

Annex 12: Identification tool



Quick questionnaire to identify people with disabilities in the community

This quick questionnaire is for faith communities to identify people with disabilities in their communities. This is the first step to learning more about people with disabilities here and their situation, particularly whether people with disabilities are able to participate fully in family and community activities. Faith communities will then understand the key issues that people with disabilities face here and be able to support them better.

The identification visit should be quite short so you can visit many households to identify those with people with disabilities. You will then go back to those households for a follow up visit to profile the people with disabilities for a care profile. It is good for two people from the faith community to visit households together; one should be a woman. The team can ask the questions in local language to be sure that they are understood. The person with disabilities should answer the questions. If this is not possible then someone else can help.

At the start of the visit, introduce yourselves as community based volunteers; explain the purpose of the visit (why you are asking the questions), how the information will be used (to find out who are the people with disabilities here to be able to support them better) and how long the visit will take. If the person is happy to answer the questions and share information, ask them to confirm this by signing the form. If you want to take photos or use the story more widely, explain this and ask if they are happy with this.

Explain that they can stop at any time, and they don't have to answer a question if they don't want to.

Remember that the focus of the visit is people with disabilities, so try and capture these aspects of difficulties getting or living here. If someone with disabilities is identified through the questions in **Section 1**, please continue with the questions in **Section 2**, for each person with disabilities in the household (using extra forms as needed).

Names of visitors		
Names of householders		

Date and time of visit:	Done, tick	Signed (by person answering)
Has everyone has been introduced?		
Have you explained the purpose of visit?		
Have you explained how the information will be used?		
Are they happy to share information? Get signature		
Are they happy to have photos taken and their story used? Get signature		

Section 1										
1. When did you come to (name of place)?										
2. Why did you decide to come to (name of country)?										
3. Were any of these part of the reason for your coming here?			Flood		Drought		Famine		War	
			Other, please describe:							
4. What is your country of origin?										
5. How have you found it here in (name of the country)?										
6. In your coming to Zambia, were you accompanied by others?										

7. Briefly, is it possible to tell me how you managed to reach here? Did anyone have particular difficulties?
8. From the story you have told me, on that journey did you manage to come with everybody?
9. This is interesting, has life been easy for you her in (name of place)?
10. From what you have told me, can you give me examples?
11. Other comments

Please complete these questions for each person with disabilities in the household

If there is more than one person with disabilities, use extra form for each person

The person with disabilities should answer the questions, if this is not possible then someone else can help.

All the questions below refer to the person with disabilities, rather than the householder.

Section 2	
Personal information of person with disabilities	
Name of person with disabilities (family, given)	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Year of birth (estimate if not known)	
Country of origin (and province)	
Year of arrival in this camp	
Languages spoken	
Faith community	
Family situation	
Name of key person you live with	
Relationship to you	
Other information	
Contact information:	
Block	
Road/community/cellule	
Plot/house	
Cell phone	
Householders name, if not person with disabilities	
Name of person responding (if it is not person with disabilities)	
Relationship to person with disabilities	

Please answer the following quick questions about yourself (the person with disabilities/impairment)	No	A little (mild)	A lot (severe)
Do you have difficulty seeing?			
Do you have difficulty hearing?			
Do you have difficulty speaking, being understood?			
Do you have difficulty understanding, remembering, concentrating, learning?			
Do you have difficulty moving and reaching/using objects?			
Do you have difficulty coping with your environment?			
Is the impairment the result of:	No	Yes	Don't know
Chronic disease (long term illness)			
Injury/trauma (physical)			
Trauma (mental)			
Other (including since birth)			

Daily living	Yes, completely	Yes, with help	No
Can you take care of your daily needs?			
	Always enough	Sometimes enough	Never enough
If you need care, is the regular care enough?			

Additional questions for children	Yes, everything	No, not everything	No
Are you able to do all the things that other children your age can do, at home and at school?			
If not, can you or you carer explain more			

Summary of main disability (what is the main disability, how does it limit full participation in daily life)

Other comments: