

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



Islay Mactaggart Research Fellow in Disability International Centre for Evidence in Disability, LSHTM





AIM:

To develop a comprehensive population-based survey methodology that is compatible with the ICF, and to explore the inter-relationship between the *impairment* and *activity limitation* components of this framework



METHODS:

All age population-based survey (n=4056 per country) of: 1. Self reported functional limitations 2. Clinically measured visual impairment, hearing impairment, musculoskeletal impairment and depression

2. Nested Case-control study (age 5+): CASES: People with disabilities CONTROLS: People without disabilities





Cameroon: North West Region (July-Sept 2013)



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





Screening tools

- 1. WG/UNICEF and WG-ESF Self-Reported Screen (2+)*
- 2. PHQ-9 Clinical Depression Screen (18+)
- 3. RAĂB Vision Screen (all ages)
- 4. WHO E&H Hearing Screen (all ages)
- 5. RAM Musculoskeletal Screen (all ages)
- Clinical examination, diagnosis and referral for all participants screening positive to any clinical screen
- Case/Control interviews for all participants screening positive to any screen aged 5+

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*NB. Children <8 or participants unable to communicate screened via proxy, 9+ selfreport



Screening tools

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*NB. Children <8 or participants unable to communicate screened via proxy, 9+ selfreport



	DOMAIN TYPE	AGE GP	No.	DOMAIN OF FUNCTIONING		DOMAIN TYPE	AGE GP	No.	DOMAIN OF FUNCTIONING
Ð			D1	Seeing			2-17	D9	Controlling Behaviour
		D2 Hearing			D10	Playing			
4			D3	Walking			5+ only	D11	Anxiety/Sadness
	Basic	2-17	D4	Understanding		participation	Ully	D12	Completion of Task
	activity domains		D5	Being Understood		domains		D13	Accept Change
			D6	Learning				D14	Get along with other children
		5+	D7	Remembering		Draft Mo	Draft Module Domains (no probes)		
	only D8 Self Care		Self Care			_			

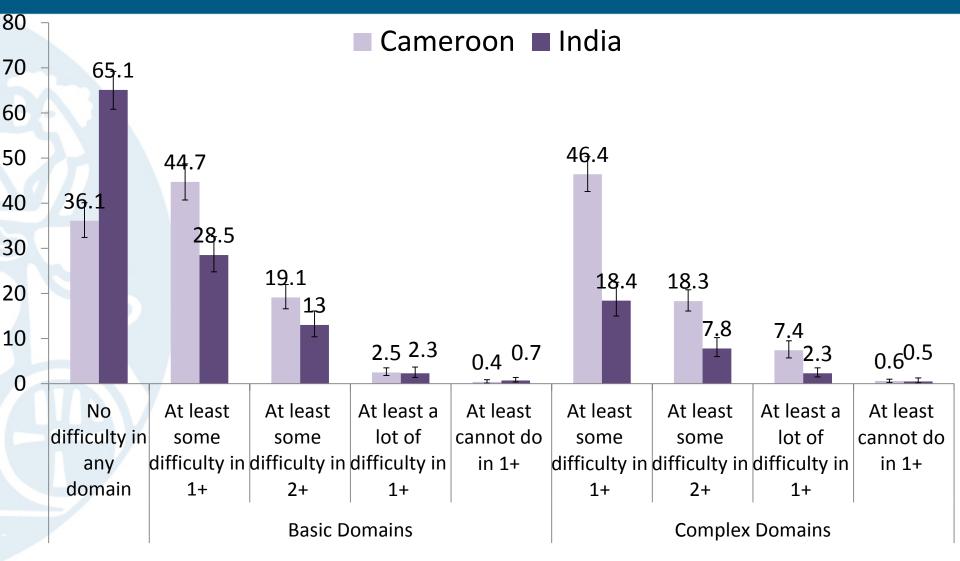




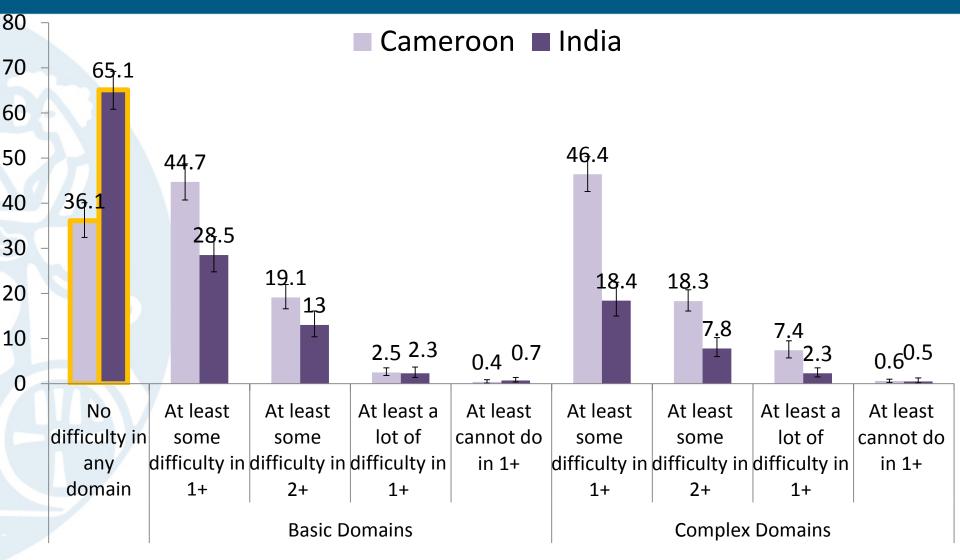


Cohort Descriptives										
		Cameroon		India						
	Male	Female	Total	Male	Female	Total				
	n (%)	n (%)	n (100%)	n (%)	n (%)	n (100%)				
2 to 5	237 (46.9)	268 (53.1)	505	113 (48.5)	120 (51.5)	233				
6 to 9	256 (51.3)	243 (48.7)	499	163 (53.8)	140 (46.2)	303				
10 to 13	230 (51.7)	215 (48.3)	445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

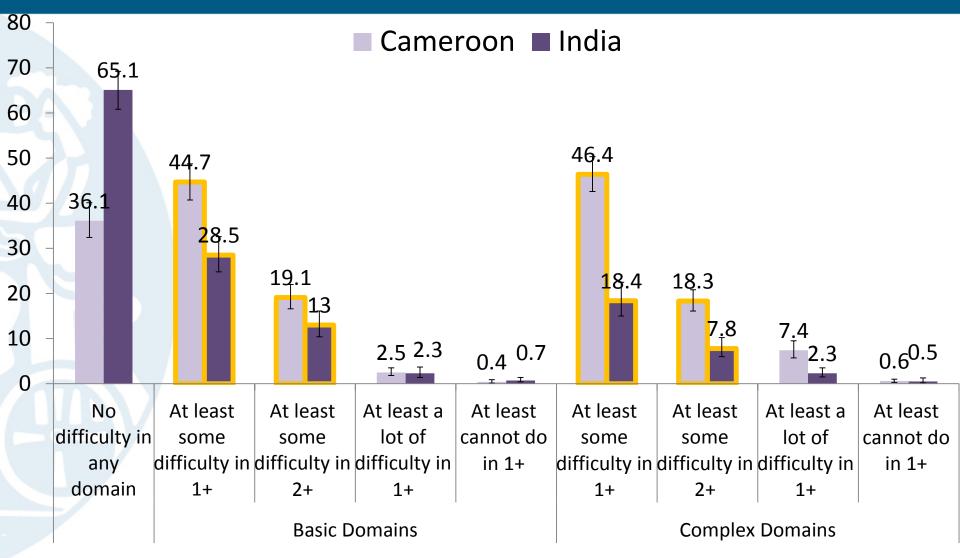




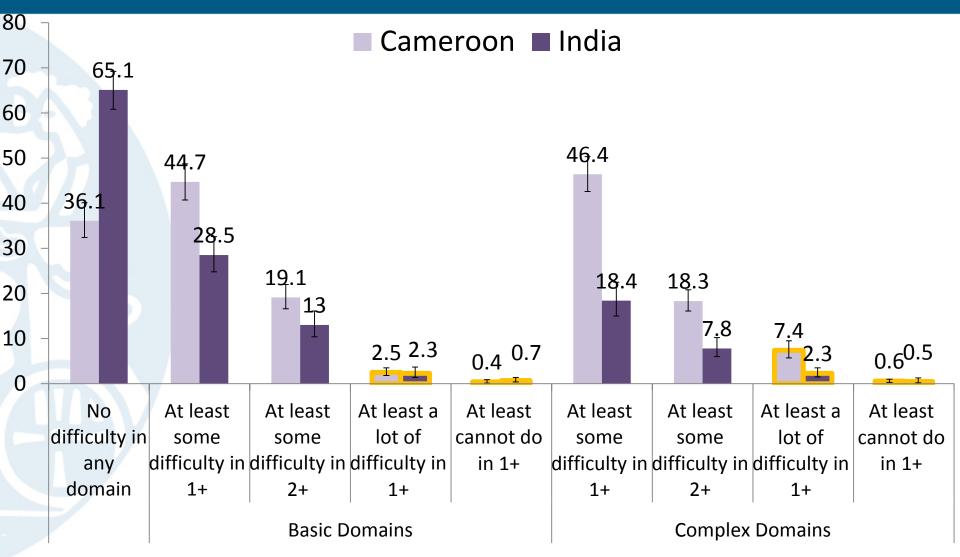




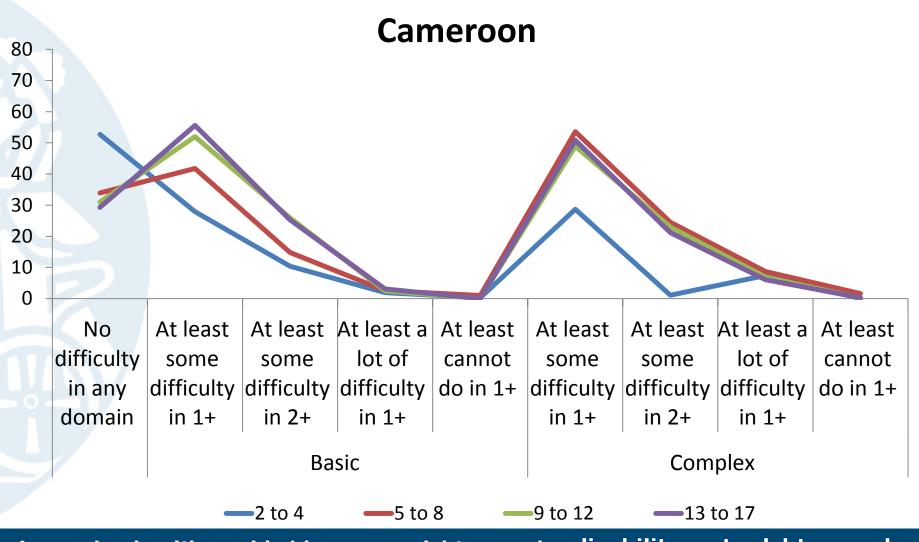












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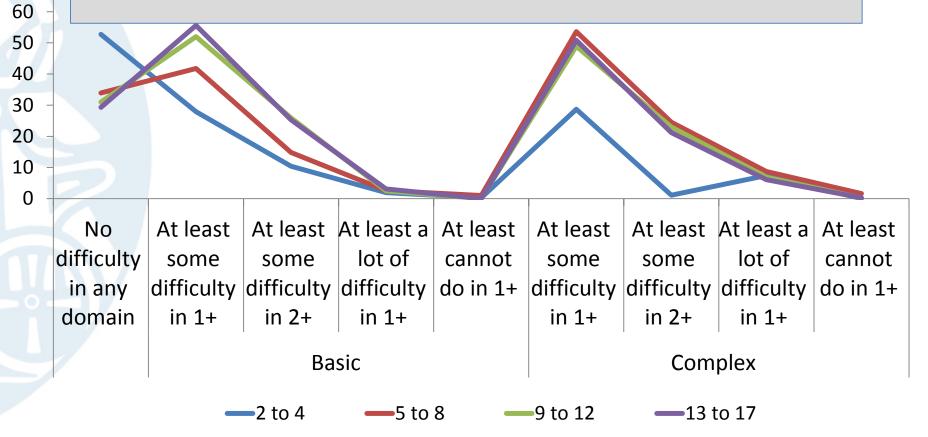
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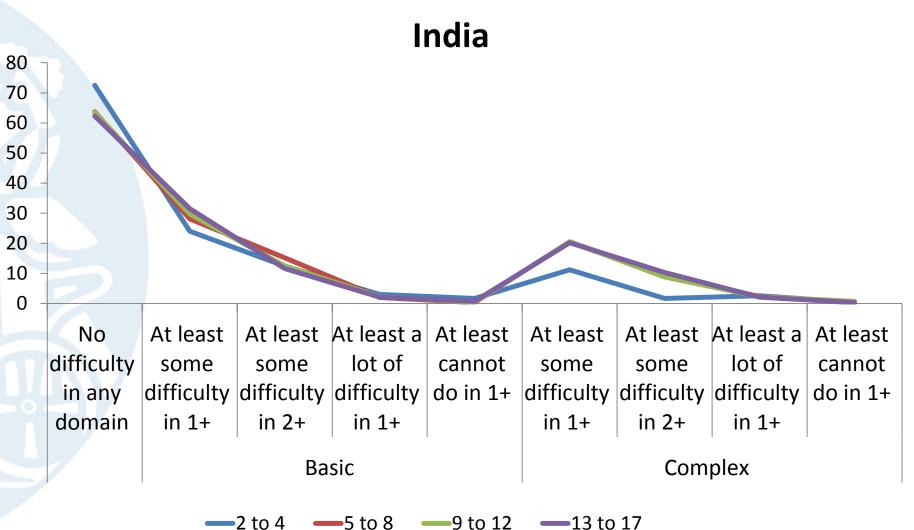
• No difference by sex (not shown)

• Age 2-4 more likely to have no difficulty in any domain and less likely to have "some difficulty" in one or more basic or complex domain

• No difference at a lot or cant do threshold by age



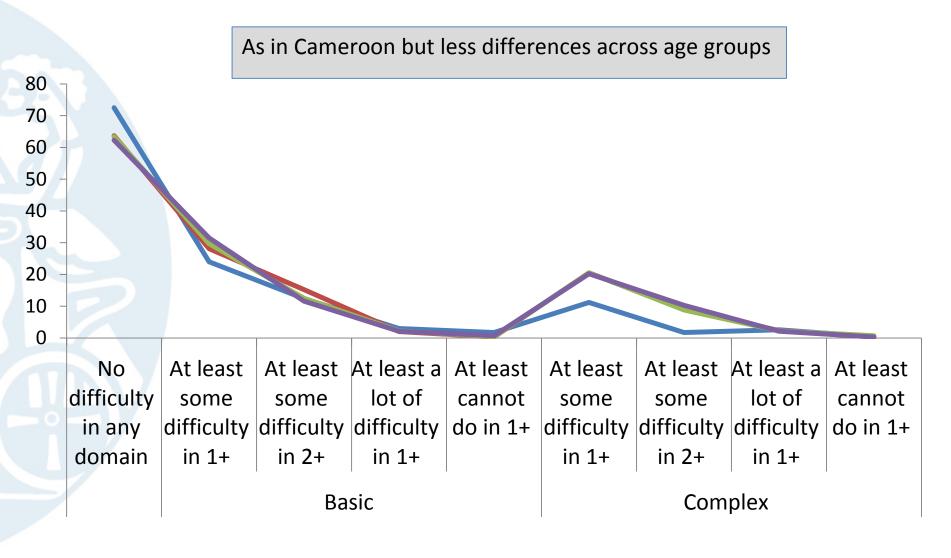




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-2 to 4 -5 to 8 -9 to 12 -13 to 17

2. Findings – by domain





COMPLEX ACTIVITY/PARTICIPAT ION DOMAINS	5+ only*	Get along with other children Accept Change Completion of Task Worry	 0.4 4.4 2 1.6 3.4 	22.6 18.8 20
CON ION CO	Playing Controlling Behaviour	0.6 ₄ 3.2	23.2	
	5+ only*	Self Care Remembering	0.3 5.9 1.1	28.8
ITY DOM		Learning Being Understood	0.60.44.8	20.8
BASIC ACTIVITY DOMAINS	2-17	Understanding Walking Hearing	0.4 5 0.8 5.4 0.4 7.6	Cameroon
BA		Seeing A lot of difficulty/can not c	■ 0.4 5.8 lo ■ Some difficulty	

2. Findings – by domain





COMPLEX ACTIVITY/PARTICIPA TION DOMAINS 2-17 5+ only*	Get along with other children Accept Change Completion of Task Worry Playing Controlling Behaviour	 1 4.5 1 5.6 1 8.2 0.8 6.8 1.1 4.9 1 	10.7
AINS 5+ only*	Self Care Remembering	0.7 3.8 0.8	17.4
MOD YTI	Learning Being Understood Understanding	 0.9 0.7 0.9 7.6 	11.4
BASIC ACTIV	Walking Hearing Seeing	0.8 3.5 0.5 3.5 0.3 4.2	India

A lot of difficulty/can not do Some difficulty



Cameroon Basic Domain endorsement (some) by age (% age group)								
Domain	2-4	5-8	9-12	13- 17	Total	P value (chi ²)		
Increasing with age:	Increasing with age:							
Seeing	1.6	3.4	7.4	11.0	5.8	<0.001		
Hearing	1.9	5.5	10.0	12.8	7.6	<0.001		
Remembering	-	22.1	31.3	34.7	28.8	<0.001		
Decreasing with age:								
Being Understood	8.2	4.3	3.8	3.6	4.8	< 0.01		
Self-Care	-	11.8	3.6	0.8	5.9	<0.001		

No significant association with age for: walking, learning, understanding



Cameroon Complex Domain endorsement (some) by age (% age group)								
Domain	2-4	5-8	9-12	13- 17	Total	P value (chi ²)		
Increasing with age:								
Worry	-	16.6	19.0	25.8	20.0	< 0.01		
Decreasing with age:								
Completing a task	-	26.0	16.1	12.5	18.8	<0.001		

No significant association with age for: Controlling behaviour, playing, accepting change and getting along with other children.



India Basic Domain endorsement (some) by age (% age group)									
Domain	2-4	5-8	9-12	13- 17	Total	P value (chi ²)			
Increasing with age:	Increasing with age:								
Seeing	1.3	1.0	5.5	8.6	4.2	<0.001			
Decreasing with age:									
Being Understood	9.9	7.6	5.9	5.1	6.0	<0.05			
Learning	16.7	11.2	8.4	9.9	11.4	<0.05			

No significant association with age for: hearing, remembering, walking, self care, understanding



India Basic Domain endorsement (some) by age (% age group)								
Domain	2-4	5-8	9-12	13- 17	Total	P value (chi ²)		
Increasing with age:	Increasing with age:							
Seeing	1.3	1.0	5.5	8.6	4.2	<0.001		
Decreasing with age:	Decreasing with age:							
Being Understood	9.9	7.6	5.9	5.1	6.0	<0.05		
Learning	16.7	11.2	8.4	9.9	11.4	<0.05		

No significant association with age for any complex domains

3. Evidence Study - Discussion



- 63.9% of children in Cameroon and 34.9% of children in India endorsed at least one domain with at least "some difficulty"
 - \rightarrow May reflect translation issues (Pidgin)
 - → May also reflect contextual interpretation of "some" category
- High levels of endorsement ("some") and negative age association in domains related to early childhood development (e.g. Being understood, learning, self care) amongst younger children
 → May suggest reflection of development rather than functional limitation

3. Evidence Study - Discussion



- Much smaller percentage endorsing at least one domain with at least "a lot or can not do" → requires age x domain analysis with larger sample
- Similar findings for basic domains in both countries (2.5% Cameroon and 2.3% India)
 - Higher proportion complex domains reported in Cameroon (7.4% vs 2.3% in India)
 - Higher levels of worry in Cameroon amongst older children (self report 9+)

 \rightarrow Consistent with research on limitations of parent reported emotional functioning





Validating a tool for schools to identify children with disabilities in Fiji

with the purpose of

Disaggregating Fiji's Education Management Information System by disability

Very preliminary analysis – for consideration by the Washington Group, Oct 2015



Beth Sprunt & Manjula Marella

Nossal Institute for Global Health The University of Melbourne



4. FEMIS Study - methods



Aim: to develop and test an approach to disaggregating the Fiji Education Management Information System (FEMIS) by disability.

Methods: Cross-sectional, case-control approach to assess the validity of the draft *Washington Group/UNICEF Module on Children's Functioning and Disability (WG/UNICEF Module)* in identifying children at risk of disability, using a multidisciplinary team clinical assessment as the comparison.

- Children underwent clinical assessments: vision, hearing, musculoskeletal (and speech and cognitive).
- Responses of parents and teachers to the *draft WG/UNICEF Module (current Feb 2015)* were compared.









Functional limitation (parent response)	Severity	Severity based on clinical assessment*, n (%)									
Difficulty	No/mild VI	Moderate VI	Severe VI	Blind							
seeing											
Νο	167 (97.7)	1 (2.3)	0 (0.0)	0 (0.0)	171 (100)						
Some	23 (54.8)	6 (14.3)	1 (2.4)	12 (28.6)	42 (100)						
A lot	0 (0.0)	2 (50.0)	1 (25.0)	1 (25.0)	4 (100)						
Cannot do	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)	1 (100)						

Visual impairment based on visual acuity assessment



Functional limitation (parent response)	Severity	Severity based on clinical assessment*, n (%)								
Difficulty	No/mild VI									
seeing										
Νο	167 (97.7)	1 (2.3)	0 (0.0)	0 (0.0)	171 (100)					
Some	23 (54.8)	6 (14.3)	1 (2.4)	12 (28.6)	42 (100)					
A lot	0 (0.0)	2 (50.0)	1 (25.0)	1 (25.0)	4 (100)					
Cannot do	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)	1 (100)					

Visual impairment based on visual acuity assessment

•Over 50% of "some" category have no or mild VI



Functional	Severity based on clinical assessment*, n (%)				Total n (%)
limitation					
(parent					
response)					
Difficulty	No/mild	Moderate HI	Severe HI	Profound HI	
hearing					
Νο	136 (98.6)	1 (0.7)	1 (0.7)	0 (0.0)	138 (100)
Some	17 (54.8)	5 (16.1)	2 (6.5)	7 (22.6)	31 (100)
A lot	4 (36.4)	2 (18.2)	2 (18.2)	3 (27.3)	11 (100)
Cannot do	0 (0)	3 (37.5)	1 (12.5)	4 (50.0)	8 (100)

Hearing Impairment based on audiometry assessment



Functional limitation (parent response)	Severity	Total n (%)			
Difficulty	No/mild	Moderate HI	Severe HI	Profound HI	
hearing					
Νο	136 (98.6)	1 (0.7)	1 (0.7)	0 (0.0)	138 (100)
Some	17 (54.8)	5 (16.1)	2 (6.5)	7 (22.6)	31 (100)
A lot	4 (36.4)	2 (18.2)	2 (18.2)	3 (27.3)	11 (100)
Cannot do	0 (0)	3 (37.5)	1 (12.5)	4 (50.0)	8 (100)

Hearing Impairment based on audiometry assessment

•Over 50% of "some" category have no or mild HI



Functional limitation (parent response)	Severity based on clinical assessment*, n (%)				Total n (%)
Difficulty	None	Mild	Moderate	Severe	
walking					
Νο	113 (95.8)	3 (2.5)	2 (1.7)	0 (0)	118 (100)
Some	4 (36.4)	1 (9.1)	6 (54.5)	0 (0)	11 (100)
A lot	1 (14.3)	2 (28.6)	1 (14.3)	3 (42.9)	7 (100)
Cannot do	0 (0.0)	0 (0.0)	1 (9.1)	10 (90.9)	11 (100)

Based on Rapid Assessment of Musculoskeletal Impairment

includes: difficulty walking for children who do not need equipment, plus those who require equipment but have difficulty walking without it (allows comparison with the RAM which tests function without equipment)



Functional limitation (parent response)	Seve • W	 parent report consistent with physiotherapy assessments however for wheelchair users the responses for the walking questions are confusing for data collectors and respondents 				
Difficulty	None	Mild	Moderate	Severe		
walking						
Νο	113 (95.8)	3 (2.5)	2 (1.7)	0 (0)	118 (100)	
Some	4 (36.4)	1 (9.1)	6 (54.5)	0 (0)	11 (100)	
A lot	1 (14.3)	2 (28.6)	1 (14.3)	3 (42.9)	7 (100)	
Cannot do	0 (0.0)	0 (0.0)	1 (9.1)	10 (90.9)	11 (100)	

Based on Rapid Assessment of Musculoskeletal Impairment

includes: difficulty walking for children who do not need equipment, plus those who require equipment but have difficulty walking without it (allows comparison with the RAM which tests function without equipment)



WG/UNICEF – parent vs teacher responses

1) Similar trends between parents and teachers across the domains:

seeing

anxious/nervous/ worried

- sad/depressed
- 2) Hearing: parents more likely to report "some difficulty"; but reasonable consistency between teachers and parents in the categories "a lot of difficulty" and "cannot do at all"
- Teachers tend to rank the level of difficulty higher in: self-care, learning, remembering and controlling behavior
- 4) Walking teacher data needs further cleaning to be useful; they got the skips wrong on too many occasions to be worth reporting at this stage
- 5) Being understood inside and outside the household note in the teacher version, this states inside or outside the "<u>classroom</u>"
 - 1) As expected, more difficulty in being understood by people outside the house / classroom (in both parent and teacher responses)

6. FEMIS Study - Discussion



- The WG/UNICEF CFD questions appear promising as a means of disaggregating an administrative data system (for the vision, hearing and physical domains; speech and cognitive yet to be analyzed).
- The category "some" appears that it should be a trigger for clinical assessment to ensure cases are not missed.

Next steps:

More data still arriving and further analyses required Comparison of WG/UNICEF questions and clinical findings vs "participation/learning support needs" responses by teachers Analysis of speech and cognition findings vs WG/UNICEF questions Provide dataset to WG (particularly for review of built-in cognitive questions, e.g. CFD9A, 9B, etc.)



International Symposium Disability in the SDGs: Forming Alliances and Building Evidence for the 2030 Agenda

February 18 & 19, 2016 at the London School of Hygiene & Tropical Medicine, London, UK

AIM: To bring together researchers, activists and practitioners to discuss new research findings and debate academic and policy issues related to **Global Disability, Health and Development**.

OBJECTIVES: To form alliances, build evidence and maintain momentum in the field of global disability and development.

Key Topics:

Evidence on Inclusive Development and Universal Access; Measuring Disability Inclusion; Evidence of Best Practice in Disability Programmes

Deadline for abstracts: November 30, 2015.

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