسته نمیتوانم	3
36. شما میتواند ایستاد شوید؟ (بالا تر از سن 1 سال پسران شود).	1	من خودم ایستاد شده میتوانم	1	من با کمک ایستاد شده میتوانم	2	من قطعاً ایستاد شده نمیتوانم	3
37. میتواند در داخل خانه حرکت نمایید؟ (بالا تر از سن 1 سال پسران شود).	1	من میتوانم خودم در داخل خانه حرکت نمایم	1	من با کمک در داخل خانه حرکت کرده میتوانم	2	من بکلی نمیتوانم در داخل خانه حرکت نمایم	3
38. میتواند بیرون از خانه قدم زند؟ (بالا تر از سن 2 سال پسران شود).	1	من میتوانم خودم بیرون از خانه قدم بزنم.	1	من به کمک میتوانم بیرون از خانه قدم بزنم.	2	من بکلی نمیتوانم بیرون از خانه قدم بزنم.	3
39. میتواند حد اقل ده قدم راه برود؟ (بالا تر از سن 1 سال پسران شود).	1	من میتوانم ده قدم راه به تنهای بروم	2	من میتوانم ده قدم راه به وسیله چوکات، عصا، زیربغلی و عصا دست بروم	3	من با همکاری شخص دیگر میتوانم ده قدم راه بروم	4
40. سخن زده میتواند؟ (بالا تر از سن 2 سال پسران شود).	1	من میتوانم بدون مشکل حرف بزنم	1	من میتوانم با کمی مشکل حرف بزنم	2	من تا حال نتوانستم سخن بگویم	3
41. هدایات ساده را میفهمد. (بالا تر از سن 2 سال پسران شود).	1	من هدایات ساده را بدون مشکل درک کرده میتوانم.	1	من با مشکل هدایات ساده را میفهمم	2	من هدایات ساده را درک کرده نمیتوانم (نمیفهمم)	3
42. میتواند ضرورت های خویش را اظهار نماید (بالا تر از 2 سال).	1	من میتوانم ضرورت ها را بدون مشکل اظهار نمایم	1	من با کمی مشکل میتوانم ضرورت ها را با مشکل اظهار نمایم	2	من نمیتوانم ضرورت ها را اظهار نمایم	3
43. خواندن را میتواند؟ (بالا تر از سن 8 سال پسران شود).	1	من خواندن را بدون مشکل میتوانم	1	من با کمی مشکل خواندن را میتوانم	2	من هرگز نمیتوانم بخوانم	3
44. تحریر کرده میتواند؟ (بالا تر از سن 8 سال پسران شود).	1	من بدون مشکل میتوانم بنویسم	1	من میتوانم با کمی مشکل بنویسم	2	من هرگز نمیتوانم بنویسم	3
45. آیا شما مطمئن هستید که چیزهای نو را یاد میگیرید؟	1	بلی من همیشه برای آموختن چیزهای جدید احساس اعتماد دارم	1	بلی من بعضی اوقات احساس اعتماد برای آموختن چیزهای جدید میکنم	2	تاخیر من هیچگاه احساس اعتماد یادگیری چیزهای جدید نکردم	3
46. آیا شما کار کرده میتوانید (بالا تر از 10 سال)	1	من میتوانم بدون مشکل کار را انجام دهم	1	من با کمی مشکل میتوانم کار را انجام دهم	2	من هرگز کار را انجام داده نمیتوانم	3
47. آیا شما میتواند در پاک کاری خانه سهم بگیرد؟	1	من میتوانم در صفای خانه بدون مشکل شرکت نمایم	1	من میتوانم با کمی مشکل در صفای خانه اشتراک نمایم	2	من هرگز در صفای خانه سهم گرفته نمیتوانم	3
48. میتواند بیرون از خانه دوستان داشته باشید؟	1	بلی من میتوانم بدون مشکل دوستان را دریابم	1	بلی، من میتوانم با کمی مشکل دوستان را دریابم	2	من نمیتوانم کسی را دوست پیدا کنم.	3

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49.	آیا از شما در تصامیم خانوادگی مشوره گرفته میشود؟ (در صورت که از 15 سال بالا باشید پرسیده شود)	بلی از من همیشه در تصامیم فامیلی مشوره گرفته شده	1	بلی بعضی اوقات از من در تصامیم فامیلی مشوره گرفته شده است	2	نخیر از من هیچگاه در تصامیم فامیلی مشوره گرفته نشده	3
50.	میتوانید در فعالیت های جامعه و تجلیل های شرکت نمایید؟	بلی من همیشه در فعالیت های جامعه سهم میگیرم	1	بلی بعضی اوقات در فعالیت های جامعه شرکت مینمایم	2	نخیر من هیچگاه در فعالیت های جامعه شرکت کرده نمیتوانم	3

1	تجلیل روز تولد	1	2	7	خیرات/ نذر	1	2
2	نامگذاری	1	2	8	ختم قران عظیم الشان	1	2
3	عروسی	1	2	9	روز های ملی رسمی	1	2
4	نامزدی	1	2	10	ختنه	1	2
5	مراسم قریه	1	2	11	سال نو (نوروز)	1	2
6	عید	1	2	12	سایر ایام، مشخص گردد	1	2

52.	آیا شما خود را در جامعه محترم محسوس مینمایید؟ (بالا تر از 5 سال)	بلی من همیشه قابل احترام میباشم	1	بلی بعضی اوقات قابل احترام میباشم	2	نخیر هیچ وقت احساس احترام نمی نمایم	3
53.	آیا شما در فامیل خویش قابل احترام هستید؟	بلی من همیشه احساس احترام میباشم	1	بلی بعضی اوقات قابل احترام میباشم	2	نخیر هیچگاه احساس احترام نمی نمایم	3
54.	آیا شما احساس ناراحتی یا خفگی عمیق نموده اید؟	نخیر من هیچگاه احساس خفگی نمی نمایم	1	بلی بعضی اوقات احساس خفگی مینمایم	2	بلی همه اوقات غمگین میباشم	3
55.	آیا شما احساس قهر نموده اید؟	نخیر من هیچوقت احساس قهر نمیکنم	1	بلی بعضی اوقات احساس قهر مینمایم	2	بلی، من همیشه در حالت غصه میباشم	3
56.	آیا شما احساس اندوه و افسرده گی نموده اید؟ (بالا تر از 5 سال)	نخیر من هیچگاه احساس تشویش و افسرده گی ننموده ام	1	بلی بعضی اوقات احساس تشویش یا افسرده گی مینمایم	2	بلی، من همه اوقات پریشان و افسرده میباشم	3
57.	آیا شما خواب های خراب مبینید یا بدخوابی دارید؟ (بالا تر از 5 سال)	نخیر من هیچوقت خبیثک و یا خواب بد ندارم	1	بلی، بعضی اوقات من حالت ترس در خواب و یا خواب بدارم	2	بلی من همه اوقات مشکل ترس در خواب یا خواب بد دارم	3
58.	آیا شما سردرد، درد معده و یا استفراغ دارید؟ (بالا تر از 5 سال)	نخیر، من هیچ وقت سردرد، درد معده و استفراغ ندارم	1	بلی، بعضی اوقات من سردرد، معده درد و استفراغ میداشته باشم	2	بلی من همیشه سردرد، شکم درد و تهوع دارم	3
59.	آیا شما از زندگی خویش راضی هستید؟ (بالا تر از 10 سال) آیا شما از زندگی خویش خوش هستید؟ (پزیر سن 10 سال)	بسیار راضی/ بسیار خوش هستم	1	کم راضی/ کم خوش هستم	2	راضی نیستم / خوش نیستم	3

60.	در هر چند وقت یکبار شما و فامیل شما با اقارب و همسایه های تان ملاقات میکنید؟	هر روز	1	هفته یکبار	2	ماه یکبار	3	گاهی اوقات	4	هیچ وقت	5
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61.	در هر چند وقت یکبار اقارب تان یا همسایه های تان به دیدن شما و فامیل شما می آیند؟	هر روز	1	هفته یکبار	2	ماه یکبار	3	گاهی اوقات	4	هیچ وقت	5				
62.	آیا شما و فامیل تان اجناس و یا خدمات از اقارب تان دریافت می نمایند؟	بلی													
63.	اگر بلی کدام قسم از کمک (چندین جواب ممکن است)	پولی	1	غذایی	2	پوشاک	3	کمک معنوی	4	مسکن	5	وظیفه	6	سایر کمک ها	7
64.	آیا شما اجناس یا خدمات برای اقارب تان می دهید؟	بلی													
65.	اگر بلی کدام قسم از کمک/ همکاری (چندین جواب ممکن است)	پولی	1	غذایی	2	پوشاک	3	کمک معنوی	4	مسکن	5	وظیفه	6	سایر کمک ها	7
66.	آیا فکر می کنید که فامیل شما در دو سال اخیر اجناس و خدمات بیشتر و بیشتر از دیگران دریافت نموده اند.	بیشتر و بیشتر دریافت کرده ام		1	من کمتر و کمتر دریافت کرده ام		2	مثل همیشه باقی مانده است		3					
67.	آیا فکر می کنید که فامیل شما در دو سال اخیر اجناس و خدمات بیشتر برای دیگران کمک نموده اند نسبت به اینکه شما از دیگران دریافت نموده کرده اید؟	من کمک بیشتر از دیگران دریافت نموده ام نسبت به آنکه من به دیگران کمک کرده ام		1	من بیشتر به دیگران کمک نموده ام نسبت به آنکه خودم از دیگران کمک دریافت نموده ام		2	برابر		3					
68.	آیا در روزهای سخت و مشکلات اقارب تان همایتان کمک می کند؟	بلی													

69.	آیا شما به این خدمات نیاز دارید؟ بلی = 1، نخیر = 2	تعلیم و آموزش	1	2	خانه خوب	1	2	احترام از فامیل	1	2	در صورت و غیره لطفاً مشخص سازید.....
		مراقبت صحی	1	2	عایدات بهتر	1	2	احترام از جامعه	1	2	
		فرصتهای کاری	1	2	تقاعد معلول	1	2	عروسی	1	2	

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معلومات رییس/سرپرست فامیل:

1. نام رییس/سرپرست فامیل									
2. جنسیت		1. مذکر	3. عمر		4. حالت مدنی		1. مجرد	3. بیوه	
		2. مونث	/___/___/				2. متاهل	4. طلاق شده / جدا شده	
5. چه تعداد از اقارب یا اعضای خانواده تان در این قریه زندگی میکنند؟		6. محل تولد		1. در همین قریه	3. در یکی دیگر از قریه های همین ولایت	5. ایران یا پاکستان			
7. چه تعداد از اعضای خانواده تان (فعلا با شما در خانه تان) زندگی میکنند؟		2. در مرکز همین ولایت		4. در ولایت دیگر	6. دیگر ممالک خارجی				
8. سطح تعلیمی رییس خانواده چیست؟									
1. بیسواد									
2. باسواد بدون شمولیت در مکتب رسمی									
3. تعلیم یافته مگر دوره ابتدایی را تکمیل ننموده است									
4. مکتب ابتداییه را تکمیل نموده است (صنف 6)									
5. مکتب متوسطه (صنف 7 الی 9)									
6. لیسه (صنف 10 الی 12)									
7. دیپلوم / شهادتنامه کورس									
8. لیسانس									
9. فعالیت و یا وظیفه معمول فعلی رییس/سرپرست خانواده چیست؟ (وظیفه با معاش)									
1. کار در مزرعه شخصی/ زمین یا مزرعه فامیلی									
2. کاریابی خودی (کارهای خانگی) (شامل امور منزل نمیشود)									
3. کاریابی خودی (کار بیرون از خانه)									
4. کار با مزد معمول/ استخدام با معاش/ کارگری									
5. کارهای تصادفی/ کارگر موسمی زراعت									
6. کارهای تصادفی / کارمند موسمی (کارهای غیر زراعتی)									
7. کار و در عین زمان شمولیت در مرکز تعلیمی									
8. کار نمیکند									

معلومات شخص مراقبت کننده از معلول:

10. آیا کدام شخص مراقبت کننده اولیه برای فرد معلول در خانواده وجود دارد؟									
1. بلی		11. اگر بلی، نام وی را بنویسید:							
2. نخیر									
12. جنسیت									
1. مذکر		13. عمر		14. حالت مدنی		1. مجرد	3. بیوه		
2. مونث		/___/___/				2. متاهل	4. طلاق شده / جدا شده		
15. شخص مراقبت کننده با رییس فامیل چه نسبتی دارد؟									
1. رییس فامیل		4. داماد/ سنو (عروس)	7. خسر / خشو						
2. همسر		5. نواسه	8. برادر/خواهر						
3. پسر/ دختر		6. والدین	9. خسر بره / خویشنه/ ننو/ ایور						
. شخص مراقبت کننده با معلول چه نسبتی دارد؟									
1. رییس فامیل		4. داماد/ سنو (عروس)	7. خسر / خشو						
2. همسر		5. نواسه	8. برادر/خواهر						
3. پسر/ دختر		6. والدین	9. خسر بره / خویشنه/ ننو/ ایور						
17. سطح تعلیمی شخص مراقبت کننده چیست؟									
1. بیسواد									
2. باسواد بدون شمولیت در مکتب رسمی									
3. تعلیم یافته مگر دوره ابتدایی را تکمیل ننموده است									
4. مکتب ابتداییه را تکمیل نموده است (صنف 6)									
5. مکتب متوسطه (صنف 7 الی 9)									
6. دوره لیسه (صنف 10 الی 12)									
7. دیپلوم / شهادتنامه کورس									
8. لیسانس									

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9	ماستر و یا بالاتر از آن	
1	کار در مزرعه شخصی/ زمین یا مزرعه فامیلی	
2	کاریابی خودی (کارهای خانگی) (شامل امور منزل نمیشود)	
3	کاریابی خودی (کار بیرون از خانه)	
4	کار با مزد معمول/ استخدام با معاش/ کارگری	
5	کارهای تصادفی/ کارگر موسمی زراعت	
6	کارهای تصادفی / کارمند موسمی (کارهای غیر زراعتی)	
7	کار و در عین زمان شمولیت در مرکز تعلیمی	
8	کار نمیکند	

18. فعالیت و یا وظیفه معمول فعلی مراقبت کننده معلول چیست؟
(وظیفه با معاش)

تشکر از همکاری شما. مهربانی نموده از ارائه کننده جوابات و از سهمگیری او تشکر نماید.
آیا شما قبول می کنید تا بار دیگر چند ماه بعد همایتان تماس گرفته شود تا ببینیم که وضعیت چگونه تغییر کرده است؟

خیر
اگر بله، یک شماره تلفونی بدهید که ما را با شما در ارتباط نگهدارد؟
آیا شماره تلفون دوم هم دارید که قابل دسترس باشد؟
نظریات شخص جمع آوری کننده معلومات

نظریات سوپروایزر

نمبر سوال	ملاحظات / تصحیح که ممکن است صورت گیرد	تصحیح صورت گرفته
		بلی / نخیر
		بلی / نخیر
		بلی / نخیر
		بلی / نخیر
		بلی / نخیر
		بلی / نخیر
		بلی / نخیر
		بلی / نخیر

اگر موقعیت تان تغییر کرده (به طور مثال آدرس تان یا شماره تلفوتان) و یا اینکه اگر شما نمیخواهید این چیزهای جزء این سروی فورم باشه لطفا شما میتوانید که با همین شخص در میان بگذارید (کارمند بازتوانی میتواند که بشما شماره تماس را بدهد):

نام یا نام

شماره تلفون شماره تلفون

Pashto- Control Interview Form

د افغان معلولينو د بيار غوني پروگرام، د معلول په هکله معلومات

0. د مصاحبي هدف		1	د کنترول مصاحبه #		4	معلول نه غواړی چی ادامه ورکړي	
2		معلول وفات شوی دی		5	معلول و نه موندل شو		
3		معلول بل خای ته کډه کړیده		6	نوری وجهی.....		
1. د مصاحبي نیټه: ____/____/____ 2. د ټولني په کچه د بيار غوني د کار کونکي نوم او د معرفت شمیره:							
روخ/مياشت/کال							
3a. دکورنی شمیره (1 تر 60)							
3b. دکورنکونکي نوم او دشناخت شمیره.							
4. ولایت							
1		ننګرهار		4		بلخ	
2		لغمان		5		جوزجان	
3		کنړ		6		سمنگان	
7		پنجشیر		9		لوګر	
8		پکتیا		11		کنډز	
9		پکتیکه		12		بدخشان	
10		پکتیکا		13		بغلان	
5. د ولسوالۍ نوم او د کود شمیره							
6. د کلي نوم او د کود شمیره							
7. د معلولیت نوعه (څو گوني جوابونه ممکن دي)							
1		حرکت کول / فزیکي		3		لیل	
2		اوریدل او خبری کول		4		زده کړه / څیرک توب	
3		میرګي		5		رواني ستونزی	
8. جنسیت							
1		نارینه		9		عمر	
2		ښځینه		10		مدنی حالت	
3		کوند یا کونده		4		جلاشوی / طلاق	
11. په څو کلنۍ کې معلول شوي؟							
1		ولادې		4		په کور کې حادثه	
2		د کار په ساحه کې حادثه		5		ځمکنۍ ماین	
3		ترافیکي حادثه		6		د جنگ زخمونه	
4		زوم/ننډور		7		خسرو/خوښی	
5		لمسی		8		ورور/خور	
6		پلار ګنی		9		اوبنۍ/ښینه	
7		د کور مشر		10		نوری اړیکي	
8		میرمن		11		نور وځواک، مشخص یی کړئ	
9		زوی / لور		12		نه پوهیږم	
13. د معلول رابطه د کور له مشر سره؟							
1		د کور مشر		2		میرمن	
3		زوی / لور		4		زوم/ننډور	
5		لمسی		6		پلار ګنی	
7		د کور مشر		8		میرمن	
9		زوی / لور		10		زوم/ننډور	
11		لمسی		12		پلار ګنی	
14. ملیت							
1		پښتون		3		هزاره	
2		تاجک		4		ازبک	
3		ترکمن		5		ایماق	
4		پشی		6		قزلباش	
5		نور مشخص یی کړي		7		پښتو	
6		تاجک		8		هزاره	
7		ازبک		9		ترکمن	
8		ایماق		10		پشی	
9		قزلباش		11		نور مشخص یی کړي	
15. ستاسو علمي کچه څه ده؟							
1		نا لوستی		3		لومړنۍ زده کړی مو تکمیل کړی (له اول تر شپږم صنف پوری)	
2		لوړنۍ زده کړی		4		منځنۍ زده کړی (له اووم تر ۹ صنف پوری)	
3		د لومړنۍ زده کړې له دورې ښکته، مکمل شوی نه دی		5		ثانوی زده کړی (له ۱۰ تر ۱۲ صنف پوری)	
4		لومړنۍ زده کړی مو تکمیل کړی (له اول تر شپږم صنف پوری)		6		د پیلوم / د کورس بری لیک	
5		د لومړنۍ زده کړې له دورې ښکته، مکمل شوی نه دی		7		لیسانس	
6		لومړنۍ زده کړی مو تکمیل کړی (له اول تر شپږم صنف پوری)		8		ماسټر او یا اوچت	
7		د لومړنۍ زده کړې له دورې ښکته، مکمل شوی نه دی		9		نور مشخص یی کړي	
16. ولی مکتب ته نه ځی؟ او یا هم ولی مکتب ته نه یی تللی؟ (مختلفه ځوابونه ممکن دي)							
1. باید کار وکړم							
2. مکتب په لیری فاصله کی موقعیت لری / دلته مکتب نشته / ترانسپورتي ستونزی موجودی دی							
3. په مکتب کی شامل نور شاگردان را ته طعنه را کوي							
4. مکتب نه یم شامل کړی / معلم او یا د مکتب مسؤل می نه غواړي							
5. زده کړه نشم کولای							
6. مکتب ته لاس رسی نه لرم/د مکتب تعمیر د لاس رسی وړ نه دی (دمعلولو دگشت سهولتونه نه لری)							
7. نه غواړوچي نور خلک یی وگوري							
8. زه نجلۍ یم ، نو کورنۍ می نه غواړي چی مکتب لپاره د کور نه بهر ته لاره شم							
9. ډیر کوچنی (کوچنی) ده							
10. نور دلایله، واضح یی کړی							
11. نور دلایله، واضح یی کړی							

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18 سوال ته مراجعه وکړئ	1	په خپله زميندارۍ او مزرعه کې کارکوم / د کورنۍ په ځمکه کې کارکوم	17. ستاسو بوختياوي او يا اساسی او اوسنۍ دنده څه ده؟ (هغه کارونه چې عايد ولری)
	2	د شخصي امورو سرته رسول (د کور دننه)	
	3	شخصی کار وبار (د کور نه د باندې کارونه)	
	4	د مزد په مقابل کې کار / رسمي کارمند	
	5	دموکتې امورو سرته رسول/ د زراعت په بخش کې موسمي امور	
	6	کله کله يا آنی کارونه/ موسمی کارونه (غیر زارعتی کارونه)	
	7	کار کوم او په عين وقت کې په تعلیمي مرکز کې هم شامل یم	
23 سوال ته مراجعه وکړئ	8	کار نه کوی	
ددې په خاطر چی خواب ورکونکي سره مرسته وکړی مهمي واقعی په یاد راوړی (واده ، پیدایښت) د کار موده مو د کال په اساس و ښایي. یو کال او د یو کال څخه کم ته 1 ولیکئ			18. تاسو د څومره مودی راهیسی کارکوی؟
20. په یوه میاشت کې څو ورځی کار کوی؟		19. په یو کال کې څو میاشتی کار کوی؟	
22. د څومره مودت لپاره مو کار کی وقفه راغلی (ستاسو د کار وقفه د پیښو په اساس (د وظیفې له لاسه ورکول، جگړه یا مخالفت، مریضی، حوادث، نوری پیښې) په میاشتو و ښی او وروسته بیا 24 سوال ته مراجعه وکړئ.	1	هو	21. له کوم وقت نه مو چې کار شروع کړی دی، آیا په هغی کی کوم نوعه وقفه راغلی ده ؟
	2	نخیر	

23. په هغه صورت کې چې مصاحبه ورکونکي کار نه کوي دليل يی څه دی؟	1	کار نه کوي، ځکه چې تعليمي مرکز کې شامل دی
	2	د داخلي امورو سرته رسول او علاوه له دی د نورو کسانو په عوض دکور د کارونو سرته رسول
	3	کوچنی دی
	4	د پيسو په مقابل کې تقاعد شوی
	5	خلک يې ځوروي او طعنه ورکوي
	6	گومارونکي هغه ته کار نه ورکوي / مشتريان تری شکايت کوي
	7	هغه په ټولنه کې موجوده دندی سرته نه شي رسولای
	8	هغه د کار ځای ته لاس رسي نه لري
	9	کورنۍ يې نه غواړي نور خلک هغه وويني
	10	نه غواړي کار وکړي
	11	ډير زور دی او تقاعد هم نه لری
	12	نور دليلونه، واضح يی کړئ

24. ستا مياشتنۍ عايد څومره دی؟		افغانۍ _____		25. د ټولې کورنۍ د غړيو مياشتنۍ عايد مو څومره دی؟		افغانۍ _____	
26. ستاسو په کور کې دغه شيان په کومه اندازه (تعداد) دي؟ (هیڅ نه = 0)	راديو	ډيگ بخار او يا د پخلۍ لپاره نور ديگونه	د ځاکی ټيلو چراغ / سولر گروپونه	موتر سايکل	موتر	گرځنده تلفون	تلويزيون
					موتر		
					کور		

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27. آيا له تېرو دوو کلونو راهيسې مو دغه لاندې خدمتونه مو تر لاسه کړي؟			28. آيا دغه خدمتونو ستاسو په ژوند کې بهېدو راوستي؟		29. آيا دغه خدمتونه د سويند کميټې له خوا وو؟		b29. خو ځلې/ خو دورې مو پروگرام د پيل څخه دغه خدمات تر لاسه کړي دي؟		
هو	نه	خو مياشتني وړاندې مو دغه خدمات تر لاسه کړي دي؟	هو	نه	هو	نه	په هفته کې	په مياشت کې	ټول
1	1	2	1	2	1	2	/___/	/___/	/___/
2	1	2	1	2	1	2	/___/	/___/	/___/
3	1	2	1	2	1	2	/___/	/___/	/___/
4	1	2	1	2	1	2	/___/	/___/	/___/
5	1	2	1	2	1	2	/___/	/___/	/___/
6	1	2	1	2	1	2	/___/	/___/	/___/
7	1	2	1	2	1	2	/___/	/___/	/___/
8	1	2	1	2	1	2	/___/	/___/	/___/
9	1	2	1	2	1	2	/___/	/___/	/___/
10	1	2	1	2	1	2	/___/	/___/	/___/
11	1	2	1	2	1	2	/___/	/___/	/___/
12	1	2	1	2	1	2	/___/	/___/	/___/
13	1	2	1	2	1	2	/___/	/___/	/___/
14	1	2	1	2	1	2	/___/	/___/	/___/
15	1	2	1	2	1	2	/___/	/___/	/___/
16	1	2	1	2	1	2	/___/	/___/	/___/
17	1	2	1	2	1	2	/___/	/___/	/___/
18	1	2	1	2	1	2	/___/	/___/	/___/
19	1	2	1	2	1	2	/___/	/___/	/___/
20	1	2	1	2	1	2	/___/	/___/	/___/
21	1	2	1	2	1	2	/___/	/___/	/___/
22	1	2	1	2	1	2	/___/	/___/	/___/

فعاليتونه

30. د مريضې په صورت کې طبي پاملرنه تر لاسه کوي؟	1	زه هروقت طبي مرسته تر لاسه کوم	2	زه کله کله طبي مرسته تر لاسه کوم	3	زه هېڅکله طبي مرسته نه تر لاسه کوم
31. آيا په خپله خوراک کولای شئ؟ (چې عمر يې د ۴ کالو نه زيات وي، پوښتنه وکړئ)	1	زه په خپله خوراک کولای شم	2	زه کولای شم په کمک سره خوراک وکړم	3	بل څوک بايد ماته خواره راکړي
32. آيا په خپله ځان پرېمخليشئ؟ (چې عمر يې د ۸ کالو نه زيات وي، پوښتنه وکړئ)	1	زه په خپله ځان پرېمخلی شم	2	زه په کمک سره ځان پرېمخلی شم	3	بل څوک بايد ما پرېمخي

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33. آيا کولای شي له بد رفت (بيت الخلا) نه استفاده وکړي؟ (چې عمر يې د ۳ کالو نه زيات وي، پوښتنه وکړئ)	1	زه کولای شم په خپله له بيت الخلا څخه استفاده وکړم	2	زه په کمک سره له بيت الخلا استفاده کولای شم	3	زه بالکل له بيت الخلا څخه استفاده نشم کولای
34. کولای شې خپل لباس (جامې) واغوندي؟ (چې عمر يې د ۴ کالو نه زيات وي، پوښتنه وکړئ)	1	زه کولای شم خپلي جامې واغوندم	2	زه په کمک سره خپلې جامې اغوندم	3	بل څوک بايد زما جامې را واغوندي
35. کولای شې کښينې؟ (چې عمر يې د (۱) کال نه زيات وي، پوښتنه وکړئ)	1	زه کولای شم پخپله کښينم	2	زه په کمک سره کښيناستلای شم	3	زه بالکل نشم کښيناستلای
36. کولای شې ودرېږي؟ (چې عمر يې د (۱) کال نه زيات وي، پوښتنه وکړئ)	1	زه کولای شم ودرېږم	2	زه په کمک سره دريدلای شم	3	زه بالکل نشم دريدلای
37. کولای شې د کور په داخل کې قدم ووهي؟ (چې عمر يې د (۱) کال نه زيات وي، پوښتنه وکړئ)	1	زه کولای شم په خپله د کور دننه قدم ووهم	2	زه په کمک سره کولای شم د کور د دننه قدم ووهم	3	زه بالکل د کور د دننه قدم نشم وهلای
38. کولای شې د کور نه بيرون وگرځي؟ (چې عمر يې د (۲) کال نه زيات وي، پوښتنه وکړئ)	1	زه په تنه يي سره کولای شم د کور نه د باندې وگرځم	2	زه په کمک سره کولای شم د کور نه د باندې وگرځم	3	زه بالکل د کور نه د باندې نشم گرځيدلای

39. کولای شې لږ تر لږه لس قدمه په لاره ولاړ شي؟ (چې عمر يې د (۱) کال نه زيات وي، پوښتنه وکړئ)	1	زه په تنه يي سره کولای شم لس قدمه په لاره ولاړ شم	2	زه کولای شم د چوکات، د تخرک لاندې لکړو او د لاس د لکني په وسيله لس قدمه په لاره ولاړ شم	3	زه د بل چا په مرسته لس قدم په لاره ځم	4	زه بلکل نه شم تللی
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40. خبرې کولای شې؟ (چې عمر يې د (۲) کال نه زيات وي، پوښتنه وکړئ)	1	زه بې له مشکل نه کولای شم خبرې وکړم	2	زه په لږ مشکل سره خبرې کولای شم	3	زه تر اوسه د خبرو کولو توان نلرم
41. په ساده لارښوونو پوهيږي؟ (چې عمر يې د ۲ کالو نه زيات وي، پوښتنه وکړئ)	1	زه ښه په ساده لارښوونو پوهيږم	2	زه په مشکل سره په ساده لارښوونو پوهيږم	3	زه په آسانه په ساده لارښوونو نه پوهيږم
42. کولای شې چې خپل ضرورتونه بيان کړي؟ (چې عمر يې د (۲) کال نه زيات وي، پوښتنه وکړئ)	1	زه کولای شم خپل ضرورتونه بې له کوم مشکل نه څرگند کړم	2	زه په لږ مشکل سره خپل ضرورتونه څرگند کولای شم	3	زه نه شم کولای خپل ضرورتونه څرگند کړم
43. لوستلای شې؟ (چې عمر يې د (۸) کال نه زيات وي، پوښتنه وکړئ)	1	زه بې له مشکل نه لوست کولای شم	2	زه په لږ مشکل سره لوست کولای شم	3	زه هيڅکله نشم کولای لوست وکړم
44. ليکلای شې؟ (چې عمر يې د (۸) کال نه زيات وي، پوښتنه وکړئ)	1	زه بې له مشکل نه ليکل کولای شم	2	زه په لږ مشکل سره ليکل کولای شم	3	زه هيڅکله ليکل نشم کولای
45. آيا د نويو شيانو د يادولو توان لري؟	1	هو زه هميشه د نويو شيانو د زده کولو توان لرم	2	هو زه کله کله د نويو شيانو د زده کولو توان لرم	3	نه زه هيڅکله د نويو شيانو د زده کولو توان نلرم
46. کار کولای شې؟ (چې عمر يې د (۱۰) کال نه زيات وي، پوښتنه وکړئ)	1	زه کولای شم بې له مشکل څخه کار سرته ورسوم	2	زه په لږ مشکل سره کولای شم کارونه سرته ورسوم	3	زه هيڅکله کار سرته نشم رسولای
47. کولای شې د کور په صفایي کې برخه واخلي؟	1	زه کولای شم در کور په پاکوالي کې بې له مشکل څخه برخه واخلم	2	زه په لږ مشکل سره کولای شم د کور په پاکوالي کې برخه واخلم	3	زه هيڅکله د کور په پاکوالي کې برخه نشم اخيستلای
48. کولای شې د کور نه بهر دوستان ولري؟	1	هو زه کولای شم بې له مشکل څخه بيرون دوستان و مومم	2	هو، زه په لږ مشکل سره کولای شم دوستان و مومم	3	زه نشم کولای چې دوستان پيدا کړم

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49. آیا له تاڅخه د کور په پریکړو کې مشوره اخیستل کېږي؟ (په هغه صورت کې چې عمر یې له ۱۵ کلونو پورته وي پوښتنه وشي)	1	هو له ماڅخه هر وخت د کور په فیصلو کې مشوره اخیستل کېږي	2	هو کله کله له ماڅخه د کور په فیصلو کې مشوره اخیستل کېږي	3	نه له ماڅخه هیڅکله د کور په فیصلو کې مشوره نه اخیستل کېږي
50. کولای شې په ټولنیزو دندو او تجارېل کې ګډون وکړی؟	1	هو زه همیشې په ټولنیزو کارونو کې ونډه اخلم	2	هو کله کله په ټولنیزو کارونو کې ونډه اخلم	3	نه زه هیڅکله په ټولنیزو کارونو کې ګډوننشم کولای

1د زیربندۍ دروځۍ لمانځل	1	2	7 خیرات	1	2
2نوم ایښودنه	1	2	8 د قران عظیم الشان په ختم کې	1	2
3دودونه	1	2	9 د ملی روځو په لمانځلو کې (د مجاهدینو د پیروزی ورځې)	1	2
4کوزده (نامزدۍ)	1	2	10 سنت کولو	1	2
5کلیوال مراسم	1	2	11 نوی کال (نوروز)	1	2
6کوچنۍ یا لوی اختر	1	2	12 نوری روځې، واضح یی کړی	1	2

51. د هو په صورت کې د تیر کال په جریان کې په کومه یوه کې مو ګډون کړی وو؟ = 1 هو، 2 نه	1	2	هو زه همیشې په ټولنه کې د درناوی وړ یم	1	2	هو زه کله کله په ټولنه کې د درناوی وړ یم	3	نه هیڅکله، زه په ټولنه کې د درناوی احساس نه کوم
52. ته په ټولنه کې د درناوی وړ بلل کېږی؟	1	2	هو زه همیشې په کورنۍ کې د درناوي وړ یم	1	2	هو زه کله کله په کورنۍ کې د درناوي وړ بلل کېږم	3	نه هیڅکله زه په کورنۍ کې د درناوي احساس نه کوم
53. ته په کورنۍ کې د درناوی وړ ګڼل کېږی؟	1	2	نه زه هیڅکله د ژور خفګان احساس نه کوم	1	2	هو زه کله کله د ژور خفګان احساس کوم	3	هو زه هر وخت د ژور خفګان احساس کوم
54. ته کله د ژور خفګان احساس کوی؟	1	2	نه زه هیڅکله د قهر احساس نه کوم	1	2	زه کله کله د قهر احساس کوم	3	هو، زه هر وقت د غصې په حالت کې یم
55. ته د قهر احساس کوی؟	1	2	نه زه هیڅکله د تشویش او یا زړه تنګۍ احساس نه کوم	1	2	هو زه کله کله د تشویش او یا زړه تنګۍ احساس کوم	3	هو، زه هر وقت پریشانه او زړه تنګی وم
56. آیا ته د پریشانی او زړه تنګۍ احساس کوی؟	1	2	نه زه هیڅکله خوب کې نه دارېږم او ښه خوب لرم	1	2	هو، زه کله کله خوب کې دارېږم او خوب می هم تېښتي	3	هو، زه هر وخت خوب کې دارېږم او خوب می تېښتي
57. آیا ته په خوب کې دارېږی او یا بیخوابی لری؟	1	2	نه، زه هیڅکله د سر درد، د ګیډۍ درد او استقراق نلرم	1	2	هو، زه کله کله د سر درد، د ګیډۍ درد او یا استقراق لرم	3	هو، زه همیشې د سر درد، د ګیډۍ درد او استقراق لرم
58. آیا ته کله د سر درد، د ګیډۍ درد او استقراق لری؟	1	2	آیا تاسو له خپل ژوند څخه راضی یاست؟ (لس کلنۍ څخه پورته)، آیا له خپل ژوند څخه خوشحاله یاست (لس کلنۍ څخه ښکته)؟	1	2	تر یو حده راضي/ خوشحاله یم	3	بالکل رضایت نلرم/ خوشحاله نه یم

60. آیا تاسې او ستاسې کورنۍ د خپلوانو او کلیوالو لیدو ته ورځی؟	1	هره ورځ ورځم	2	اونۍ کې یو وار ورځم	3	په میاشت کې یو وار ورځم	4	ډیر کم کله ورځم	5	هیڅکله نه ورځم
61. خپلوان او کلیوال دې ستاسو لیدو ته راځي؟	1	هغه ورځ راځي	2	اونۍ کې یو وار راځي	3	په میاشت کې یو وار راځي	4	ډیر کم کله راځي	5	هیڅکله نه راځي
62. آیا تاسو کله د خپلوانو او یا هم کلیوالو له خوا کوم خدمات او یا اجناس تر لاسه کوئ؟	1	هو	2	نه	3	نه	4	نه	5	نه

که چیرې جواب هو وي نو...

63. کوم ډول خدمات او اجناس؟ (څو جوابونه هم کیدای شي)	1	نقدی پیسې	2	خوراکی مواد	3	کالي	4	معنوی مرسته	5	کور (سرپناه)	6	کار موندنه	7	نوري مرستې
64. آیا تاسې کوم اجناس یا خدمات خپلوانو ته عرضه کوئ؟	1	هو	2	نه	3	نه	4	نه	5	نه	6	نه	7	نه
65. کوم ډول خدمات او اجناس؟ (څو جوابونه هم کیدای شي)	1	نقدی پیسې	2	خوراکی مواد	3	کالي	4	معنوی مرسته	5	کور (سرپناه)	6	کار موندنه	7	نوري مرستې
66. آیا په تېرو دوو کلونو کې مو د نورو کلونو په نسبت ډیره مرسته تر لاسه کړېده؟	1	ډیره زیاته مرسته مو تر لاسه کړېده	2	کمه مرسته مو تر لاسه کړېده	3	د پخوا په شان	4	کمه تر لاسه کړېده	5	کمه تر لاسه کړېده	6	کمه تر لاسه کړېده	7	کمه تر لاسه کړېده

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67. آیا په تیرو دوو کلونو کې د ترلاسه شوو کومونو په نسبت زیات کومک مو خلکو سره کړیدي؟	مونږ چې کومه مرسته کړیده له هغې څخه مو زیاته ترلاسه کړیده	1	مونږ د ترلاسه شوی مرستې څخه خلکو سره زیاته مرسته کړیده	2	دواړه برابر دي	3
68. آیا خپلوان مو په سختو حالاتو کې درسره مرسته کوي؟	هو	1	نه	2		

69. په لاندې خدمتونو کې کومو ته اړتیا لرئ چې تاسو ته تر اوسه نه دي رسېدلي. = 1 هو ، 2 نه	پوهنه	1	2	ښه کور	1	2	د کورنۍ لخوا درناوی	1	2	نور موارد مشخص یی کړئ :-----	1
	صحت	1	2	زیاته ګټه	1	2	د ټولنې لخوا درناوی	1	2		2
	د کارکولو فرصتونه	1	2	د دولت لخوا د معلومات معاش	1	2	واده	1	2		

د کورنۍ د مشر په هکله معلومات:

1. د کورنۍ د مشر نوم									
2. جنس		1	نارینه	3. عمر		4. مدنی حالت		1	نا واده شوی
		2	ښځینه					2	واده شوی
5. په کلی کې مو د خپلوانو شمیر				6. د زیربښنې ځای		1	په اوسنۍ کلی کې	3	بل کلی په دې ولایت کې
7. د کورنۍ د غړو شمیر هغه چې په یوه کور کې اوسیږي.				2		د ولایت په مرکزي		4	په بل ولایت کې
								5	ایران یا پاکستان
								6	بل بهرنی هیواد
8. د کورنۍ د مشر علمي کچه څه ده ؟									
1 نالوستی									
2 لوستی بغیر د مکتب له شاملیدو									
3 لوستی اما له ابتدایي دورې ښکته ، مکمل شوی نه دی									
4 لومړنۍ زده کړې مو تکمیل کړي (له اول نه - تر شپږم ټولګي پوري)									
5 زده کړې (له اووم نه - تر نهم ټولګي پوري)									
6 ثانوي زده کړې (له لسم نه - تر دولسم ټولګي پوري)									
7 دیپلوم / د کورس بری لیک									
8 لیسانس									
9 ماسټر او یا اوچت									
9. د کورنۍ د مشر معمول او اوسنی دنده څه ده؟ (چې عاید ولري)									
1 په خپله مزرعه / ځمکې کې کار کوي یا د کورنۍ په مزرعه/ځمکې کې کار کوي									
2 شخصي کار کوي (په کور کې) (د کورنۍ ورځنۍ او معمول کارونه شامل نه دي)									
3 شخصي کار کوي (د کار ځای یې د کور نه بهر ده)									
4 د مزد په مقابل کې کار/ رسمي کارمند									
5 د موقتي امورو سر ته رسول/ د زراعت په بخش کې موسمي امور									
6 موقتي / موسمي کارونه (غیر زراعتي)									
7 کار کوم او په عین وقت کې په تعلیمي مرکز کې هم شامل یم									
8 کار نه کوي یا د کورنۍ واره کارونه سرته رسوي									

د څارونکي په هکله معلومات :

10. په کورنۍ کې د معلول لپاره څارونکي شته ؟		1	هو	11. که ځواب هو وي؛ د څارونکي نوم:	
		2	نه		
12. جنس	1	نارینه	13. عمر	14. مدنی حالت	
				1	نا واده شوی
				3	کونډه

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2	بڅښنه	/	2	واده شوی	4	طلاق شوی / جلا شوی
15.	د څارونکي تعلق د کورنۍ د مشر سره؟	1 مشر	4 ننړور / زوم	7	خوابنی / خسر	
		2 میرمن	5 لمسی	8 ورور / خور		
		3 زوی / لور	6 والدین	9	اوبنی / ښینه	
16.	د څارونکي تعلق د معلول سره؟	1 مشر	4 ننړور / زوم	7	خوابنی / خسر	
		2 میرمن	5 لمسی	8 ورور / خور		
		3 زوی / لور	6 والدین	9	اوبنی / ښینه	
17 د څارونکي علمي کچه څه ده؟						
18. د څارونکي معمول او اوسني دنده څه ده؟ (چې عاید ولري)						

ستاسو د همکارۍ نه مننه (د ځواب ورکونکي او فعاله ونډه اخیستونکي څخه مننه وکړئ).
 آیا غواړئ چې په راتلونکو څو میاشتو کې در سره رابطه وشي، ددی لپاره چې پوه شو ستاسو ژوند کی څه تغیر راغلی او که نه؟
 نه هو
 که چیرې جواب هو وي، نو: د تیلیفون شمیره مو راکړئ چې ستاسو سره تماس ونیسو
 آیا بله شمیره هم لرئ چې د لاس رسي وړ وي؟

د معلوماتو د راغونډوونکي نظریات او وړاندیزونه:

د سوپر وایزر نظریات

د سوال شمیره	ملاحظات/ ممکنه تصحیح چې باید وشي	تصحیح صورت نیولی
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه

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(ask if above 1)	I cannot sit at all	3	I could not sit at all	3
38. Can you stand? (ask if above 1)	I can stand on my own	1	I could already stand on my own	1
	I can stand with help	2	I could stand with help	2
	I cannot stand at all	3	I could not stand at all	3
39. Can you move inside the home? (ask if above 1)	I can move inside the house on my own	1	I could already move inside the house on my own	1
	I can move inside the house with help	2	I could move inside the house with help	2
	I cannot move inside the house at all	3	I could not move inside the house at all	3
40. Can you move outside the home? (ask if above 2)	I can move outside the house on my own	1	I could already move outside the house on my own	1
	I can move outside the house with help	2	I could move outside the house with help	2
	I cannot move outside the house at all	3	I could not move outside the house at all	3
41. Can you walk at least ten steps (ask if above 1)	I can walk ten steps on my own	1	I could already walk ten steps on my own	1
	I can walk ten steps with bar/crutches/cane	2	I could walk ten steps with bar/crutches/cane	2
	I can walk ten steps with help from someone	3	I could walk ten steps with help from someone	3
	I cannot walk ten steps at all	4	I could not walk ten steps at all	4
42. Can you speak? (ask if above 2)	I can speak without difficulty	1	I could already speak without difficulty	1
	I can speak but with some difficulty	2	I could speak with some difficulty	2
	I cannot speak at all	3	I could not speak at all	3
43. Can you understand simple instructions? (ask if above 2)	I can understand simple instructions without difficulty	1	I could already understand simple instructions without difficulty	1
	I can understand simple instructions but with difficulty	2	I could understand simple instructions but with difficulty	2
	I cannot understand simple instructions	3	I could not understand simple instructions	3
44. Can you express needs? (ask if above 2)	I can express needs without difficulty	1	I could already express needs without difficulty	1
	I can express needs but with some difficulty	2	I could express needs but with some difficulty	2
	I cannot express needs	3	I could not express needs	3
45. Can you read? (ask if above 8)	I can read without difficulty	1	I could already read without difficulty	1
	I can read but with some difficulty	2	I could read but with some difficulty	2
	I cannot read at all	3	I could not read at all	3
46. Can you write? (ask if above 8)	I can write without difficulty	1	I could already write without difficulty	1
	I can write but with some difficulty	2	I could write but with some difficulty	2
	I cannot write at all	3	I could not write at all	3
47. Do you feel confident learning new things?	Yes, I always feel confident learning new things	1	Yes, I always felt confident learning new things	1
	Yes, I sometimes feel confident learning new things	2	Yes, I sometimes felt confident learning new things	2
	No I never feel confident learning new things	3	No I never felt confident learning new things	3
48. Can you work? (above 10)	I can work without difficulty	1	I could already work without difficulty	1
	I can work but with some difficulty	2	I could work with some difficulty	2
	I cannot work at all	3	I could not work at all	3
49. Can you participate in cleaning the house?	I can participate in cleaning the house without difficulty	1	I could already participate in cleaning the house without difficulty	1
	I can participate in cleaning the house but with some difficulty	2	I could participate in cleaning the house but with some difficulty	2
	I cannot participate in cleaning the house at all	3	I could not participate in cleaning the house at all	3
50. Can you make friends outside the family?	Yes, I can make friends without difficulty	1	Yes, I could make friends without difficulty	1
	Yes, I can make friends but with some difficulty	2	Yes, I could make friends but with some difficulty	2
	No I cannot make friends at all	3	No I could not make friends at all	3
51. Are you consulted in family decisions? (ask if above 15)	Yes I am always consulted in family decisions	1	Yes I was always consulted in family decisions	1
	Yes, I am sometimes consulted in family decisions	2	Yes, I was sometimes consulted in family decisions	2
	No, I am never consulted in family decisions	3	No, I was never consulted in family decisions	3
52. Can you join	Yes I can always join in community activities	1	Yes I could always join in community activities	1

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in community activities and ceremonies?	Yes I can sometimes join in community activities	2	Yes I could sometimes join in community activities	2									
	No I can never join in community activities	3	No I could never join in community activities	3									
53.If Yes, which ones did you join in the last year? 1=YES, 2=NO	1 Birth ceremony	1	2 7 Nazr/Khairat	1 2									
	2 Nam Guzari	1	2 8 Khatme Quraan	1 2									
	3 Arusi/Wadah	1	2 9 Official days (Mujahidin day...)	1 2									
	4 Engagement	1	2 10 Circumcision	1 2									
	5 Village ceremonies	1	2 11 Nao Roz	1 2									
	6 Eid Ramazan/Qurban	1	2 12 Other, specify	1 2									
54. Do you feel respected in the community?	Yes, I always feel respected	1	Yes, I always felt respected	1									
	Yes, I sometimes feel respected	2	Yes, I sometimes felt respected	2									
	No I never feel respected	3	No I never felt respected	3									
55. Do you feel respected in your family?	Yes, I always feel respected	1	Yes, I always felt respected	1									
	Yes, I sometimes feel respected	2	Yes, I sometimes felt respected	2									
	No, I never feel respected	3	No I never felt respected	3									
56. Do you feel sad?	No, I never feel sad	1	No, I never felt sad	1									
	Yes, I sometimes feel sad	2	Yes, I sometimes felt sad	2									
	Yes, I always feel sad	3	Yes, I always felt sad	3									
57. Do you feel angry?	No, I never feel angry	1	No, I never felt angry	1									
	Yes, I sometimes feel angry	2	Yes, I sometimes felt angry	2									
	Yes, I always feel angry	3	Yes, I always felt angry	3									
58. Do you feel worried or distressed?	No, I never feel worried or distressed	1	No, I never felt worried or distressed	1									
	Yes, I sometimes feel worried or distressed	2	Yes, I sometimes felt worried or distressed	2									
	Yes, I always feel worried or distressed	3	Yes, I always felt worried or distressed	3									
59. Do you have nightmare or bad sleep?	No, I never have nightmare or bad sleep	1	No, I never had nightmare or bad sleep	1									
	Yes, I sometimes have nightmare or bad sleep	2	Yes, I sometimes had nightmare or bad sleep	2									
	Yes, I always have nightmare or bad sleep	3	Yes, I always had nightmare or bad sleep	3									
60. Do you have headache, stomachaches or nausea?	No, I never have headache/stomachaches/nausea	1	No, I never had headache/stomachaches/nausea	1									
	Yes, I sometimes have headache/stomachaches/nausea	2	Yes, I sometimes had headache/stomachaches/nausea	2									
	Yes, I always have headache, stomachaches, nausea	3	Yes, I always had headache/stomachaches/nausea	3									
61. Are you satisfied with your life?		Very satisfied	1	Quite satisfied	2	Not satisfied	3						
62. How often does your family visit relatives outside your Household?		Every day	1	Once per week	2	Once per month	3	occasionally	4	never	5		
63. How often do relatives outside your Household come for a visit?		Every day	1	Once per week	2	Once per month	3	occasionally	4	never	5		
64. Does your family receive goods or services from relatives outside your Household?							YES	1	NO	2			
IF YES													
65. Of what kind? (Several answers possible)		Money	1	Food	2	Clothes	3	Moral help	4	Lodging	5	Jobs	6
Other, specify :		7											
66. Does your family provide goods or services to relatives outside your Household?							YES	1	NO	2			
IF YES													
67. Of what kind? (Several answers possible)		Money	1	Food	2	Clothes	3	Moral help	4	Lodging	5	Jobs	6
Other, specify :		7											
68. Do you think your family receives more and more in the last 2 years?		I receive more and more		1	I receive less and less		2	It remain the same		3			
69. Do you think your family give more than you receive in the last 2 years?		I receive more than I give		1	I give more than I receive		2	It's balanced		3			
70. Does your family help in case of hardship?		YES					1	NO					2
71. Among the following, what do you need that has not been covered? 1=yes 2=no	Education	1	2	Good Housing	1	2	Respect from family	1	2	Other, specify _____	1		
	Health	1	2	Higher income	1	2	Respect from community	1	2				
	Job opportunity	1	2	Disability pension	1	2	Marriage	1	2			2	

Thank you for your help. Please thank the respondent for her/his contribution to this survey.

Comments of the data collector

Comments of the supervisor

Question number	Remarks/corrections to be made	Correction made
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO

Dari- Participant Interview Form

RAD CBR Participant Interview Form

پروگرام بازتوانی معلولين افغان، سی بی آر ، فورم اشتراک

0. هدف مصاحبه		1. تاريخ مصاحبه	4. نقل مکان نموده	5. ترک نموده	6. تعقيب فارغين	3. فوت شده
2. تاريخ شموليت در برنامه بازتوانی معلولين افغان: ____/____/____		2. تاريخ فراغت از پروگرام بازتوانی معلولين افغان: ____/____/____				
3. نام کارمند بازتوانی مبتنی بر جامعه و نمبر معرفت آن		4. نام شرکت کننده و نمبر شناخت آن				
5. بعد از درخواست برای شامل شدن در برنامه بازتوانی معلولين افغان چه زمان را در بر گرفت تا کارمند بازتوانی مبتنی بر جامعه با شما کار را آغاز کرد؟ (بر اساس ماه مشخص سازید)						
1. ننگرهار	2. لغمان	3. کنر	4. بلخ	5. جوزجان	6. سمنگان	7. غزني
8. ولایت	9. کنر	10. بدخشان	11. کندز	12. تخار	13. بغلان	
7. اسم ولسوالی و کود نمبر آن		8. اسم و کود نمبر محل				
9. نوع معلولیت (چندین پاسخ ممکن است)		10. جنسیت				
1. جسمانی / حرکتی		2. شنوایی/تکلم				
3. بینایی		4. ذکاوت/یادگیری				
5. مریضی روانی		6. میرگی				
11. عمر		12. حالت مدنی				
1. مرد		2. زن				
13. شما در چند سالگی معلول شدید؟		14. علت معلولیت شما چیست؟				
1. از تولد		2. حادثه در کار				
3. از تولد		4. حادثه در کار				
5. از تولد		6. حادثه در کار				
7. از تولد		8. حادثه در کار				
9. از تولد		10. حادثه در کار				
11. از تولد		12. حادثه در کار				
13. از تولد		14. حادثه در کار				
15. رابطه شما با رئیس خانه چه است؟		16. ملیت				
1. رئیس خانه		2. همسر				
3. پسر/دختر		4. والدین				
5. برادر /خواهر		6. خسرین				
7. خسرین		8. سایر				
9. سایر		10. سایر				
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85. سایر		86. سایر				
87. سایر		88. سایر				
89. سایر		90. سایر				
91. سایر		92. سایر				
93. سایر		94. سایر				
95. سایر		96. سایر				
97. سایر		98. سایر				
99. سایر		100. سایر				

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پروگرام بازتوانی معلولین افغان، سی بی آر ، فورم اشتراک

1	ما قیمت مکتب را پرداخته نمیتوانیم/... نمی توانستیم.	18. چرا شما به مکتب نمیروید؟ و یا شما چرا به مکتب نرفته اید؟ (جوابات متعدد ممکن است)
2	من باید کار کنم/... می کردم	
3	مکتب در فاصله دور قرار دارد/ در اینجا مکتب وجود ندارد/...مکتب وجود نداشت	
4	اطفال دیگر شامل مکتب به من اهمیت نمیدهند/... نمیدادند	
5	من در مکتب شامل نه گردیده ام/ معلم یا مسؤل مکتب مرا نمیخواهد/...نگردیده بودم	
6	من نمیتوانم یاد بگیرم/نمیتوانستم یاد بگیرم.	
7	من نمیتوانم به مکتب رسیدگی نمایم/نمیتوانستم به مکتب رسیدگی نمایم.	
8	فامیل من نمیخواهد که من را کسی دیگر ببیند/...نمیخواست...	
9	ازینکه من یک دختر هستم فامیل من اجازه نمیدهد مکتب بروم/...اجازه نمیداد.	
10	طفل بسیار خورد است یا در دوره امادگی برای مکتب قرار دارد.	
11	اگردلیل دیگر، مشخص نماید	

مراجعه به سوال 20	1	کار در مزرعه شخصی/ زمین یا مزرعه فامیلی	19 فعالیت یا وظیفه معمول فعلی شما چیست؟ (وظیفه با معاش)
	2	کاریابی خودی (کارهای به سطح فامیل)	
	3	کاریابی خودی (کار بیرون از خانه)	
	4	کار با مزد معمول/ استخدام با معاش	
	5	کارهای تصادفی/ کارگر موسمی زراعت	
	6	کارهای تصادفی/کارمند موسمی (کارهای غیر زراعتی)	
	7	کار ودر عین زمان شمولیت در مرکز تعلیمی	
	8	کار نمی کند	
20. برای چه مدت شما کار میکنید			
برای اینکه جوابات با شما کمک نماید به یاد بیاورید، به واقعات مهم مراجعه نماید (ازدواج، تولد) مدت کار را با سال مشخص نماید (مثال: اگر شخص برای 5 سال کار کرده باشد در آنصورت صرف 5 بنویسید و در صورتیکه از یک سال کمتر کار کرده باشد انرا 1 بنویسید			
21. به چه مدت در یک سال چند ماه کار میکند؟			
22. در یک ماه چند روز کار میکند؟			
23. از زمانی که شما کار کردن را شروع نمودید، آیا مدتی هم در آن وقفه آمده (بیکار شده اید)؟			
24. برای چه مدت			
25. از زمانی که شما کار کردن را شروع نمودید، آیا مدتی هم در آن وقفه آمده (بیکار شده اید)؟			
26. در آمد اعضای فامیل تان چقدر است؟			
27. در آمد (عاید) ماهوار شما چقدر است؟			
28. آیا اعضای خانواده، یکی از اشیاء ذیل را دارند؟ به چه مقدار؟ (هیچ نه = 0)			
29. آیا اعضای خانواده، یکی از اشیاء ذیل را دارند؟ به چه مقدار؟ (هیچ نه = 0)			
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RAD CBR Participant Interview Form

پروگرام بازتوانی معلولین افغان، سی بی آر، فورم اشتراک

28. از مدت پیوستن تان با پروگرام بازتوانی معلولین افغان آیا یکی از خدمات ذیل را بدست آورده اید؟	29. آیا اینها زنده گی شما را بهتر نموده ؟	30. اگر جواب سوال 28 بلی است چند مرتبه در هفته و چند مرتبه در ماه و در مجموع چند بار این خدمات را دریافت نمودید؟	31. اگر جواب سوال 28 بلی است چند مرتبه در هفته و چند مرتبه در ماه و در مجموع چند بار این خدمات را دریافت نمودید؟
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	بلی	نخیر	بلی	نخیر	به ماه نشان دهید	تعداد هفته	تعداد ماه	تعداد مجموعی
1. فزیوتراپی	1	2	1	2	1. / /	/ /	/ /	/ /
2. اعضای مصنوعی	1	2	1	2	2. / /	/ /	/ /	/ /
3. قالب های حمایتی	1	2	1	2	3. / /	/ /	/ /	/ /
4. بایسکل سه عرابه ای	1	2	1	2	4. / /	/ /	/ /	/ /
5. زیربغلی	1	2	1	2	5. / /	/ /	/ /	/ /
6. چوکی مخصوص فلج دماغي	1	2	1	2	6. / /	/ /	/ /	/ /
7. چوکات قدم زدن	1	2	1	2	7. / /	/ /	/ /	/ /
8. عصای قدم زدن	1	2	1	2	8. / /	/ /	/ /	/ /
9. کارگماری	1	2	1	2	9. / /	/ /	/ /	/ /
10. شاگردی	1	2	1	2	10. / /	/ /	/ /	/ /
11. آموزش گروپی	1	2	1	2	11. / /	/ /	/ /	/ /
12. قرضه	1	2	1	2	12. / /	/ /	/ /	/ /
13. آموزش شغل	1	2	1	2	13. / /	/ /	/ /	/ /
14. آموزش تعلیم خانگی HBE	1	2	1	2	14. / /	/ /	/ /	/ /
15. تعلیم در سطح مرکز	1	2	1	2	15. / /	/ /	/ /	/ /
16. شمولیت در مکتب	1	2	1	2	16. / /	/ /	/ /	/ /
17. آموزش خانگی HBT	1	2	1	2	17. / /	/ /	/ /	/ /
18. دادخواهی	1	2	1	2	18. / /	/ /	/ /	/ /
19. سایر، مشخص سازید	1	2	1	2	19. / /	/ /	/ /	/ /

فعالیت ها	در حال حاضر	6 ماه قبل
32. اگر شما مریض باشید، مراقبت طبی را بدست آورده میتوانید؟	1. من همیشه مراقبت صحی را بدست میاورم	1. من همیشه مراقبت صحی بدست می آوردم.
	2. من بعضی اوقات مراقبت صحی را بدست میاورم	2. من بعضی اوقات مراقبت صحی را بدست می آوردم
	3. من هیچگاه به مراقبت صحی دست رسی ندارم	3. من هیچگاه مراقبت صحی بدست نیاوردم
33. آیا قادر هستید خودتان صرف طعام نمایید. (بالا تر از 4 سال)	1. من میتوانم خودم صرف طعام نمایم	1. من از قبل خودم غذا خورده میتوانستم
	2. من میتوانم با کمک صرف طعام نمایم	2. من با کمک میتوانستم غذا بخورم
	3. شخص دیگر باید به من غذا بدهد	3. شخص دیگر به من غذا میداد
34. آیا توانمندی استفاده از حمام را دارید؟ (بالا تر از 8 سال)	1. من میتوانم خودم حمام بگیرم	1. من از قبل میتوانستم خودم حمام نمایم
	2. من با کمک میتوانم حمام بگیرم	2. من با کمک میتوانستم حمام بگیرم
	3. شخص دیگر باید من را حمام دهد	3. شخص دیگر مراحمام میداد
35. آیا شما قادر استید از بیت الخلا استفاده نمایید؟ (بالا تر از 3 سال)	1. من میتوانم خودم از بیت الخلا استفاده نمایم	1. من از قبل میتوانستم از بیت الخلا استفاده نمایم
	2. من میتوانم با کمک از بیت الخلا استفاده نمایم	2. من به کمک میتوانستم از بیت الخلا استفاده نمایم
	3. من بکلی نمیتوانم از بیت خلا استفاده کنم	3. من هیچگاه از بیت الخلا استفاده کرده نتوانستم
36. آیا میتوانید لباس خود را بپوشید؟ (بالا تر از 4 سال)	1. من میتوانم لباس خود را خودم بپوشم	1. من از قبل میتوانستم لباس خود را بپوشم
	2. من میتوانم با کمک لباس خود را بپوشم	2. من با کمک میتوانستم لباس بپوشم
	3. شخص دیگر باید مرا لباس بپوشاند	3. شخص دیگر به من لباس میپوشید
37. میتوانید بنشیند؟ (بالا تر از 1 سال)	1. من خودم نشسته میتوانم	1. من از قبل نشسته میتوانستم
	2. من با کمک نشسته میتوانم	2. من با کمک نشسته میتوانستم
	3. من بکلی نشسته نمیتوانم	3. من هیچگاه نشسته نتوانستم

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1	من از قبل ایستاد شده میتوانستم	1	من خودم ایستاد شده میتوانم	38. میتوانید ایستاد شوید؟ (بالا تر از 1 سال).
2	من به کمک ایستاد شده میتوانستم	2	من با کمک ایستاد شده میتوانم	
3	من هیچگاه نتوانستم ایستاد شوم	3	من قطعاً ایستاد شده نمیتوانم	
1	من از قبل میتوانستم در داخل خانه حرکت نمایم	1	من میتوانم خودم در داخل خانه حرکت نمایم	39. میتوانید در داخل خانه قدم زنید؟ (بالا تر از 1 سال)
2	من با کمک میتوانستم در داخل خانه حرکت نمایم	2	من با کمک در داخل خانه حرکت کرده میتوانم	
3	من هیچگاه نتوانستم در داخل خانه حرکت نمایم	3	من بکلی نمیتوانم در داخل خانه حرکت نمایم	
1	من از قبل میتوانستم بیرون از خانه گشت و گذار نمایم	1	من میتوانم خودم بیرون از خانه گشت نمایم	40. میتوانید بیرون از خانه قدم بزنید؟ (بالا تر از 2 سال)
2	من به کمک میتوانستم بیرون از خانه گشت و گذار نمایم	2	من به کمک میتوانم بیرون از خانه گشت نمایم	
3	من هیچگاه نتوانستم بیرون از خانه گشت و گذار نمایم	3	من بکلی نمیتوانم بیرون از خانه گشت و گذار نمایم	
1	من از قبل میتوانستم ده قدم راه بروم	1	من میتوانم ده قدم راه به تنهایی بروم	41. میتوانید حد اقل ده قدم راه بروید؟ (بالا تر از 1 سال)
2	میتوانسته ده قدم به وسیله چوکات، عصای زیربغلی، عصای دست راه بروم.	2	من میتوانم ده قدم به وسیله چوکات، عصای زیربغلی و عصای دست راه بروم.	
	میتوانستم با همکاری شخص دیگر ده قدم راه بروم	3	من با همکاری شخص دیگر میتوانم ده قدم راه بروم	
3	من نمیتوانستم ده قدم راه بروم	4	من بکلی نمیتوانم ده قدم راه بروم	
1	من از قبل میتوانستم بدون مشکل سخن بگویم .	1	من میتوانم بدون مشکل حرف بزنم	42. سخن گفته میتوانید؟ (بالا تر از 2 سال)
2	من میتوانستم با کمی مشکل سخن بگویم .	2	من میتوانم با کمی مشکل حرف بزنم	
3	من هیچگاه سخن گفته نتوانستم	3	من تا حال نتوانستم سخن بگویم	
1	من از قبل هدایات ساده را بدون مشکل میفهمیدم	1	من هدایات ساده را بدون مشکل درک کرده میتوانم	43. هدایات ساده را میفهمید؟ (بالا تر از 2 سال)
2	من میتوانستم هدایات ساده را با مشکل درک نمایم	2	من با مشکل هدایات ساده را میفهمم	
3	من نمیتوانستم هدایات ساده را بفهمم	3	من هدایات ساده را درک کرده نمیتوانم (نمیفهمم)	
1	من از قبل میتوانستم ضرورت ها را بدون مشکل اظهار نمایم	1	من میتوانم ضرورت ها را بدون مشکل اظهار نمایم	44. میتوانید ضرورت های خویش را اظهار نمایید؟ (بالا تر از 2 سال)
2	من میتوانستم ضرورت ها را با کمی مشکل اظهار نمایم	2	من با کمی مشکل میتوانم ضرورت ها را اظهار نمایم	
3	من نمیتوانستم ضرورت ها را اظهار نمایم	3	من نمیتوانم ضرورت ها را اظهار نمایم	
1	من از قبل خواندن را بدون مشکل میتوانستم	1	من خواندن را بدون مشکل میتوانم	45. آیا توانایی خواندن خط را دارید؟ (بالا تر از 8 سال)
2	من با کمی مشکل خواندن را میتوانستم	2	من با کمی مشکل خواندن را میتوانم	
3	من هیچگاه خواندن را نمیتوانستم	3	من هرگز نمیتوانم بخوانم	
1	من از قبل بدون مشکل میتوانستم بنویسم (تحریر کرده میتوانستم)	1	من بدون مشکل میتوانم بنویسم	46. تحریر کرده میتوانید؟ (بالا تر از 8 سال)
2	من میتوانستم با کمی مشکل بنویسم	2	من میتوانم با کمی مشکل بنویسم	
3	من هیچگاه نتوانستم بنویسم	3	من هرگز نمیتوانم بنویسم	
1	بلی من همیشه برای آموختن چیزهای جدید اتکاء بخود میکردم	1	بلی من همیشه برای آموختن چیزهای جدید احساس اعتماد دارم	47. آیا شما از یادگیری چیز های نو مطمئن هستید؟
2	بلی من بعضی اوقات احساس اتکاء بخود برای آموختن چیزهای جدید	2	بلی من بعضی اوقات برای آموختن چیزهای جدید احساس اعتماد میکنم	
3	نخیر من هرگز احساس اتکاء بخود برای آموختن چیزهای جدید نه کردم	3	نخیر من هیچگاه احساس اعتماد برای یادگیری چیزهای جدید نکردم	
1	من از قبل میتوانستم بدون مشکل کار کنم	1	من میتوانم بدون مشکل کار را انجام دهم	48. آیا شما کار کرده میتوانید؟ (بالا تر از 10 سال)
2	من میتوانستم با کمی مشکل کار کنم .	2	من با کمی مشکل میتوانم کار کنم .	
3	من هیچگاه کار کرده نتوانستم	3	من هرگز کار کرده نمیتوانم	

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1	من از قبل بدون مشکل در صفای خانه سهم می‌گرفتم	1	من میتوانم در صفای خانه بدون مشکل شرکت نمایم	49. آیا شما میتوانید در صفای خانه سهم بگیرید؟ (بالاتر از 5 سال)
2	من با کمی مشکل میتوانستم در صفای خانه سهم بگیرم	2	من میتوانم با کمی مشکل در صفای خانه اشتراک نمایم	
3	من هیچگاه نتوانستم در صفای خانه سهم باشم	3	من هرگز در صفای خانه سهم گرفته نمیتوانم	
1	بلی من توانستم بدون مشکل دوست داشته باشم	1	بلی من میتوانم بدون مشکل دوستانی را دریابم	50. میتوانید بیرون از خانه دوستانی داشته باشید؟ (بالاتر از 5 سال)
2	بلی من توانستم به کمی مشکل دوست پیدا کنم	2	بلی، من میتوانم با کمی مشکل دوستانی پیدا کنم.	
3	نخیر من هرگز نتوانستم دوست داشته باشم	3	من نمیتوانم کسی را دوست سازم	
1	بلی همه اوقات در تصامیم فامیلی از من مشوره گرفته شده	1	بلی از من همیشه در تصامیم فامیلی مشوره گرفته شده	51. آیا از شما در تصامیم خانوادگی مشوره گرفته میشود؟ (بالاتر از 15 سال)
2	بلی، از من بعضی اوقات در تصامیم فامیلی مشوره گرفته شده است	2	بلی بعضی اوقات از من در تصامیم فامیلی مشوره گرفته شده است	
3	نخیر، از من هیچگاه در تصامیم فامیلی مشوره گرفته نشده است	3	نخیر از من هیچگاه در تصامیم فامیلی مشوره گرفته نشد است.	
1	بلی من همیشه توانستم در فعالیت های جامعهی شرکت داشته باشم	1	بلی من همیشه در فعالیت های جامعه سهم میگیرم	52. میتوانید در فعالیت های جامعه و تجلیل محافل شرکت نمایید؟
2	بلی من توانستم بعضی اوقات در فعالیت های جامعه شرکت نمایم	2	بلی بعضی اوقات در فعالیت های جامعه شرکت مینمایم	
3	نخیر من هیچگاه نتوانستم در فعالیت های جامعه شرکت نمایم	3	نخیر من هیچگاه در فعالیت های جامعه شرکت کرده نمیتوانم	
2	1 خیرات	2	1 تجلیل روز تولد	53. در صورت بلی در جریان سال گذشته در کدام یکی از آن اشتراک نمودید؟ 1=بلی، 2=نخیر
2	1 ختم قران عظیم الشان	2	1 نامگذاری	
2	1 روزهای ملی رسمی	2	1 عروسی	
2	1 ختنه	2	1 نامزدی	
2	1 11 سال نو (نوروز)	2	1 مراسم قریه	
2	1 12 سایر ایام، مشخص گردد	2	1 عید الفطر	
1	بلی من همه اوقات خود را قابل احترام کرده ام	1	بلی من همیشه خود را قابل احترام احساس میکنم.	54. آیا شما خود را در جامعه محترم محسوس مینمایید؟ (بالاتر از 5 سال)
2	بلی بعضی اوقات خود را قابل احترام کرده ام	2	بلی بعضی اوقات خود را قابل احترام احساس میکنم.	
3	نخیر هرگز احساس احترام ننموده ام	3	نخیر هیچ وقت خود را قابل احترام احساس نمیکنم.	
1	بلی همیشه احساس میکردم که احترام می شوم.	1	بلی من همیشه احساس احترام دارم.	55. آیا شما احساس میکنید که در فامیل خویش احترام میشود؟ (بالاتر از 5 سال)
2	بلی بعضی اوقات احساس میکردم که احترام می شوم.	2	بلی بعضی اوقات احساس می کنم که احترام می شوم.	
3	نخیر هیچگاه احترام را حساس ننموده ام	3	نخیر هیچگاه احساس نمی کنم که احترام میشوم.	
1	نخیر من هیچگاه احساس ناراحتی ننموده ام	1	نخیر من هیچگاه احساس ناراحتی نمی نمایم	56. آیا شما احساس ناراحتی میکنید؟
2	بلی بعضی اوقات خود را غمگین محسوس میکردم	2	بلی بعضی اوقات احساس ناراحتی مینمایم	
3	بلی، همه اوقات اندوهگین بوده ام	3	بلی همه اوقات غمگین میباشم	
1	نخیر من هیچگاه احساس قهر ننموده ام	1	نخیر من هیچوقت احساس قهر نمیکنم	57. آیا شما احساس قهر میکنید؟
2	بلی، بعضی اوقات احساس قهر مینمودم	2	بلی بعضی اوقات احساس قهر مینمایم	
3	بلی، من همیشه احساس قهر می کردم.	3	بلی، من همیشه احساس قهر میکنم.	
1	نخیر، من هیچگاه احساس تشویش یا افسرده گی ننموده ام	1	نخیر من هیچگاه احساس اندوه یا افسرده گی ننموده ام	58. آیا شما احساس اندوه یا افسرده گی می کنید؟
2	بلی، من بعضی اوقات احساس تشویش یا افسرده گی مینمودم	2	بلی بعضی اوقات احساس تشویش یا افسرده گی مینمایم	
3	بلی، من همیشه احساس تشویش یا افسرده گی مینمودم	3	بلی، من همه اوقات پریشان یا افسرده میباشم	

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1	نخیر، من هیچگاه کابوس و یا خواب بد نداشتم	1	نخیر من هیچوقت کابوس و یا خواب بد ندارم	59. آیا شما در خواب حالت ترس یا بد خوابی دارید؟		
2	بلی، بعضی اوقات ترس در خواب یا خواب بد داشتم	2	بلی، بعضی اوقات در خواب حالت ترس و یا خواب بد دارم			
3	بلی، من همیشه ترس در خواب یا خواب بد می داشتم	3	بلی من همه اوقات ترس در خواب یا خواب بد دارم			
1	نخیر من هیچگاه سردرد، درد معده و یا حالت استفراغ نداشتم	1	نخیر، من هیچ وقت سردرد، درد معده و حالت استفراغ ندارم	60. آیا شما سردرد، درد معده و یا حالت استفراغ دارید؟		
2	بلی، بعضی اوقات من سردرد، معده درد و حالت تهوع داشتم	2	بلی، بعضی اوقات من سردرد، معده درد و حالت استفراغ می داشتم			
3	بلی، من همه اوقات سردرد، شکم درد و حالت تهوع داشتم	3	بلی من همیشه سردرد، شکم درد و حالت تهوع دارم			
3	راضی نیستم	2	کم راضی استم	1	بسیار راضی استم	61. آیا شما از زندگی خویش راضی هستید؟

62. در هر چند وقت یکبار شما و فامیل شما با اقارب و همسایه های تان ملاقات میکنید؟	هر روز	1	هفته ای یکبار	2	ماهی یکبار	3	گاهی اوقات	4	هیچ وقت	5				
63. در هر چند وقت یکبار اقارب تان یا همسایه های تان به دیدن شما و فامیل شما می آیند؟	هر روز	1	هفته ای یکبار	2	ماهی یکبار	3	گاهی اوقات	4	هیچ وقت	5				
64. آیا شما و فامیل تان از اقارب تان اجناس و یا خدمات دریافت می نمایند؟	بلی													
65. اگر بلی کدام قسم کمک (چندین جواب ممکن است)	پولی	1	غذایی	2	پوشاک	3	کمک معنوی	4	مسکن	5	وظیفوی	6	سایر کمک ها	7
66. آیا شما خارج از منزل اجناس یا خدمات برای اقارب تان میدید؟	بلی													
67. اگر بلی کدام قسم کمک/ همکاری (چندین جواب ممکن است)	پولی	1	غذایی	2	پوشاک	3	کمک معنوی	4	مسکن	5	وظیفوی	6	سایر کمک ها	7
68. آیا شما فکر میکنید که در دو سال گذشته فامیل تان اجناس و خدمات بیشتر و بیشتری از دیگران دریافت نموده باشد؟	بیشتر دریافت کرده ام													
69. آیا در دو سال گذشته بیشتر از اینکه کمک دریافت نموده ام نسبت به آنکه من کمک بیشتر از دیگران دریافت نموده ام نسبت به آنکه خودم از دیگران کمک دریافت نموده ام.	1 کمتر دریافت کرده ام													
70. آیا در روزهای سخت اقارب تان همراهی تان کمک / همکاری می کنند؟	بلی													

71. آیا شما به این خدمات نیاز دارید؟ بلی = 1 نخیر = 2	تعلیم و آموزش	1	2	خانه خوب	1	2	احترام از فامیل	1	2	در صورت و غیره لطفاً مشخص سازید.....	1	2
	صحت	1	2	عبادت بهتر	1	2	احترام از جامعه	1	2			
	فرصتهای کاری	1	2	تقاعد معلول	1	2	عروسی	1	2			

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معلومات رییس/سرپرست فامیل:

1. نام رییس/سرپرست فامیل									
2. جنسیت		1 مذکر	3. عمر		4. حالت مدنی		1 مجرد	3 بیوه	
		2 مونث	/___/___/				2 متأهل	4 طلاق شده / جدا شده	
5. چه تعداد از اقارب یا اعضای خانواده تان در این قریه زندگی میکنند؟			6. محل تولد		1	3 در همین قریه	5 در یکی دیگر از قریه های همین ولایت		
7. چه تعداد از اعضای خانواده تان (فعلا با شما در خانه تان) زندگی میکنند؟					2	4 در مرکز همین ولایت	6 در ولایت دیگر		
8. سطح تعلیمی رییس خانواده چیست؟									
1 بیسواد									
2 باسواد بدون شمولیت در مکتب رسمی									
3 تعلیم یافته مگر دوره ابتدایی را تکمیل ننموده است									
4 مکتب ابتداییه را تکمیل نموده است (صنف 6)									
5 مکتب متوسطه (صنف 7 الی 9)									
6 لیسه (صنف 10 الی 12)									
7 دیپلوم / شهادتنامه کورس									
8 لیسانس									
9 ماستر و یا بالاتر از آن									
1 کار در مزرعه شخصی/ زمین یا مزرعه فامیلی									
2 کاریابی خودی (کارهای خانگی) (شامل امور منزل نمیشود)									
3 کاریابی خودی (کار بیرون از خانه)									
4 کار با مزد معمول/ استخدام با معاش/ کارگری									
5 کارهای تصادفی/ کارگر موسمی زراعت									
6 کارهای تصادفی / کارمند موسمی (کارهای غیر زراعتی)									
7 کار و در عین زمان شمولیت در مرکز تعلیمی									
8 کار نمیکند									

معلومات شخص مراقبت کننده از معلول:

10. آیا کدام شخص مراقبت کننده اولیه برای فرد معلول در خانواده وجود دارد؟									
1 بلی		11. اگر بلی، نام وی را بنویسید:							
2 نخیر									
12. جنسیت		1 مذکر	13. عمر		14. حالت مدنی		1 مجرد	3 بیوه	
		2 مونث	/___/___/				2 متأهل	4 طلاق شده / جدا شده	
15. شخص مراقبت کننده با رییس فامیل			4 داماد/ سنو (عروس)		7 خسر / خشو				
2 همسر			5 نواسه		8 برادر/خواهر				
3 پسر/ دختر			6 والدین		9 خسر بره / خویشنه/ ننو/ ایور				
16. شخص مراقبت کننده با معلول چه نسبتی دارد؟			4 داماد/ سنو (عروس)		7 خسر / خشو				
2 همسر			5 نواسه		8 برادر/خواهر				
3 پسر/ دختر			6 والدین		9 خسر بره / خویشنه/ ننو/ ایور				
17. سطح تعلیمی شخص مراقبت کننده چیست									
1 بیسواد									
2 باسواد بدون شمولیت در مکتب رسمی									
3 تعلیم یافته مگر دوره ابتدایی را تکمیل ننموده است									
4 مکتب ابتداییه را تکمیل نموده است (صنف 6)									
5 مکتب متوسطه (صنف 7 الی 9)									
6 دوره لیسه (صنف 10 الی 12)									
7 دیپلوم / شهادتنامه کورس									
8 لیسانس									
9 ماستر و یا بالاتر از آن									
1 کار در مزرعه شخصی/ زمین یا مزرعه فامیلی									
2 کاریابی خودی (کارهای خانگی) (شامل امور منزل نمیشود)									
3 کاریابی خودی (کار بیرون از خانه)									
4 کار با مزد معمول/ استخدام با معاش/ کارگری									
5 کارهای تصادفی/ کارگر موسمی زراعت									
6 کارهای تصادفی / کارمند موسمی (کارهای غیر زراعتی)									
7 کار و در عین زمان شمولیت در مرکز تعلیمی									
8 کار نمیکند									

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تشکر از همکاری شما. لطف نموده از اشتراک کننده به خاطر سهمگیری او تشکر نمایید.

نظریات شخص جمع آوری کننده معلومات

نظریات سوپروایزر

نمبر سوال	ملاحظات/ تصحیح ممکنه که باید صورت گیرد	تصحیح صورت گرفته
		بلی / نخیر
		بلی / نخیر
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		بلی / نخیر
		بلی / نخیر
		بلی / نخیر

Pashto- Participant Interview Form

RAD CBR Participant Interview Form د سي بي آر د گډون کوونکو د مصاحبي فورمه

0. د مصاحبي هدف		1. د ځل لپاره مصاحبه	4. معلول بل ځای ته کډه کړیده	1. د مصاحبي نېټه: ____/____/____ روځ/مياشت/کال	
2. د فراغت مصاحبه		5. معلول نه غواړی			
3. معلول وفات شوی دی		6. نور			
2. الف: پروگرام کې د شمولیت نېټه: ____/____/____			2. ب: له پروگرام څخه د فراغت نېټه: ____/____/____ (کال/ مياشت/ ورځ)		
3. د ټولنې په کچه د بېار غونې د کار کونکي نوم او د معرفت شمېره:					
4. د گډونکونکي نوم او دشناخت شمېره					
5. وروسته لدی چې تاسو خپل درخواست د افغان معلولينو برنامې ته وسپاره، څومره موده وروسته د ټولنې په کچه د بېار غونې کارمند خپل کار شروع کړ. (وخت د مياشتې په اساس وېنایئ)					
1. ننګرهار		4. بلخ	7. غزنی	10. تخار	13. بغلان
2. لغمان		5. جوزجان	8. وردګ	11. کنډز	
3. کټر		6. سمنګان	9. لوګر	12. بدخشان	
7. د ولسوالۍ نوم او دهغي د کود شمېره					
8. د کلی نوم او دهغي د کود شمېره					
1. حرکت کول / فزیکي		3. لیدل		5. روانی ستونزی	
2. اوریدل او خبری کول		4. زده کړه / څیرک توب		6. میرګی	
10. جنس		1. نارینه		2. ښځینه	
11. عمر		12. مدنی حالت		1. نا واده شوی	3. کونډه
2. واده شوی		4. واده شوی		3. جلاشوی / طلاق	
13. په څو کلنۍ کې معلول شوي؟		14. د معلولیت سبب		1. ولادي	4. په کور کې حادثه
2. د کار په ساحه کې حادثه		5. ځمکنی ماین		7. نور وجوهات، مشخص بی کړی	
3. ترافیکي حادثه		6. د جنگ زخمونه		9. نه پوهیږم	
15. د شخص رابطه د کورنۍ له مشر سره؟		1. د کور مشر		2. میرمن	3. زوی / لور
4. زوم/ ننږور		5. لمسی		6. پلار ګني	
7. خسر		8. ورور/ خور		9. اوبنۍ/ ښینه	10. نوری اړیکي
1. پښتون		2. تاجک		3. هزاره	4. ازبک
5. ترکمن		6. ایماق		7. پشیی	8. قزلباش
9. نور مشخص بي کړي		16. ملیت		17. ستاسو علمي کچه څه ده؟	
1. نا لوستی		2. لوستی بغیر د مکتب له شاملیدو		3. لوستی اما د ابتدای له دورې ښکته، مکمل شوی نه دی	
4. لومړنۍ زده کړی مو تکمیل کړی (له اول تر شپږم صنف پورې)		5. منځنۍ زده کړی (له اووم تر 9 صنف پورې)		6. ثانوی زده کړی (له 10 تر 12 صنف پورې)	
7. ډیپلوم / د کورس بری لیک		8. لیسانس		9. ماسټر او یا اوچت	
18. ولی مکتب ته نه ځی؟ آیا تاسو مکتب ته نه یی تللی؟ (مختلف ځوابونه ممکن دی)					
1. ما د مکتب فیس یا قیمت نشوای ورکولای					
2. باید کار وکړم					
3. مکتب په لیری فاصله کې موقعیت لری / دلته مکتب نشته / ترانسپورتي ستونزی موجودی دی					
4. په مکتب کې شامل نور هلکان را ته طعنه را کوي					
5. مکتب نه یم شامل کړی / معلم او یا د مکتب مسؤل مې نه غواړي					
6. زده کړه نشم کولای					
7. مکتب ته لاس رسی نه لرم / د مکتب تعمیر د لاس رسی وړ نه دی (دمعلولو دگشت سهولتونه نه لری)					
8. نه غواړم چې نور خلک مې وگوري					
9. زه د کور نجلۍ یم ، کورنی اجازه نه را کوي					
10. ډیر کوچنی (کوچنی) ده					

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11		نور دلیونه، واضح یی کړی	
20 سوال ته مراجعه وکړی	1	په خپله زمینداری او مزرعه کی کارکوم / د کورنی په ځمکه کی کارکوم	
	2	د شخصی امورو سرته رسول (کورنی دندی)	
	3	شخصی کار وبار (د کور نه د باندی کارونه)	
	4	د مزد په مقابل کی کار / رسمی کارمند	
	5	د موقتی امورو سرته رسول/ د زراعت په بخش کی موسمی امور	
	6	کله کله یا آنی کارونه/ موسمی کارونه (غیر زارعتی کارونه)	
	7	کار کوم او په عین وقت کی په تعلیمی مرکز کی هم شامل یم	
24 سوال ته مراجعه وکړی	8	کار نه کوم	
20. تاسو د څومره مودی راهیسی کارکوی؟		ددی په خاطر چی ځوابونه له تاسو سره مرسته وکړی په یاد یی راوړی، مهمی واقعی په یاد راوړی (واده، پیدایښت) د کار موده مو د کال په اساس و ښایی (له یو کال څخه کم ته یو کال ولیکی)	
21. په کومه کچه		په یو کال کی څو میاشتی کار کوي؟	
22. په یوه میاشت کی څو روخی کار کوي؟			
23. له کوم وقت نه مو چی کار شروع کړی دی، آیا په هغی کوم نوعه وقفه راغلی ده؟ د څومره مودت لپاره.		هو نخیر	ستاسو د کار وقفه د بیرونیو پیښو په اساس (د وظیفی له لاسه ورکول، جگړه یا مخالفت، مریضی، حوادث، نوری پیښی) په میاشتو و ښیی وروسته بیا 25 سوال ته مراجعه وکړی.
24. په هغه صورت کی چی مصاحبه ورکوونکی کار نه کوي دلیل یی څه دی؟		کار نه کوي، ځکه چی تعلیمی مرکز کی شامل دی	
1		دداخلي امورو سرته رسول او علاوه له دی د نورو کسانو په عوض دکور د کارونو سرته رسول	
2		کوچنی دی	
3		د پیسو په مقابل کی تقاعد شوی	
4		خلک یی ځوروي او طعنه ورکوي	
5		گومارونکي هغه ته کار نه ورکوي / مشتریان تری شکایت کوي	
6		هغه په ټولنه کی موجوده دندی سرته نه شي رسولای	
7		هغه د کار ځای ته لاس رسی نه لري	
8		کورنی یی نه غواړي نور خلک هغه وویښي	
9		نه غواړي کار وکړي	
10		ډیر زور دی	
11		نور دلیونه، واضح یی کړی	
12			

25. میاشتنی عاید مو څومره دی؟		افغانی	
26. د کورنی د غریو عاید مو څومره دی؟ (په میاشت کی)		افغانی	
27. آیا د کورنی غری مو یو ددغه شیانو نه لري؟ په کومه اندازه؟ (هیڅ نه = 0)		رادیو	
موتر سایکل		د خاکی ټیلو چراغ / سولر گروپونه	
موتر		د کالیو گندلو ماشین	
کور		بایسکل	
گرځنده تلفون		یخچال	
تلویزیون		جنریټور	

28. له هغه مدت نه چی د افغان معلولینو د بیارغونی په پروگرام کی شامل شوي یاست لاندی خدمتونه مو تر لاسه کړی؟		29. آیا دغه خدمتونو ستاسو په ژونه کی بهیود راوستی؟		30. آیا مخکی لدی چی د افغان معلولینو په پروگرام کی شامل شی، له نورو ادارو څخه مو لاندی خدمتونو ته لاس رسی در لود؟		31. آیا دغو خدمتونو ستاسو په ژوند کی بهیود راوستی؟	
هو	نه	هو	نه	هو	نه	هو	نه
1	2	1	2	1	2	1	2
1. فزیکي ټداوی		1. فزیکي ټداوی		2. مصنوعي غړي		2. مصنوعي غړي	
2. فزیکي ټداوی		2. فزیکي ټداوی		3. کمک کوونکي قالبونه		3. کمک کوونکي قالبونه	
3. کمک کوونکي قالبونه		3. کمک کوونکي قالبونه		4. درې ټایره بایسکل		4. درې ټایره بایسکل	

د سي بي آر د گډون کوونکو د مصاحبي فورمه RAD CBR Participant Interview Form

2	1	2	1	5. د تخرگ لاندی لکنی (چگسونه)	2	1	2	1	5. د تخرگ لاندی لکنی (چگسونه)
2	1	2	1	6. ددماغی فلج خاصی چوکی	2	1	2	1	6. ددماغی فلج خاصی چوکی
2	1	2	1	7. د قدم و هلو چوکات د موازی د موجودیت په شمول	2	1	2	1	7. د قدم و هلو چوکات د موازی د موجودیت په شمول
2	1	2	1	8. د قدم و هلو لکنه (امسا)	2	1	2	1	8. د قدم و هلو لکنه (امسا)
2	1	2	1	9. په کار گمارل	2	1	2	1	9. په کار گمارل
2	1	2	1	10. شاگردی	2	1	2	1	10. شاگردی
2	1	2	1	11. گروپی زده کړي	2	1	2	1	11. گروپی زده کړي
2	1	2	1	12. پور یا فرضه	2	1	2	1	12. پور یا فرضه
2	1	2	1	13. د تجارت تربینگ	2	1	2	1	13. د تجارت تربینگ
2	1	2	1	14. د کور دننه زده کړی HBE	2	1	2	1	14. د کور دننه زده کړی HBE
2	1	2	1	15. زده کړی په مرکز کې	2	1	2	1	15. زده کړی په مرکز کې
2	1	2	1	16. په مکتب کې شاملیدل	2	1	2	1	16. په مکتب کې شاملیدل
2	1	2	1	17. کورنی روزنه HBT	2	1	2	1	17. کورنی روزنه HBT
2	1	2	1	18. وکالت او اکاډمي	2	1	2	1	18. وکالت او اکاډمي
2	1	2	1	19. نور واضح پی کړی	2	1	2	1	19. نور واضح پی کړی

فعالیتونه	اوس	مخکې لدی چی د افغان معلولینو د بیارغونی په پرگرام کې شامل شی (په وروستیو شپږو میاشتو کې)
32. د مریضی په صورت کې مو طبی پاملرنه تر لاسه کوله؟	1	ما هر وقت طبی مرستی تر لاسه کړیدی
	2	زه کله کله له طبی مرستو مستفید شوی یم
	3	ما هیڅکله طبی مرستی نه دی تر لاسه کړی
33. آیا خوراک کولای شې؟ (۴ کلنی نه پورته)	1	ما پخپله غذا خورلی شوه
	2	ما په کمک سره غذا خورلی شوه
	3	نورو کسانو ماته غذا راکوله
34. ایا د تشناب نه استفاده کولای شې؟ (8 کلنی نه پورته)	1	زه په خپله ځان پریمنځلی شم
	2	زه په کمک سره ځان پریمنځلی شم
	3	بل څوک باید ما پریمنځي
35. آیا کولای شې له بد رفت نه استفاده وکړی؟ (3 کلنی نه پورته)	1	زه کولای شم په خپله له بیت الخلا څخه استفاده وکړم
	2	زه په کمک سره له بیت الخلا استفاده کولای شم
	3	زه بالکل له بیت الخلا څخه استفاده نشم کولای
36. کولای شوی خپل لباس واغوندي؟ (۴ کلنی نه پورته)	1	زه کولای شم خپلی جامي واغوندم
	2	زه په کمک سره خپلی جامی واغوندم
	3	بل څوک باید زما جامی را واغوندي
37. کولای شې کښینی؟ (1 کلنی نه پورته)	1	زه کولای شم پخپله کښینم
	2	زه په کمک سره کښیناستلای شم
	3	زه بالکل نشم کښیناستلای
38. کولای شې ودریری؟ (1 کلنی نه پورته)	1	زه کولای شم ودریرم
	2	زه په کمک سره دریدلای شم
	3	زه بالکل نشم دریدلای
39. کولای شې د کور په داخل کې قدم ووهی؟ (1 کلنی نه پورته)	1	زه کولای شم په خپله د کور دننه حرکت وکړم
	2	زه په کمک سره کولای شم د کور دننه حرکت وکړم
	3	زه بالکل د کور دننه حرکت نشم کولای
40. کولای شې د کور نه بیرون قدم ووهی؟ (2 کلنی نه پورته)	1	زه په تنهای سره کولای شم د کور نه د باندی وگرځم
	2	زه په کمک سره کولای شم د کور نه د باندی وگرځم
	3	زه بالکل د کور نه د باندی نشم گرځیدلای

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1	ما په اسانۍ سره کولای شوی لس قدمه ولاړ شم	1	زه په تنه‌ای سره کولای شم لس قدمه په لاره ولاړ شم	41. کولای شئ لږ تر لږه لس قدمه په لاره ولاړ شې؟ (1 کلنی نه پورته)
2	د چوکات، لاسي لکړنې او د تخرگ لاندې لکړو په مرسته لس قدمه تللای شوم	2	زه د چوکات، د تخرگ لاندې لکړو او د لاس د لکني په وسیله لس قدمه په لاره ولاړ شم	
3	ما کولای شوی د بل چا په مرسته لس قدمه ولاړ شم	3	زه د بل چا په مرسته لس قدم په لاره ځم	
1	ما بې له کوم مشکل نه خبری کولای شوی	1	زه بې له مشکل نه کولای شم خبری وکړم	42. خبری کولای شې؟ (2 کلنی نه پورته)
2	ما په لږ مشکل سره خبری کولای شوی	2	زه په لږ مشکل سره خبری کولای شم	
3	ما قطعاً خبری نشوای کولای	3	زه تر اوسه د خبرو کولو توان نلرم	
1	زه پخوا هم بې له مشکل نه په ساده لارښوونو پوهیدم	1	زه بې له مشکل څخه په اسانه لارښوونو پوهیدم	43. په ساده لارښوونو پوهیدرې؟ (2 کلنی نه پورته)
2	زه پخوا هم په مشکل سره په ساده نه پوهیدم	2	زه په مشکل سره په اسانه لارښوونو پوهیدم	
3	زه پخوا هم په اسانه لارښوونو نه پوهیدم	3	زه په اسانه لارښوونو نه پوهیدم	
1	ما د خپلو مشکلاتو په بیانولو کې کومه ستونزه نه درلوده	1	زه کولای شم خپلې ستونزې بې له کوم مشکل څرگندی کړم	44. کولای شې خپل ضرورتونه بیان کړی؟ (2 کلنی نه پورته)
2	ما په لږ مشکل سره خپلې ستونزې څرگندولې	2	زه په لږ مشکل سره خپلې ستونزې څرگندولای شم	
3	ما نه شو کولای چې خپلې ستونزې څرگندي کړم	3	زه نه شم کولای خپلې ستونزې څرگندي کړم	
1	ما بې له کوم مشکل نه لوست کولای شو	1	زه بې له مشکل نه لوست کولای شم	45. لوستلای شې؟ (8 کلنی نه پورته)
2	ما په مشکل سره لوست کولو	2	زه په لږ مشکل سره لوست کولای شم	
3	ما لوستل نه شو کولای	3	زه هیڅکله نشم کولای لوست وکړم	
1	ما بې له مشکل څخه د لیک کولو توان درلود	1	زه بې له مشکل نه لیکل کولای شم	46. لیکلای شې؟ (8 کلنی نه پورته)
2	په لږ مشکل سره مې لیک کولای شو	2	زه په لږ مشکل سره لیکل کولای شم	
3	ما هیڅکله لیک نشو کولای	3	زه هیڅکله لیکل نشم کولای	
1	هو ما همیشه د نویو شیانو د زده کولو وړتیا درلوده	1	هو زه همیشه د نویو شیانو د زده کولو توان لرم	47. آیا د نویو شیانو د یادولو توان لري؟
2	هو ما کله کله د نویو شیانو د زده کولو وړتیا درلوده	2	هو زه کله کله د نویو شیانو د زده کولو توان لرم	
3	نه ما هیڅکله د نویو شیانو د زده کولو وړتیا نه درلوده	3	نه زه هیڅکله د نویو شیانو د زده کولو توان نلرم	
1	ما مخکېنۍ هم بې له مشکل څخه کولای شول چې کارونه سرته ورسوم	1	زه کولای شم بې له مشکل څخه کار سرته ورسوم	48. کار کولای شې؟ (10 کلنی نه پورته)
2	ما په لږ مشکل سره کولای شول کارونه سرته ورسوم	2	زه په لږ مشکل سره کولای شم کارونه سرته ورسوم	
3	ما هیڅکله د کار کولو توان نه درلود	3	زه هیڅکله کار سرته نشم رسولای	
1	ما پخوا هم بې له مشکل څخه د کور په پاکوالي کې برخه اخیسته	1	زه کولای شم د کور په پاکوالي کې بې له مشکل څخه گډون وکړم	49. کولای شې د کور په صفایي کې برخه واخلي؟ (5 کلنی نه پورته)
2	ما په لږ مشکل سره کولای شول د کور په پاکوالي کې برخه واخلم	2	زه په لږ مشکل سره کولای شم د کور په پاکوالي کې برخه واخلم	
3	ما پخوا د کور په پاکوالي کې د ونډې اخیستنې قدرت نه درلود	3	زه هیڅکله د کور په پاکوالي کې برخه نشم اخیستلای	
1	هو، ما ددی توان درلود چې دوستان ولرم	1	هو زه کولای شم بې له مشکل څخه دوستان و موم	50. کولای شې د کور نه بهر دوستان ولری؟ (5 کلنی نه پورته)
2	هو، ما په لږ مشکل سره کولای شول دوستان ولرم	2	هو، زه په لږ مشکل سره کولای شم دوستان و موم	
3	نه ما ددی توان نه درلود چې د ځان لپاره دوستان پیدا کړم	3	زه نشم کولای چې دوستان پیدا کړم	
1	هو هر وخت له ما څخه د کورنۍ په فیصلو کې مشوره اخیستل کید	1	هو له ما څخه هر وخت د کور په فیصلو کې مشوره اخیستل کیدی	51. آیا له ما څخه د کور په پریکړو کې مشوره اخیستل کیدی؟ (په هغه صورت کې چې عمر یې له ۱۵ کلونو پورته وي پوښتنه وشي)
2	هو، له ما څخه کله کله د کور په فیصلو کې مشوره اخیستل کیده	2	هو کله کله له ما څخه د کور په فیصلو کې مشوره اخیستل کیدی	
3	نه، له ما څخه هیڅکله د کورنۍ په فیصلو کې مشوره نه اخیستل کیده	3	نه له ما څخه هیڅکله د کور په فیصلو کې مشوره نه اخیستل کیدی	
1	هو ما هر وخت په ټولنیزو کارونو کې ونډه اخیستله	1	هو زه همیشه په ټولنیزو کارونو کې ونډه اخلم	52. کولای شې په ټولنیزو دندو او تجلیل کې گډون وکړي؟
2	هو ما کله کله په ټولنیزو کارونو کې ونډه اخیستله	2	هو کله کله په ټولنیزو کارونو کې ونډه اخلم	
3	نه ما هیڅکله مې په ټولنیزو کارونو کې گډون نه شو کولای	3	نه زه هیڅکله په ټولنیزو کارونو کې شرکت نشم کولای	
2	1 7 خیرات	2	1 د زیربندی دروخی لمانځل	
2	1 8 د قران عظیم الشان په ختم کې	2	1 نوم ایښودنه	53. د هو په صورت کې د تیر کال په جریان کې په کومه یوه کې مو گډون کړی وو؟ = 1 هو، 2 نه
2	1 9 د ملی روځو په لمانځلو کې (د مجاهدینو د پیروزی ورځی)	2	1 3 ودونه	
2	1 10 سنت کولو	2	1 4 کوزده (نامزدی)	
2	1 11 نوی کال (نوروز)	2	1 5 کلیوال مراسم	

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2	1	12 نوری روخی ، واضح بی کړی	2	1	6 اخترونه
1	1	هو زه هر وخت په ټولنه کې د درناوی وړ گڼل کیدم	1	1	هو زه همیشه په ټولنه کې د درناوی وړ یم
2	2	هو ، زه کله کله په ټولنه کې د درناوی وړ گڼل کیدم	2	2	هو زه کله کله په ټولنه کې د درناوی وړ یم
3	3	نه مایهځکله ټولنه کې د درناوی احساس نه دی کړی	3	3	نه هیڅکله زه په ټولنه کې د درناوی احساس نه کوم
1	1	هو زه هر وخت د درناوی وړ گڼل کیدم	1	1	هو زه همیشه په کورنۍ کې د درناوی وړ یم
2	2	هو ، زه کله کله د درناوی وړ گڼل کیدم	2	2	هو زه کله کله په کورنۍ کې د درناوی وړ یم
3	3	نه مایهځکله کورنۍ کې د درناوی احساس ندي کړی	3	3	نه هیڅکله زه په کورنۍ کې د درناوی احساس نه کوم
1	1	نه ما هیڅکله د ژور خفگان احساس ندي کړی	1	1	نه زه هیڅکله د ژور خفگان احساس نه کوم
2	2	هو ما کله کله د ژور خفگان احساس کاوه	2	2	هو زه کله کله د ژور خفگان احساس کوم
3	3	هو ، ما هر وخت د ژور خفگان احساس کاوه	3	3	هو زه هر وخت د ژور خفگان احساس کوم
1	1	نه ، ما هیڅکله د قهر او غصی احساس نه درلود	1	1	نه زه هیڅکله د قهر احساس نه کوم
2	2	هو ، ما کله کله د قهر او غصی احساس کولو	2	2	زه کله کله د قهر احساس کوم
3	3	هو ، زه هر وخت د قهر او غصی په حالت کې وم	3	3	هو ، زه هر وخت د غصی په حالت کې یم
1	1	نه ، ما هیڅکله د زړه تنگی احساس نه کولو	1	1	نه زه هیڅکله د تشویش او یا افسره کې احساس نه کوم
2	2	هو ، ما کله کله د تشویش او یا افسره کې احساس کاوه	2	2	هو زه کله کله د تشویش او یا افسره کې احساس کوم
3	3	هو ، ما همیشه د تشویش او افسردګی احساس کاوه	3	3	هو ، زه هر وخت پریشان او افسرده وم

1	1	نه ، ما هیڅکله د خپسک او یا بد خوب حالت نه درلود	1	1	نه زه هیڅکله خپسک لاندې نه یم راغلی (خراب خوب نه لرم)
2	2	هو ، ما کله کله د خپسک یا بد خوب حالت درلود	2	2	هو ، زه کله کله د خپسک حالت لرم
3	3	هو ، ما هر وخت د خپسک او یا بد خوب مشکل درلود	3	3	هو ، زه هر وخت د خپسک یا خراب خوب مشکل لرم
1	1	نه ما هیڅکله د سر خور ، د ګیډی درد او استغراق نه درلود	1	1	نه زه هیڅکله د سر خور ، د ګیډی درد او استغراق نلرم
2	2	هو ، ما کله کله د سر خور ، د ګیډی درد او استغراق درلود	2	2	هو ، زه کله کله د سر خور ، د ګیډی درد او یا استغراق لرم
3	3	هو ، ما هر وخت د سر خور ، د ګیډی درد او یا استغراق درلود	3	3	هو ، زه همیشه د سر خور ، د ګیډی درد او استغراق لرم

3	2	بالکل رضایت نلرم	1	1	ډیر راضی یم	61. آیا تاسو له خپل ژوند څخه راضی یاست ؟
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5	4	هیڅکله نه ورځم	3	2	1	هره ورځ ورځم	62. آیا تاسې او ستاسې کورنۍ د خپلوانو او کلیوالو لیدو ته ورځئ؟
5	4	هیڅکله نه راځي	3	2	1	هره ورځ راځي	63. خپلوان او کلیوال دې ستاسو لیدو ته راځي؟
2	1	نه	هو	64. آیا تاسو کله د خپلوانو او یا هم کلیوالو له خوا کوم خدمات او یا اجناس تر لاسه کوئ؟			

که چیرې جواب هو وي نو....

7	6	نورې مرستي	5	4	3	2	1	نقدی پیسې	65. کوم ډول خدمات او اجناس؟ (څو جوابونه هم کیدای شي)
2	1	نه	هو	66. آیا تاسې کوم اجناس یا خدمات خپلوانو ته عرضه کوئ؟					
7	6	نورې مرستي	5	4	3	2	1	نقدی پیسې	67. کوم ډول خدمات او اجناس؟ (څو جوابونه هم کیدای شي)

3	2	د پخوا په شان	1	1	ډیره زیاته مرسته مو تر لاسه کړیده	68. آیا په تیرو دوو کلونو کې مو د نورو کلونو په نسبت ډیره مرسته تر لاسه کړیده؟
3	2	دواړه برابر دي	1	1	مونږ چې کومه مرسته کړیده له هغې څخه مو زیاته تر لاسه کړیده	69. آیا په تیرو دوو کلونو کې د تر لاسه شوو کومونو په نسبت زیات کومک مو خلکو سره کړیدي؟
	2	نه	1	1	هو	70. آیا خپلوان مو په سختو حالاتو کې در سره مرسته کوي؟

1	2	1	2	1	کور	2	1	پوهنه	71. آیا لاندې خدمتونو ته اوس هم ضرورت لری؟ =1 هو ، 2 نه
2	2	1	2	1	زیاته ګټه	2	1	صحت	
	2	1	2	1	د دولت لخوا د معلولیت معاش	2	1	د کار کولو فرصتونه	

RAD CBR Participant Interview Form د سي بي آر د گډون کوونکو د مصاحبي فورمه

ستاسو د همکارۍ نه مننه ، د ځوابونو له را کولو او فعاله ونډې اخيستنی څخه مننه کوو

د معلوماتو د راغونډوونکي نظريات او وړاندیزونه:

د سوپر وایزر نظریات

د سوال شمیره	ملاحظات/ ممکنه تصحیح چی باید وشی	تصحیح صورت نیولی
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه

د سوپر وایزر نظریات

د سوال شمیره	ملاحظات/ ممکنه تصحیح چی باید وشی	تصحیح صورت نیولی
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
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		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه
		هو / نه

English-Village Survey Tool

RAD Village Survey Tool

0. Type of Interview	1.	Participant Village		1. Date of interview: / / / DD/MM/YYYY	
	2.	Control Village (Skip to Q3)			
2a. Year of SCA entering Village				2b. Year of RAD entering Village	
3. Respondent Name				4. Interviewer name and ID	
5. Respondent Role in Village		1	Village Chief	2	Mullah
		3	Other		
6. Province	Nangarhar	1	Balkh	4	Ghazni
	Laghman	2	Jozjan	5	Wardak
	Kunar	3	Samangan	6	Logar
		7	Takhar	10	Baghlan
		8	Kunduz	11	
		9	Badakshan	12	
7. District name and code				See list of districts	
8. Village name and code				See list of villages	

9. What is the topographical situation of the majority of cropland used by the community? (prompt the response)	1	Open plain	2	Valley	3	Valley and Hills	4	Hills (no valley cultivation)
10. How far is the nearest drivable road in KM? (If the nearest road is in the community, write '0')								
11. Is the closest road to your community usable by motorised vehicles (car, truck) all year?	Yes	1	No	2				

12a. Is electricity available in the village?	Yes	1	12b. If yes, is it available for everyone in the village?	Yes	1	
	No	2 (Skip to Q16)		No	2	
13. If Yes, for what purpose? (Select all that apply)	1	Domestic Use	2	Agricultural Use	3	Other Use
14. If yes, what is the source of that electricity? (Select all that apply)	1	Public connection	2	Solar Panel	3	Generator
15. How many hours per day do households get electricity for domestic purposes in the best month of year?						

16. Is there a school in the village?				Yes	1	No	2 (Skip to Q18)	
17. If Yes, what type? (Select all that apply)			Boys	Girls				
	1	Primary school	1	2	4	Madrasa	1	2
	2	Secondary School	1	2	5	Community Based School	1	2
	3	High School	1	2	6	University	1	2
18. If there is no school, what is the primary method of transportation to the nearest school?	1	Foot	4	Private vehicle	19. How long does it take to reach the nearest school using the method identified in Q18	Time to Reach in Summer :		
	2	Animal	5	Shared vehicle		minutes		
	3	Bicycle	6	Other		Time to Reach in Winter :		
						minutes		

20. Is there a health facility in the community?				Yes	1	No	2 (Skip to Q23)	
21. If Yes, what type? (Select all that apply)	1	Health post or Basic Health Centre	3	Private Clinic/Doctor	5	Female professional available	7	Pharmacist/chemist
	2	Comprehensive health centre	4	District or provincial Hospital	6	Physiotherapy /orthopaedic centre	8	Traditional Healer
9	Traditional healer - Female	10	Other, specify					
22. If there is a health centre, what is the name of the organization that operates the clinic?				(Skip to Q25)				
23. If there is no formal health facility, what is the primary method of transportation to the nearest health facility?	1	Foot	4	Private vehicle	19. How long does it take to reach the nearest health facility using the method identified in Q23?	Time to Reach in Summer :		
	2	Animal	5	Shared vehicle		minutes		
	3	Bicycle	6	Other		Time to Reach in Winter :		
						minutes		

25. Which Social and Political groups are in the village					
	Yes	No		Yes	No
1. Self-Help groups	1	2	8. Health Shura	1	2
2. Domestic NGO, specify	1	2	9. Community Development Council (NSP)	1	2
3. International NGO, Specify	1	2	10. Business Cooperative	1	2
4. Religious group	1	2	11. Business association	1	2
5. Political party	1	2	12. District Development Assembly	1	2
6. Village Shura	1	2	13. CBR committee	1	2
7. Education Shura	1	2	14. Other	1	2

RAD Village Survey Tool

26. In the past 3 years, has the village been negatively affected by any of the following?			If yes, how long ago did it happen most recently? (translate in months)
	Yes	No	
1. Closure of business affecting livelihoods	1	2	/ / / months
2. Wells dried up	1	2	/ / / months
3. River ran dry	1	2	/ / / months
4. Public taps not usable	1	2	/ / / months
5. Starvation	1	2	/ / / months
6. Livestock epidemic	1	2	/ / / months
7. Water-Borne Disease (Cholera, Typhoid, etc)	1	2	/ / / months
8. Other human disease epidemic, specify:	1	2	/ / / months
9. Insecurity or violence (armed conflict, kidnapping, bombing, etc)	1	2	/ / / months
10. Earthquake	1	2	/ / / months
11. Landslide or Avalanche	1	2	/ / / months
12. Floods	1	2	/ / / months
13. Severe Winter conditions (heavy snows, hailstorms)	1	2	/ / / months
14. Other Natural _____	1	2	/ / / months

Thank you for your help. Please thank the respondent for her/his contribution to this survey.

Do you accept to be contacted once again in some months to see how the situation has changed?	YES	1	NO	2
If YES, is there a phone number where we can join you?	/ / / / / / / / / /			
Is there a second phone number available?	/ / / / / / / / / /			

Comments of the data collector

Comments of the supervisor

Question number	Remarks/corrections to be made	Correction made
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO
		YES/NO

Dari-Village Survey Tool

فورم سروی قریه / پروگرام باز توانی معلولین افغان RAD

0. تاریخ مصاحبه:/...../.....		1. نوع مصاحبه		1. قریه تحت پوشش	
روز / ماه / سال		2. قریه خارج پوشش (به سوال 3 مراجعه شود)			
2a. سال شمولیت قریه در کمیته سویدن		2b. سال شمولیت قریه در پروگرام باز توانی معلولین افغان			
3. نام و نمبر شناخت کارمند باز توانی مبتنی بر جامعه					
4. نام شخص پاسخ دهنده:		5. نقش شخص پاسخ دهنده:		3. دیگر.....	
6. ولایت		6. سمنگان		6	
7. اسم ولسوالی و کود نمبر آن		Roi Do Aab		606	
8. اسم قریه و کود نمبر آن		Nawroz		9901	
به لیست ولسوالی ها مراجعه نمائید.					
به لیست قریه جات مراجعه نمائید.					
9. وضعیت ارتفاعی/برجستگی اکثریت زمین های زراعتی که در این قریه توسط مردم استفاده میشود چگونه است؟ (پاسخ فوری و بی درنگ)					
10. فاصله نزدیکترین جاده مواصلاتی تا قریه چقدر (چند کیلومتر) است؟ (اگر سرک در داخل قریه و بدسترس اجتماع است "0" بنویسید.)					
11. آیا نزدیکترین سرکی که به اجتماع شما وجود دارد برای سایر وسایط حمل و نقل (موتور، موتورسایکل و دیگر وسایل حمل و نقل بار) در تمام سال قابل استفاده میباشد؟					
12a. آیا در این قریه برق موجود است؟					
12b. اگر بلی، آیا برای تمام مردم موجود است؟					
13. اگر در قریه برق موجود است بیشتر به کدام منظور از آن استفاده میشود؟ (تمام موارد ممکن را انتخاب نمایید)					
14. در صورتیکه در قریه برق موجود است، این برق از کدام منبع بدست میآید؟ (تمام موارد ممکن را انتخاب نمایید)					
15. در ماه های مساعد سال، خانواده ها برای سهولت امور خانگی در یک روز، چند ساعت به برق دسترسی دارند؟					
16. آیا در قریه شما مکتب وجود دارد؟					
17. اگر بلی، چی نوع مکتب موجود است؟ (لطفاً تمام موارد ممکن را انتخاب نمایید.)					
18. اگر در قریه مکتب وجود ندارد، ساده ترین روش ممکن برای رفت و آمد به نزدیکترین مکتب چیست؟ (فقط یکی را انتخاب کنید)					
20. آیا در قریه سهولت های صحنی موجود است؟					
21. اگر بلی، چی نوع امکانات موجود است؟ (لطفاً تمام موارد ممکن را انتخاب نمایید.)					
22. در صورتیکه مرکز صحنی موجود است، نام موسسه ای که کلینیک را اداره میکند چیست؟					
23. در صورتیکه سهولت های صحنی در قریه نیست، ساده ترین روش ممکن جهت دسترسی به نزدیکترین مرکز صحنی چیست؟ (فقط یکی را انتخاب کنید)					
24. رسیدن به نزدیکترین مرکز صحنی با استفاده از روشی که در سوال 23 ذکر شد، چی مدت وقت را در برمیگیرد به دقیقه.					

25. کدام نوع گروپ های اجتماعی و سیاسی در قریه شما موجود میباشد؟					
نخیر	بلی		نخیر	بلی	
2	1	8. شورای صحنی	2	1	1. گروپ های کمک خودی
2	1	9. شورای انکشافی قریه (پروگرام همبستگی ملی)	2	1	2. سازمان غیر دولتی داخلی، واضح بسازید.....
2	1	10. کوپراتیف تجارتی	2	1	3. سازمان غیر دولتی بین المللی یا خارجی، واضح بسازید.....
2	1	11. انجمن تجارتی	2	1	4. گروه مذهبی
2	1	12. انجمن انکشافی ولسوالی	2	1	5. حزب سیاسی
2	1	13. کمیته بازتوانی مبتنی بر جامعه	2	1	6. شورای قریه
2	1	14. دیگر.....	2	1	7. شورای تعلیم و تربیه

26. آیا قریه در 3 سال اخیر با کدام یک از مشکلات ذیل مواجه شده است؟				بلی	نخیر	در صورتیکه قریه با کدام مشکل مواجه شده باشد، چند وقت پیش این مشکل اتفاق افتیده است؟	
1.	بسته شدن کسب و کار که بالای معیشت مردم تاثیرگذار باشد.	1	2	1	2	ماه	/ /
2.	خشک شدن چاه های آب	1	2	1	2	ماه	/ /
3.	خشکی آب نهرها و دریا ها	1	2	1	2	ماه	/ /
4.	قابل استفاده نبودن نل های آب /پمپ های آب عمومی	1	2	1	2	ماه	/ /
5.	قحطی	1	2	1	2	ماه	/ /
6.	امراض ساری مواشی	1	2	1	2	ماه	/ /
7.	امراض ساری ناشی از آب	1	2	1	2	ماه	/ /
8.	دیگر امراض ساری انسانی، مشخص بسازید.....	1	2	1	2	ماه	/ /
9.	ناامنی و خشونت (منازعات مسلحانه، اختطاف، بمب گذاری و...)	1	2	1	2	ماه	/ /
10.	زلزله	1	2	1	2	ماه	/ /
11.	لغزش زمین یا برف کوچ	1	2	1	2	ماه	/ /
12.	سیل	1	2	1	2	ماه	/ /
13.	شرایط سخت زمستان (برف سنگین، طوفان یا ژاله شدید)	1	2	1	2	ماه	/ /
14.	دیگر واقعات طبیعی، مشخص بسازید.....	1	2	1	2	ماه	/ /

تشکر از همکاری شما، لطفاً از شخص پاسخ دهنده بخاطر کمک شان در این سروی سپاسگزاری نمائید.

تشکر از همکاری شما. مهربانی نموده از ارائه کننده جوابات و از سهمگیری او تشکر نماید.
 آیا شما قبول می کنید تا بار دیگر چند ماه بعد هم اینان تماس گرفته شود تا ببینیم که وضعیت چگونه تغییر کرده است؟
 بلی
 اگر بله، یک شماره تلفونی بدهید که ما را با شما در ارتباط نگهدارد؟
 خیر
 آیا شماره تلفون دوم هم دارید که قابل دسترس باشد؟

نظریات شخص جمع کننده معلومات:

پیشنهادات سوپروایزران:

د افغان معلولينو د بيارغونې پروگرام / د کلی د سروی فورمه

0. دمصاحبې نېټه: /—/—/—		1. تر پوښښ لاندې کلی		1. د مصاحبې ډول:	
کال / میاشت / ورځ		2. پوښښ څخه د باندې کلی (3 سوال ته مراجعه وکړی)			
2a. په کلی کې د SCA د فعالیت کال		2b. په کلی کې د RAD پروگرام د فعالیت کال			
3. د سې بی آر د کارمند نوم او شمیره					
4. د خواب ورکونکي نوم					
5. د خواب ورکونکي رول په کلی کې					
6. ولایت					
7. د ولسوالۍ نوم او کود شمیره					
8. د کلی نوم او کود شمیره					
9. د زراعتي ځمکې د نقشي وضعیت څنگه دی چې د ټولنې له لوري ترې ګټه اخستل کیږي. (چټک خواب)					
10. د ټولو نه نږدې سړک په څو کیلومترې کې واقع دی؟ (که چیرې نږدې سړک په کلی کې وي نو بیا (0) ولیکي)					
11. آیا ستاسې کلی ته نږدې سړک په ټول کال کې د موټرو (غټ او واړه موټر) لپاره د استعمال وړ دی؟					
12a. آیا په کلی کې بریښنا شته؟					
12b. آیا ټول کلیوال بریښنا لري؟					
13. که چیرې هو؛ د څه مقصد لپاره؟ (سم او درست خواب په نښه کړی)					
14. که چیرې هو؛ د بریښنا منبع څه ده؟ (سم او درست خواب په نښه کړی)					
15. د کورنۍ د ګټې اخستنې لپاره په ورځ کې څو ساعته بریښنا تر لاسه کوی؟					
16. آیا په کلی کې مکتب شته؟					
17. (سم او درست خواب په نښه کړی)					
18. که چیرې نه؛ نږدې مکتب ته د حمل او نقل ابتدایي وسيلو څه دی؟ (یواځې یوه شمیره انتخاب کړی)					
19. څومره وخت نیسي چې نږدې ابتدایي مکتب ته ورسېږي د هغه وسيلو نه په ګټه اخستنې چې په 18 سوال کې په نظر کې نیول شوی دی					
20. آیا په ټولنه کې صحې اسانتیاوې شته؟					
21. که چیرې هو؛ کوم ډول؟ (سم او درست خواب په نښه کړی)					
22. که چیرې صحې کلینیک وي، نو د کوم ارګان له خوا پر مخ وړل کیږي؟					
23. که چیرې نه؛ نو نږدې صحې مرکز ته د حمل او نقل وسيلو څه دی؟ (یواځې یوه شمیره انتخاب کړی)					
24. څومره وخت نیسي چې نږدې ابتدایي صحې مرکز ته ورسېږي د هغه وسيلو نه په ګټه اخستنې چې په 23 سوال کې په نظر کې نیول شوی دی					
25. په کلی کې مو کوم اجتماعي او سیاسي ګروپونه شته؟					
1. سیلف هیلپ ګروپونه					
2. داخلي موسسه؛ واضح یی کړی					
3. خارجي موسسه؛ واضح یی کړی					
4. مذهبي ګروپ					
5. سیاسي حزب / ګوند					
6. کلیوالي شورا					
7. تعلیمي شورا					

د افغان معلولينو د بيارغونې پروگرام / د کلی د سروی فورمه

26. آیا په تیرو دریو کلونو کې کلی د لاندنی عواملو څخه په کوم یو منفی اغیزمن شوی دی؟	هو	نه	که چیرې هو؛ څومره موده مخکې؟ (د میاشتو په اساس یې ولیکئ)
1. د کاروبار بندیدلو د خلکو ژوند اغیزمن کړی	1	2	/ / / / میاشت
2. ځاګانې وچې شوی	1	2	/ / / / میاشت
3. سیند وچ شوی	1	2	/ / / / میاشت
4. د اوبو عمومي نلکې د استفادې وړ نه دی	1	2	/ / / / میاشت
5. لوړه / قحطی	1	2	/ / / / میاشت
6. د څارویو / حیواناتو ساری ناروغي	1	2	/ / / / میاشت
7. د اوبو څخه پیداشوی مرضونه	1	2	/ / / / میاشت
8. نوری انساني ساری ناروغي، واضح یې کړی :	1	2	/ / / / میاشت
9. نا امنی او تاوتریخوالی (مسلحانه شخړې: سړي تینتونه؛ بمباری وغیره)	1	2	/ / / / میاشت
10. زلزله	1	2	/ / / / میاشت
11. ځمکه بنوینده یا برف کوچ	1	2	/ / / / میاشت
12. سیلابونه	1	2	/ / / / میاشت
13. شدید د ژمي حالت (درنی واورې او طوفانونه)	1	2	/ / / / میاشت
14. نوری طبیعي پېښې	1	2	/ / / / میاشت

ستاسو د همکارۍ نه مننه (د ځواب ورکونکي او فعاله ونډه اخیستونکي څخه مننه وکړئ).

آیا غواړئ چې په راتلونکو څو میاشتو کې در سره رابطه وشي، ددی لپاره چې پوه شو ستاسو ژوند کې څه تغیر راغلی او که نه؟

هو نه

که چیرې جواب هو وي، نو: د تیلیفون شمیره مو راکړئ چې ستاسو سره تماس ونیسو

آیا بله شمیره هم لرئ چې د لاس رسي وړ وي؟

د معلوماتو راتلونکي تبصره

د سوپروایزر تبصره

د سوالونو شمیره

اصلاح شوی	هغه ملاحظات چې باید اصلاح شي	د سوپروایزر تبصره
هو / نه		
هو / نه		
هو / نه		
هو / نه		
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هو / نه		
هو / نه		
هو / نه		
هو / نه		

Monitoring Form

1. Purpose of Interview	1.	Entry Interview	2. Date of interview	Entry: /___/___/___/___/	
	2.	Discharge Interview		DD MM YYYY	
	3.	Participant has been Lost		Discharge /___/___/___/___/	
					DD MM YYYY
3. CBR worker name			4. CBR ID		

5a. Participant name and ID					
5b. Father's name					
6. Is this survey answered by a caretaker?	Yes	1	No	2	5c. If yes, what is his/her name?
6a. Relationship of the caretaker with PWD:	mother	1	father	2	Brother/sister 3 Son/daughter 4 Other 5

7. Province	Nangarhar	1	Balkh	4	Ghazni	7	Takhar	10	Baghlan	13
	Laghman	2	Jozjan	5	Wardak	8	Kunduz	11		
	Kunar	3	Samangan	6	Logar	9	Badakshan	12		
8. District name and code								See list of districts		
9. Catchment name and code								See list of villages		
10. Address										

11. Gender	Male	1	Female	2	12. Age			
13. Marital Status:	Unmarried	1	Engaged	2	Married	3	Widowed	4 Separated, Divorced 5

14. Ethnicity	Pashtun	1	Uzbek	4	Pashae	7	Other	10
	Tajik	2	Turkoman	5	Qezalbash	8		
	Hazara	3	Aimaq	6	Arab	9		
15a. Mobile Phone Number				15b. Alternate Mobile Phone				

16. Disability type (several response possible)	Physical Disability	1	Hearing/speech	3	Intellectual/learning	5	Epilepsy	7
	Numbness	2	Vision	4	Mental illness	6	Other_____	8
17. Age of onset of disability	18. Cause of disability	By birth	1	Family violence	5	Djinn	9	
		Work accident	2	Landmine	6	Disease	10	
		Road accident	3	War injury	7	Other, specify	11	
		Home accident	4	Civilian casualty of conflict	8	Don't know	12	

19. Can you read and write?	Yes	1	No	2	20. Did you attend/ Are you attending school?	Yes	1	No	2
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21. Is your HH income enough to meet your family's needs?	Yes	1	No	2
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22a. Do you go to the doctor or hospital when you are sick?	Yes	1	No	2	22b. If you go, does the treatment meet your needs ?	Yes	1	No	2
23. Does your family care for you when you are sick?	Yes	1	No	2					

Comments of the CBR Worker

Assets:

24. How many does your household own of the following ? (0 if none)	1. Radio	___	5. Cooking pots	___	9. Sewing machine	___	13. Cows	___
	2. Mobile phone	___	6. Refrigerator	___	10. Chickens	___	14. Bicycle	___
	3. Television	___	7. Kerosene lamp/ torch	___	11. Goat/Sheep	___	15. Motorbike	___
	4. Pressure cooker	___	8. Solar Panel system/ Electricity group	___	12. Donkey	___	16. Car	___
	17 house	___	18 farmland (biswa)	___				

Head of Household Questions:

25. Can he/she read and write ?	Yes	1	No	2	26. Did he/she attend school in the past?	Yes	1	No	2
27. Is he/she working for compensation ? (money or goods)	Yes	1	No	2					

28. Do you use the following assistive device?

	Yes	No		Yes	No		Yes	No		Yes	No
1. Hearing Aid	1	2	3. Orthotics	1	2	5. Crutches	1	2	7. Walking Frame	1	2
2. Prosthesis	1	2	4. Wheelchair	1	2	6. CP Chair	1	2	8. Walking Sticks	1	2

Capabilities

Please remember to take into account your health and people who help you, any assistive devices you use or any medication you take.

Please use the following codes for the assessment:

1: Yes / No difficulty**2: With some difficulty****3: With a lot of difficulty****4: I cannot do at all**

	Assessment 1 Date : __/__/__	Assessment 2 Date : __/__/__	Assessment 3 Date : __/__/__	Assessment 4 Date : __/__/__	Assessment 5 Date : __/__/__
Activities of Daily Living					
29. Are you able to eat by yourself? (ask if above 4)					
30. Can you bathe yourself? (ask if above 8)					
31. Can you use the latrine? (ask if above 3)					
32. Can you dress and undress? (ask if above 4)					
Mobility					
33. Can you sit down?					
34. Can you stand up? (ask if above 1)					
35. Can you move inside the home? (ask if above 1)					
36. Can you move outside your home? (ask if above 2)					
Communication					
37. Can you speak? (ask if above 2)					
38. Can you use sign language? (ask if above 5)					
39. Can you read lips? (ask if above 6)					
40. Can you understand simple instructions? (ask if above 2)					
41. Can you express your needs? (ask if above 2)					
42. Are you confident learning new things?					

	Assessment 1 Date :	Assessment 2 Date :	Assessment 3 Date :	Assessment 4 Date :	Assessment 5 Date :
Social Participation					
43. Can you play with peers your own age?					

44. Can you make friends outside of the family? (ask if above 4)					
45. Can you join in community activities?					
46. Are you consulted in family decisions? (ask if above 15)					
47. Do you experience bad words (bad language, laughing) from people in your family?					
48. Do you experience bad words (bad language, laughing) from people in your community ?					
49. Do you experience violence (hitting, pushing, kicking) from people in your family					
50. Do you experience violence (hitting, pushing, kicking) from people in your community					
Emotional Wellbeing					
51. Do you feel sad? (ask if above 5)					
52. Do you feel angry? (ask if above 5)					
53. Do you feel worried or distressed ? (ask if above 5)					
54. Do you have nightmares or bad sleep ? (ask if above 5)					
55. Do you have headaches, stomachaches, or nausea related to anxiety or stress (ask if above 5)					
56. Are you happy in your life ?					

Additional Needs

57. What are the three most important things you need in your life right now?
1. _____
2. _____
3. _____

For Data Entry Officer: Codes

1	Literacy	8	Rehabilitation services
2	Higher Education	9	More respect in the family
3	Employment	10	Marriage
4	Disability Pension	11	Transportation
5	Higher Income	12	Better housing
6	Better healthcare	13	Other rehabilitation related : _____
7	More respect in the community	14	Other : _____

58. What are the person with disabilities' personal goals ?

These can be functional or more complex. Choose 3.

For example : I want to be able to play with other children.

1. Goal 1	
2. Goal 2	
3. Goal 3	

59. What are the skills that should be prioritized to achieve this goal ?

(CBRW in consultation with PwD and Family) :

Goal 1 :	<i>I want to be able to play with other children</i>
Skill 1	<i>Moving outside the house without difficulty</i>
Skill 2	<i>Speaking/Communicating</i>
Skill 3	<i>Throwing</i>

58.1. Goal 1:

59.1 Skill 1	
59.2 Skill 2	
59.3 Skill 3	

58.2 Goal 2:

59.4 Skill 1	
59.5 Skill 2	
59.6 Skill 3	

58.3 Goal 3:

59.7 Skill 1	
59.8 Skill 2	
59.9 Skill 3	

Resources Needed - Summary

59. Name of the Skill (indicate the skill number)	60. Resources Available	61. Explanation/Specific Plan
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	8	8

**CBR Worker Visit Documentation**

<u>Date</u>	<u>Duration</u>	<u>Activities</u>
/__/_/____/ DD MM...YYYY	
/__/_/____/ DD MM...YYYY		
/__/_/____/ DD MM...YYYY		
/__/_/____/ DD MM...YYYY		
/__/_/____/ DD MM...YYYY		



DIP CBR Participant Interview Form

CBR Worker Visit Documentation

<u>Date</u>	<u>Duration</u>	<u>Activities</u>
<div> <div>/ / /</div> <div>DD MM...YYYY</div> </div>	
<div> <div>/ / /</div> <div>DD MM...YYYY</div> </div>		
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<div> <div>/ / /</div> <div>DD MM...YYYY</div> </div>		

The page features several vertical bars of varying heights and widths in teal and maroon colors. On the left side, there are three bars of different heights. On the right side, there are four bars, with the tallest one being teal and the others being maroon and teal. The word "References" is centered in the middle of the page.

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