ZAMBIA

National Disability Survey

2015



Zambia National Disability Survey 2015

Central Statistical Office Lusaka, Zambia

Ministry of Community Development and Social Services Lusaka, Zambia

DECEMBER 2018













ZAMBIA

NATIONAL DISABILITY SURVEY 2015

LIST OF ABBREVIATIONS

AIDS Acquired Immune Deficiency Syndrome

AT Advanced Technology

CRPD (United Nations) Convention on the Rights of Persons with Disabilities

CSAs Census Supervisory Areas
CSO Central Statistical Office
DPOs disabled people's organizations

DVD Digital Versatile Disc EAs Enumeration Areas

Eds. Editors

GDP Gross Domestic Product
GHQ General Health Questionnaire

GRZ Government of the Republic of Zambia
HIV Human Immunodeficiency Virus

ICF International Classification of Functioning, Disability and Health

INESOR Institute of Economic and Social Research
LCMS Living Conditions Monitoring Surveys

MCDSS Ministry of Community Development and Social Services

MoF Ministry of Finance
MoH Ministry of Health

N Numbern.s. Not specifiedN/A Not applicable

NDS National Disability Survey
 NGOs Non-governmental organizations
 NPC National Planning Commission
 NRC National Registration Card

OECD Organisation for Economic Cooperation and Development

PPES probability proportional to estimated size

PSUs primary sampling units SES socio-economic status

Std. Standard

STIs Sexually Transmitted Infections

TB Tuberculosis
TV Television
UN United Nations

UNDP United Nations Development Plan
UNICEF United Nations Children's Fund

UNSC United Nations Statistical Commission

UNZA University of Zambia

WG Washington Group (on Disability Statistics)

WHO World Health Organisation

TABLE OF CONTENTS

LIST OF ABBREVIATIONS	IV
1. ACKNOWLEDGEMENTS	5
2. EXECUTIVE SUMMARY	6
3. PREFACE	9
4. INTRODUCTION	10
Background to the study	10
Zambia country profile: background of Zambia (CSO)	
Background: disability policy in the context of Zambia – an overview of	
recent developments and ongoing policy processes	14
5. CONCEPTUAL UNDERSTANDING	15
Disability	
Application of ICF in the current study	16
Living conditions	17
Disability and living conditions	
Combining two traditions and the ICF	
6. METHODOLOGY	19
Survey objectives	
Study design and methodology	
Survey organization	
Survey questionnaires	
7. RESULTS	
Household section	
Individual section 1: Individual questionnaire 18+ years	
Individual section 2: Child Module: Individual questionnaire 2–17 years	80
8. DISCUSSION	110
Household section	110
Individual section (18 years and older)	
Child section (2–17 years)	
Conclusion	
REFERENCES	116
APPENDICES	118
Appendix 1: Activity limitations among persons aged 18 years and above	118
Appendix 2: Socio-economic status scale by activity limitation	
Appendix 3: Persons with disability aged 18 years and above who applied	
for a grant, by disability severity, sex and rural/urban	122
Appendix 4: Persons with disability aged 18 years and above currently receiving	
social security, grant or any other form of pension, by disability severity, sex and rural/urban	123
Appendix 5: Activity limitation among persons with disability aged 5 years	123
and over by highest level of school attended	124
Appendix 6: Household questionnaire	
Appendix 7: Individual with disability questionnaire	
Appendix 8: Individual without disability questionnaire	
Appendix 7. Middle on Child Punctioning and Disability questioning all control of the control of	190

TABLES

Table 6.1	Calculation of sample of households with persons with disabilities	20
Table 7.1	Results of the household and individual interviews	
Table 7.2	Number of enumeration areas, households and population, by province	
Table 7.3	Sample distribution, by household disability status, sex, age group and rural/urban (N=9,190)	
Table 7.4	Percentage distribution of households with and without disabled members, by rural/urban and province	
Table 7.5	Average household size, by household type and rural/urban	27
Table 7.6	Dependency ratios, by household type, rural/urban and province	28
Table 7.7	Housing ownership, by household type	29
Table 7.8	Source of energy for cooking (N=9,190)	29
Table 7.9	Source of energy for lighting (N=9,190)	29
Table 7.10	Source of drinking water (N=9,190).	30
Table 7.11	Toilet facilities (N=9,190)	30
Table 7.12	Ownership of agricultural land and livestock (N=9,190)	31
Table 7.13	Primary source of income, by households with and without persons with disabilities (N=9,190)	37
Table 7.14	Main causes of death, by household type (percentage of all deaths)	38
Table 7.15	Demographic information, by disability status, percentage and mean age	41
Table 7.16	Distribution of severe disability 1 according to disability core domain and age group (18+ years, N=2,377)	47
Table 7.17	Causes of disability (18+ years)	49
Table 7.18	Onset of disability (18+ years)	50
Table 7.19	Distribution of personal experience among persons with disabilities of being abused or discriminated against,	
	by age, sex and province	51
Table 7.20	Persons with disabilities who needed, were aware of and received services (18+ years, N=2,332)	54
Table 7.21	Gap: proportion of people who needed but did not receive the services (%) (N=2,332)	54
Table 7.22	Social involvement and participation (%) (N=5,643)	63
Table 7.23	Reasons for not voting, by disability status (18+ years) (N=483)	66
Table 7.24	Most important sources of information about diseases (18+ years)	69
Table 7.25	Experienced problems understanding health information, by disability status (18+ years)	
Table 7.26	Ever had the disease, by disability status (18+ years)	70
Table 7.27	Skills training, by disability status and sex (18+ years) (%)	75
Table 7.28	Main activity during last seven days, by disability status and sex (18+ years) (N=5,642)	
Table 7.29	The sample of children in the study (2–17 years)	
Table 7.30	Distribution of children with disabilities in the sample and mean age, by sex and rural/urban (2–17 years) (N=954)	
Table 7.31	Mean age, by disability status and sex (2–17 years) (N=3,862)	
Table 7.32	Age distribution of children, by disability status and sex (N=3,862)	
Table 7.33	Cause of disability, by sex (2–17 years) (N=309)	
Table 7.34	Service gap, by disability status (12–17 years) (N=1,006)	
Table 7.35	Proportion of children, by accessibility to facilities at home and disability status (12–17 years) (N=1,006)	
Table 7.36	Percentage of children by accessibility to facilities outside home, by disability status (12–17 years) (N=448–953)	
Table 7.37	Main activity during the seven days preceding the survey (15–17 years) (N=505)	
Table 7.38	Percentage of children by knowledge of four common diseases, disability status and sex (12–17 years) (N=1,006)	
Table 7.39	Percentage of children by knowledge of four common diseases, disability status and rural/urban (12–17 years) (N=1,006	
Table 7.40	Percentage of children by source of information for four common diseases and disability status (12–17 years) (N=1,006)	
Table 7.41	Proportion of children with a problem in obtaining or understanding information about the four common diseases (12–17 years)	
Table 7.42	Disease experience, by disability status (%) (12–17 years) (N=843, 296, 297)	109
FIGUR	ES	
Figure 5.1	The ICF model	16
Figure 7.1	Mean number of persons with disabilities in households with disabled members by province	
Figure 7.2	Percentage of households having at least one disabled member headed by a person with a disability	26
Figure 7.3	Age distribution, by household type	
Figure 7.4	Distribution of household assets, by household type (N=9,190)	
Figure 7.5	Distribution of household assets, by household type, rural (N=5,945)	32
Figure 7.6	Distribution of household assets, by household type, urban (N=3,245)	33
Figure 7.7	Mean scale value of SES, by household type and rural/urban (N=9,190)	33
Figure 7.8	Socio-economic status, by household type and province (N=9,190)	34
Figure 7.9	Mean dietary diversity scale, by household type and rural/urban (N=9,190)	35

Figure 7.10	Mean dietary diversity scale, by household type and province (N=9,190).	.35
Figure 7.11	Availability of information, by household type and rural/urban (N=9,107)	
Figure 7.12	Availability of information, by household type and province	
Figure 7.13	Percentage reporting a death, by household type	
Figure 7.14	Disability prevalence among all respondents (aged 2 and above), by sex and urban/rural	
Figure 7.15	Disability prevalence among adults aged 18+, by sex and rural/urban	
Figure 7.16	Prevalence of disability, by province (18+ years)	
	Prevalence of disability among children aged 2–17, by sex and rural/urban	
Figure 7.18	Prevalence of disability among children aged 2–17, by province	
Figure 7.19	Percentage of persons who were married, by disability status, sex and rural/urban (18+ years, N = 5,643)	
Figure 7.20	Proportion of spouses of persons with and without disabilities living with a disability, by sex and rural/urban (18+ years, N=3,569)	
Figure 7.21	Proportion having children, by disability status, sex and rural/urban (18+ years, N=5,643)	.43
Figure 7.22	Mean number of children, by disability status, sex and rural/urban (18+ years, N=4,363)	.44
Figure 7.23	Main carer, by disability status and sex (18+ years, N=4,363)	.44
Figure 7.24	Activity limitations among persons with disabilities (18+ years) (N=2,377)	.45
Figure 7.25	Number of activity limitations (at least some difficulty), by sex (18+ years) (N=2,377)	.46
Figure 7.26	Level of difficulty/WG6 scale score, by sex and rural/urban (18+ years, N=2,377)	.46
Figure 7.27	Level of difficulty/WG6 scale, by province (18+ years, N=2,377)	
Figure 7.28	Disability severity, by sex and rural/urban (18+ years, N=2,377)	.48
Figure 7.29	Severity of disability, by province (18+ years, N=2,377)	
Figure 7.30	Mean age of disability onset, by disability severity and sex (18+ years, N=2,331)	.50
Figure 7.31	Abuse and discrimination, by disability severity (18+ years, N=2,294 and N=2,299)	.52
Figure 7.32	Proportion of respondents (with and without disabilities) who claim to have been physically abused as a child	
	(before age 18), by sex and rural/urban (18+ years) (N=5,429)	
Figure 7.33	Proportion of respondents sexually abused as children (18+ years, N=5,483)	
Figure 7.34	Satisfaction with services (18+ years)(%)	
Figure 7.35	Use of assistive device among persons with disabilities, by sex and rural/urban (18+ years, N=2,294)	
Figure 7.36	Use of assistive devices, by sex and province (18+ years, N=2,332)	
Figure 7.37	Use of assistive devices, by disability severity and sex (18+ years, N=2,332)	
Figure 7.38	Types of devices in use (18+ years, N=403–432)	
Figure 7.39	Type of devices in good working order (18+ years, N=1–275)	
-	Sources of assistive devices (18+, N=2–290)	
Figure 7.41	Maintenance of assistive devices (18+ years, N=2-290)	
Figure 7.42	Information and training given in use of assistive devices (18+ years, N=2–290)	
Figure 7.43	Satisfaction with assistive device, by sex and rural/urban (18+ years, N=426).	
Figure 7.44	Satisfaction with services, by severity of disability (18+ years, N=426)	
Figure 7.45	Accessibility to facilities at home for persons with disabilities (18+ years, N=2,377)	
-	Accessibility to services/facilities in the local community (18+ years, N=2,377)	
Figure 7.47	Help from family members in daily life activities (18+ years) (N=2,330–2,331)	
Figure 7.48	Social participation ('yes'), by disability status (18+ years) (N=5,630–5,647)	
C		63
Figure 7.50	Proportion of persons with disabilities who are aware of and are members of DPOs, by disability severity and	<i>(</i> 1
Ei 7.51	rural/urban (18+ years) (N=858) (p<.001)	
Figure 7.51 Figure 7.52	Persons with a National Registration Card, by disability status, sex and rural/urban (18+ years, N=5,643)	
Figure 7.53	Persons who voted in the 2011 general election, by disability status, sex and rural/urban (18+ years, N=3,547)	
Figure 7.54	Persons who voted in the 2011 general election, by disability severity and sex (18+ years, N=3,547)	
Figure 7.55	Psychosocial wellbeing/GHQ 12, by disability status, sex and rural/urban (18+ years, N=5,642)	
Figure 7.56	Psychosocial wellbeing/GHQ 12, by disability severity and sex (18+ years, N=5,642)	
Figure 7.57	General physical health, by disability status and sex (18+ years, N=5,631)	
Figure 7.58	General mental health, by disability status and sex (18+ years, N=5,628)	
Figure 7.59	Knowledge of four common diseases, by disability status (18+ years) (N=5,590–5,628)	
-	Ever attended school, by disability status, sex and rural/urban (18+ years, N=5,643)	
Figure 7.61	Ever attended formal primary education, by disability status, sex and rural/urban (18+ years, N=5,643)	
U	Mean number of years at school among those who ever attended school, by disability status, sex and rural/urban	. / 1
1 15410 1.02	(18+ years, N=4,894)	71
Figure 7.63	Number of years at school, by disability severity, sex and rural/urban (18+ years) (N=1,874)	
	Level of education has helped secure a job, by disability status, sex and rural/urban (18+ years) (N=4,894)	
Figure 7.65	Highest level of education attended, by disability status and sex (18+ years) (N=4,895)	
Figure 7.66	Highest level of education attended, by disability status and rural/urban (18+ years) (N=4,895)	
Figure 7.67	Ever been refused entry to school, by sex (18+ years) (N=2,332)	

Figure 7.68	Studied as far as planned, by disability status and sex (18+ years) (N=5,540)	
Figure 7.69	Ability to read, by disability status and sex (18+ years) (N=5,540)	
Figure 7.70	Ability to read, by disability status and rural/urban (18+ years) (N=5,540)	75
Figure 7.71	Percentage of people with a skill, by disability status, sex and rural/urban (N=5,643)	76
Figure 7.72	Percentage of people with a skill, by disability severity, sex and rural/urban (N=5,643)	76
Figure 7.73	How the skill was acquired, by disability status and sex (18+ years) (N=837)	77
Figure 7.74	Percentage who had paid work for at least one hour in the previous seven days, by disability status, sex and rural/urban	70
Eiguro 7.75	(18+ years) (N=1,711)	
Figure 7.75		
Figure 7.76	Percentage in receipt of any grant, by sex and rural/urban (disabled only) (18+ years) (N=2,322)	
Figure 7.77	Proportion of respondents with disabilities who decide for themselves how to use the grant (18+ years, N=79)	
Figure 7.78	Distribution of children in the sample with/without disabilities, by province (2–17 years) (N=3,862)	
Figure 7.79	Proportion of children with disabilities who had difficulty seeing and hearing, by sex (2–17 years)	
Figure 7.80 Figure 7.81	Proportion of children with disabilities who had difficulty learning new things, by sex and rural/urban (2–17 years) (N=952). Proportion of children with disabilities who had difficulty learning the names of common objects, by sex and rural/urban (2–3 years) (N=102)	
Figure 7.82	Proportion of children who had difficulty walking, by sex (2–4 years) (N=153)	
-	Proportion of children who had difficulty picking up small objects with their hands, by sex (2–4 years) (N=158)	
Figure 7.83 Figure 7.84	Proportion of parents/caregivers with a child with disabilities who had difficulty understanding what the child wanted (2–4 years) (N=158)	
Figure 7.85	Proportion of children with disabilities who kicked, bit or hit others (2–4 years) (N=158)	
Figure 7.86	Proportion of children with disabilities who had difficulty playing, by sex (2–4 years) (N=158)	
_	Proportion of children with disabilities who had difficulty playing, by sex (2–4 years) (N=158)	
Figure 7.87		
Figure 7.88 Figure 7.89	Proportion of disabled children with difficulty walking 100 or 500 metres (5–17 years)	
\mathcal{C}	Proportion of children with difficulty with self-care, by sex (5–17 years) (N=794)	
Figure 7.90	Proportion of disabled children with difficulty understanding others (5–17 years) (N=794)	
Figure 7.91	Proportion of disabled children with difficulty being understood (5–17 years) (N=794)	
Figure 7.92	Proportion of disabled children with difficulty learning to do new things (5–17 years) (N=952)	
Figure 7.93	Proportion of disabled children with difficulty remembering things they have learned (5–17 years) (N=794)	
Figure 7.94	Proportion of disabled children with difficulty controlling their behaviour (5–17 years) (N=794)	
Figure 7.95	Percentage of disabled children by how often they seemed sad or depressed and by sex (5–17 years) (N=794)	
Figure 7.96	Proportion of disabled children who were anxious, nervous or worried (5–17 years) (N=794)	
Figure 7.97	Proportion of disabled children who experienced difficulty completing a task (5–17 years) (N=794)	
Figure 7.98	Proportion of disabled children who had difficulty focusing on an activity that they enjoyed (5–17 years) (N=794)	
Figure 7.99	Proportion of disabled children who had difficulty accepting change in plans or routines (5–17 years) (N=794)	
	Proportion of disabled children who had difficulty making friends (5–17 years) (N=794)	
	Proportion of disabled children who had difficulty doing things with other children (5–17 years) (N=794)	
	Activity limitation scale values, by disability status (5–17 years) (N=2,863)	
-	Activity limitation scale values, by disability status and location (5–17 years) (N=2,863)	
	Activity limitation mean scale values, by disability status and province (5–17 years) (N=2,863)	
	Proportion of children, by how often transportation had been a problem and disability status (12–17 years) N=932)	95
	Proportion of children, by how often people's attitudes at school or work had been a problem and disability status (12–17 years) (N=875)	
-	Proportion of children, by how often they experienced prejudice or discrimination and disability status (12–17 years) (N=963)	
_	Proportion of children with disabilities, by satisfaction with assistive devices and counselling (12–17 years)	
-	Proportion of children, by satisfaction with educational services and disability status (12–17 years) (N=201)	
-	Proportion of children, by satisfaction with health information services and disability status (12–17 years) (N=618)	
-	Proportion of children, by satisfaction with health services and disability status (12–17 years) (N=706)	
Figure 7.112	Percentage of children who have ever received primary education, by disability status and sex (12–17 years) (N=1,006)	100
Figure 7.113	Percentage of children who have ever received primary education, by disability status and urban/rural (12–17 years) (N=1,006)	100
_	Percentage of children who are able to read, by disability status (12–17 years) (N=1,006)	
-	Percentage of children refused entry to pre-school, by disability status (12–17 years) (N=856)	
	Percentage of children refused entry to primary school, by disability status (12–17 years) (N=968)	
	Percentage of children refused entry to secondary school, by disability status (12–17 years) (N=968)	
Figure 7.118	$Percentage \ of \ children \ who \ have \ studied \ as \ far \ as \ planned, \ by \ disability \ status \ and \ sex \ (12-17 \ years) \ (N=994) \$	103
Figure 7.119	$Percentage \ of \ children \ who \ have \ studied \ as \ far \ as \ planned, \ by \ disability \ status \ and \ rural/urban \ (12-17 \ years) \ (N=994)$	103
Figure 7.120	Percentage of children who use medication or traditional medicine, by sex and rural/urban (12–17 years) (N=309)	105
	Type of medicine used by children with disabilities who used medicine, by sex and rural/urban (12–17 years) (N=76)	
Figure 7.122	Percentage of children who used an assistive device, by rural/urban and sex (12–17 years) (N=309)	106
	Percentage of children, by wellbeing and disability status and sex (12–17 years) (N=1,006)	
Figure 7.124	Percentage of children, by physical health, disability status and sex (12–17 years) (N=1,006)	107
Figure 7.125	Percentage of children, by mental health, disability status and sex (12–17 years) (N=1,005)	107

Acknowledgements

1. ACKNOWLEDGEMENTS

Zambia conducted the National Disability Survey (NDS 2015) from June to July 2015. The disability survey was planned against the background of limited existing research-based knowledge about disability in Zambia. It includes both prevalence estimates and a broad mapping and analysis of socio-economic and demographic characteristics of persons with disabilities, including children, and an assessment of their quality of life in terms of activities, participation and use of services. It is therefore anticipated that the information generated by the study will inform the mainstreaming of the response to disability in Zambia.

The survey benefited greatly from the unwavering financial assistance of the United Nations Children's Fund (UNICEF) and the Government of Finland. I therefore wish to thank UNICEF and the Government of Finland for their generosity in making available the funds for this survey and for facilitating the provision of technical assistance. I also wish to thank the Government of the Republic of Zambia – and in particular the Ministry of Community Development and Social Services (MCDSS) – for supplementing the cooperating partners' funds for various aspects of the survey. My office is indebted to SINTEF for the technical support provided mainly through Dr Arne H. Eide, who with much diligence and patience ensured that the officers involved in various processes – such as the review of materials, training, data processing and analysis – had the necessary technical capacity. I wish to commend UNICEF New York for making available standard instruments to guide the survey methodology and its implementation. I would also like to extend my gratitude to MCDSS personnel at the national, provincial and district levels for their support in allowing staff to participate. My sincere gratitude goes to the various institutions that deal with issues affecting people with disabilities for their reviews and feedback on the field instruments given to the survey team. Furthermore, I thank all respondents for their cooperation and for providing data on such a sensitive issue as disability.

Finally, I thank all Central Statistical Office staff involved in their various capacities in coordinating and conducting the different stages of the survey, including data collection, data processing, analysis and writing of this report.

Goodson SinyengaActing Director of Census and Statistics

December 2018

2. EXECUTIVE SUMMARY

The Zambia National Disability Survey 2015 was initiated by the Ministry of Community Development and Social Services (MCDSS), and implemented by the Central Statistical Office (CSO) and the University of Zambia (UNZA), in collaboration with SINTEF Technology and Society (Norway) and UNICEF Zambia. Its main objective was to estimate the national prevalence of disability among adults and children, disaggregated by sex, severity of disability, province and the rural/urban division. It is based on the understanding of disability set out in the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001).

The Washington Group 6 screening questions and the Washington Group/UNICEF Child Module were used both to identify individuals with disability and to conduct further analysis of associations between disability and indicators of standards of living. A number of indicators were included and are analysed at the household level among both adults (18+ years) and children (2–17 years).

Prevalence of disability was estimated to be 10.9 percent among adults (18+ years). It was higher in urban than in rural areas, and higher among females than among males. Among children (2–17 years), the prevalence was estimated to be 4.4 percent. Prevalence varied between the provinces, with the highest estimates in Luapula and Copperbelt Provinces among both adults and children.

A detailed questionnaire was administered that specifically addressed the situation of persons identified as having disability. The person with disability was the respondent (individual-level data); if the individual with disability was unable to respond to the questionnaire, then a proxy was used. The report also includes some comparisons on living conditions between persons with and without disability (controls).

Individuals with disability included in the study were clearly older than the matched control individuals. This study also indicates an age gradient in disability that follows from the natural ageing process.

The most common functional problem reported was with sight; this was followed by problems with walking, remembering, hearing, self-care and communication. A large majority (57.9 percent) reported mild disability;

moderate and severe disability were highest for sight and walking problems. Of individuals with disability, around one in three had more than one functional problem. Severity of disability varied with sex, location and province – and also to some extent with increasing age.

Nearly one person in three gave disease/illness as the main cause of disability, while one in eight reported that the disability had been present at birth (congenital). While disability onset in the population could occur at any stage of life, about a third identified it as occurring between birth and 20 years of age. More than one in five (21.1 percent) acquired their disability after the age of 60.

Around 10 percent said they had been beaten or scolded, and around 8 percent reported experience of having been discriminated against by public services. Abuse and discrimination increased with severity of disability. About 8 percent had experienced physical abuse as a child, while 2 percent had suffered sexual abuse. There are variations between the provinces in all these indicators; also more females than males had experienced sexual abuse, whereas somewhat more males had experienced beating/scolding and physical abuse.

Gaps in access to services were identified and measured as a proportion of those who needed a service but did not access it. Empowerment programmes (94.3 percent), welfare services (93.4 percent) and legal aid (84.7 percent) had the largest gaps, while the lowest were in health services (8.1 percent) and health information (9.9 percent). About 20 percent of individuals with disability used an assistive device. There were more individuals with assistive devices in urban areas and among individuals with severe disability. A narrow range of assistive devices predominated, confined largely to information and mobility devices. The source of assistive devices was most commonly private, and the device users mostly maintained their devices themselves. Around one in four was not content with the assistive device, and those with more serious disability tended to be less content than those with mild or moderate disability.

Persons with disabilities are less involved/included in social and community life than those without disabilities.

Those with disabilities are thus consulted less often on household decisions, are included less often in family events and are involved less frequently in family matters and family conversations. Furthermore, individuals with disability take part less often in traditional practices or ceremonies; few of them make important decisions about their own lives; they often feel that their voices are not being heard; and few report taking part in local community meetings. Lower levels of social participation were found across age categories and types of functional problem, and more severe disabilities were associated with less social participation.

Relatively few persons with disabilities are aware of disabled people's organizations (DPOs) and only 5.3 percent said they belonged to one. The large majority did, however, vote in general elections, and the differences between persons with and without disability were small.

About 1 in 10 persons with disabilities experienced problems with accessibility. This problem was more pronounced outside the home, and for many of them hotels, recreational facilities, sports facilities and banks were not accessible. Fewer accessibility problems were reported for primary health clinics, places of worship, shops and hospitals. In rural areas, the main problem is that many of the services and facilities are simply not available to persons with disabilities.

Persons with disabilities have more health problems than those without disabilities – for both physical and mental health. Increased severity of disability was associated with increased health problems. The study also confirms that persons with disabilities have a lower sense of wellbeing (which measures anxiety and depression) than those without disabilities. Awareness of four common diseases/illnesses (HIV/AIDS, sexually transmitted infections (STIs), diabetes and tuberculosis (TB)) is generally high in the population. However, persons with disabilities generally have less information about these diseases/illnesses and tend to rely more on informal sources of information than those without disabilities.

A large majority of respondents reported having accessed formal primary education, though fewer persons with disabilities (80.8 percent) than without

(89.9 percent) reported having attended school at some point. Generally, persons with disabilities, rural dwellers and females reported fewer years at school.

Among persons with disabilities, 41.4 percent of males said that their level of education had helped them to get a job, compared to 20.3 percent of females. About 33 percent of persons with disabilities were illiterate, compared to 23.1 percent of those without a disability. In both categories, more females than males were illiterate.

More persons with disabilities than without reported having a skill (males: 21.9 percent vs. 16.9 percent; females: 15.5 percent vs. 9.0 percent). With regard to economic activity, the study shows that individuals with disabilities, rural respondents and females are less frequently engaged in formal employment.

The study provides a profile of child disability in Zambia. This shows that disability covers more than visible or serious impairments, and includes a range of functional problems present in the child population. The sample of children (aged 2–17 years) comprised 3,882 individuals, of whom 954 were identified as having a disability. The data indicate that among children with disability, 40 percent of their disabilities are congenital and 31 percent are the result of disease/illness.

There are considerable gaps in service provision (i.e. the proportion of those who need a service vs. the proportion who actually access it) among children with disability aged 12–17 years: for assistive devices, the gap is 85.7 percent; for counselling – 83.2 percent; for vocational training – 100 percent; and for educational services – 49.3 percent. Only in the fields of health information and health services was a comparison made between children with and without disabilities, but here the gaps in services were found to be considerably larger for children with than without disabilities (health services: 13.1 percent vs. 4.2 percent; health information: 12.0 percent vs. 0 percent). Even though the majority were satisfied with the services they received, still around 10–20 percent of children with disability were not satisfied.

There were generally small differences between children (12–17 years) with and without disability in accessibility

at home. Around 80–90 percent reported that the various rooms were accessible. Facilities and services in the local community were less accessible, however, and more children with disability than without reported accessibility problems. Place of work was the least accessible place for both categories of children (20.3 percent vs. 24.1 percent). The most accessible facilities were the health clinic, shops and places of worship – with accessibility of over 80 percent. The largest accessibility gaps between children with and without disability were sports facilities (with a 14.8 percentage point difference in favour of children without disabilities), shops (12.8 percentage points) and schools (12.6 percentage points).

Generally, most children (12–17 years) received primary education, although there are disparities between children with disability and those without (86.8 percent vs. 95.0 percent, respectively). One third of children with disability were illiterate, compared to 18 percent of non-disabled children. Literacy was higher among children without disabilities (81.7 percent) than with disabilities (67.0 percent). More children without disability were at school and more children with disability did housework

in their own home or did not participate in any particular activity.

A total of 25.5 percent of boys and 23.4 percent of girls (12–17 years) with disabilities take medication or use traditional medicine for their disability. In all, 5.8 percent of children with disability use an assistive device; more urban than rural respondents report using such a device, and more boys than girls in urban areas.

Overall, the National Disability Survey undertaken in Zambia in 2015 provides a unique source of data upon which to assess the situation among individuals with disabilities and their households. The study is a broad one, covering many different areas, and it is representative of children and adults with and without disabilities in Zambia. More in-depth or topically narrower studies may be necessary to generate further knowledge in particular areas of priority. There are relatively small differences in indicators of living conditions at the household level, but at the individual level the differences are pronounced and to the detriment of individuals with disabilities.

3. PREFACE

The Zambia National Disability Survey 2015 began in June 2015. Complete enumeration of chosen households in the selected enumeration areas (EAs) was achieved by 30 July 2015. The National Disability Survey was the second comprehensive survey on disability and was conducted by the Central Statistical Office, in partnership with the Ministry of Community Development and Social Services, after a pilot study conducted by the University of Zambia Institute of Economic and Social Research (INESOR) in 2004.

Disability statistics can provide a wealth of information on the full lived experience of persons with disabilities – ranging from the impairments they suffer, the difficulties they face in undertaking and participating in activities, and the barriers that confront them in their lives; therefore, information from the survey can be extrapolated from individuals to the whole population, in order to determine the prevalence of domains of disability.

The preliminary results of the disability survey were released on 8 December 2015. These were based on early tabulations of the data, which were collected in the field using hand-held computer devices. This process shortened the time taken for data processing by cutting out the data-entry aspect. The data processing for the survey started in July 2015.

Unlike the preliminary results, this report contains final population indicators from the disability survey. It presents household characteristics, as well as the characteristics of the adults and children captured in the survey. The household-level data are disaggregated by households with and without disabled members. At the individual level, the information is disaggregated by disability status.

This report also presents information on quality of life, in terms of activities, participation and use of services by persons with disability. This information is further broken down by province, the rural/urban distinction, age and sex.

Good planning, using evidence-based decision making, is vital in making provision for all the different categories of Zambian people. Indicators provided in this report offer a good basis for decision making by the government and other stakeholders that contributes to improving the welfare of persons with disabilities. As stipulated by the UN's sustainable development goals, no one must be left behind; thus adequate provision for persons with disabilities as a special group in society is key to the development of any country.

At this stage, I would like to thank all of our cooperating partners who supported the 2015 National Disability Survey. Special thanks go to the United Nations Children's Fund (UNICEF) and the Norwegian research organization SINTEF for the material, financial and technical support they provided to the Government of the Republic of Zambia and the Central Statistical Office during this mammoth national exercise. I also extend my sincere gratitude to the Zambian people and to all the residents of Zambia for their support and cooperation during the National Disability Survey. I hope the information contained in this report will be used effectively by all to plan and deliver development to the Zambian people – and in particular, to persons with disabilities.



Olipa Phiri Mwansa, MP

4. INTRODUCTION

This report is the product of a long-term initiative by the Ministry of Community Development and Social Services (MCDSS), with financial and technical support from UNICEF Zambia. A similar national survey was undertaken in Zambia in 2004, and it was felt that the time was right now to update the existing knowledge on the situation of people with disabilities in the country. The Central Statistical Office of Zambia and the University of Zambia (UNZA) took the lead roles in implementing the national survey and the qualitative study, respectively. SINTEF Technology and Society was chosen by UNICEF Zambia as the technical consultant, and it provided support to the CSO and UNZA throughout the exercise. This study in Zambia draws on the experience of a series of similar studies undertaken in southern Africa, as well as on international developments in the field of disability statistics. The study thus forms part of a growing body of evidence about the living conditions of persons with disabilities in low- and middle-income contexts.

Zambia ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2010, and the current study responds to the requirement in that document that all ratifying countries should collect data that can be used to map the situation of disabled persons. Such data are crucial for policy development, the development of services, priority setting, poverty reduction, etc.

BACKGROUND TO THE STUDY

Though they continue to evolve, statistics on disability have come a long way, particularly in the past 10–15 years. This is partly thanks to the long, ongoing process of establishing a new conceptual framework for disability measurement; but it is also due to increased interest internationally in the situation facing people with disabilities. Over a number of years, it has come to be realized that when policies are developed and implemented to reduce poverty and create inclusive societies, research and statistics are needed to ensure that particular account is taken of poor people with disabilities living in the low-income context of developing countries. The CRPD is very clear both that high-quality statistics are required and that it is the responsibility of national governments to ensure that this previously neglected field is given priority.

Knowledge of the extent and nature of disability is important in any society, as a basis for planning and action. Estimates of disability prevalence are, however, highly dependent on the research instrument (screening instrument) used for the purpose. The main problem with current prevalence estimates globally is that different types of screening questions are used, which makes comparison between studies problematic. Also, the concept of disability has evolved over the past few decades, which has resulted in various different interpretations, and thus differences in the scope of research. An international seminar was hosted in 2001 by the United Nations Statistical Commission (UNSC) to address the disparate means of disability data collection. Recognizing the need for statistical and methodological work at the international level to facilitate the cross-national comparison of data on disability, the UNSC authorized the formation of the Washington Group on Disability Statistics (WG) in 2001.

The development and adoption of the International Classification of Functioning, Disability and Health (ICF) by the World Health Organization (WHO, 2001) provided an opportunity for the development of a joint terminology and understanding of disability across the disciplines.

Over the last decade and more, the ICF has gained in prominence, and was even adopted as the basis for the CRPD. The ICF is increasingly also being accepted as the foundation for the development of disability statistics. Accordingly, the WG has based the development of its questions for censuses and surveys on the ICF. The current study draws on the ICF and the work of the WG.

¹ http://www.cdc.gov/nchs/washington_group.htm

The previous large-scale national study on disability in Zambia (Eide and Loeb, 2006) was among the first studies to apply the six questions developed by the WG (WG6) for censuses and surveys. The main problem with the questions, however, is that they are not well adapted to disability among children. Thus, the WG recently developed a Module on Child Functioning and Disability in collaboration with UNICEF. For current and future research, the combination of the six WG questions (for adults) and the WG/UNICEF Child Module (for children aged 2–17 years) offers the promise of better capturing the experience of disability in a population. The current study is one of the first to apply the recently developed Child Module.

While determining prevalence is important, surveys offer more than that: they collect data on a range of topics and provide an opportunity to compare the situation of people with and without disabilities. Some studies in low-income countries have already collected a broad range of socio-economic and demographic characteristics of persons with disabilities. Of particular relevance for the Zambia National Disability Survey are the studies by SINTEF and its partners on the living conditions of people with disabilities in Namibia (Eide, van Rooy and Loeb, 2003), Zimbabwe (Eide et al., 2003), Malawi (Loeb and Eide, 2004), Zambia (Eide and Loeb, 2006), South Africa (Loeb et al., 2008), Mozambique (Eide and Kamaleri, 2009), Lesotho (Kamaleri and Eide, 2010), Swaziland (Eide and Jele, 2011) and Botswana (Eide and Mmatli, 2016). The content and design of these studies were developed in close collaboration with research partners, government ministries, central statistical offices and the disability movement in the respective countries. Together, they constitute a unique regional disability database that can serve as a reference for the Zambia National Disability Survey. In particular, the previous study in Zambia can provide reference data and adds to the value of the new data by enabling comparison over time.

Socio-economic and socio-demographic characteristics, quality of life in terms of activities, participation and use of services – all these are elements to be found in the above-mentioned studies on the living conditions of people with disabilities. Most of the questions and scales in those studies are tried and tested research instruments. The earlier designs (content) were thus incorporated into the design-development process for this study, although the current priorities in Zambia have strongly influenced its design, as have the need to adapt it to fit the context and the availability of new research instruments. This new study will enable comparison between groups (impairment types, sex, urban/rural dwellers, region, age groups, etc.), which is often a very powerful tool in demonstrating particular needs for intervention.

While surveys are very useful for establishing estimates for a population and formulating a broad description of the situation across a range of relevant indicators, they have their limitations. First and foremost, they are not well suited to producing in-depth knowledge of a phenomenon (i.e. they often yield relatively limited information on the topics included). Secondly, they lack flexibility once data collection is implemented; and thirdly, there is often no scope for acquiring subjective experiences and understandings of the phenomenon in question. Furthermore, given the complexity and heterogeneity of disability in terms of how individuals function and what they experience, any survey tools (including the recently developed WG/UNICEF Child Module) have inherent limitations. In order to obtain a fuller picture and to enrich the interpretation of survey findings, a combination of methods (triangulation) is recommended – for instance, combining a survey with an in-depth qualitative study. While it is rare for this to happen, the current set-up and funding of the study in Zambia represents just such an opportunity. Although the two sub-studies (survey and qualitative) will not be presented and analysed together in this report, it is expected that this will be done at a later stage.

ZAMBIA COUNTRY PROFILE: BACKGROUND OF ZAMBIA (CSO)

Zambia is a landlocked country in southern Africa. It is located between latitudes 8° and 18° south and longitudes 22° and 34° east and covers a total area of 752,612 square kilometres. The country is bordered by the Democratic Republic of Congo to the north, Tanzania to the north-east, Malawi to the east, Mozambique, Zimbabwe, Botswana and Namibia to the south, and Angola to the west.

ADMINISTRATION

Zambia is administratively divided into 10 provinces, namely: Central, Copperbelt, Eastern, Luapula, Lusaka, Muchinga, Northern, North-Western, Southern and Western. At the time of the 2015 National Disability Survey, the country had 74 districts, 150 constituencies and 1,430 wards. Lusaka is the capital city and the seat of government. Administration generally comprises central and local government.

LANGUAGES

English is the official language of communication and instruction in Zambia. The main local languages are Bemba, Kaonde, Lozi, Lunda, Luvale, Nyanja and Tonga. Other than English, these languages are also taught in public schools and are used on national television and radio, as well as in national documents. However, Zambia has a total of 73 spoken dialects.

ECONOMY

Zambia's economy is driven primarily by the mining, agriculture and construction sectors. The GDP growth rate at constant prices was 2.9 percent in 2015, down from 4.7 percent in 2014 (CSO, 2016).

The copper-mining industry has been the mainstay of the Zambian economy since the early post-colonial years, accounting for about 95 percent of annual export earnings and contributing about 45 percent of government revenues in the decade following independence (1965–1975).

In the mid-1970s, with global copper prices plummeting, the Zambian economy deteriorated sharply. Efforts were made to minimize the dependency on copper and to diversify the economy through the creation of import substitution parastatals. These efforts did not achieve the desired results, and so a series of vigorous structural adjustment programmes was launched. In spite of these, the poverty levels for the majority of Zambian people remained very high. In an effort to mitigate the high poverty levels, Zambia resumed central planning in 2002. In 2006, the Fifth National Development Plan instituted a strategy that focused on broad-based wealth and job creation through citizen participation and technological advances. During the period 2011–2013, the Sixth National Development Plan (2011–2015) was implemented, with the aim of achieving sustained economic growth and poverty reduction through infrastructure and human development (MoF, 2011). This plan was further revised for the period 2013–2016. The primary growth areas identified by the plan included skills development, agriculture and infrastructure development, with the focus on enhancing water and sanitation, education and health services (MoF, 2014).

POVERTY

The majority of Zambians continue to live in poverty. Results from the 2006 and 2010 Living Conditions Monitoring Surveys (LCMS) show that poverty levels remain high, in spite of a decline between 2006 and 2010: the proportion of the population below the poverty line fell from 62.8 percent to 60.5 percent. The 2015 LCMS indicates a further decline in the poverty level to 54.4 percent. The percentage of the extremely poor has also declined: from 42.7 percent in 2006 to 40.8 percent in 2015.

Poverty in Zambia continues to be more of a rural than an urban phenomenon. Rural poverty is three times the level in urban areas: in 2015, rural poverty was estimated at 76.6 percent, compared to 23.4 percent in urban areas.

HEALTH

Health plays a critical role in the development of the country. No meaningful progress can be made without a proper policy and legal framework. Since the 1991 health reforms, the focus has been on building a health system that is responsive to the needs of the people, regardless of colour, gender and socio-economic status. The basic principle of those reforms was to achieve better-quality health services by strengthening leadership, accountability, partnership and sustainability at all levels of service delivery. Thanks to these reforms, a number of successes have been scored, mainly in terms of strengthening the health system, with an emphasis on delivering services closer to the people. There has been a move from a highly centralized health system (in which the central structures provided support and national guidance to the peripheral structures) to a more decentralized system. In 2010, Zambia's health system had a total of 1,883 health facilities – an increase of 598 since 2000.

The National Health System is arranged in a manner that is aimed at providing health services as close to the family as possible with a primary health care approach. In order to achieve this, the health system is designed with the following structure:

- Community
- Health posts
- · Health centres
- First-level hospital district
- Second-level hospital general
- Third-level hospital central.

(MoH, 2012)

With the emergence of global socio-economic trends and with changes in the technological and epidemiological profile of the country, the health sector faces a number of challenges, such as the high burden of both communicable and non-communicable diseases, resulting in high morbidity and mortality. According to the 2013/2014 Zambia Demographic and Health Survey, one adult in eight (13 percent) was HIV positive. The infant mortality rate was 45 deaths per 1,000 live births, while the maternal mortality ratio was 398 deaths per 100,000 live births.

EDUCATION

Education is a powerful tool for the economic development of an individual and a nation. The revised Sixth National Development Plan identifies education, training, science and technology as the prime movers of Zambia's development.

Zambia has a three-tier education system, consisting of seven years of primary education, followed by five years of secondary education and post-secondary schooling. In the past decade, the government has embarked on a number of initiatives to ensure universal access to education. In 2010, an increase was recorded in the number of basic schools (Grades 1–9). An increase was also recorded in the number of high schools (Grades 10–12), which was largely attributed to the upgrading of some basic schools into high schools and the construction of new high schools.

GENDER ISSUES

Gender issues are concerned with promoting equality between the sexes and improving the status of both women and men in society. It is well understood that social and economic development can only be attained if there is equal participation of men and women in the development process.

Zambia's vision for gender, as stated in its Vision 2030, is to achieve gender equity and equality in the socio-economic development process by 2030 (GRZ, 2006). In this regard, the government has put in place a National Gender Policy, which ensures the advancement of gender-mainstreaming policies and legislation.

BACKGROUND: DISABILITY POLICY IN THE CONTEXT OF ZAMBIA – AN OVERVIEW OF RECENT DEVELOPMENTS AND ONGOING POLICY PROCESSES

The 2011 World Report on Disability estimates indicate that 15.6 percent of the world's population aged 15 years and older lives with moderate or severe disability, while among children aged 0–14 years, 5.1 percent live with moderate or severe disability (WHO, 2011). However, given the many different definitions used to measure disability, prevalence rates vary greatly. Information on disability prevalence in Zambia is very limited, and there are disparities in prevalence between provinces, between rural and urban areas, and between population groups.

The government of the Republic of Zambia recognizes that disability is a human rights and developmental issue, and therefore in 2010 it ratified the United Nations Convention on the Rights of Persons with Disabilities as a commitment to improve the welfare of people with disability. In addition, the country has put in place a number of laws and policies on people with disabilities, including the Persons with Disabilities Act No. 6 of 2012 and the National Policy on Disability. In line with the CRPD, the Zambian Vision 2030 also recognizes the need to streamline service delivery for people with disabilities, in order to achieve the goals and objectives of the Vision.

Despite huge strides in policy and legislation, the country has not responded adequately to the needs of people with disabilities, who still face challenges in realizing their social, economic, cultural and political rights. This is largely due to the lack of equal opportunities and means to participate fully in all aspects of life. According to the World Health Organization (WHO, 2011), many people with disabilities do not have equal access to health care, education, social protection and employment opportunities. This situation applies also to Zambia.

For planning purposes, Zambia has been using the WHO estimate of 1.3 million persons with disabilities (equivalent to approximately 10 percent of the population). According to the 2010 Census of Population and Housing, 2.0 percent of the Zambian population have a disability (including 0.4 percent of children aged 0–14 years), corresponding to 274,944 persons. Among the provinces, Western Province has the highest proportion of people with disabilities (2.9 percent) and Lusaka the lowest (1.3 percent) (CSO, 2012). It should be noted, however, that the census measured disability using a largely medical definition, with a focus on severe disability, and similar questionnaires for adults and children.

Apart from prevalence estimates, little information is available on the socio-demographic characteristics of people with disabilities and on quality of life, particularly in terms of participation in activities and use of services. This is due to a paucity of data on the characteristics of those with disabilities and limited comprehensive knowledge and understanding of the issues faced by people with disabilities in terms of their participation in day-to-day activities and their access to basic social services. These issues include, for instance: poverty, stigma and discrimination, accessibility, and access to public services.

The weaknesses in the evidence base outlined above largely explain the limited scope and depth of the current policy response to disability, even though recent national development plans have sought to address the issue. The tendency to generalize around disability has hampered any nuanced approach towards the inclusion of children and adults with disabilities. This has been compounded by the absence of reliable data on the number of people with disabilities and on the number of people affected by a specific disability.

In view of the above, the Government of Zambia, through the Ministry of Community Development and Social Services, took the initiative to undertake a National Disability Survey. This study has made a significant contribution to the national evidence base on disability by generating strategic information on the prevalence, type and severity of disabilities among adults and children, as well as on the main issues that persons with disabilities face in terms of participation and use of basic social services. In addition, the findings are expected to facilitate the mainstreaming of disability into relevant policies and programmes that will be crucial in helping all stakeholders improve the wellbeing of people with disabilities.

5. CONCEPTUAL UNDERSTANDING

Disability and living conditions are core concepts in the study presented in this report. Both concepts are open to interpretation and can be perceived in different ways. While the ICF (WHO, 2001) seems to have gained ground as the main model for disability, it is important to recognize that the understanding of disability can vary from one socio-cultural context to another (Whyte and Ingstad, 1998). Some clarification of the conceptual understanding inherent in the current study is necessary to aid in the interpretation and utilization of its results.

DISABILITY

During the 1970s, there was a strong reaction against the terminology in use at that time by the representatives of organizations for people with disabilities and by professionals in the field of disability. The new emerging concept of disability focused more on the interaction between individuals and their environment, and on the close connection between the limitations experienced by people with disabilities, the design and structure of their environments and the attitudes and practices of the general population. Recent developments have seen a shift in terminology and an increasing tendency to view the disability complex as a process (the disablement process), involving a number of different elements at the individual, societal and contextual levels. The traditionally dominant medical model of disability was challenged by the social model (Finkelstein and French, 1993; Shakespeare, 2014), leading to the development of an interactional model for disability (WHO, 2001).

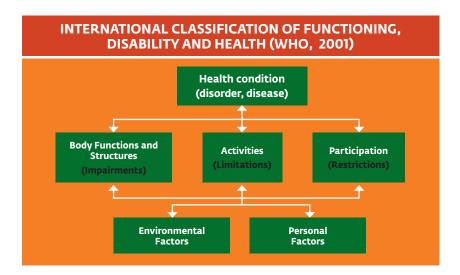
Article 1 of the UN Convention on the Rights of Persons with Disabilities defines disability as:

'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (UN, 2006).

INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH

The adoption of the World Health Organization's ICF (WHO, 2001) was a milestone in the development of the disability concept. From 1980 and the first classification (International Classification of Impairments, Disabilities and Handicaps (WHO, 1980)), a process lasting two decades resulted in a shift in the WHO conceptual framework from a medical model (impairment based) to a new scheme that focuses on limitations in activities and social participation. Although it does not represent a shift from a strictly medical to a strictly social model, the development that culminated in ICF may be understood as a merging of the social and the medical models to form an interaction model that implies a much wider understanding of disability and the disablement process.

Figure 5.1 The ICF model



APPLICATION OF ICF IN THE CURRENT STUDY

The developments leading to the ICF are important, as they have methodological implications and form a new basis for the collection of statistical data on disability. New concepts and relationships between concepts influence the way in which disability is measured. While the current study does not represent the full application of ICF (and it has not been the intention to test the new classification as such), the study does aim to cover all the elements of the model, and in particular to treat disability as limitations on activity and restrictions on social participation. This is clear to see in the screening procedure, in the inclusion of measures on activity limitations and participation restrictions, and in the measurement of environmental barriers. The current study provides a unique opportunity to apply some core concepts from the ICF and to test some aspects of the model statistically.

An understanding of disability, as defined by activity limitations and restrictions in participation within the theoretical framework shown in **Figure 5.1**, underlies this study. With this in mind, the term 'disability' is problematic, since it refers to (or is associated with) an individualistic and impairment-based understanding. As a term, it is nevertheless applied throughout this text, since it is a commonly accepted concept and – in the absence of any new, easy-to-use terminology – its use is practical.

Environmental factors are important elements in the ICF model, and it is fundamental to the present understanding of disability that limitations on activity and restrictions on participation are formulated in the exchange between individuals and their environment. In the current study, environmental factors are included in a separate section, utilizing an established research instrument. It is, however, acknowledged that studies like this one traditionally focus on the individual, and that this is also the case here.

THE SIX WASHINGTON GROUP QUESTIONS AND THE CHILD MODULE

Building on the ICF, the Washington Group on Disability Statistics developed six questions used to identify people with disabilities in censuses and surveys. These are used in this study during interviews with adults (18+ years) to distinguish between persons with and without disability. Likewise, acknowledging that the six WG questions were not able to capture child disability in an optimal way, the Washington Group and UNICEF recently developed a Module on Child Functioning (the Child Module).² Both instruments are incorporated into the current study, which makes it one of the first large-scale studies to apply the Child Module.³

LIVING CONDITIONS

The concepts of 'standard of living' or 'living conditions' have evolved from a relatively narrow economic and material definition into a current concern with human capabilities and the way in which individuals utilize their capabilities (Heiberg and Øvensen, 1993). Although economic and material indicators do play an important role in the tradition of standard of living surveys in the industrialized countries, an individual's standard of living is currently defined not so much by his or her economic possessions, but by the ability to exercise choice and to affect the course of his or her own life. Standard of living studies have been concerned more and more with such questions, and they currently attempt to examine the degree to which people can participate in social, political and economic decision making and can work creatively and productively to shape their own future (UNDP, 1997).

A number of core items can be regarded as vital to any standard of living study: demographics, health, education, housing, work and income. Other indicators may involve use of time, social contact, sense of influence, sense of wellbeing, perceptions of social conflict, access to political resources, access to services, social participation, privacy and protection, etc. The choice of which indicators to include will vary according to the specific requirements of each study and the circumstances under which the studies are undertaken.

DISABILITY AND LIVING CONDITIONS

Research into living conditions is - by its very nature - comparative. Drawing comparisons between groups or monitoring development over time within groups and populations is often the very reason for carrying out such studies. The purpose is thus often to identify population groups with certain characteristics and to study whether there are systematic differences in living conditions between those groups – or else to study changes in living conditions within groups over time and compare development over time between groups. Population sub-groups of interest in such studies are often defined by geography, sex, age or - the focus of this research - disability. Research in high-income countries has demonstrated that people with disabilities are worse off across the whole spectrum of indicators that are concerned with living conditions; this gap has persisted, even as there has been a steady improvement in conditions for all (Hem and Eide, 1998). This research-based information has been very useful for advocacy purposes, for education and for changing attitudes within the population, as well as for planning and resource-allocation purposes. The same patterns of systematic differences are also to be found in low-income countries, as has been documented in our studies in other countries of the region (see section 4.1). When the stated purpose of the research is to study the living conditions of people with disabilities, it is essential to settle at the outset on a working definition of disability, in order to identify who is disabled and who is not. This is a more complex issue than choosing between a 'medical model' and a 'social model'. How this is understood and carried out has a major impact on the results of the research, and consequently on the application of results (see section 5.1 on the disability concept).

² http://www.cdc.gov/nchs/data/washington_group/meeting13/wg13_unicef_child_disability_background.pdf

³ An earlier version of the Child Module was applied in this study. The final version was adopted after this data collection was carried out.

The ICF may to some extent be viewed as an attempt to combine a broad range of factors that influence the 'disability phenomenon'. The authors behind this research report support the idea that disability – or the disablement process – is manifested in the exchange between individuals and their environment. Disability is thus present if an individual is (severely) restricted in his or her daily life activities due to a mismatch between functional abilities and the demands of society. The role of the physical and social environment in disabling individuals has been very much in focus over the past 10–20 years, with the adoption of the Standard Rules (UN, 1994), the World Programme of Action (UN, 1993), the ICF (WHO, 2001) and then the CRPD (UN, 2006). It is logical for this development to be followed by research into the mechanisms that produce disability at the interface between the individual and his/her environment. It is true that studies into the living conditions of people with disabilities in high-income countries have been criticized for not progressing from an individualistic perspective: data are collected on individuals and activity limitations are still the focus of attention. It is a dilemma that this research tradition has not yet been able to reflect the relational and relative view on disability that most researchers in the field would support today. While we agree with such viewpoints, we nevertheless argue that a 'traditional' study is needed in low-income countries, to allow for a description of the situation and to draw comparisons between groups and over time. In high-income countries, such studies have proved to be powerful tools in the continuous struggle for the improvement in the living conditions of people with disabilities.

COMBINING TWO TRADITIONS AND THE ICF

The design that has been developed and tested here seeks to combine two research traditions: studies on living conditions and disability studies. Pre-existing and validated questionnaires that were used in Namibia (on general living conditions – NPC, 2000) and in South Africa (on disability – Schneider et al., 1999) were combined and adapted for use in the survey. A third element, on activities and participation, was included so as to incorporate the conceptual developments that have taken place in connection with the evolution of the ICF. By combining the two traditions, we end up with a set of variables that describes the situation of people with disabilities and that is broader than traditional disability statistics. The possibility emerges for a broad comparison of the conditions facing people with disabilities (and households containing people with disabilities) and without disabilities (and households without any disabled members). This comparative aspect is quite rare in disability statistics. In the current study, a comparison is made possible between people and households with and without disabled members. Furthermore, the study is part of a long-term research activity, with similar studies being carried out in southern Africa, creating a unique database for comparison in the region.

6. METHODOLOGY

SURVEY OBJECTIVES

The main purpose of the National Disability Survey is to determine the prevalence of disability among adults and children in Zambia, to analyse the socio-economic and demographic characteristics of people with disabilities, including children, and to assess the main issues that affect their quality of life in terms of participation and use of basic social services. This allows a sound evidence base to be established for policy formulation and programming to promote the inclusion of people with disabilities, including children.

The specific objectives of the study are:

- i. to estimate the national prevalence of disability among adults and children,⁴ disaggregated by sex, severity of disability, province and the rural/urban distinction;
- to analyse the demographic and socio-economic characteristics of persons with disabilities, including children (including wealth, employment status, education level, formal and informal support mechanisms, participation, access to services);
- iii. to identify critical issues and barriers faced by persons with disabilities, including children, in terms of restricting their participation in activities and access to services; To develop a strategy for the collection of comprehensive, reliable and culturally adapted statistical data on living conditions among persons with disabilities; and
- iv. to identify various forms of limitations on activity that people with disabilities face.

STUDY DESIGN AND METHODOLOGY

This section highlights the sampling strategy, sampling frame, sample size and allocation.

SAMPLING STRATEGY

The National Disability Survey (NDS) is a national, representative household survey that was carried out by the Central Statistical Office and the Ministry of Community Development and Social Services, in collaboration with SINTEF. The cross-sectional survey targeted all households in Zambia at the time of the survey, excluding institutionalized population groups and diplomats accredited to Zambia. The survey was conducted in all 10 provinces, namely: Central, Copperbelt, Eastern, Luapula, Lusaka, Muchinga, Northern, North-Western, Southern and Western.

SAMPLING FRAME

The sampling frame consisted of a list of enumeration areas (EAs), also referred to as primary sampling units (PSUs). The frame was based on the 2010 population census frame. Zambia's political structure includes 10 provinces, divided into 74 districts, 150 constituencies and 1,430 wards. For statistical purposes, each ward is divided into census supervisory areas (CSAs), which are further divided into EAs. The EAs have information on the number of households and population. The average size of an EA is 110 households.

⁴ Disability prevalence among adults was measured based on the response to the Washington Group 6 questions. Disability prevalence among children was measured by means of 14 questions in the UNICEF/WG Child Module. Both measures concern activity limitations due to a health condition.

SAMPLE SIZE AND ALLOCATION

The sample size for the survey was adequate to give reliable estimates at the national and provincial levels. Analysis was at both the individual and the household level, with comparisons done between persons with and without disability and between households with and without at least one person with disability. To determine the sample size needed, the following assumptions were made:

- Desired level of confidence of the survey results (95 percent);
- Acceptable margin of error of the survey results (1.5 percent);
- Estimated baseline indicator (10.9 percent).

In addition, the sample size was adjusted for:

- Anticipated non-response (5 percent); and
- · Design effect.

Taking the above parameters into consideration, the formula below was used for sample size calculation:

$$n=Z^2 [P(1-P)/e^2]$$

Where z=level of confidence (z-score of 5 percent = 1.96 in a normal distribution) p=baseline level of indicators e=margin of error.

Table 6.1 Calculation of sample of households with persons with disabilities

Z	Z ²	0	1 - p	е	e²	N	(*)Design effect	(/)Response rate	=Final N
1.96	3.8416	0.109	0.891	0.015	0.000225	1,659	2	0.90	3,685

The total number of households obtained in the sample was 3,685. This translated into 368 EAs countrywide, and the EAs were allotted to the 10 provinces using proportional allocation, based on the total number of households in the EAs.

The survey used a two-stage stratified cluster sample design, with the EAs (small geographical units) selected during the first stage and the households selected during the second. A representative sample of 368 EAs was drawn from the 2010 population and housing census frame using the probability proportional to estimated size (PPES) procedure. In each selected EA, all households were listed during the exercise carried out prior to enumeration, in order to provide a comprehensive sampling frame for the selection of households. The exercise simply involved the complete listing of households or the complete count of households in the EA. The identification of individuals with disabilities was done at an individual level after the households were randomly selected. An average of 25 households were selected in each EA. All individuals in the selected households were interviewed to determine whether the household would be classified as with or without a disabled member.

The survey comprised:

- Random sampling of EAs;
- In each selected EA: listing of households in the EA, assigning numbers to each household;
- In each selected EA: random sampling of a fixed number of households (25) from the list of households;
- In each selected household: screening by means of WG6 and three short sets of selected questions from the Child Module (2–17 years, 2–4 years and 5–17 years), covering all the domains in the module. **All individuals responded for themselves** (the main carer for children aged below 12 years, as well as for those aged 12 and

6

above if the child was unable to respond (or together with the main carer if that was deemed to be the correct way to proceed));

- In households with disabled members: administering of the household questionnaire to the household head
 and the individual questionnaire to all individuals who qualified as being disabled (individual interviews or
 by proxy, as above);
- In sampled households without disabled individuals: administering of the household questionnaire to the
 household head and the individual questionnaire to one non-disabled person randomly selected from the
 household using the Kish Grid.

SURVEY ORGANIZATION

The NDS is a comprehensive survey involving several agencies and many individuals. It was implemented under the aegis of the Ministry of Community Development and Social Services, which provided overall coordination and guidance to the survey. Moreover, the Ministry of Community Development and Social Services, as the major user of the survey results, had a major role to play in guiding the design of the questionnaires and survey content. The CSO was responsible for general administrative management of the survey, including overseeing day-to-day operations, training field staff and supervising field and office operations for the survey. The CSO was responsible for data processing and data analysis, and had primary responsibility for dissemination of the survey results.

SINTEF provided technical guidance to the implementing institutions on the design and implementation of the survey through periodic short-term visits. SINTEF was responsible for the content of the questionnaire and for developing the study design, in collaboration with the CSO and stakeholders in Zambia. UNICEF provided financial and technical support to the survey. Survey ethical clearance was done by the University of Zambia's Ethical Committee.

The survey was conducted by 38 teams, each team consisting of a supervisor, 3–4 interviewers and a driver. After the questionnaire was developed, a pre-test workshop was held from 31 March to 7 April 2015 to test the instruments. After the pre-test, a training workshop was held for the trainers from 13 to 24 April 2015; its main objective was to train the officers who would in turn train the enumerators and supervisors. The training of field staff (enumerators and supervisors) was held from 17 to 31 May 2015. There were 150 participants divided into four classes. The training comprised hands-on tablet practice, assessments, class mock interviews, lectures, local language interpretations and a field practical.

SURVEY QUESTIONNAIRES

Four questionnaires were used for the NDS: a household questionnaire, an individual questionnaire for persons with disabilities, a questionnaire for persons without disabilities and a child questionnaire (Module on Child Functioning and Disability questionnaire).

All households in the NDS sample were visited and enumerated using a household questionnaire. The household questionnaire collected information on the usual members of that household and socio-demographic data on each person (such as name, sex, age, disability status and education). The household questionnaire also collected information on housing characteristics, such as source of income, expenditure, source of drinking water, sanitation facilities and ownership of durable goods. Deaths in the household were also recorded on the household questionnaire.

The questionnaire also included questions that were used to identify persons eligible (qualified) to be interviewed using the individual questionnaire, once the household questionnaire had been administered.

IDENTIFICATION OF INDIVIDUALS WITH DISABILITY

A wide definition of disability was applied in order to capture even individuals with mild disabilities.

Among adults (18+ years), the six Washington Group questions were applied. Anyone who responded 'some difficulty' to one of the questions was included as a person with disability.

Among children (2–17 years), questions 17–30 of the applied version of the Child Module⁵ (attached) were used to identify children with disabilities. Any child responding 'some difficulty' to one of the questions was included as a child with disability.

HOUSEHOLDS WITH AT LEAST ONE PERSON WITH DISABILITY

Everyone with disability was eligible for an individual interview. Those with disabilities aged 2–17 were interviewed using the Module on Child Functioning and Disability questionnaire (Appendix 9). In the case of children aged below 12 years with a difficulty (identified as having a disability, according to the explanation above), the carer or parent of the child was asked to respond to the questions in the Child Module. Children aged 12–17 years spoke for themselves, if they were able to respond on their own (if they were unable, they either had a carer with them or the carer responded on their behalf).

All adults (18+ years) were asked the six Washington Group questions on their own, if they were available during the household interview. For those who were not available, an attempt was first made to arrange an appointment for an interview. If for some reason an appointment could not be made, the household head, main respondent or carer who knew the household members well would respond. Only if the person was incapacitated and could not respond on their own was a carer asked to respond to the questionnaire.

Those aged 18 years and older were interviewed using the questionnaire for individuals with disability (Appendix 7). The individual with disability questionnaire collected information on the following topics:

- i. Activity limitation;
- ii. Participation restriction;
- iii. Inventory of environmental factors;
- iv. Discrimination and abuse, services and accessibility;
- v. Education;
- vi. Economic activity;
- vii. Assistive devices;
- viii. Involvement in family, social life and society;
- ix. Health and general wellbeing;
- x. HIV/AIDS, STIs, diabetes and TB;
- xi. Reproductive health of family members.

HOUSEHOLDS WITHOUT A PERSON WITH DISABILITY

Households without a person with a disability were interviewed using the questionnaire for individuals without disability (Appendix 8). The questionnaire for individuals without disability asked for similar information to that collected by the questionnaire for individuals with disability, except that it did not ask about assistive devices, discrimination and abuse, accessibility, etc.

⁵ At the time of the study, the Child Module had not been finalized, and so an earlier version of the module was used.

7

7. RESULTS

The results are presented in three sub-sections:

- Household section: Results from a comparative analysis of households with at least one member with
 disability and households without any disabled member (household data). The head of the household or another
 knowledgeable adult household member was the main informer. Data on every member of the household were
 also collected. Estimated disability prevalence is also presented in this section.
- Individual section 1: Adults aged 18+. The results are based on a detailed survey that specifically addressed the situation of people identified as having disability. The person with disability was the informer (individual data). This section also includes some comparisons on living conditions between persons with and without disability.
- Individual section 2: Child Module, children aged 2–17 years. Children in the sampled households were interviewed (see section 6.4) using a separate questionnaire comprising the Child Module and selected indicators from the adult individual section that were assessed to be most relevant for children.

Throughout this section, the term 'disabled' and 'non-disabled' will be used interchangeably with 'individuals/persons with/without disabilities'. Here, the term 'disability' refers to individuals with activity limitations. The term non-disabled/individuals without disabilities refers to individuals without functional limitations. Details on how individuals with disability were identified are found in section 6.4.

Sampling weight was implemented in the analysis to account for differences in the population and households in the different provinces. The purpose of weighting in this study is to adjust the effect of imbalanced representation of estimation domains due to over- and under-sampling. Particular care was also taken during the analysis to control for sex, urban/rural and regional (districts) differences. If these potential confounders reveal significant differences, a comment is made in the text.

HOUSEHOLD SECTION

This section looks at the general characteristics of household members and household-level indicators. In general, a household is a group of people (or a single person) who live in a permanent structure and make common provision for food. They may or may not be related, but one person is regarded as the head. Thus, the term 'household' refers to people who *live and eat together*. A person who lives alone and caters for herself/himself forms a one □ person household. The main unit of the survey is the household, as just defined. Furthermore, we were only interested in information about the permanent members of the household − that is, visitors were *excluded*, as were any members who were absent for more than six months. Those at boarding school or away for seasonal work were considered members of the household, but those in long-term institutions (prisons and hospitals) were not. Family members living or working abroad were not considered to be permanent household members. Information on households and household members was collected before it was determined whether a particular household did or did not have a disabled member.

A total of 9,190 households were included in the Zambia National Disability Survey. No pre-screening was carried out, and the sample of households with disabled members and without thus represents the real proportions found in the population. The head of the household (or a knowledgeable adult household member) was the key informer for the household section of the questionnaire. The total number of households with a disabled member was 2,912, giving an overall disability prevalence of 31.7 percent of households. The total population enumerated was 46,533.

The section also comprises a number of household-level indicators: description of the population and sample, demographics, housing standards, ownership of land, household assets, dietary diversity, access to information, income, household deaths and prevalence of disability.

DESCRIPTION OF THE POPULATION AND SAMPLE

The household and individual response rates are shown in **Table 7.1**. A total of 9,197 households were occupied; of these, 9,190 were successfully interviewed, yielding a household response rate of 99.9 percent. The response rate for females aged 18 years and above was higher than for males – 98.8 and 98.2 percent, respectively. In the case of children aged 2–17 years, all interviews were successfully conducted.

Table 7.1 Results of the household and individual interviews

	TOTAL	RURAL	URBAN
Total households	9,197	5,950	3,249
Households interviewed	9,190	5,945	3,245
Household response rate (%)	99.9	99.9	99.9
Total individuals 18+ years	5,760	3,466	2,210
Total males	2,751	1,697	1,054
Male interviews	2,702	1,663	1,039
Male response rate (%)	98.2	98.0	98.6
Total females	3,009	1,822	1,187
Female interviews	2,974	1,803	1,171
Female response rate (%)	98.8	99.0	98.7
Total children 2–17 years	3,862	2,655	1,207
Male children	1,924	1,364	560
Male interviews	1,924	1,364	560
Male response rate (%)	100	100	100
Female children	1,938	1,291	647
Female interviews	1,938	1,291	647
Female response rate (%)	100	100	100

Table 7.2 shows the total number of enumeration areas, the total number of households and the population by province. In all, 368 EAs were visited, representing a total population of 15,177,968. Lusaka Province had the largest population (2,540,227) while Muchinga had the smallest (825,004).

Table 7.2 Number of enumeration areas, households and population, by province

PROVINCE	TOTAL NUMBER OF ENUMERATION AREAS	TOTAL NUMBER OF HOUSEHOLDS	POPULATION
Central	34	318,340	1,515,298
Copperbelt	46	443,837	2,286,453
Eastern	40	357,954	1,846,328
Luapula	32	222,109	1,149,914
Lusaka	50	556,281	2,540,227
Muchinga	30	160,299	825,004
Northern	34	233,983	1,281,951
North-Western	30	148,919	842,842
Southern	40	377,310	1,843,158
Western	32	211,634	1,046,793
Total	368	3,030,667	15,177,968

7

Table 7.3 shows the sample distribution by household type, sex, age group and the rural/urban distinction. The table shows that there were more females in urban areas for households both with and without disabled members. In all age groups, the table shows more people in rural than urban areas for both household types.

Table 7.3 Sample distribution, by household disability status, sex, age group and rural/urban (N=9,190)

	HOUSEHOLDS WITH DISABLED INDIVIDUALS		HOUSEHOLDS WITHOUT DISABLED INDIVIDUALS		TOTAL	
	Rural Urban		Rural	Rural Urban		Urban
Males	1,041	565	2,014	1,042	3,055	1,607
Females	1,017	708	2,080	1,117	3,097	1,825
Children 2–4 years	120	38	545	243	665	281
Children 5–17 years	531	265	1,459	662	1,990	927
Persons aged 18 years and older	1,407	970	2,090	1,254	3,497	2,224

Table 7.4 shows the percentage distribution of households with and without disabled members by rural/urban location and province. In both household types, the percentage of households was higher in rural than in urban areas. Copperbelt Province had the highest proportion of households with a disabled person (18.8 percent) and Muchinga Province had the lowest (4.7 percent).

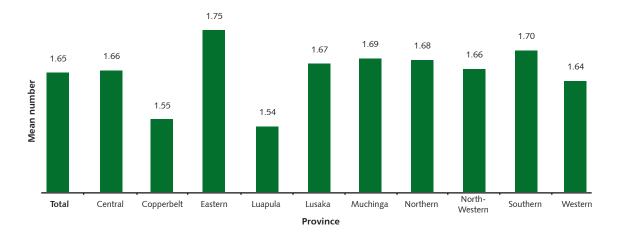
Table 7.4 Percentage distribution of households with and without disabled members, by rural/urban and province

PROVINCE	HOUSEHOLDS WITH DISABLED INDIVIDUALS		HOUSEHOLE DISABLED IN		TOTAL HOUSEHOLDS		
	%	Number	%	Number	%	Number	
Total	100.0	954,006	100.0	2,076,661	100.0	3,030,667	
Rural	58.1	554,105	61.0	1,266,617	60.1	1,820,722	
Urban	41.9	399,901	39.0	810,044	39.9	1,209,945	
Central	10.2	97,109	10.7	221,231	10.5	318,340	
Copperbelt	18.8	179,706	12.7	264,131	14.6	443,837	
Eastern	9.0	86,013	13.1	271,941	11.8	357,954	
Luapula	10.6	100,828	5.8	121,281	7.3	222,109	
Lusaka	16.8	160,249	19.1	396,033	18.4	556,281	
Muchinga	4.7	44,670	5.6	115,629	5.3	160,299	
Northern	7.4	70,745	7.9	163,237	7.7	233,983	
North-Western	5.0	47,348	4.9	101,571	4.9	148,919	
Southern	10.2	96,969	13.5	280,341	12.4	377,310	
Western	7.4	70,368	6.8	141,265	7.0	211,634	

| 25

Figure 7.1 shows the mean number of persons with disabilities in households with disabled members. Eastern Province had the highest mean (1.75 persons), while Luapula had the lowest (1.54 persons).

Figure 7.1 Mean number of persons with disabilities in households with disabled members by province



DEMOGRAPHICS

Demographic information covers the proportion of households headed by an individual with a disability, household size and age distribution. About 47.7 percent of all households with at least one disabled member were headed by a person with a disability. There is no urban/rural difference on this indicator, but the proportion of household heads with a disability varies substantially from province to province, with Luapula Province having the lowest figure (39.1 percent) and Central Province the highest (57.5 percent). See **Figure 7.2**.

Figure 7.2 Percentage of households having at least one disabled member headed by a person with a disability

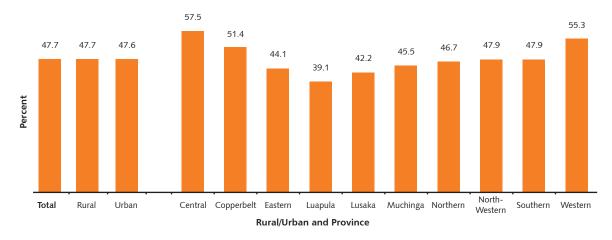


Table 7.5 shows the average household size by household type and rural/urban. The average household size was 5.0; the average for households with a disabled member was 5.1 and for households without a disabled member the figure was 5.0. In both rural and urban areas, and in almost all the provinces, households with a disabled person had more members (bigger household size) than households without anyone disabled: the difference ranged from 0.1 to 0.5. The exceptions to this were Muchinga and Luapula Provinces, where the average household without a disabled member was bigger than the average household with a disabled individual (a difference of 0.1 and 0.4, respectively).

7

Table 7.5 Average household size, by household type and rural/urban

REGION	HOUSEHOLDS WITH DISABLED INDIVIDUALS	HOUSEHOLDS WITHOUT DISABLED INDIVIDUALS	TOTAL HOUSEHOLDS
Total	5.1	5.0	5.0
Rural	5.3	5.1	5.1
Urban	4.9	4.8	4.8
Central	4.8	4.7	4.8
Copperbelt	5.3	5.1	5.2
Eastern	5.4	5.1	5.2
Luapula	5.0	5.4	5.2
Lusaka	4.6	4.5	4.6
Muchinga	5.1	5.2	5.1
Northern	5.7	5.4	5.5
North-Western	5.7	5.6	5.7
Southern	5.3	4.8	4.9
Western	5.1	4.9	4.9

The age distribution in the two household types is shown in **Figure 7.3.** The modal age category is 11–20 years (overall 25.5 percent). Households with disabled members had a higher proportion of members in the age bracket 11–20 years and in the three oldest categories (41–50, 51–60 and 61+ years).

Households without a disabled member had slightly more members in the two youngest age groups (2–4 and 5–10 years) and more members in the age groups 21–30 and 31–40 years.

Figure 7.3 Age distribution, by household type

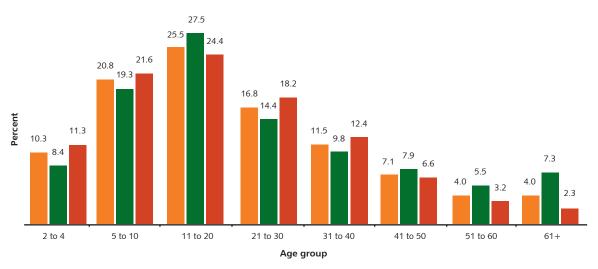


Table 7.6 shows the overall, child and old-age dependency ratios by household type, rural/urban and province. Dependency ratios reveal the burden of dependency placed by the child population aged 0–14 (the child dependency ratio) and the elderly population aged 65+ (the old-age dependency ratio) on the intermediate population aged 15–64.

Overall dependency is the ratio of the population aged 0–14 and 65+ per 100 persons of working age (15–64). Child dependency is the ratio of the child population (0–14) per 100 persons of working age, and old-age dependency is the ratio of the population aged 65+ per 100 persons of working age.

Table 7.6 also shows that the overall dependency ratio was higher for households without a disabled member (94.5 for every 100 persons aged 15–64), compared to 89.6 per 100 in households with a disabled member. The old-age dependency ratio was higher for households with disabled members in both rural and urban areas and in all provinces. Only in Muchinga Province was the child dependency ratio higher in households with a disabled person than in those without (107.2 per 100 persons aged 15–64, as against 106.7 per 100).

Table 7.6 Dependency ratios, by household type, rural/urban and province

	OVERALL DEPENDENCY RATIO		CHILD DEPEN	DENCY RATIO	OLD-AGE DEPENDENCY RATIO		
TOTAL/REGION/ PROVINCE	Households with disabled individuals	Households without disabled individuals	Households with disabled individuals	Households without disabled individuals	Households with disabled individuals	Households without disabled individuals	
Total	89.6	94.5	79.2	91.4	10.4	3.1	
Rural	107.7	108.8	95	104.8	12.7	3.9	
Urban	69.4	74	61.6	72.2	7.8	1.8	
Central	84.3	90.5	72.4	86.4	11.9	4.1	
Copperbelt	70.6	79.2	61.1	76.8	9.5	2.3	
Eastern	111.2	104.3	96.5	100.2	14.6	4.1	
Luapula	103.4	111.4	95.1	108.3	8.3	3.1	
Lusaka	66.6	71	58.8	64.4	7.8	1.6	
Muchinga	116.9	110.1	107.2	106.7	9.7	3.4	
Northern	111.8	111.2	101.3	108	10.5	3.3	
North-Western	106.2	122.6	95.3	117.7	10.9	4.9	
Southern	100.4	97.2	91.8	94.5	8.7	2.8	
Western	107.2	109.9	88.6	105.7	18.6	4.2	

HOUSING

Information on housing helps in understanding the characteristics of the households sampled and in assessing the socio-economic status of the population. This part covers housing ownership, source of energy for cooking and lighting, source of drinking water, and sanitation facilities.

Respondents in the survey were asked whether or not they owned the house they were occupying. Most respondents (household level) from rural households (both with and without a disabled member) reported owning the house they lived in (88.3 percent of households with a disabled member and 83.0 percent of those without). Among urban households with a disabled member, it was common to own the house, but 38.7 percent reported that they rented their house. Conversely, among urban households without a disabled member, most reported renting the house they were living in (57.1 percent), while 36.7 percent owned it (**Table 7.7**).

Table 7.7 Housing ownership, by household type

		DLDS WITH NDIVIDUALS	HOUSEHOLDS WITHOU DISABLED INDIVIDUALS		
Accommodation/Tenure status	Rural	Urban	Rural	Urban	
Rented	4.4	38.7	6.1	57.1	
Owned by member	88.3	56.1	83.0	36.7	
Rent free (not owned)	3.2	2.9	3.7	4.0	
Provided by employer (government)	2.8	2.1	3.7	1.5	
Provided by employer (private)	1.2	0.3	3.5	0.7	
Other	0.1	0.0	0.0	0.0	

For both household types in urban areas, the most common source of energy for cooking was charcoal, while in rural areas the most common energy source was wood (Table 7.8).

Table 7.8 Source of energy for cooking (N=9,190)

	HOUSEHOLDS WITH DISABLED INDIVIDUALS		HOUSEHOLDS WITHOUT DISABLED INDIVIDUALS	
Source of energy for cooking	Rural	Urban	Rural	Urban
Electricity	2.7	26.0	3.9	30.4
Paraffin	0.0	0.0	0.0	0.1
Gas	0.0	0.0	0.0	0.1
Wood	78.1	9.9	80.8	6.5
Coal	0.4	0.5	0.4	0.5
Charcoal	18.6	63.7	14.6	62.4
Solar	0.1	0.0	0.1	0.0
Other*	0.0	0.0	0.1	0.0

^{*} Cow dung and none were placed in Other because there were only very few cases.

The most common source of energy for lighting in urban areas for both household types was electricity. In rural households (both types), the most common source was a torch/lamp (Table 7.9).

Table 7.9 Source of energy for lighting (N=9,190)

	HOUSEHOLDS WITH DISABLED INDIVIDUALS		HOUSEHOLDS WITHOUT DISABLED INDIVIDUALS	
Source of energy for lighting	Rural	Urban	Rural	Urban
Electricity	5.9	64.6	7.4	66.4
Paraffin	1.5	1.2	0.8	0.9
Gas	0.0	0.0	0.0	0.0
Wood	2.7	0.5	2.5	0.2
Coal/charcoal	0.4	0.9	0.3	1.3
Solar	4.8	0.4	5.6	0.8
Candles	6.9	19.1	5.5	15.8
Torch/lamp (battery powered)	73.6	12.8	74.6	14.3
None	2.3	0.6	1.5	0.2
Grass	1.7	0.1	1.4	0.0
Other	0.2	0.0	0.2	0.0

| 29

In urban areas, more households with a disabled member than without used water piped into the dwelling (21.0 percent, compared to 18.0 percent) and piped into the yard/plot (25.4 percent, compared to 24.7 percent). In rural areas, more households without a disabled member used unprotected wells (25.5 percent) than did households with a disabled member (25.1 percent). See **Table 7.10**.

Table 7.10 Source of drinking water (N=9,190)

	HOUSEHOLDS WITH DISABLED INDIVIDUALS		HOUSEHOLDS WITHOUT DISABLED INDIVIDUALS	
Source of drinking water	Rural	Urban	Rural	Urban
Piped into dwelling (piped water)	1.2	21.0	1.1	18.0
Piped to yard/plot (piped water)	1.7	25.4	2.1	24.7
Public tap/standpipe (piped water)	4.4	20.8	7.0	27.4
Tube well or borehole	34.4	8.6	33.5	5.9
Protected well (dug well)	12.3	10.9	9.0	9.3
Unprotected well (dug well)	25.1	8.5	25.5	9.6
Protected spring (water from spring)	0.9	0.5	0.6	0.2
Unprotected spring (water from spring)	3.9	0.5	4.2	0.7
Tanker truck	0.1	0.0	0.0	0.0
Surface water (river/dam/lake/pond/stream/canal)	15.9	2.0	16.7	1.9
Bottled water	0.0	1.1	0.0	1.6
Other	0.2	0.7	0.1	0.6

In terms of toilet facilities (**Table 7.11**), a higher percentage of urban households with a disabled member used a flush to piped sewer system (flush or pour toilet) than did households without a disabled member (29.1 percent and 23.4 percent, respectively). Pit latrines both with slabs and without (open pit) were the most commonly used toilet facilities (both household types). In rural areas, pit latrines without slabs were the most frequent for households both with and without a disabled member (67.0 percent and 65.0 percent, respectively).

Table 7.11 Toilet facilities (N=9,190)

	HOUSEHOLDS WITH DISABLED INDIVIDUALS		HOUSEHOLDS WITHOUT DISABLED INDIVIDUALS	
Type of toilet facility	Rural	Urban	Rural	Urban
Flush to piped sewer system (flush or pour toilet)	0.6	29.1	0.4	23.4
Flush to septic tank (flush or pour toilet)	1.4	5.6	1.5	7.4
Flush to pit latrine (flush or pour toilet)	0.1	3.1	0.3	2.9
Flush to somewhere else (flush or pour toilet)	0.0	0.6	0.1	0.3
Flush, don't know where (flush or pour toilet)	0.1	0.3	0.0	0.2
Ventilated improved pit latrine (pit latrine)	1.5	1.4	1.5	1.6
Pit latrine with slab (pit latrine)	12.5	29.0	15.5	34.4
Pit latrine without slab/open pit (pit latrine)	67.0	28.7	65.0	28.4
Composting toilet	0.1	0.0	0.0	0.0
Hanging toilet/hanging latrine	0.2	0.0	0.0	0.0
No facility/bush/field	16.1	2.2	15.5	1.2
Other	0.4	0.1	0.2	0.2

7

OWNERSHIP OF AGRICULTURAL LAND AND LIVESTOCK

Households with disabled members reported owning more agricultural land and livestock in both urban and rural areas. In rural areas, 84.8 percent of respondents in such households reported owning agricultural land, as against 79.2 percent of households without disabled individuals. In urban areas, more households with disabled members reported owning livestock – 15.6 percent, compared to 10.9 percent of households without any disabled member (**Table 7.12**).

Table 7.12 Ownership of agricultural land and livestock (N=9,190)

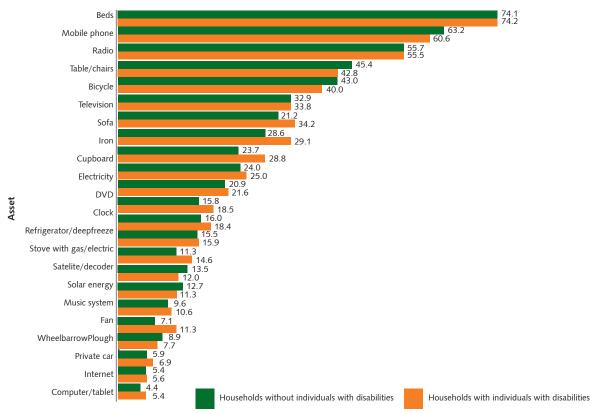
	HOUSEHOLDS WITH DISABLED INDIVIDUALS		HOUSEHOLDS WITHOUT DISABLED INDIVIDUALS	
Ownership of agricultural land	Rural	Urban	Rural	Urban
Yes	84.8	28.1	79.2	18.7
No	15.2	71.9	20.8	81.3
Ownership of livestock				
Yes	60.2	15.6	59.3	10.9
No	39.8	84.4	40.7	89.1

HOUSEHOLD ASSETS

Respondents were asked about some of the items that the household possessed, such as a radio and television set, a refrigerator and a wheelbarrow. Asset ownership is a proxy indicator for the relative wealth of a household (Wittenberg and Leibrandt, 2017).

Figure 7.4 shows the overall distribution of a range of household items, comparing the two household types. For most of the items, more households with disabled members than without reported owning the different items.

Figure 7.4 Distribution of household assets, by household type (N=9,190)



In rural areas, more households without disabled members reported owning the various items than did households with disabled members (**Figure 7.5**).

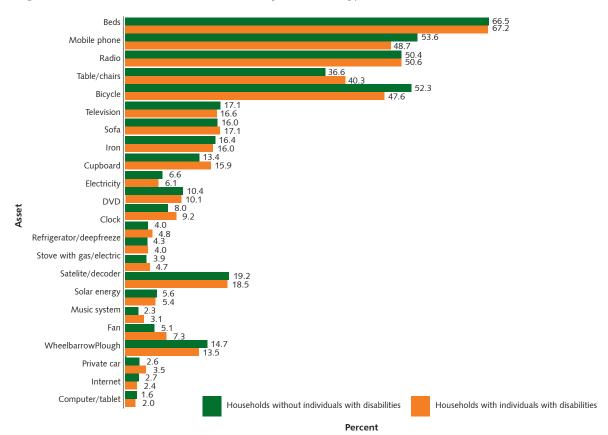


Figure 7.5 Distribution of household assets, by household type, rural (N=5,945)

In urban areas, more households without disabled members reported owning the various items than households with disabled members (**Figure 7.6**).

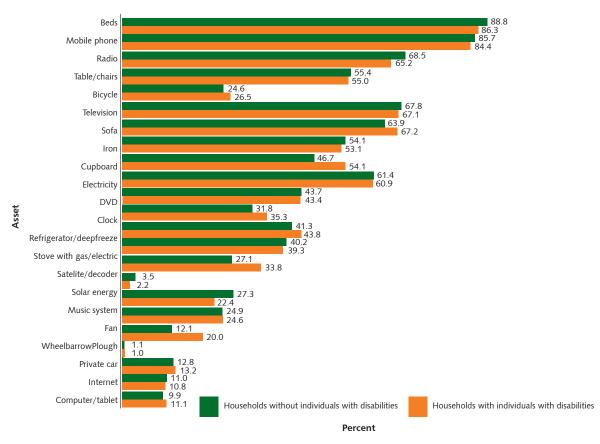


Figure 7.6 Distribution of household assets, by household type, urban (N=3,245)

Figure 7.7 shows the mean scale value of socio-economic status (SES) by household type and rural/urban location. The SES index is a linear combination of household assets and ownership of livestock and agricultural land. Overall, the figure shows that households which have persons with disabilities score higher on the scale than households without disabled members (8.0 and 7.6, respectively). This pattern holds true for rural areas (6.8 vs. 5.9). In urban areas, however, households having persons with disabilities scored 9.9, while households without persons with disabilities scored 10.0 on the SES scale.

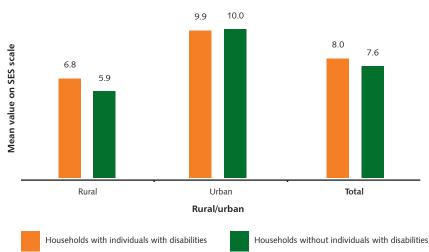


Figure 7.7 Mean scale value of SES, by household type and rural/urban (N=9,190)

As **Figure 7.8** shows, with the exception of four provinces (Eastern, Luapula, Lusaka and Western), households having persons with disabilities scored higher on the SES scale than households without.

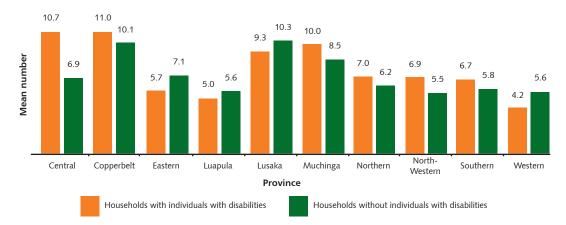


Figure 7.8 Socio-economic status, by household type and province (N=9,190)

DIETARY DIVERSITY

A dietary scale was constructed using the following items:

- 1. Cereals;
- 2. Roots and tubers (vegetables);
- 3. Leaf vegetables;
- 4. Fruits;
- 5. Meat, poultry, offal;
- 6. Eggs;
- 7. Fish and seafood;
- 8. Pulses/legumes/nuts;
- 9. Milk and milk products;
- 10. Oil/fats:
- 11. Sugar/honey;
- 12. Condiments and any other foods. (Swindale and Bilinsky, 2006)

Respondents were asked which of these 12 food groups had been consumed in the household in the previous two weeks during the day and at night. The responses were added together to form a dietary diversity scale. **Figure 7.9** shows the mean dietary diversity scale by household type and rural/urban. In both rural and urban areas, it is clear from the figure that households where nobody had a disability scored higher on the dietary diversity scale than households which had persons with disabilities. That is, households without a disabled member reported having consumed more of the different food groups.

Northern Province was the only province to record higher scores on the dietary diversity scale for households with a disabled member. In the other provinces, households having persons with disabilities scored either the same or less than households without a disabled member (**Figure 7.10**).

Figure 7.9 Mean dietary diversity scale, by household type and rural/urban (N=9,190)

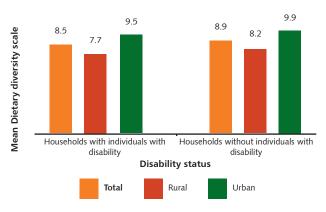
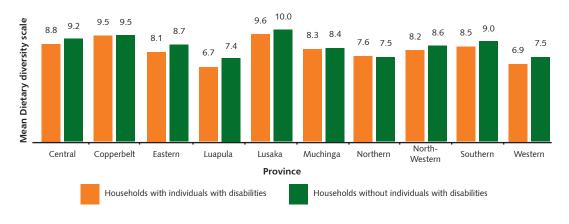


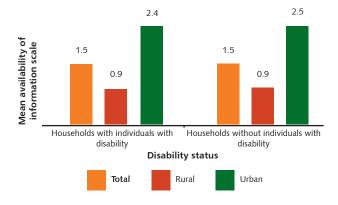
Figure 7.10 Mean dietary diversity scale, by household type and province (N=9,190)



AVAILABILITY OF INFORMATION

Access to information was measured using questions on the availability of TV, the internet, newspapers and library services. The four items were added together to form an 'availability of information scale'. **Figure 7.11** shows the availability of information scale by household type and rural/urban. Urban households had greater availability of information than rural households. The difference between the two household types is marginal.

Figure 7.11 Availability of information, by household type and rural/urban (N=9,107)



There are some small variations between household types across the provinces, with Luapula, Northern, Eastern and Muchinga scoring lowest on the scale. Copperbelt province reported the highest availability of information (2.4 and 2.6 for households with and without disabled members, respectively), followed by Lusaka Province at 2.1 for both household types (**Figure 7.12**).

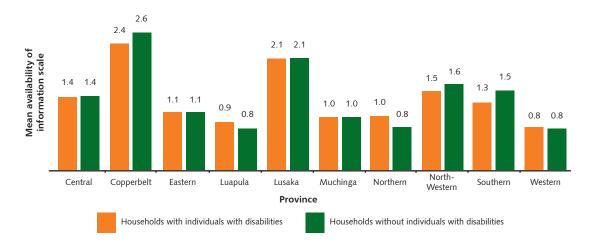


Figure 7.12 Availability of information, by household type and province

INCOME

Household income has an important role in the wellbeing of households. A household's day-to-day expenditure on food, shelter, education, health, etc. depends largely on what households earn. Thus, in addition to household assets, household income can be used to measure the wealth of a household. Households were asked to state their primary sources of income (if any).

Table 7.13 shows the primary source of income for households with and without disabled members. It is clear that generally subsistence farming was the most important primary source of income for both household types. For households with disabled members, grants were the second most important source of income, while for households without members persons it was wage/salary.

In rural areas, subsistence farming was the main primary source of income, followed by wage/salary for both household types. In urban areas, wage/salary was the main primary source of income, followed by non-registered informal business for both household types.

7

Table 7.13 Primary source of income, by households with and without persons with disabilities (N=9,190)

		HOUSEHOLDS WITH DISABLED INDIVIDUALS			HOUSEHOLDS WITHOUT DISABLED INDIVIDUALS		
	Total	Rural	Urban	Total	Rural	Urban	
Grant	29.4	0.3	0.3	0.3	0.5	0.1	
Wage/salary work (gross salary)	25.2	10.2	46.0	32.1	17.4	55.1	
Remittances received	5.1	3.9	6.7	1.8	1.2	2.8	
Cash cropping	1.4	1.9	0.7	2.5	3.9	0.3	
Livestock/poultry	0.3	0.4	0.1	0.1	0.1	0.2	
Subsistence farming	43.7	68.7	9.1	41.0	63.5	5.8	
Subsistence fishing	2.2	3.5	0.4	2.2	3.4	0.2	
Formal business (registered)	2.1	0.4	4.4	1.7	0.5	3.7	
Informal business (non-registered)	14.3	7.7	23.3	16.2	8.5	28.2	
Private insurance/pension	0.6	0.2	1.2	0.2	0.0	0.4	
Workman's compensation	0.1	0.0	0.1	0.0	0.0	0.0	
Rent	2.4	0.5	5.1	1.1	0.1	2.8	
No income from any source	1.8	1.6	2.1	0.5	0.6	0.4	
Begging	0.6	0.7	0.5	0.1	0.1	0.1	
Other	0.0	0.0	0.0	0.0	0.0	0.1	
Total	100.0	100.0	100.0	100.0	100.0	100.0	

HOUSEHOLD DEATHS

The 2015 NDS also collected information on deaths in the households. Household members were asked if any member of the household had died in the 12 months before the survey. Age at death and the main cause of death were also ascertained.

Figure 7.13 shows the percentage of reported deaths by household type in the 12 months prior to the survey. Of all reported household deaths, 53.8 percent were reported in households without disabled individuals, while 46.2 percent were reported in households with disabled members.

Figure 7.13 Percentage reporting a death, by household type

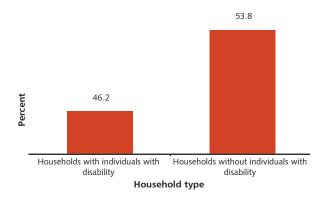


Table 7.14 shows the main cause of death by household type. The results make it clear that malaria was the leading reported cause of death in both household types; households with a disabled member reported a higher figure (21 percent of deaths) than households without any disability (17.3 percent). The second leading cause of death in households with disabled members was HIV/AIDS-related causes (6.8 percent); in households without anyone who was disabled, diarrhoea and witchcraft were the joint-second biggest cause of death -6.3 percent.

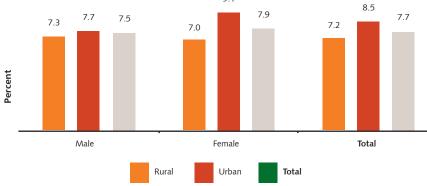
Table 7.14 Main causes of death, by household type (percentage of all deaths)

CAUSE OF DEATH	HOUSEHOLDS WITH INDIVIDUALS WITH DISBILITIES	HOUSEHOLDS WITHOUT INDIVIDUALS WITH DISABILITIES
Accident	3.2	5.1
Violence/Murder	2.3	1.6
Cancer	2.7	2.0
ТВ	5.9	5.9
Malaria	21.0	17.3
Diarrhoea	4.1	6.3
Malnutrition	1.4	2.0
Measles	0.9	2.0
Pneumonia	5.0	2.7
Heart disease	3.7	3.1
High blood presure	3.2	3.1
Diabetes	0.9	0.8
HIV/AIDS (related)	6.8	2.7
Other disease	4.1	3.1
Old age	4.6	5.5
Witchcraft	5.5	6.3
Suicide	0.5	0.8
Other	15.1	17.3
Don't know	9.1	12.5

PREVALENCE

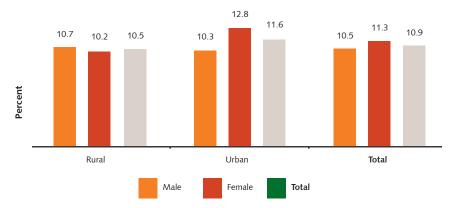
The prevalence of disability in Zambia was 7.7 percent: 7.2 percent in rural areas and 8.5 percent in urban areas. Disability was more prevalent in urban areas for both males and females – at 7.7 percent and 9.1 percent, respectively (**Figure 7.14**).

Figure 7.14 Disability prevalence among all respondents (aged 2 and above), by sex and urban/rural



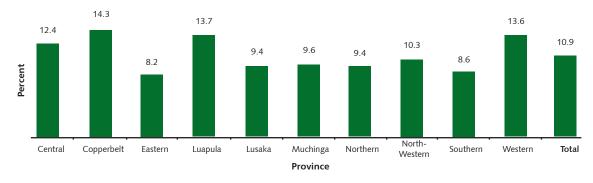
Among adults (18+), as **Figure 7.15** shows, the total prevalence is 10.9 percent and is higher in urban than in rural areas (11.6 percent and 10.5 percent). It is higher among females than males in urban areas, but the other way around in rural areas.

Figure 7.15 Disability prevalence among adults aged 18+, by sex and rural/urban



The prevalence of disability by province is shown in **Figure 7.16**. Copperbelt had the highest percentage of people with disabilities (14.3 percent), followed by Luapula Province (13.7 percent). Eastern Province had the lowest percentage – 8.2 percent.

Figure 7.16 Prevalence of disability, by province (18+ years)



PREVALENCE OF DISABILITY AMONG CHILDREN

Figure 7.17 shows the prevalence of disability among children aged 2–17 by sex and rural/urban. Total prevalence of disability was 4.4 percent, with 4.2 percent in rural and 4.6 percent in urban areas. The prevalence of disability was slightly higher among males than females (4.5 percent and 4.2 percent, respectively).

4.5 4.6 4.6 4.6 4.5 4.4 4.4 4.2 4.2 Rural Urban Total

Figure 7.17 Prevalence of disability among children aged 2-17, by sex and rural/urban

The prevalence of disability among children aged 2–17 by province is shown in **Figure 7.18**. Luapula Province had the highest prevalence (7.3 percent), followed by Copperbelt (5.0 percent). Western Province had the lowest prevalence, at 2.7 percent.

Female

Total

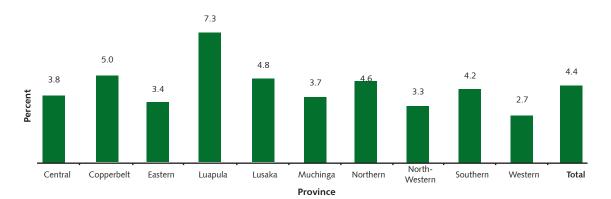


Figure 7.18 Prevalence of disability among children aged 2-17, by province

Male

INDIVIDUAL SECTION 1: INDIVIDUAL QUESTIONNAIRE 18+ YEARS

This section starts with some demographic information and continues with descriptions of disability/activity limitations in the sample of persons with disabilities, as well as types of limitations, severity and causes. There then follow experiences of abuse and discrimination, access and quality of basic services, including assistive devices, family and social involvement/participation, including awareness and membership of disabled people's organizations (DPOs) and participation in elections. Then there is information on accessibility in the home and in the community; this is followed by health and health information, education and literacy, and finally economic activity.

DEMOGRAPHICS

This sub-section includes data on age and sex distribution, geographical (urban/rural and province) distribution of persons with and without disabilities, and marital status.

In all, 82.4 percent (1,921) of those persons with disabilities responded themselves; proxy reporters answered in 12.5 percent (291) of the interviews; the remaining 5.1 percent (119) was when the proxy responded together with the disabled person. **Table 7.15** below presents demographic information on persons with and without disabilities. The information includes the proportion of disabled and non-disabled persons according to age group, sex and district. The table reveals that disability cuts across all age groups: the highest proportion of persons with disabilities is in the age group 41–50 and the lowest is in the age group 18–20. For persons without disabilities, the highest proportion is in the age group 21–30 (40.5 percent) with a continuous decline to 2.5 percent in the age group 71+. The mean age of persons with disabilities was 49.7 years, and of persons without disabilities – 33.7 years. There were more females among persons with disabilities. There was a notable mean age difference, with persons with disabilities substantially older than non-disabled in both urban and rural areas. Mean age differed across the provinces from 46.1 years to 54.8 years among persons with disabilities, and from 31.7 years to 36.5 years among persons without.

Table 7.15 Demographic information, by disability status, percentage and mean age

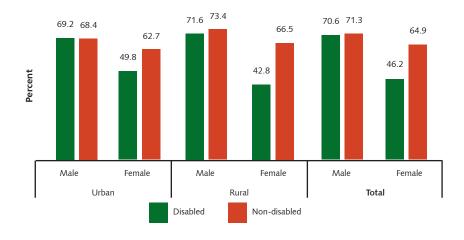
		DISABLED	NON-DISABLED
Age	18–20	5.8	13.0
	21–30	15.4	40.5
	31–40	13.7	23.1
	41–50	17.7	11.1
	51–60	16.1	6.5
	61–70	14.5	3.4
	71+	16.8	2.5
	N (base)	2,377	3,344

| 41

		DISABLED	NON-DISABLED
		Mean age	Mean age
Total		49.7	33.7
Sex	Male	49.0	33.9
	Female	50.2	33.1
	N (base)	2,377	3,344
		Mean age	Mean age
Location	Urban	46.9	32.2
	Rural	51.9	34.4
N (base)		2,377	3,344
		Mean age	Mean age
Province	Central	50.7	35.0
	Copperbelt	50.1	33.6
	Eastern	53.1	33.2
	Luapula	46.7	35.4
	Lusaka	46.1	31.7
	Muchinga	48.0	33.8
	Northern	48.9	33.4
	North-Western	49.2	36.5
	Southern	50.1	32.5
	Western	54.8	33.5
	Total	49.7	33.7

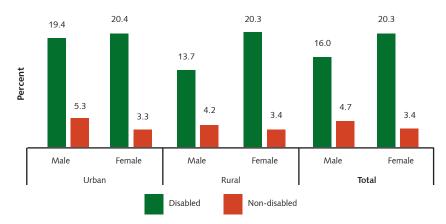
Figure 7.19 shows the percentage of people who were married by disability status, sex and rural/urban. More females without disabilities were married than those with (64.9 percent vs. 46.2 percent, $\chi^2=101.76$, p<.001). The corresponding difference for males was small. Among both urban and rural respondents, significantly more non-disabled women were married than disabled women, whereas the differences between men with and without disabilities were small (n.s.).

Figure 7.19 Percentage of persons who were married, by disability status, sex and rural/urban (18+ years, N = 5,643)



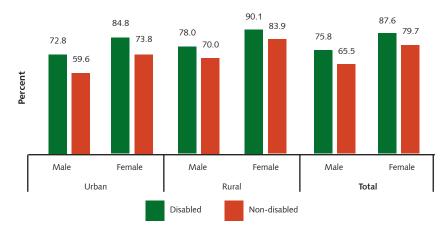
More females have disabled spouses (20.3 percent vs. 16.0 percent for males, χ^2 =12.99, p<.001), with the largest difference found among rural dwellers. Moreover, more urban respondents with disabilities and urban males without disabilities reported having a disabled spouse than did their rural counterparts, with the difference being most pronounced among males (**Figure 7.20**).

Figure 7.20 Proportion of spouses of persons with and without disabilities living with a disability, by sex and rural/urban (18+ years, N=3,569)



More persons with disabilities report having children. **Figure 7.21** reveals that this is a consistent pattern across sex and location. More females than males have children, and this is true of both persons with and without disabilities. Finally, having children is more common in rural areas among both males and females.

Figure 7.21 Proportion having children, by disability status, sex and rural/urban (18+ years, N=5,643)



The mean number of children varies from 5.5 among rural males with disability to 2.6 among urban females without disability. The figure for women with disability is 4.4 and for those without disability it is 3.2 (F=357.04, p<.001). Individuals with disabilities have a higher (mean) number of children across sex and location, and rural respondents have more children than urban respondents (males and females alike). See **Figure 7.22**.

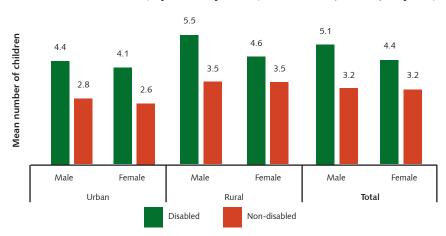


Figure 7.22 Mean number of children, by disability status, sex and rural/urban (18+ years, N=4,363)

Individuals with children were asked who it was who mainly took care of them (or helped take care of them). Figure 7.23 shows that, generally speaking, respondents took care of their own children – 33.4 percent of females with disability and 50.5 percent of females without disability (χ^2 =258.31, p<.001). Among males, their spouse/partner took care of the children – this was the case for 33.0 percent of disabled men with disability and 51.9 percent of men without.

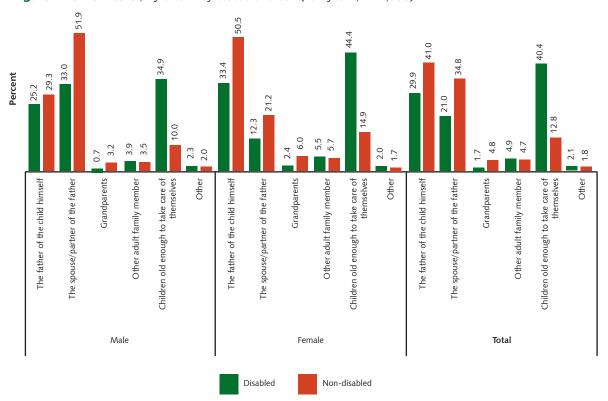


Figure 7.23 Main carer, by disability status and sex (18+ years, N=4,363)

ACTIVITY LIMITATIONS

In this sub-section, the application of the six Washington Group screening questions is explained. There then follows an analysis of the distribution of severity of disability, controlling for sex and location (urban/rural and province). This sub-section also covers the distribution of causes of disability and disability onset.

In this study, we applied the six ICF-based domains developed by the Washington Group on Disability Statistics, intended for use as screening questions in censuses and surveys. The questions are as follows:

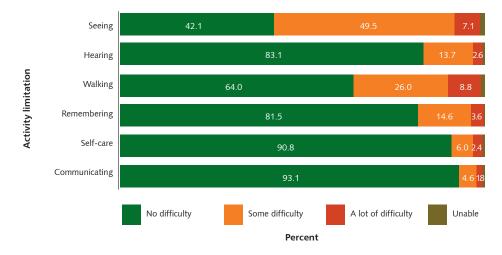
Because of a health problem, do you have difficulty:

- i. Seeing, even if using glasses?
- ii. Hearing, even if using hearing aids?
- iii. Walking or climbing steps?
- iv. Remembering or concentrating?
- v. With self-care, such as washing all over or dressing?
- vi. Using your usual (customary) language, do you have difficulty communicating (for example, understanding or being understood by others)?

For all six questions, the answer categories are i) No difficulty, ii) Some difficulty, iii) A lot of difficulty, and iv) Unable to do.

From the profile in **Figure 7.24**, seeing emerges as the activity domain where most respondents with disability (49.5 percent) reported having 'some difficulty'. This is followed by walking (26.0 percent), remembering (14.6 percent), hearing (13.7 percent), self-care (6.0 percent) and communication (4.6 percent). The most serious activity limitation (i.e. 'a lot of difficulty' + 'unable to do') is reported for walking (10.8 percent), followed by seeing (8.4 percent), remembering (3.8 percent), self-care and hearing (3.2 percent) and finally communicating (2.4 percent). Significant differences in terms of sex were found for all domains: more males reported difficulty with hearing, self-care and communicating, while more females reported difficulties with seeing, walking and remembering.

Figure 7.24 Activity limitations among persons with disabilities (18+ years) (N=2,377)



More male respondents with disability (71.7 percent) than female respondents (67.6 percent) reported having at least some difficulty within just one domain (and also within all six domains). However, the pattern is reversed for having difficulty within two, three, four and five domains (**Figure 7.25**).

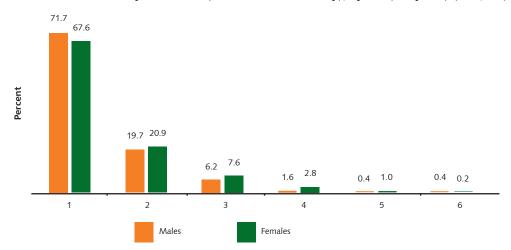
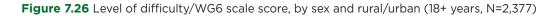
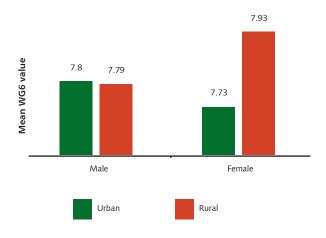


Figure 7.25 Number of activity limitations (at least some difficulty), by sex (18+ years) (N=2,377)

The six activity limitation domains were added together to form a WG6/Activity limitation scale. This new variable (activity limitations) has 6 as its lowest possible value and 24 as its highest possible value (i.e. the range is 6–24). The mean value (all persons with disabilities) on the scale was 7.81 and standard deviation was 1.43. While the differences in the mean scale value are relatively small, women in rural areas report more difficulties than their urban counterparts, and also more difficulties than men. Urban women report fewer difficulties than men generally. The urban/rural difference among females is not found among males (**Figure 7.26**).





There is some variation in reported difficulties/WG6 scale across the provinces, with persons with disabilities in Western and Luapula Provinces scoring highest and North-Western lowest. While the differences appear relatively small, the variation in mean WG6 scale value across the 10 provinces is statistically significant (F=132.54, p<.001) (Figure 7.27).

13.6 7.86 7.84 7.82 7.79 7.79 7.74 7.89

Figure 7.27 Level of difficulty/WG6 scale, by province (18+ years, N=2,377)

Mean WG6 value 7.68 North-Luapula Muchinga Southern Central Copperbelt Eastern Lusaka Northern Western

Defining severe disability as either 'a lot of difficulty' or 'unable to do' gave the distribution by age group as shown in Table 7.16. When it comes to seeing and walking, there is a clear age distinction: the incidence of severe disability increases with age, then tends to reduce in the middle years and rises again in older age (group). For communication, the highest proportion is observed in the age group 21–30 and the lowest in the age group 51–60, while there is no distinct age pattern for hearing, remembering and self-care.

Province

Table 7.16 Distribution of severe disability according to disability core domain and age group (18+ years, N=2,377)

DISABILITY		AGE GROUP						
CORE DOMAIN	18–20	21–30	31–40	41–50	51–60	61–70	71+	Total
	%	%	%	%	%	%	%	
Seeing	4.9	4.4	7.0	6.6	6.9	8.3	17.7	8.3
Hearing	3.3	7.9	2.0	2.4	1.4	1.9	3.4	3.2
Walking	6.0	5.6	6.2	8.4	10.1	12.9	17.9	9.9
Remembering	7.4	3.6	5.3	3.9	1.0	1.6	6.2	3.7
Self-care	4.5	3.0	1.9	1.9	2.2	2.8	6.6	3.1
Communicating	5.7	6.4	2.2	1.7	0.2	0.9	1.7	2.4

¹ Severe disability is defined as either 'A lot of difficulty' or 'Unable to do'.

Alternative disability severity measure

The WG6 scale was split into three categories, reflecting different degrees (severity) of disability. Scores 6 and 7 were recoded as 'mild disability', 8 and 9 as 'moderate disability' and 10 and higher as 'severe disability'. This was a pragmatic categorization, designed to produce reasonably equal groups. Nevertheless, mild disability constituted 57.9 percent of respondents, moderate disability 32.9 percent and severe disability 9.2 percent.

Figure 7.28 shows the distribution along this measure of severity among the sample of disabled persons included in this study. The results first of all reveal a relatively equal distribution of disability severity in urban and rural areas, for both males and females. Small differences were found: more males than females reported mild disability, while this pattern was reversed for moderate disability.

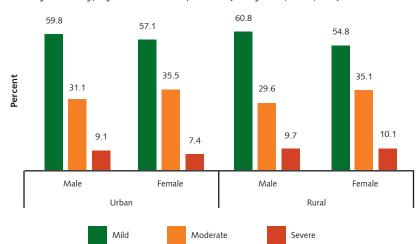


Figure 7.28 Disability severity, by sex and rural/urban (18+ years, N=2,377)

As **Figure 7.29** shows, the pattern (mostly mild disability, followed by moderate and lastly severe disability) is found in all provinces, although there is some variation in the ratio of the three severity categories across the provinces. The proportion of severe disability varies across the provinces, from 6.9 percent (Muchinga) to 10.2 percent (Luapula and Western).

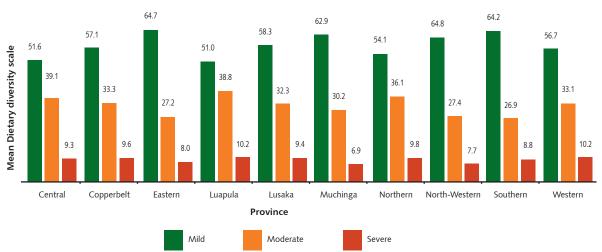


Figure 7.29 Severity of disability, by province (18+ years, N=2,377)

Causes of disability

People's personal perceptions about the causes of their disability were recorded. This is not necessarily the same as more objective assessments. No attempt was made to acquire medical verification of the causes of disability. The different causes are listed in **Table 7.17**. Disability due to disease was reported as the most frequent cause (32.7 percent). Falls and accidents were given as causes by 1.4 percent and 6.3 percent, respectively. From birth/congenital causes accounted for 12.3 percent, and the combination of accident/falls/burns – 8.1 percent. Some 24 percent of people responded 'do not know' – rather indicative of limited insight into their own health and functional problems. Also, 16.1 percent chose to respond 'other'. Thus, the combination of 'do not know' and 'other' reached 40.1 percent, making it difficult to produce a good profile of causes of disability in this sample.

Table 7.17 Causes of disability (18+ years)

CAUSES OF DISABILITY	N	%
From birth/congenital	285	12.3
Accident	146	6.3
Fall	34	1.4
Burns	11	0.4
Disease/illness	802	32.7
Beaten by member of the family	8	0.4
Violence outside the house	10	0.4
War related	2	0.1
Animal related	4	2.0
Stress related	59	2.7
Witchcraft	79	3.1
Other (side effects from the use of medicine; experienced this problem after giving birth; got injured while playing)	357	16.1
Do not know/refuse	534	24.0
Total	2,331	100.0

Disability onset

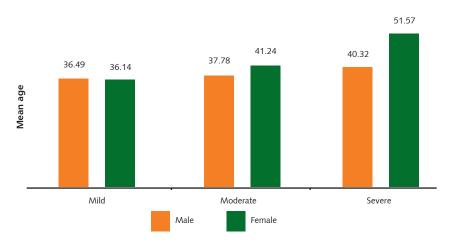
Respondents were also asked when their disability began. Clearly, such a question may be difficult for many to answer, because they may not know exactly or else do not remember. This must be considered when interpreting the results. **Table 7.18** shows that the distribution is relatively even across the age categories. Some 14.8 percent of disabilities began in the age bracket 0–5 years, and an additional 4.2 percent occurred between 6 and 10 years of age.

Table 7.18 Onset of disability (18+ years)

	N	%
From birth/first living year	234	9.8
1–5 years	117	5.0
6–10 years	100	4.2
11–20 years	291	12.4
21–30 years	272	11.7
31–40 years	280	12.1
41–50 years	332	14.4
51–60 years	213	9.3
61–70 years	226	9.6
71+ years	266	11.5
Total	2,377	100.0

The mean age of disability onset rose with increasing disability severity. The male/female difference changed from 0.4 years (males higher) among those with mild disability, to 4.4 years for moderate disability (females higher) and 11.3 years for severe disability (females higher), indicating an association between severity and age, with an age gradient that is more pronounced among women. This reflects both an expected increase in disability with age and the fact that the mean age of women is higher than that of men (**Figure 7.30**).

Figure 7.30 Mean age of disability onset, by disability severity and sex (18+ years, N=2,331)



ABUSE AND DISCRIMINATION

This sub-section looks at the data on abuse and neglect, discrimination and sexual abuse, broken down by the common demographic variables (sex, location, age) and disability severity.

An attempt was made to recode the personal experience of disabled respondents of abuse and discrimination in the family and in society. Three questions were asked to assess the experience of being discriminated against, with answer categories 'yes', 'no' and 'don't know'. These questions concerned:

- Experience of being beaten or scolded by family members or relatives;
- Experience of being beaten or scolded by others;
- Experience of being discriminated against in any public services (e.g. hospital, clinic, police station, bank, etc.).

The analysis presented in **Table 7.19** does not include the 'don't know' answer category.

Some 9.7 percent reported having been beaten or scolded. Variation between the age groups indicates a somewhat reduced incidence with increasing age. Except for in the two oldest age groups, well over 50 percent of those who reported having been beaten or scolded said the beating/scolding had been done by a family member. Discrimination by public services (total 8.3 percent) also appeared to reduce somewhat with age. Differences in terms of sex were relatively small, but males tended to report beating/scolding (not significant) and discrimination (χ 2=8.26, p<.01) more often. Reported beating/scolding varied across the provinces, with the highest incidence recorded for Northern Province (20.3 percent) and the lowest for Luapula Province (5.7 percent) (χ 2=36.03, p<.001). Also, the proportion of beating/scolding within the family varied substantially, with Lusaka respondents reporting that more than one third (35.1 percent) of the beating/scolding had been done by a family member, while the corresponding figure for Southern Province was 80.0 percent (χ 2=17.37, p<.05). Discrimination by public services varied less: the highest figure was found for Lusaka Province (11.2 percent) and the lowest for Southern Province (4.4 percent) (not significant).

Table 7.19 Distribution of personal experience among persons with disabilities of being abused or discriminated against, by age, sex and province

	BEATEN/SCOLDED	PROPORTION BEATEN/SCOLDED BY FAMILY MEMBER ¹	DISCRIMINATED AGAINST BY PUBLIC SERVICE
	N=2,294	N=222 ²	N=2,299
Total	9.7	59.1	8.3
18–20	16.3	56.6	7.6
21–30	16.8	61.9	13.0
31–40	9.6	64.7	10.8
41–50	13.2	61.6	10.2
51–60	6.8	58.1	6.5
61–70	4.2	48.0	4.9
71 and above	5.1	46.6	5.1
Male	10.3	58.0	10.2
Female	9.3	60.0	6.8
Central	6.6	68.7	8.2
Copperbelt	8.7	54.1	8.3
Eastern	12.4	43.5	9.1
Luapula	5.7	57.1	7.0
Lusaka	8.5	35.1	11.2
Muchinga	8.7	76.9	7.4
Northern	20.3	66.7	9.4
North-Western	10.1	66.5	6.8
Southern	13.7	80.0	4.4
Western	8.6	70.0	8.2

¹ Proportion who reported that the beating/scolding had been done by a family member.

Figure 7.31 demonstrates that abuse and discrimination (as measured here) increases with increased severity of disability, with the most severely disabled being those most exposed. Among persons with mild disability, 7.8 percent had been beaten or scolded and 6.1 percent had experienced discrimination; the figures for those with moderate disability were 10.9 percent and 10.5 percent, and for those with severe disability – 17.6 percent and 14.6 percent) ($\chi^2=23.10$, p<.001 and $\chi^2=26.32$, p<.001).

² Total number who reported that they had been beaten or scolded.

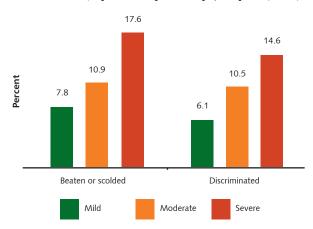
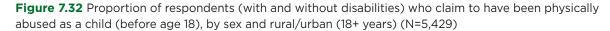
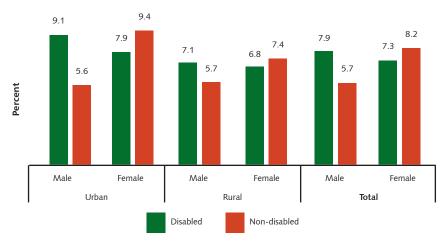


Figure 7.31 Abuse and discrimination, by disability severity (18+ years, N=2,294 and N=2,299)

Among males, more persons with than without disability reported having suffered physical abuse as a child (7.9 percent vs. 5.7 percent, χ^2 =14.80, p<.01). More females without (8.2 percent) than with disabilities (7.3 percent) stated that they had been physically abused as a child. Slightly fewer females with than without disabilities reported physical abuse in urban areas (7.9 percent vs. 9.4 percent, χ^2 =5.52, p=.06), while the even smaller difference in rural areas is not significant (6.8 percent and 7.4 percent, n.s.). More urban males with than without disability had experienced physical abuse as a child (9.1 percent vs. 5.6 percent, χ^2 =12.15, p<.01), while the difference among rural males was not significant (7.1 percent and 5.7 percent, n.s.). The highest incidence of abuse was found among urban males with disabilities (9.1 percent) and the lowest among urban males without disability (5.6 percent) (**Figure 7.32**).





Among males, 0.8 percent of disabled and 1.2 percent of non-disabled individuals said they had been sexually abused as a child (not statistically significant). Among females with disabilities, 3.5 percent reported sexual abuse as a child, while the corresponding figure for females without disability was 4.9 percent (χ^2 =13.38, p<.01). Among males and females in urban and rural areas, the differences between disabled and non-disabled were all non-significant. The highest reported proportion of sexual abuse was among females without disability in rural areas (5.7 percent) (**Figure 7.33**).

For both physical and sexual abuse, these are sensitive questions and often the assailant will still be around. Underreporting may thus be expected.

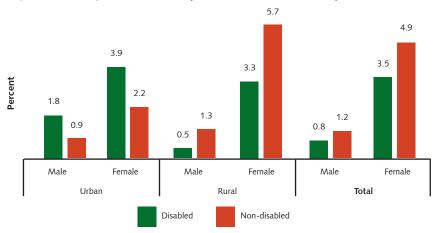


Figure 7.33 Proportion of respondents sexually abused as children (18+ years, N=5,483)

WELFARE AND HEALTH SERVICES

This sub-section first analyses awareness of services and gaps in a range of basic services as the ratio between the services received and the services needed. There then follow the results on satisfaction with the same services. Finally, a series of figures on assistive devices is presented: how many use devices, what type of devices, sources, service and training/information, maintenance and satisfaction with devices. Several of the indicators are broken down by the common demographic variables.

Those who need, are aware of and receive selected basic services

An attempt was made to record the need of disabled people for several welfare and health services, and at the same time to determine whether they are aware of and have received the services. Table 7.20 lists the different welfare and health services and the proportion of persons with disabilities who were in need of, were aware of and received the services. Some 79 percent reported having received health services and 67.4 percent reported having accessed health information. Access to other services ranged from 1.5 percent (legal advice) to 28.3 percent (traditional/faith healer).

^{&#}x27;Aware of' is understood as knowing whether the specific services are available to them (awareness about availability), 'needed' as 'ever needed', and 'received' as 'ever received'. As for all other questions in the study, the responses are based on the perceptions of the respondent.

Table 7.20 Persons with disabilities who needed, were aware of and received services (18+ years, N=2,332)

TYPE OF SERVICES	NEEDED	AWARE OF	RECEIVED
	%	%	%
Medical rehabilitation	47.6	42.5	17.2
Assistive devices	58.8	75.1	16.5
Educationa ^{l1}	31.1	42.4	14.8
Vocational	35.2	44.8	8.2
Counselling for disabled person	32.0	35.1	7.2
Counselling for parent/family	25.9	26.3	8.9
Empowerment programmes	60.2	57.1	3.8
Welfare	60.1	56.8	4.9
Health services	89.6	89.5	79.0
Health information	79.9	80.4	67.4
Traditional/faith healer	33.5	90.7	28.3
Legal	11.0	32.0	1.5

¹ Specialized educational services for disabled people.

Generally, awareness of the different services exceeded need. This means that the respondents were aware of the existing services that they may need. A series of questions probed whether the respondents had needed and accessed a range of different services. If a service was needed but not accessed, this was registered as a gap in services; the responses added together served as measures of need, access and gaps in services. The largest gaps were found for empowerment programmes, welfare services and legal advice; the smallest were for traditional healer, health services and health information (**Table 7.21**).⁷

Table 7.21 Gap: proportion of people who needed but did not receive the services (%) (N=2,332)

TYPE OF SERVICES	GAP ¹	RECEIVED	GAP IN PERCENTAGE POINTS
Empowerment programmes	94.3	3.0	49.8
Welfare	93.4	3.2	45.2
Legal	84.7	22.6	8.3
Counselling for disabled person	78.0	7.2	25.6
Vocational	77.5	7.7	26.6
Assistive devices	73.2	15.7	43.0
Counselling for parent/family	64.7	9.5	17.4
Medical rehabilitation	63.3	17.7	30.5
Educational	53.1	14.4	16.3
Traditional/faith healer	19.3	70.1	5.4
Health services	8.1	3.2	7.0
Health information	9.9	78.9	7.7

¹ Persons with disabilities who received the service as a proportion of those who needed the service (1-(received /needed)*100).

When assessing the gap, it is important to bear in mind the difference between relative and nominal gap. Relative gap is measured as a relationship between needed and received, while the nominal gap indicates the size/quantity of the gap. For example, while there is a large relative gap concerning legal advice, the nominal gap is small, because both needed and received are low.

Satisfaction with services

The respondents who had accesses to the respective services were asked to state how satisfied they were with the services and/or devices. Most respondents were either satisfied or very satisfied with vocational training (94.1 percent), counselling for families of persons with disabilities (92 percent), empowerment programmes (86.1 percent), and health information (86.0 percent). The lowest figures for satisfaction (satisfied or very satisfied) were for medical rehabilitation (59.6 percent) and traditional healer (63.9 percent). For the remaining services, the proportions of those either satisfied or very satisfied were as follows: assistive devices – 84.4 percent; health services – 81.7 percent; counselling for disabled people – 81.0 percent; welfare services – 78.6 percent; legal aid – 78.2 percent; and educational services 75.9 percent. Note that the number of responses varied substantially between the different services, as it only included those who had accessed the different services and who reported on their satisfaction (**Figure 7.34**).

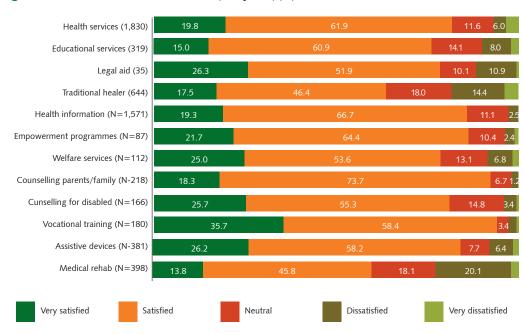
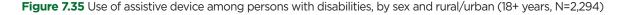


Figure 7.34 Satisfaction with services (18+ years)(%)

Assistive devices

Of those respondents with a disability, 20.2 percent of males and 19.7 percent of females reported that they use an assistive device (**Figure 7.35**).



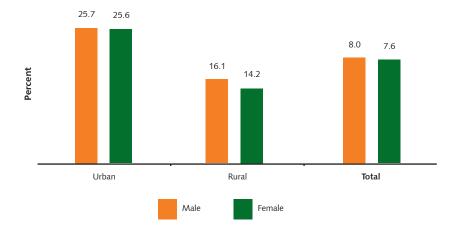


Figure 7.36 illustrates the differences in the use of assistive devices by sex and province. Use of assistive devices varied considerably between provinces, with Copperbelt scoring the highest (29.0 percent of males and 27.2 percent of females); Luapula (11.8 percent of males and 4.0 percent of females) and Western Provinces (12.9 percent of males and 16.4 percent of females) scored the lowest. In six provinces, males score higher than females; in the remaining four provinces the reverse is the case. Differences in terms of sex are particularly large in North-Western Province, with males scoring higher.

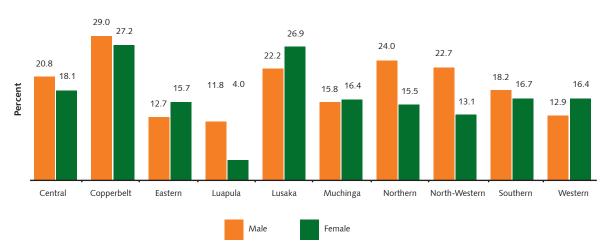


Figure 7.36 Use of assistive devices, by sex and province (18+ years, N=2,332)

Assistive devices were mostly used by people with severe disabilities. Among males, use of assistive devices increased with severity; women with mild disability were more likely to use devices than were women with moderate disability (**Figure 7.37**).

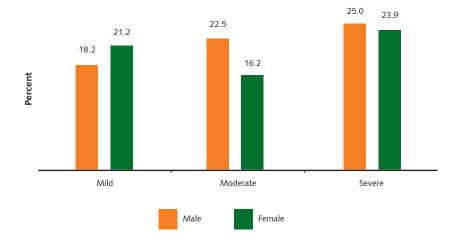


Figure 7.37 Use of assistive devices, by disability severity and sex (18+ years, N=2,332)

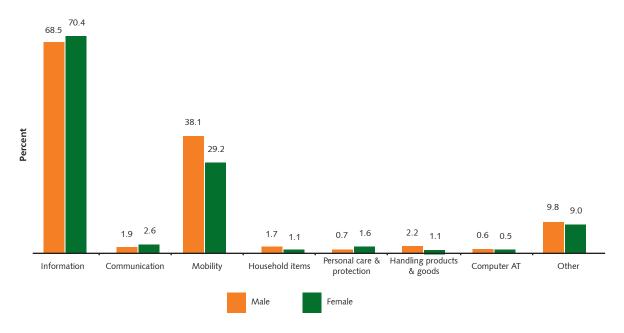
The types of assistive devices exemplified in the questionnaire were as follows:

- Information: e.g. eye glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarged print, Braille;
- Communication: sign-language interpreter, fax, portable writer, computer;
- Personal mobility: wheelchair, crutches, walking stick, white cane, guide, standing frame;
- Household items: flashing light on doorbell, amplified telephone, vibrating alarm clock;

- Personal care and protection: special fasteners, bath and shower seats, toilet seat raiser, commode chairs, safety rails, eating aids;
- For handling products and goods: gripping tongs, aids for opening containers, tools for gardening;
- Computer assistive technology: keyboard for the blind.

Respondents were asked what type of devices they used (some had more than one device). There were two major categories of assistive devices reported as being in use: more than two thirds (68.5 percent of males and 70.4 percent of females) reported using an information device; and one third of respondents (38.1 percent of males and 29.2 percent of females) used a mobility device. All other specific categories (except 'other') were marginal (**Figure 7.38**).

Figure 7.38 Types of devices in use (18+ years, N=403-432)



Most of the devices were reported to be in good working order. As **Figure 7.39** shows, among the most common devices, information devices were reported to be in good working order in 78.5 percent of cases and mobility devices in 71.0 percent of cases.

Figure 7.39 Type of devices in good working order (18+ years, N=1-275)

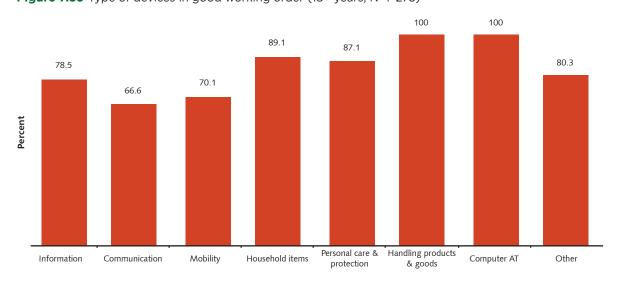


Figure 7.40 shows the sources of assistive devices. Government health services are the main source for two types of device (those for personal care and protection and for handling products and goods). Private sources dominate information, communication, mobility, household items and computer assisted technology devices. Non-governmental organizations (NGOs) play a less central role as a source of devices – at most 19.5 percent (for personal care and protection devices). Asked about the source of their devices, many respondents stated 'other' or 'do not know'. Care should be taken in interpreting these results due to the low numbers for some devices.

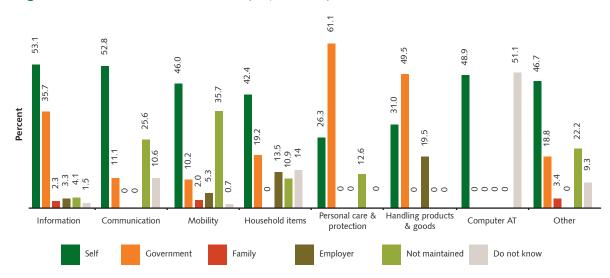


Figure 7.40 Sources of assistive devices (18+, N=2-290)

Self-maintenance predominates for seven of the eight device types (including 'other devices'). As **Figure 7.41** shows, 67.1 percent of information devices are maintained by the user, and 45.4 percent of mobility devices. About 18.9 percent of information devices are not maintained at all, and the corresponding figure for mobility devices is 25.5 percent. As above, care needs to be taken not to over-interpret results due to the low number of several device types.

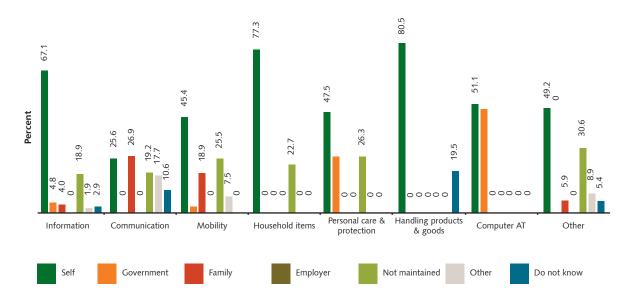


Figure 7.41 Maintenance of assistive devices (18+ years, N=2-290)

When it comes to information and training received, yet again care should be taken with interpretation because of the low numbers involved. In **Figure 7.42**, the answers 'do not know' and 'do not remember' have been coded as 'no information' (few cases). The most robust results are for information (N=290), personal mobility (N=146) and other devices (N=40). In all, 60.2 percent of those who use an information device report having received complete information and training; an additional 20.9 percent said they had received some information. For mobility devices, the picture is different: 65.4 percent did not receive any information. Among those who used 'other devices', 52.0 percent had no information on use.

Figure 7.42 Information and training given in use of assistive devices (18+ years, N=2-290)

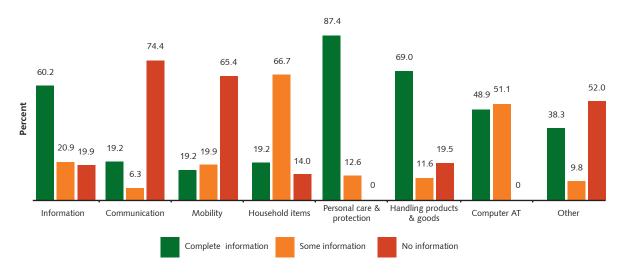
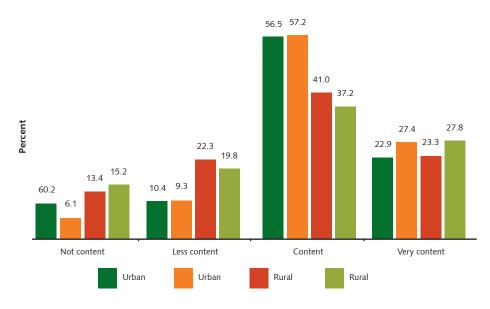


Figure 7.43 shows that more urban men and women are content with their assistive devices than are their rural counterparts. More women (both rural and urban) than men reported being very content with their assistive devices.

Figure 7.43 Satisfaction with assistive device, by sex and rural/urban (18+ years, N=426)



Satisfaction with assistive devices was significantly associated with severity of disability ($\chi^2=52.21$, p<.001) as shown in **Figure 7.44**. Those with more severe disabilities were less content than people with mild and moderate disabilities.

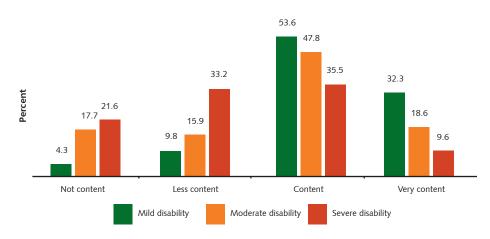


Figure 7.44 Satisfaction with services, by severity of disability (18+ years, N=426)

ACCESSIBILITY

This sub-section analyses accessibility at home and in the local community for persons with disabilities.

Respondents were asked to assess the accessibility of facilities at home and of services and facilities outside the home/ in the local community. There were three answer categories: 'accessible', 'not accessible' and 'not applicable'. 'Not applicable' was used by those who did not have the specific facility in their home. **Figure 7.45** shows that 96.6 percent of respondents had access to a bedroom, 89.4 percent to a toilet, 88.4 percent to a bathroom and 86.0 percent to the living room and kitchen. Some 34.4 percent of respondents indicated that they had access to the dining room, while 63.2 percent reported that they did not have a separate dining room.

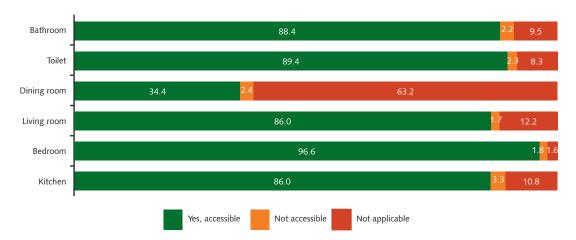


Figure 7.45 Accessibility to facilities at home for persons with disabilities (18+ years, N=2,377)

Outside the home, the most accessible place was a clinic (89.0 percent), followed by a place of worship (88.4 percent), public transport (83.3 percent), shops (81.3 percent) and a hospital (74.9 percent); the least accessible was the school (13.5 percent). The proportion who had a facility available (and relevant) but not accessible varied from 20.0 percent (post office) to 1.4 percent (school).

The proportion responding 'not applicable' was relatively high for some of the facilities; this largely reflected the fact that the sample also included rural respondents. **Figure 7.46** shows that for many, hotels (49.4 percent), recreational facilities (44.9 percent), sports facilities (42.8 percent) and banks (36.9 percent) are simply not available, again indicating rural residency.

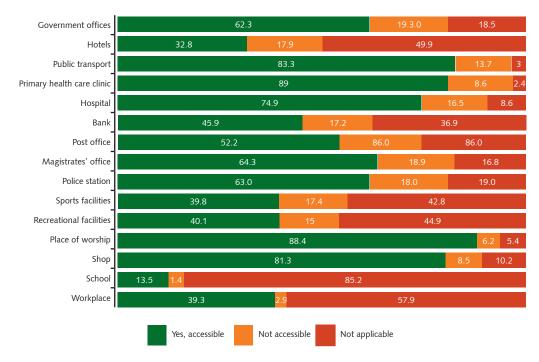


Figure 7.46 Accessibility to services/facilities in the local community (18+ years, N=2,377)

FAMILY SUPPORT AND SOCIAL INVOLVEMENT

This sub-section presents information on the type of help that people with disabilities receive from their family members, as well as a range of indicators on social involvement and participation.

Emotional support is the biggest category of help that disabled people receive within the family, with a combined score (covering the responses 'yes, often' and 'yes, sometimes') of 61.4 of persons with disabilities; they receive least help with eating/feeding – a mere 3.3 percent reported getting such help sometimes or often (**Figure 7.47**). Persons with disabilities also received help with cooking, shopping, moving around and transport (between 35.3 percent and 50.1 percent).

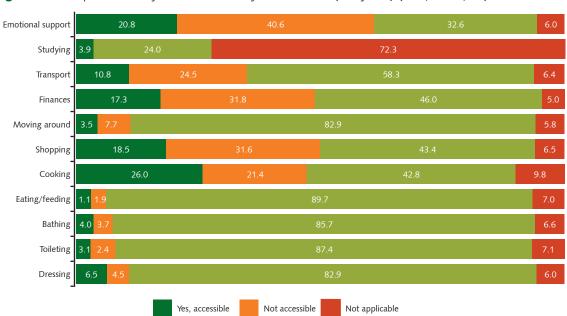
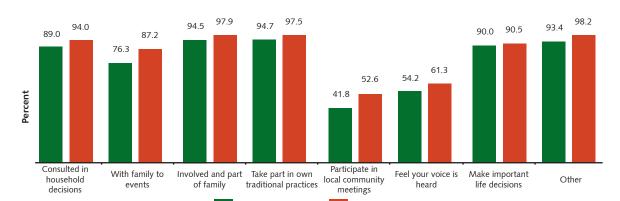


Figure 7.47 Help from family members in daily life activities (18+ years) (N=2,330-2,331)

Family and social involvement/inclusion was measured through a series of questions. For all these indicators, persons with disabilities are less involved/included than are persons without disabilities (no difference in 'feel your voice being heard'; otherwise all significant at p<.001 or p<.01). Persons with disabilities are thus consulted less often than persons without disabilities on household decisions (89.0 percent vs. 94.0 percent); they are included less frequently in family events (76.3 percent vs. 87.2 percent); fewer persons with disabilities feel involved in the family (94.5 percent vs. 97.9 percent); and they are less often involved in family conversations (94.7 percent vs. 97.5 percent) (**Figure 7.48**). Furthermore, persons with disabilities take part less often in their own traditional practices or ceremonies (41.8 percent vs. 52.6 percent), and fewer make important decisions about their own lives (93.4 percent vs. 98.2 percent). Fewer of them feel that their voice is being heard (90.0 percent vs. 90.5 percent) and fewer report participating in local community meetings (54.2 percent vs. 61.3 percent). Greater social involvement was found among persons without disabilities across the age groups and types of difficulty/functional problems, and involvement decreased as the severity of the disability increased (not included in the figure below). In **Figure 7.48**, the two response categories 'yes, always' and 'yes, sometimes' were collapsed into one (yes). In **Table 7.22**, the same indicators are presented with all three answer categories.



Non-disabled

Figure 7.48 Social participation ('yes'), by disability status (18+ years) (N=5,630-5,647)

Disabled

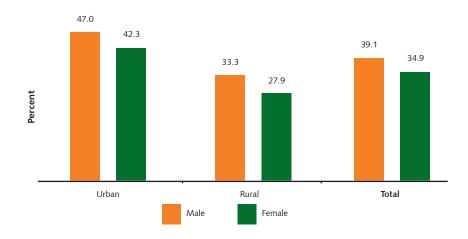
Table 7.22 Social involvement and participation (%) (N=5,643)

	DISABLED			NON-DISABLED		
	Always	Sometimes	No	Always	Sometimes	No
Are you consulted about making household decisions? (p<.001)	61.2	27.8	11.0	69.4	24.6	6.0
Do you go with the family to events such as family gatherings/social events? (p<.001)	28.9	47.4	23.7	41.2	46.0	12.8
Do you feel involved and part of the household or family? (p<.001)	74.5	20.0	5.5	78.2	19.7	2.1
Does the family involve you in conversations? (p<.001)	64.9	29.8	5.3	69.1	28.4	2.5
Do/did you take part in your own traditional practices/ceremonies? (p<.001)	12.5	29.2	58.2	19.3	33.3	47.4
Do you make important decisions about your own life? (p<.001)	74.0	19.4	6.6	81.9	16.3	1.8
Do you feel your voice is being heard? (p<.01)	30.2	59.8	10.0	35.2	55.3	9.5
Do you participate in local community meetings? (p<.001)	16.8	37.4	45.8	23.7	37.6	38.7

DISABLED PEOPLE'S ORGANIZATIONS: AWARENESS AND MEMBERSHIP

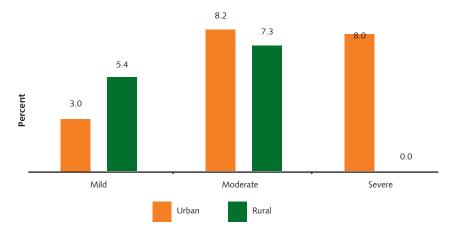
Respondents were asked about their awareness and membership of disabled people's organizations (DPOs). More men than women are aware of DPOs (39.1 percent vs. 34.9 percent). In rural areas, 33.3 percent of men and 27.9 percent of women were aware of DPOs. In urban areas, the figures were 47.0 percent and 42.3 percent. The urban/rural percentage point difference was 13.7 for men and 14.4 for women (**Figure 7.49**).

Figure 7.49 Awareness of DPOs among persons with disabilities, by sex and rural/urban (18+ years, N=2,331)



A significant association was found between disability severity and membership of DPOs among urban respondents, with an increase in membership from mild to moderate and severe disability. The results further indicate that people with severe disabilities in rural areas were not members of any DPO (**Figure 7.50**).

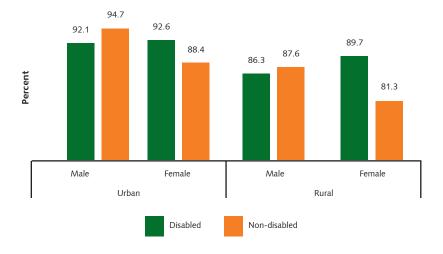
Figure 7.50 Proportion of persons with disabilities who are aware of and are members of DPOs, by disability severity and rural/urban (18+ years) (N=858) (p<.001)



Participation in voting

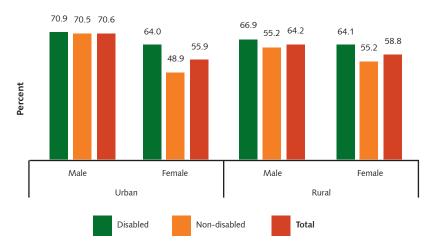
In order to be registered as a voter in Zambia, one must have a National Registration Card (NRC). As **Figure 7.51** shows, it is more common to have a registration card in urban than in rural areas. More women with disability than without are registered; among men, the difference between those with and those without disabilities is small and is not statistically significant. In rural areas, the difference between women with and without disabilities is somewhat larger than in urban areas.

Figure 7.51 Persons with a National Registration Card, by disability status, sex and rural/urban (18+ years, N=5,643)



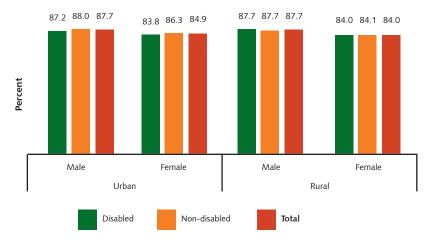
The next step before voting is to become registered as a voter. **Figure 7.52** shows that considerably fewer people are registered to vote than hold an NRC. It is more common for men than for women to be registered; and more urban than rural respondents are registered.





With regard to voting, there were small and insignificant differences between people with disabilities and without (**Figure 7.53**).

Figure 7.53 Persons who voted in the 2011 general election, by disability status, sex and rural/urban (18+ years, N=3,547)



In **Figure 7.54**, we see that the tendency is for voting participation to decrease as severity of disability increases – among both males ($\chi^2=18.11$, p<.001) and females ($\chi^2=5.85$, p=.05). An exception to this trend is that fewer persons without disability reported voting in the last election than persons with mild disability.

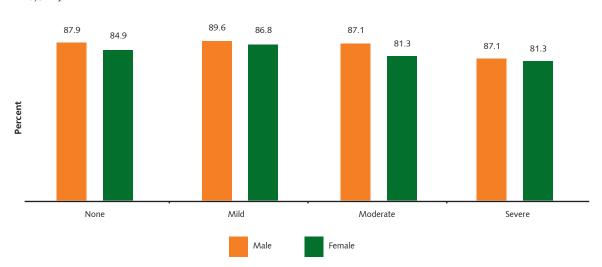


Figure 7.54 Persons who voted in the 2011 general election, by disability severity and sex (18+ years, N=3,547)

Those who did not vote were asked why. Some 46.4 percent of persons with disabilities who did not vote responded 'other reason'; the corresponding figure for persons without disabilities was considerably lower, at 31.3 percent. Consequently, persons with disabilities scored higher in the other three answer categories ($\chi^2=14.86$, p<.01) (**Table 7.23**).

Table 7.23 Reasons for not voting, by disability status (18+ years) (N=483)

	DISABLED (%)	NON-DISABLED (%)
Vote area not accessible	27.6	32.8
Not interested in politics	24.5	28.3
Below voting age	1.4	7.5
Other reason ¹	46.4	31.3

¹ Main categories: illness, mobility problems, economic problems, lost voter's card (registration).

HEALTH

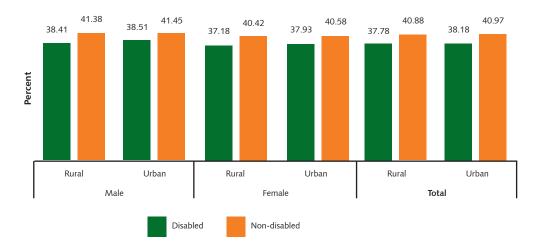
Respondents were asked about their psychosocial wellbeing, general physical and mental health.

The General Health Questionnaire (GHQ) was used in this study as a screening device for identifying minor psychiatric disorders in the general population, and is suitable for all ages from adolescence upwards. The GHQ covers two main areas: inability to carry out normal functions and the appearance of new and distressing phenomena.

The GHQ uses a 12-item screening scale, recoded so that score 1 is the most negative response and 4 the most positive. Adding the 12 items together thus yields a scale with a range of 12–48, and with higher scores reflecting fewer disorders or better mental health (less anxiety and depression).

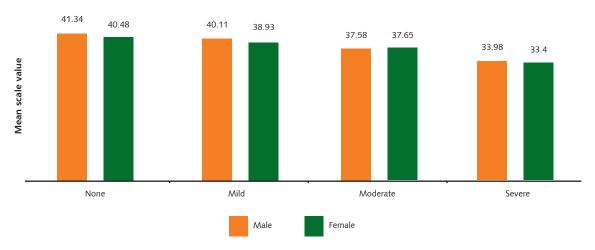
Figure 7.55 shows that persons without disabilities have higher scores on the wellbeing scale by residence and sex. In urban areas, males without disability had a score of 41.45, compared to 38.51 for men with disability. Urban females without disability scored 40.58, compared to 37.93 for women with disability. In rural areas, men with disability scored 41.38 compared to 38.41 for those with disability. And for rural females, those without disabilities scored 40.42 compared to 37.18 for those with disabilities. The overall difference between persons with and without disability was statistically significant (F=474.71, p<.001).

Figure 7.55 Psychosocial wellbeing/GHQ 12, by disability status, sex and rural/urban (18+ years, N=5,642)



Psychosocial wellbeing is reduced as the severity of disability increases, as is shown in **Figure 7.56** (F=332.75, p<.001). A difference in terms of sex is also found, with females scoring lower on wellbeing than males in three of the four severity categories (F=52.03, p<.001).

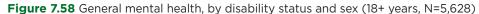
Figure 7.56 Psychosocial wellbeing/GHQ 12, by disability severity and sex (18+ years, N=5,642)

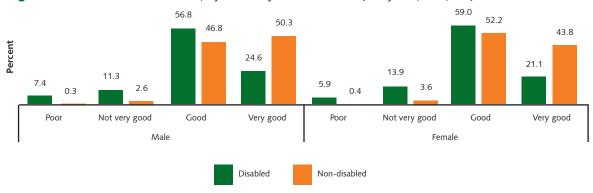


Respondents were asked to assess their general physical and mental health. The figures below reveal a consistent pattern, in that persons with disabilities scored substantially lower than persons without disabilities on both the mental and the physical health scale. Differences in terms of sex are minimal, though there is a tendency for women to have a lower score than men for both physical (χ^2 =26.91, p<.001) and mental health (χ^2 =20.89, p<.001) (**Figure 7.57** and **Figure 7.58**).

49.5 47.0 47.2 44 8 37.5 Percent 28.0 27.7 14.4 13.0 10.6 11.9 7.0 4.8 0.9 Good Poor Not very good Very good Poor Not very good Good Very good Male Female Disabled Non-disabled

Figure 7.57 General physical health, by disability status and sex (18+ years, N=5,631)

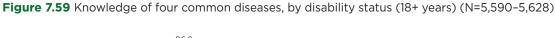


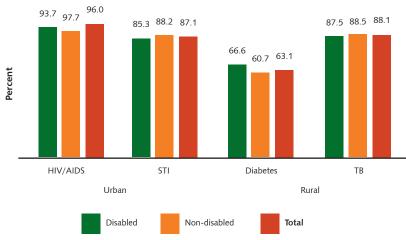


HEALTH INFORMATION

This sub-section looks at knowledge of common diseases, difficulties in understanding information about these diseases, and whether respondents were affected by the diseases.

The majority of respondents stated that they knew about HIV/AIDS (96.0 percent), STIs (87.1 percent), diabetes (63.1 percent) and TB (88.1 percent). Persons without disabilities said that they knew about HIV/AIDS (χ^2 =59.73, p<.001) and STIs (χ^2 =10.83, p<.01); no significant difference was found for TB; while more persons with disabilities knew about diabetes (χ^2 =13.06, p<.001) (**Figure 7.59**).





Most of the respondents had obtained their information about the four diseases from health facilities. The second and third most common sources were friends and schools, followed by radio and TV. Disabled people tended to report the family as a source more often than non-disabled people; the opposite was the case for school (**Table 7.24**).

Table 7.24 Most important sources of information about diseases (18+ years)

	HIV/AIDS (N=5,404)		STIS (N=4,884)		DIABETES (N=3,470)		TB (N=4,933)	
	Disabled	Non- disabled	Disabled	Non- disabled	Disabled	Non- disabled	Disabled	Non- disabled
Health facility	62.1	64.0	62.1	62.3	57.3	52.0	63.0	61.6
Doctor	1.1	1.0	1.3	1.0	1.8	1.3	1.0	1.2
At work	2.1	1.4	1.5	1.0	1.1	1.4	1.4	0.8
Newspaper/magazine	0.5	0.8	0.7	0.4	0.6	0.7	0.4	0.4
Friends	9.3	8.3	13.6	12.8	13.2	16.5	9.6	9.6
Family	8.1	3.1	7.5	4.6	12.7	10.1	11.7	8.8
Radio/TV	7.8	7.6	5.1	5.5	7.2	7.8	6.8	6.4
Poster/pamphlet	0.3	0.3	0.5	0.4	0.3	0.3	0.4	0.4
School	8.1	12.9	7.4	11.6	5.1	9.6	5.4	10.5
Other	0.4	0.6	0.3	0.3	0.6	0.4	0.3	0.3
Don't know	0.2	0.1	0.1	0.0	0.1	0.0	0.1	0.0

Among persons with disabilities, the proportion who said that they had problems understanding health information for the specific diseases ranged from 7.3 percent to 12.2 percent; for persons without disabilities it ranged from 6.6 percent to 10.8 percent. More persons with disabilities had a problem understanding the information for all four diseases; however, the difference is non-significant for diabetes, TB and STIs, and is only significant for HIV/AIDS. Most problems are reported for diabetes, followed by HIV/AIDS, STIs and finally TB (**Table 7.25**).

Table 7.25 Experienced problems understanding health information, by disability status (18+ years)

	PERSONS WITH DISABILITIES	NON-DISABLED	Р
HIV/AIDS (N=5,365)	11.6	9.8	.06
Diabetes (N=3,442)	12.2	10.8	n.s.
TB (N=4,895)	7.3	6.6	n.s.
STI (N=4,852)	8.4	8.0	n.s.

The majority of persons both with and without disabilities had been tested for HIV (though more of those without disabilities had had this experience). For the other three diseases, respondents were asked if they had ever had the disease. In all, 2.5 percent of persons with disabilities (18+) said they had had STIs; 4.9 percent had had TB; and 2.5 percent had had diabetes. More disabled people had had diabetes, TB and STIs than those without disabilities (**Table 7.26**).

Table 7.26 Ever had the disease, by disability status (18+ years)

DISEASE	PERSONS WITH DISABILITIES	PERSONS WITHOUT DISABILITIES	TOTAL	P
HIV/AIDS1 (N=5,404)	65.0	71.1	68.6	<.001
Diabetes (N=3,425)	2.5	0.4	1.3	<.001
STI (N=4,884)	2.5	0.4	1.3	<.001
TB (N=3,470)	4.9	2.3	3.4	<.001

¹ This question is about ever being tested for HIV.

EDUCATION

This sub-section focuses on school attendance, school achievement, relevance of schooling for employment, refusal of school attendance and literacy.

Figure 7.60 generally reveals a pattern where more persons without disabilities than with reported attending school at some point. The overall figures are 80.8 percent and 89.9 percent school attendance (ever attended, χ^2 =86.49, p<.001) for persons with and without disabilities, respectively. The results also reveal that fewer females than males had attended school (both urban and rural locations) and that school attendance in rural areas is lower than in urban areas. Thus, the lowest school attendance (i.e. ever attended school) was recorded among rural females with disabilities (64.4 percent); the highest was among urban males without disabilities (98.0 percent).

Figure 7.60 Ever attended school, by disability status, sex and rural/urban (18+ years, N=5,643)

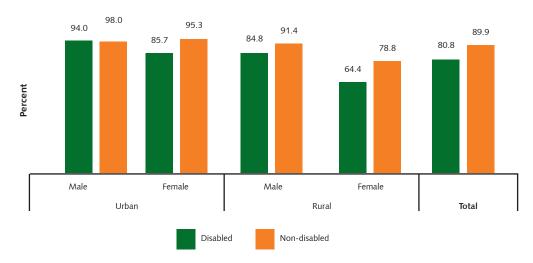
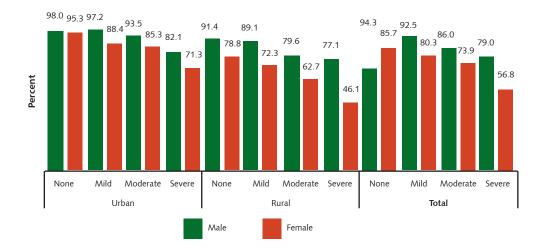


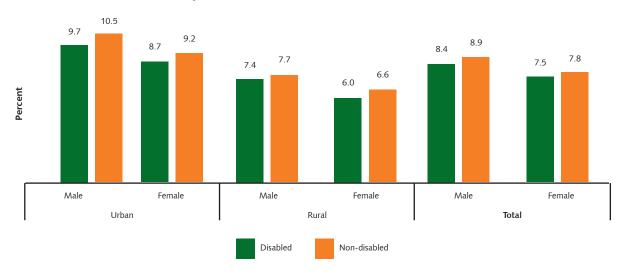
Figure 7.61 shows that school attendance (ever attended) is reduced as severity of disability increases (p<.001 for both males and females, urban and rural sub-samples). Rural females with severe disabilities scored lowest (46.1 percent ever attended) and urban males with no disabilities scored highest.

Figure 7.61 Ever attended formal primary education, by disability status, sex and rural/urban (18+ years, N=5,643)



The mean number of years in school for males with disability was 8.4 and for those without it was 8.9; for females, the corresponding numbers were 7.5 and 7.8 (males: F=8.94, p<.01; females: F=4.30, p<.001). Individuals without disability had a higher mean number of school years in all subgroups; females had a lower mean number of school years in both urban and rural areas; and rural respondents had fewer school years than urban respondents. The lowest mean number of school years is to be found among rural females with disabilities (6.0 years) and the highest among urban males without disabilities (10.5 years) (**Figure 7.62**).

Figure 7.62 Mean number of years at school among those who ever attended school, by disability status, sex and rural/urban (18+ years, N=4,894)



The number of years at school declines as the severity of disability increases (overall: F=20.62, p<.001), though males report more years than females and urban respondents more than rural respondents. Females in rural areas with severe disabilities reported that on average they spent 4.9 years at school, while urban males with mild disability reported 10.7 years (**Figure 7.63**).

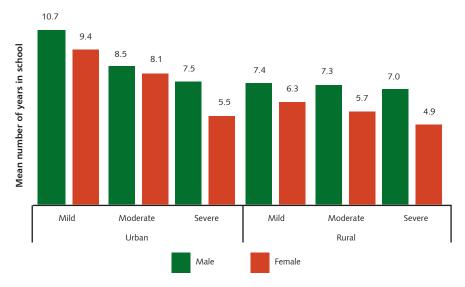


Figure 7.63 Number of years at school, by disability severity, sex and rural/urban (18+ years) (N=1,874)

There was notable variation in whether the level of education had helped secure a job – both between males and females (overall: χ^2 =197.57, p<.001) and between rural and urban areas (overall: χ^2 =320.53, p<.001). The highest score (response: 'yes, level of education has helped') was found among urban males (59.8 percent and 54.7 percent for those with and without disability, respectively). The lowest score was found among rural females (10.8 percent and 9.0 percent for those with and without disability, respectively) (**Figure 7.64**).

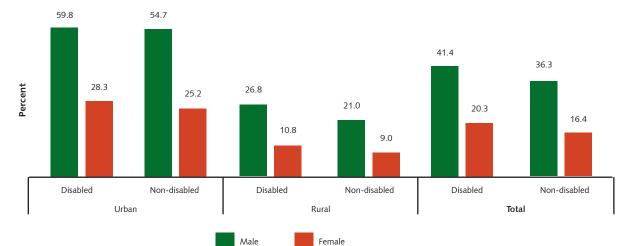


Figure 7.64 Level of education has helped secure a job, by disability status, sex and rural/urban (18+ years) (N=4,894)

More individuals with disability than without have primary school as their highest level of education – 46.7 percent vs. 36.7 percent for males and 55.6 percent vs. 50.5 percent for females (**Figure 7.65**). For secondary school it is the other way around, with 50.7 percent of males without disabilities and 39.0 percent of males with disabilities stating this as the highest level. The corresponding figures for females are 42.5 percent and 33.1 percent. Fewer respondents had higher education as their highest level: males with disabilities scored 14.2 percent and females with disabilities scored 10.9 percent. It was also noted that more individuals with disabilities (12.6 percent) report higher education as their highest level than individuals without disability (9.8 percent). The overall differences between individuals with and without disabilities are significant ($\chi^2 = 53.78$, p < .001), as are the differences among males ($\chi^2 = 32.49$, p < .001) and females ($\chi^2 = 27.94$, p < .001).

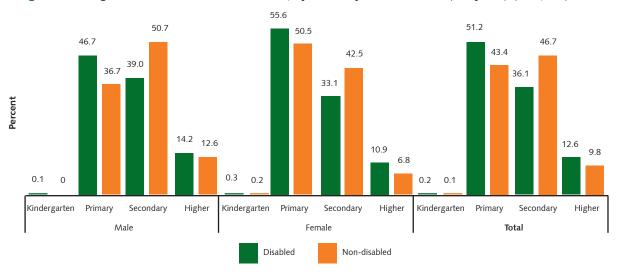


Figure 7.65 Highest level of education attended, by disability status and sex (18+ years) (N=4,895)

Figure 7.66 reveals that primary school was generally the highest level of education attained in rural areas (66.3 percent and 59.7 percent among persons with and without disabilities, respectively), while secondary school was the highest level attained in urban areas (44.7 percent and 59.7 percent among persons with and without disabilities, respectively. Furthermore, higher education is more common in urban than in rural areas. Otherwise, **Figure 7.66** reveals the same differences between persons with and without disabilities as **Figure 7.65**. The overall urban/rural differences between people with and without disabilities are significant (χ^2 =53.79, p<.001), as they are between rural (χ^2 =24.98, p<.001) and urban respondents (χ^2 =48.38, p<.001).

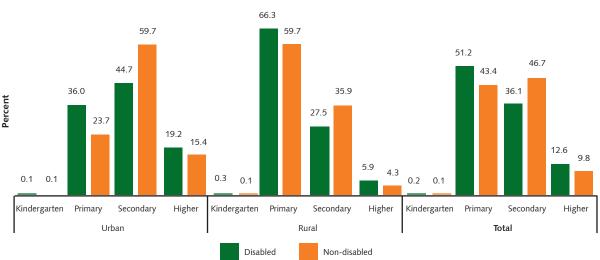


Figure 7.66 Highest level of education attended, by disability status and rural/urban (18+ years) (N=4,895)

Very few reported having been refused entry to school at the different levels; the figure for females being refused entry to university stands out as the highest (15.1 percent), otherwise the highest for males is 3.1 percent refusal of entry to primary school. However, around 10 percent (varying from 9.5 percent to 13.7 percent) did state that their family had not applied for primary school, secondary school, college or university. Many also reported 'not applicable'. Both these categories could partly cover refusals or expectations of refusal (**Figure 7.67**).

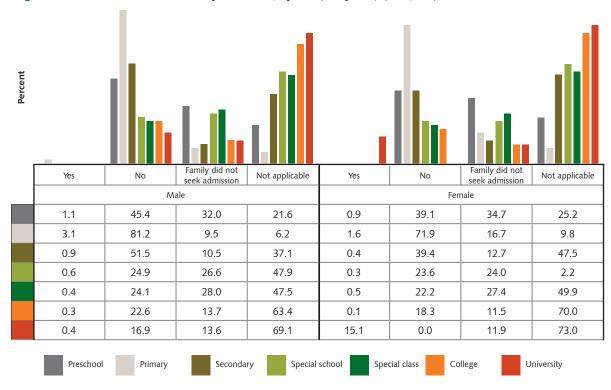


Figure 7.67 Ever been refused entry to school, by sex (18+ years) (N=2,332)

Only 12.0 percent of males with disability and 8.8 percent without, and only 5.4 percent of females with disability and 4.8 percent without stated that they had studied as far as they had ever intended (**Figure 7.68**).

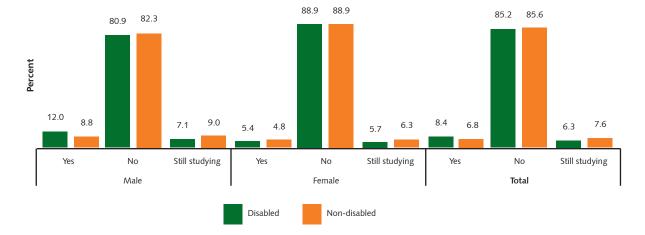


Figure 7.68 Studied as far as planned, by disability status and sex (18+ years) (N=5,540)

Literacy

The study showed that literacy levels (measured as ability to read) were higher among persons without disabilities (χ^2 =64.63, p<.001). Among persons with disabilities, almost one third (32.7 percent) could not read (the corresponding figure for persons without disabilities was 23.1 percent). In terms of sex, a clear difference was found for persons with and without disability alike: more females were unable to read at all (χ^2 =262.40, p<.001). Among males, the majority of persons with and without disabilities (56.8 percent and 67.7 percent) could read whole sentences, while the corresponding figures for females were 41.7 percent and 47.4 percent (**Figure 7.69**).

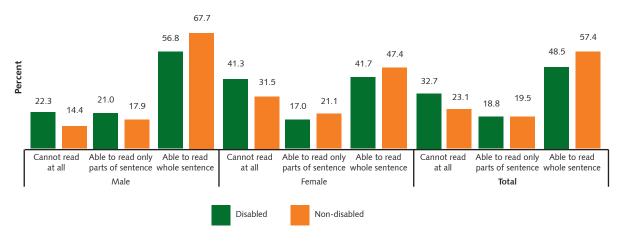


Figure 7.69 Ability to read, by disability status and sex (18+ years) (N=5,540)

Literacy levels were also analysed with respect to the urban/rural divide. Whether disabled or not, there were more rural respondents who could not read at all, compared to their urban counterparts ($\chi^2=311.94$, p<.001) (**Figure 7.70**).

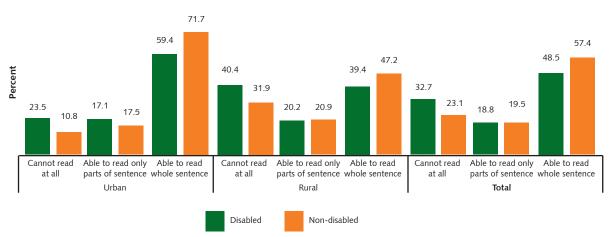


Figure 7.70 Ability to read, by disability status and rural/urban (18+ years) (N=5,540)

The study also investigated whether those respondents who had learned to read and write as adults had received informal skills training at home or outside, and whether they had received formal skills training at a learning institution or outside. Among those who were literate, few had learned how to read and write in adulthood. Furthermore, the results indicate that more individuals with disabilities had received informal training at home and outside home than had individuals without disabilities (**Table 7.27**).

Table 7.27 Skills training, by disability status and sex (18+ years) (%)

	PERSONS WITH DISABILITIES		PERSONS DISAB	
	Male	Female	Male	Female
Did you learn to read/write as an adult (N=812)	2.4	3.4	8.2	5.3
Received informal training at home (N=5,643)	21.9	20.8	18.3	15.6
Received informal training outside home (N=5,643)	20.4	14.5	16.3	9.7
Received formal skills training at learning institution (N=5,643)	12.5	7.2	10.5	4.9
Received formal skills training outside learning institution (N=5,643)	8.0	2.5	6.8	2.9

ECONOMIC ACTIVITY

Respondents were asked about their skills and their main economic activity, and whether they were in paid employment or received any types of grant.

Figure 7.71 shows that more persons with a disability than without had a skill (χ^2 =31.77, p<.001). Also, the proportion of people with a skill was higher in urban areas and among males.

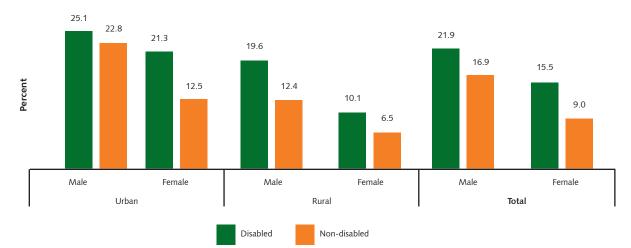


Figure 7.71 Percentage of people with a skill, by disability status, sex and rural/urban (N=5,643)

Having a skill was also examined in conjunction with severity of disability. Among urban and rural males and rural females, more persons with a disability had a skill, although the proportion of those with a skill gradually declines with the severity of the disability. Among urban females, the pattern is different, in that the proportion of those with a skill actually increases from mild to moderate disability (**Figure 7.72**).

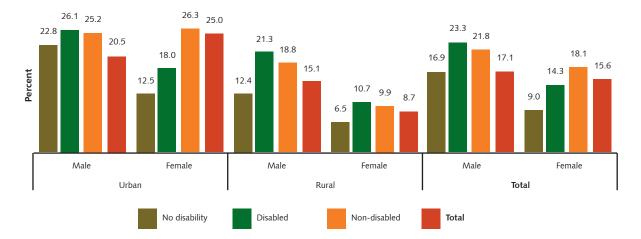


Figure 7.72 Percentage of people with a skill, by disability severity, sex and rural/urban (N=5,643)

Figure 7.73 shows that people acquired their skills mostly through apprenticeship and self-training. There were generally only small differences between persons with and without disability, although among women some of those differences were larger than among men. More women with disabilities than their male counterparts had done an apprenticeship (29.8 percent vs. 26.9 percent); meanwhile more men than women had acquired their skills through on-the-job training.

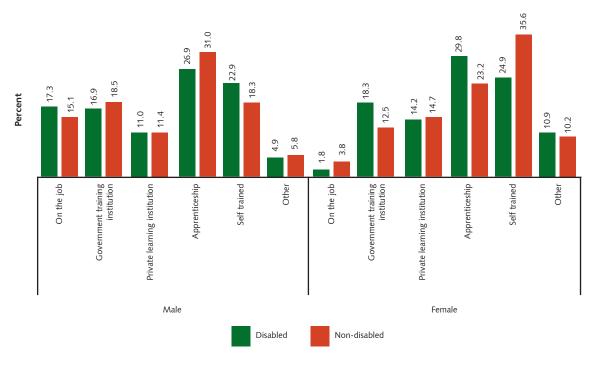


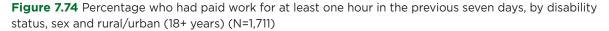
Figure 7.73 How the skill was acquired, by disability status and sex (18+ years) (N=837)

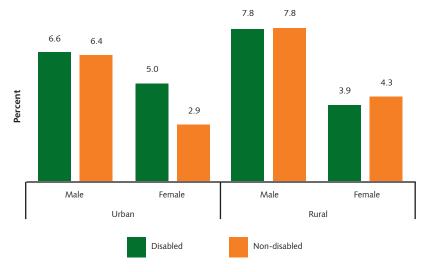
Respondents were asked to state their main activity during the previous seven days (**Table 7.28**). Paid employment/business was the biggest category across both disability status and sex, accounting for 26.7 percent and 16.7 percent of males and females with disabilities, and 41.6 percent and 19.4 percent of males and females without disabilities.

Table 7.28 Main activity during last seven days, by disability status and sex (18+ years) (N=5,642)

	PERSONS WITH DISABILITIES		NON-DISABLED		TOTAL	
	Males	Females	Males	Females	Males	Females
In paid employment/business	26.7	16.7	41.6	19.4	21.2	20.4
In paid employment but temporarily not working due to illness	0.6	0.2	0.4	0.5	0.4	0.4
Volunteer work	0.7	0.7	0.5	0.5	0.7	0.5
Contributing family worker	6.3	6.8	7.1	14.2	6.6	10.7
Intern/apprentice	0.1	0.1	0.3	0.1	0.1	0.2
Own-use production worker	18.5	13.9	20.4	14.6	16.0	17.4
Not working but looking for work/business	7.5	4.1	11.3	5.6	5.7	8.3
Looking but not available for work	0.5	0.1	0.2	0.3	0.3	0.3
Available but not looking for work	2.4	2.2	3.1	1.8	2.3	2.4
Neither looking nor available for work but want to work	1.5	1.1	1.0	1.5	1.3	1.2
Housewife/homemaker	0.8	23.0	1.0	29.8	12.9	15.6
Retired	3.3	1.6	0.8	0.1	1.8	0.4
In school	5.0	3.3	6.6	4.4	4.0	5.5
Too old to work	9.9	14.9	1.0	1.1	12.6	1.1
Not working, not looking for work and not available for other reason	16.2	12.5	4.7	6.0	14.2	5.4

When 'paid work for at least one hour in the previous seven days' was used as an indicator of economic activity, the differences found were generally small: the largest was among urban females, where more disabled women (5.0 percent) reported having had at least one hour's paid work in the previous seven days than did women without disabilities (2.9 percent) (**Figure 7.74**).

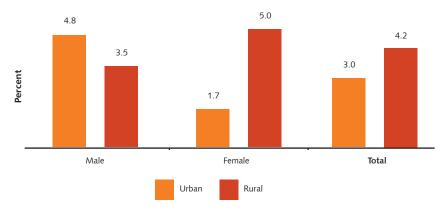




Grants

Overall 3.0 percent of urban and 4.2 percent of rural respondents aged 18 and above had applied for some type of grant. More males in urban areas and more females in rural areas had applied. Overall, slightly more females than males had ever applied (**Figure 7.75**).

Figure 7.75 Percentage who had applied for a grant, by sex and rural/urban (persons with disabilities only) (18+ years) (N=2,322)



A total of 3.4 percent of rural and 4.3 percent of urban respondents with disabilities aged 18 and above stated that they currently received a grant (p<.001). The proportion was highest among urban males (6.7 percent) and lowest among urban females (2.5 percent). The male/female difference was significant only among urban respondents (χ^2 =7.55, p<.01). The urban/rural difference was barely significant among males (χ^2 =3.40, p=.07) and not significant among females (**Figure 7.76**). The great majority of those who reported receiving a grant stated that they were in a position to decide for themselves how to spend their grant or pension (**Figure 7.77**). Here the urban/rural difference among females is almost significant (χ^2 =3.38, p=.07), otherwise differences are not significant.

Figure 7.76 Percentage in receipt of any grant, by sex and rural/urban (disabled only) (18+ years) (N=2,322)

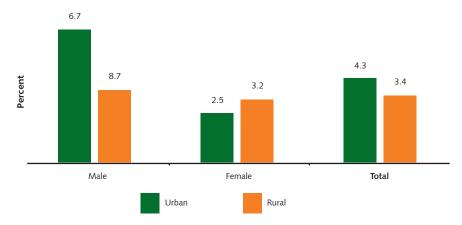
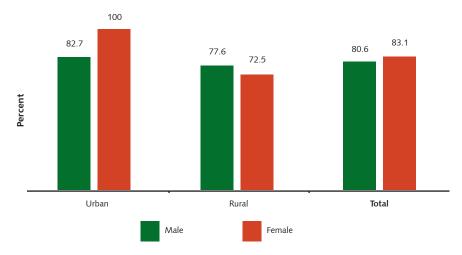


Figure 7.77 Proportion of respondents with disabilities who decide for themselves how to use the grant (18+ years, N=79)



INDIVIDUAL SECTION 2: CHILD MODULE: INDIVIDUAL QUESTIONNAIRE 2–17 YEARS

The Child Module developed by UNICEF and the Washington Group on Disability Statistics was applied to the sample of children (2–17 years). This section provides a profile of the activity limitations of children with disabilities in Zambia. It goes on to draw comparisons between children with and without disabilities with respect to environmental barriers, services, accessibility, education, economic activity, assistive devices, health and health information.

THE SAMPLE OF CHILDREN IN THE STUDY

The sample for the Child Module comprised 3,862 children aged 2–17 years; of these 954 were children with disabilities and 2,908 children without. In all, 49.8 percent of the children who responded were boys – 52.9 percent of the children with disabilities and 48.8 percent of the non-disabled. The sample of children in the study is shown in **Table 7.29**.

Table 7.29 The sample of children in the study (2-17 years)

	DISABLED CHILDREN		NON-DISABL	ED CHILDREN	TOTAL		
	N	%	N	%	N	%	
Male	505	52.9	1,419	48.8	1,924	49.8	
Female	449	47.1	1,489	51.2	1,938	50.2	
Total	954	100.0	2,908	100.0	3,862	100.0	
Urban	303	68.2	904	68.9	1,207	31.1	
Rural	651	31.8	2,004	31.1	2,655	68.7	
Total	954	100.0	2,908	100.0	3,862	100.0	

Some 28.1 percent of the children with disabilities responded on their own, and most of those resided in urban areas and were females; 35.2 percent of responses were provided by the caregiver on behalf of the child; and 36.7 percent of responses were provided by the caregiver together with the child (**Table 7.30**).

Table 7.30 Distribution of children with disabilities in the sample and mean age, by sex and rural/urban (2–17 years) (N=954)

INTERVIEW	TOTAL %	MEAN AGE	URBAN		RU	RAL
			Boys %	Girls %	Boys %	Girls %
Respondent	28.1	11.8 years	25.7	38.5	22.5	29.5
Caregiver	35.2	9.0 years	38.9	28.6	38.3	33.5
Both respondent and caregiver	36.7	8.1 years	35.4	32.9	39.2	36.9
Mean age of children		9.4 years	9.4 years	10.3 years	9.2 years	9.1 years

The mean age of children with disabilities was 9.4 years (boys: 9.3 years, girls: 9.6 years) and 8.1 years for non-disabled children (boys: 7.8 years, girls: 8.3 years). The difference in mean age between children with and without disabilities was statistically significant (F=56.23, p<.001) (Table 7.31).

Table 7.31 Mean age, by disability status and sex (2-17 years) (N=3,862)

DISABILITY STATUS	MEAN AGE					
	Males	Total				
Disabled (N=954)	9.3	9.6	9.4			
Non-disabled (N=2,908)	7.8	8.3	8.1			

The age distribution of children by disability status and sex is shown in **Table 7.32**. The highest percentage of disabilities for children was found at age 9 (8.6 percent) for males and age 11 (8.9 percent) for females.

Table 7.32 Age distribution of children, by disability status and sex (N=3,862)

AGE IN YEARS	DISABLED BOYS	NON-DISABLED BOYS	DISABLED GIRLS	NON-DISABLED GIRLS
2	5.5	10.3	4.3	9.3
3	5.0	10.0	5.8	7.8
4	6.6	8.1	4.7	9.0
5	6.8	8.9	7.1	9.1
6	6.8	7.9	6.9	6.8
7	7.4	7.4	8.8	5.9
8	7.5	7.1	7.4	7.4
9	8.6	5.3	5.9	6.4
10	6.7	6.5	5.9	6.1
11	6.9	7.0	8.9	6.5
12	5.8	3.9	4.5	4.3
13	4.9	3.9	5.5	4.1
14	6.4	3.7	6.0	3.8
15	5.6	3.8	5.5	4.9
16	3.7	3.8	5.2	4.3
17	6.0	2.9	5.7	4.2

Figure 7.78 shows the distribution of children with and without disabilities by province and in urban/rural locations. Among the disabled children, 31.8 percent were in urban areas while 68.2 percent were in rural areas compared to 31.1 percent and 68.9 percent among the non-disabled children for rural and urban areas, respectively. There was some variation in the distribution of children with and without disabilities across the 10 provinces. Lusaka Province had the highest percentage of disabled children (16.0 percent), followed by Copperbelt Province (15.6 percent), while Western Province recorded the lowest (4.5 percent).

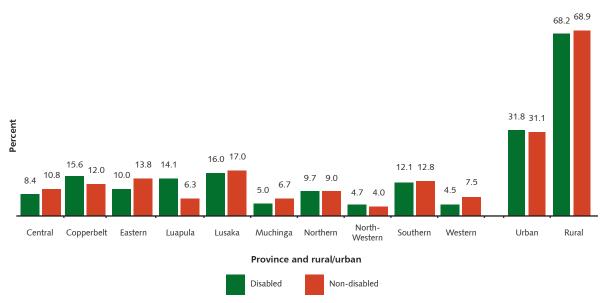


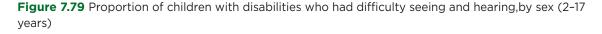
Figure 7.78 Distribution of children in the sample with/without disabilities, by province (2-17 years) (N=3,862)

ACTIVITY LIMITATIONS

We now provide a profile of activity limitations within the different age brackets of the sample of children. The age brackets in the figures and tables are according to the age-specific questions in the Child Module. In some of the descriptive analyses, only children with disabilities are included, while others offer a comparison between children with and without disabilities.

2-17 years

Of those children who did not use spectacles, 23.3 percent of boys and 19.6 percent of girls had some difficulty seeing (n.s.), while less than 1 percent could not see at all. Of the children who did not wear hearing aids, 21.8 percent of boys and 26.0 percent of girls had some difficulty in hearing (n.s.) (**Figure 7.79**).



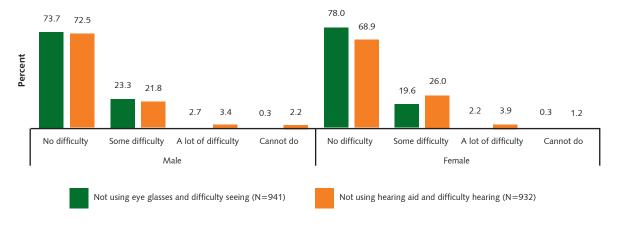
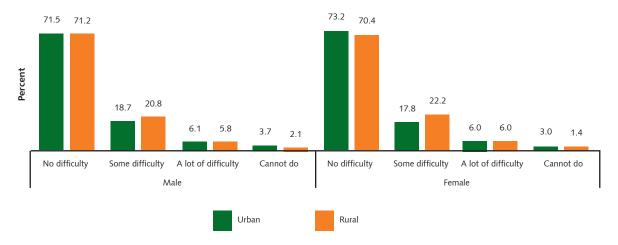


Figure 7.80 shows that the majority of children with disabilities (over 70 percent) had no difficulty learning new things. There was hardly any difference between boys and girls or between those in urban and rural areas. Of the boys with disabilities, 3.7 percent in urban areas and 2.1 percent in rural areas could not learn new things at all; among girls, the figures were 3.0 percent and 1.4 percent.

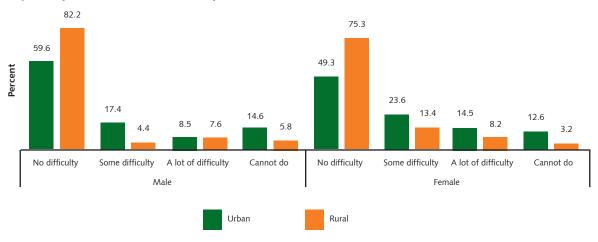
Figure 7.80 Proportion of children with disabilities who had difficulty learning new things, by sex and rural/urban (2-17 years) (N=952)



2-3 years

The majority of children with disabilities aged 2–3 years have no more difficulty learning the names of common objects than do other children of the same age (Urban: males 59.6 percent and females 49.3 percent, Rural: males 82.2 percent and females 75.3 percent). Neither the difference between boys and girls nor the difference between urban and rural respondents is statistically significant. Still, more boys than girls report no difficulty, more girls report some difficulty, and more boys report that they cannot learn the names of common objects. Urban children in this age bracket report more difficulties than rural respondents, although the difference is not significant (partly due to a low N) (**Figure 7.81**).

Figure 7.81 Proportion of children with disabilities who had difficulty learning the names of common objects, by sex and rural/urban (2–3 years) (N=102)



2-4 years

The great majority of children aged 2–4 years have no difficulty walking: 71.8 percent and 77.0 percent of boys and girls respectively (n.s.) (**Figure 7.82**). This implies that 28.2 percent of boys and 23.0 percent of girls have at least some difficulty in walking, a lot of difficulty walking or could not walk at all.

77.0

71.8

77.0

16.6

5.7

3.8

9.0

7.8

8.3

No difficulty

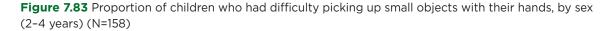
Some difficulty

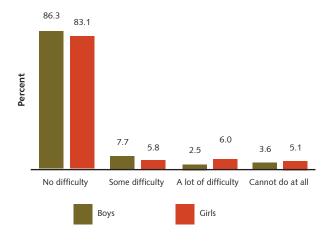
A lot of difficulty

Cannot do at all

Figure 7.82 Proportion of children who had difficulty walking, by sex (2-4 years) (N=153)

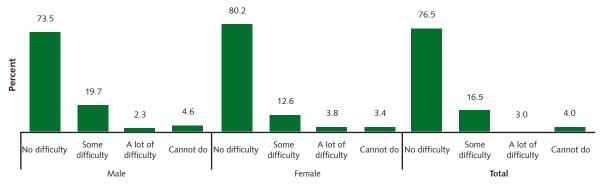
Likewise, the majority of disabled children (86.3 percent of boys and 83.1 percent of girls, n.s.) had no difficulty picking up small objects with their hands (**Figure 7.83**).





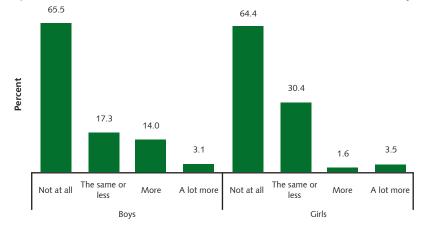
Data on communication between the caregiver and the child were also collected. Most caregivers (76.5 percent) had no difficulty understanding what the child wanted. In most instances, caregivers experienced greater challenges in understanding the needs of boys rather than girls: the difference (No difficulty) was 6.7 percentage points (n.s.) (p<.001) (Figure 7.84).

Figure 7.84 Proportion of parents/caregivers with a child with disabilities who had difficulty understanding what the child wanted (2-4 years) (N=158)



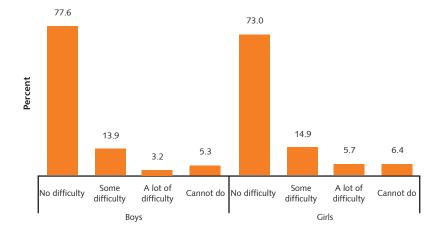
In all, 65.5 percent of girls and 64.4 percent of boys with a disability aged 2–4 did not kick, bite or hit others; however, some 3.5 percent of girls and 3.1 percent of boys did kick, bite or hit others a lot more than non-disabled children of the same age (**Figure 7.85**).

Figure 7.85 Proportion of children with disabilities who kicked, bit or hit others (2-4 years) (N=158)



Of children with disabilities aged 2–4, 77.6 percent of boys and 73.0 percent of girls had no difficulty playing; 13.9 percent of boys and 14.9 percent of girls had some difficulty; 3.2 percent of boys and 5.7 percent of girls had a lot of difficulty; and 5.3 percent of boys and 6.4 percent of girls were unable to play. Thus, more boys than girls had no difficulty playing; meanwhile girls scored higher on the three other answer categories (n.s.) (**Figure 7.86**).

Figure 7.86 Proportion of children with disabilities who had difficulty playing, by sex (2-4 years) (N=158)



In all, 85.4 percent of disabled boys and 87.6 percent of disabled girls aged 2–4 had no difficulty in playing with toys or household objects; 9.6 percent of boys and 3.8 percent of girls had some difficulty; 1.4 percent of boys and 3.5 percent of girls had a lot of difficulty; and 3.6 percent of boys and 5.1 percent of girls cannot play at all. Thus girls scored slightly higher on the categories 'a lot of difficulty' and 'cannot do' (**Figure 7.87**). The differences between boys and girls were not statistically significant.

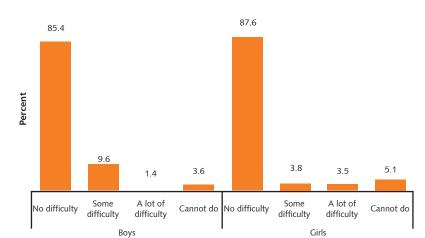
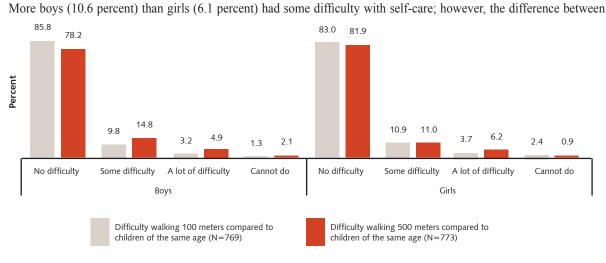


Figure 7.87 Proportion of children with difficulty playing with toys or household objects (2-4 years) (N=158)

5-17 years

Of those disabled respondents aged 5–17 years, the vast majority – 85.8 percent of boys and 83.0 percent of girls – reported no difficulty in walking 100 metres. There are some small, statistically non-significant, differences in terms of sex: some difficulty was reported by 9.8 percent of boys and 10.9 percent of girls, while 4.5 percent of boys and 6.1 percent of girls reported that they either had a lot of difficulty or could not walk 100 metres. There were more boys (14.8 percent) who had some difficulty walking 500 metres than girls (11.0 percent) (**Figure 7.88**).

Figure 7.88 Proportion of disabled children with difficulty walking 100 or 500 metres (5-17 years)



boys and girls was significant only among urban respondents ($\chi^2=8.52$, p<.05) (**Figure 7.89**).

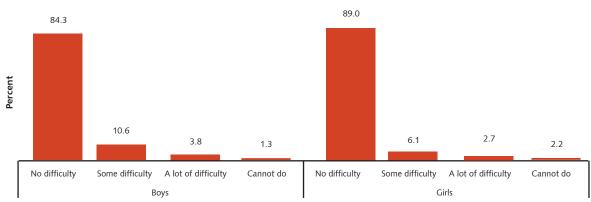


Figure 7.89 Proportion of children with difficulty with self-care, by sex (5-17 years) (N=794)

There was a difference in terms of sex in understanding others, with more girls than boys responding 'no difficulty' (86.6 percent vs. 79.4 percent); meanwhile 3.2 percent of boys could not understand other people at all, compared to just 0.4 percent for girls ($\chi^2=13.81$, p<.01) (**Figure 7.90**).

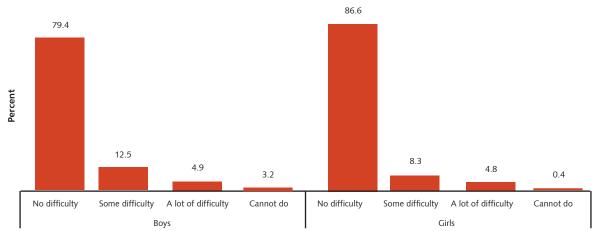


Figure 7.90 Proportion of disabled children with difficulty understanding others (5-17 years) (N=794)

More boys than girls had at least some difficulty being understood (22.0 percent vs. 14.8 percent), and among boys, 3.8 percent could not be understood by others at all (the corresponding figure for girls was 1.6 percent) (χ^2 =8.20, p<.05) (**Figure 7.91**).

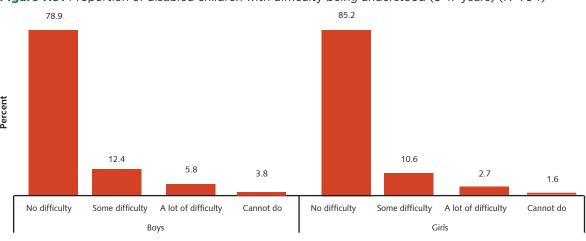


Figure 7.91 Proportion of disabled children with difficulty being understood (5-17 years) (N=794)

One in five (20.1 percent of boys and 20.5 percent of girls) did have some difficulty learning to do new things. These differences in terms of sex were small and not statistically significant (**Figure 7.92**).

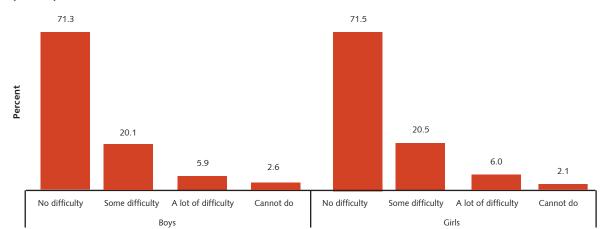


Figure 7.92 Proportion of disabled children with difficulty learning to do new things (5–17 years) (N=952)

Most children with disabilities (74.2 percent of both boys and girls) did not have any more difficulty remembering things that they had learned than other children of the same age. But 19.0 percent did have some difficulty, 5.0 percent had a lot of difficulty, and 1.8 percent were completely unable to learn new things (**Figure 7.93**). Gender differences were marginal and not statistically significant.

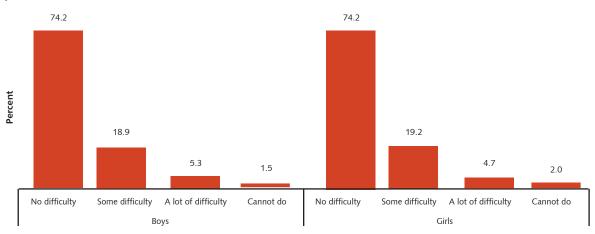


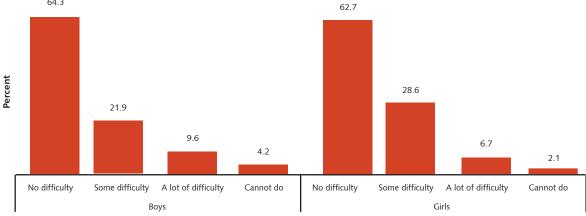
Figure 7.93 Proportion of disabled children with difficulty remembering things they have learned (5–17 years) (N=794)

More boys than girls reported difficulty in controlling their behaviour, although the difference was not sufficient to reach statistical significance. Among boys, 13.8 percent had either more or a lot more problem than others of the same age, while the corresponding figure among girls was 8.8 percent (**Figure 7.94**).

Figure 7.94 Proportion of disabled children with difficulty controlling their behaviour (5-17 years) (N=794)

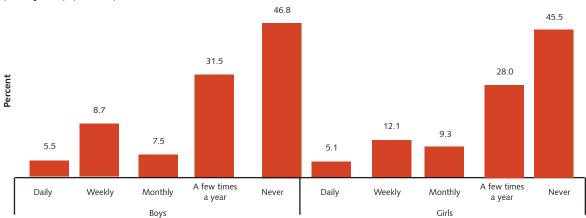
64.3

62.7



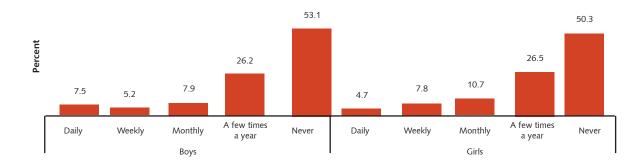
More girls (12.1 percent) than boys (8.7 percent) reported experiencing sadness or depression weekly (**Figure 7.95**). No pronounced age-related pattern was revealed.

Figure 7.95 Percentage of disabled children by how often they seemed sad or depressed and by sex (5-17 years) (N=794)

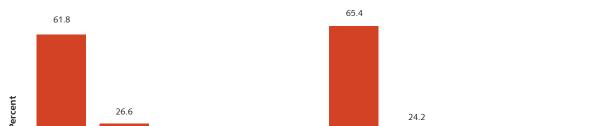


Girls reported being anxious, nervous or worried more frequently than boys, although more boys than girls were anxious, nervous or worried on a daily basis (7.5 percent vs. 4.7 percent) (n.s.) (**Figure 7.96**). No pronounced agerelated pattern was revealed.

Figure 7.96 Proportion of disabled children who were anxious, nervous or worried (5-17 years) (N=794)



There was a tendency for boys to have more problems in completing a task than girls, although a higher proportion of girls than boys reported being unable to complete a task (4.7 percent vs. 3.5 percent) (n.s.) (**Figure 7.97**).



3.5

Cannot do

5.7

A lot of difficulty

Girls

4.7

Cannot do

8.1

A lot of difficulty

Boys

No difficulty

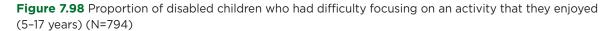
Some difficulty

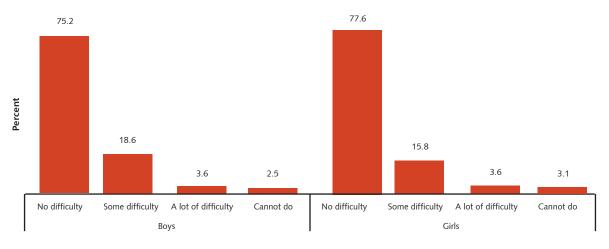
Figure 7.97 Proportion of disabled children who experienced difficulty completing a task (5-17 years) (N=794)

More boys (18.6 percent) than girls (15.8 percent) reported having some difficulty focusing on an activity that they enjoyed. There were small, statistically insignificant differences, but more girls had no difficulty (77.6 percent) (**Figure 7.98**).

No difficulty

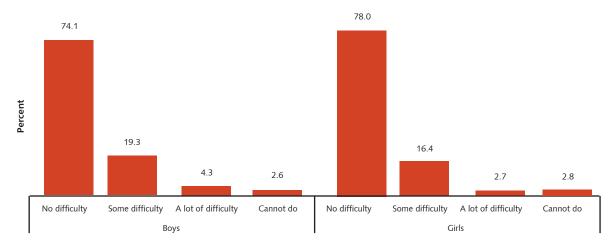
Some difficulty





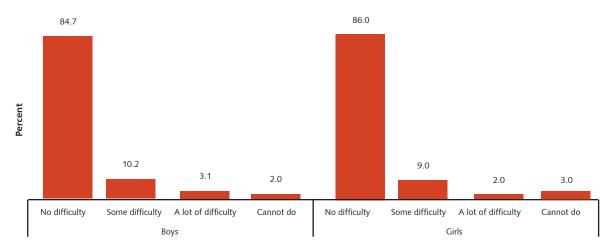
More girls (78.0 percent) than boys (74.1 percent) had no difficulty accepting changes in plans or routine, and more boys (19.0 percent) than girls (16.4 percent) had some difficulty, although the differences were not statistically significant (**Figure 7.99**).

Figure 7.99 Proportion of disabled children who had difficulty accepting change in plans or routines (5–17 years) (N=794)



Of children with disabilities, slightly more girls had no difficulty making friends (86.0 percent vs. 84.7 percent); slightly more boys had some difficulty (10.2 percent vs. 9.0 percent) or a lot of difficulty (3.1 percent vs. 2.0 percent); and slightly more girls were unable to make friends (3.0 percent vs. 2.0 percent) (these differences are not statistically significant) (**Figure 7.100**).

Figure 7.100 Proportion of disabled children who had difficulty making friends (5-17 years) (N=794)



Of children aged 5–17 with disabilities, more girls than boys (82.4 percent vs. 77.8 percent) had no difficulty doing things with other children, though the difference is not statistically significant (**Figure 7.101**).

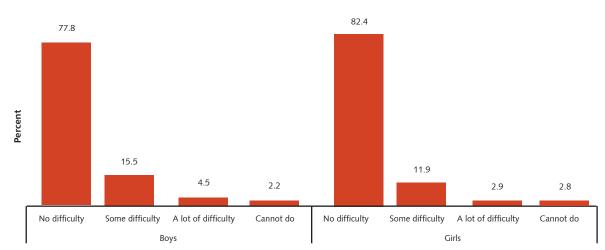


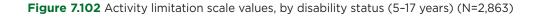
Figure 7.101 Proportion of disabled children who had difficulty doing things with other children (5-17 years) (N=794)

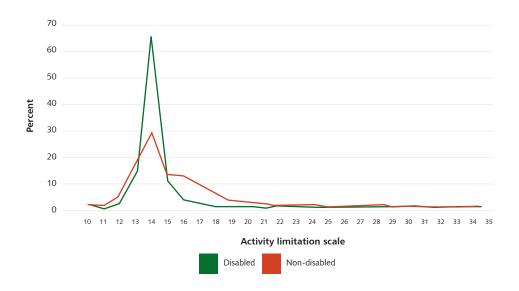
For the age group 5–17 years, the following activity limitation items were added together to create a scale (activity limitations):

- Compared with children of the same age, does ... have difficulty walking 100 metres?
- Compared with children of the same age, does ... have difficulty walking 500 metres?
- Does ... have difficulty with self-care, such as feeding, dressing him/herself?
- Compared with children of the same age, does ... have difficulty understanding other people?
- Compared with children of the same age, does ... have difficulty being understood by others?
- Does ... have difficulty remembering things that he/she has learned?
- How much difficulty does ... have controlling his/her behaviour?
- · How often does ... seem sad or depressed?
- How often does seem anxious, nervous or worried?
- Does ... have difficulty completing a task?
- Does ... have difficulty focusing on an activity that he/she enjoys doing?
- Does ... have difficulty accepting change to plans or routines?
- Does ... have difficulty making friends?

For all the questions, there were four answer categories expressing increasing difficulty (except for the two questions on mental health, which had five answer categories). The scale ranges from 12 to 48, with a mean value of 14.04 and standard deviation of 1.15. The mean value for children with disabilities was 15.67 and 14.03 for non-disabled children (p<.001).

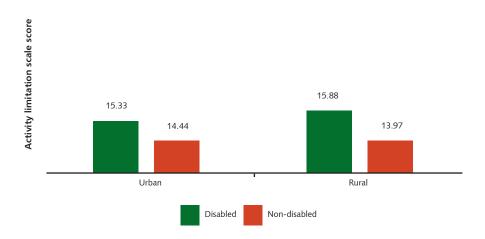
Figure 7.102 shows the differences in the distribution of the scale values between children with and without disabilities. The curve for non-disabled children has a high number of low scores and then falls quickly down to zero. The curve for children with disabilities, on the other hand, spreads further on moderately high scores. The high number of lower scores among non-disabled children reflects the fact that many of the difficulties in the Child Module questions concern a broader group of children than merely those who have been identified as disabled, through the screening method and the threshold in this particular study.





The mean score on activity limitations among boys was 15.73 and among girls it was 15.23 (p<.001). In other words, these are small differences that reach significance due to the large sample. Urban/rural differences in activity limitation are also shown. Children with disabilities score higher on the activity limitation scale in both rural and urban areas (p<.001).

Figure 7.103 Activity limitation scale values, by disability status and location (5-17 years) (N=2,863)



We also observe differences across the provinces: the mean scale value (activity limitation) among disabled children is highest in Western Province (16.39) and lowest in Copperbelt Province (15.01) (p<.001). Self-reported activity limitations thus seem to be somewhat higher in the least central provinces of Zambia.

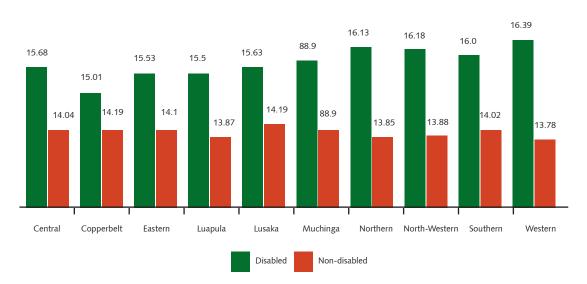


Figure 7.104 Activity limitation mean scale values, by disability status and province (5–17 years) (N=2,863)

CAUSES OF DISABILITIES

The survey also investigated the causes of the reported disability (**Table 7.33**). In all, 40.4 percent reported that the disability was congenital (from birth) and 31.2 percent said it was due to disease/illness, while 16.9 percent did not know. The mean age of onset of disability was 6.4 years for boys and 7.9 years for girls (n.s.).

Table 7.33 Cause of disability, by sex (2-17 years) (N=309)

REASON FOR DISABILITY	BOYS	GIRLS	TOTAL
From birth/congenital	41.3	39.4	40.4
Accident/fall/burns	8.0	2.5	5.4
Disease/illness	26.4	36.2	31.2
Violence	2.3	0.8	1.6
Animal related	0.0	0.8	0.4
Stress related	0.0	0.9	0.4
Witchcraft	1.9	2.4	2.2
Other	3.0	0.4	1.7
Don't know	17.1	16.7	16.9

ENVIRONMENTAL BARRIERS

This section presents the findings on how environmental factors serve as a barrier to the effective community participation of children with disabilities, compared to children without.

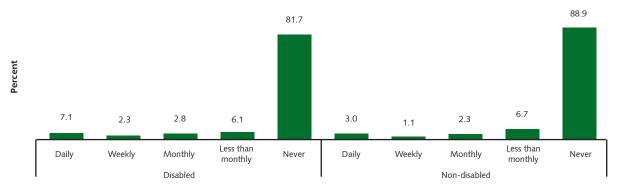
Fewer children with disabilities reported no problems with transport (72.2 percent vs. 83.5 percent of non-disabled children). Daily problems with transport were reported by 12.0 percent of children with disabilities and 7.5 percent of children without (χ^2 =18.01, p<.01) (**Figure 7.105**).

Figure 7.105 Proportion of children, by how often transportation had been a problem and disability status (12–17 years) N=932)



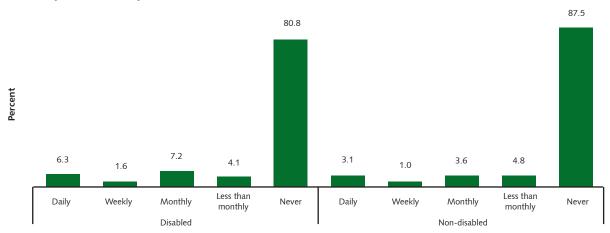
Most children aged 12–17 with disabilities (81.7 percent) and without (86.9 percent) reported that other people's attitudes towards them had never been a problem. People's attitudes were a daily problem experienced by 7.1 percent of children with disabilities and 3.0 percent of children without ($\chi^2=83.50$, p<.001) (**Figure 7.106**).

Figure 7.106 Proportion of children, by how often people's attitudes at school or work had been a problem and disability status (12–17 years) (N=875)



In all, 80.8 percent of children aged 12–17 with disabilities and 87.5 percent of those without reported that prejudice and discrimination had never been a problem. Prejudice and discrimination were experienced daily by 6.3 percent of children with disabilities and 3.1 percent of children without (χ^2 =83.95) (**Figure 7.107**).

Figure 7.107 Proportion of children, by how often they experienced prejudice or discrimination and disability status (12–17 years) (N=963)



SERVICE GAPS

Gaps in services were measured by means of questions on the need for services and whether respondents had received them. Assistive devices, counselling and educational services were those mainly relevant for persons with disabilities. Among children with disabilities aged 12–17, 6.4 percent reported having received an assistive device, whereas 44.7 percent needed one. This leaves a gap of 85.7 percent. The corresponding gap for counselling (for persons with disabilities) was 83.2 percent. For health services, the gap for children with disabilities was 13.1 percent and 4.2 percent for children without disabilities; and for health information the gaps were 12.0 percent and 0 percent, respectively. This means that even though there was high coverage of health services/health information, children with disabilities managed to access what they needed to a lesser extent than children without disabilities. With regard to vocational training, there was a 100 percent gap for children with disabilities and a 95 percent gap for children without, indicating that this service was accessed by very few children generally – and not at all by children with disabilities. For educational services, the gap for children with disabilities was 49.3 percent (**Table 7.34**).

Table 7.34 Service gap, by disability status (12-17 years) (N=1,006)

	AW	ARE	NEEDED		RECEIVED		RECEIVED S		SERVIC	SERVICE GAP ¹	
Services	Disabled	Non- disabled	Disabled	Non- disabled	Disabled	Non- disabled	Disabled	Non- disabled			
Assistive devices	47.3	N/A	44.7	N/A	6.4	N/A	85.7	N/A			
Educational services	36.4	N/A	46.9	N/A	23.8	N/A	49.3	N/A			
Vocational training	17.9	18.7	14.2	5.9	0.0	0.3	100.0	95.0			
Counselling	13.4	N/A	29.8	N/A	5.0	N/A	83.2	N/A			
Health information	76.2	74.7	70.6	59.2	62.1	60.1	12.0	0.0			
Health services	82.4	81.4	87.3	69.4	75.9	66.5	13.1	4.2			

 $^{^{1}}$ Gap = [1-(Received/Needed)]*100.

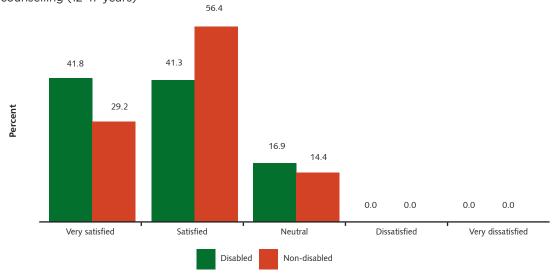
N/A: Not applicable.

SATISFACTION WITH SERVICES

This section presents information on levels of satisfaction with services and assistive devices.

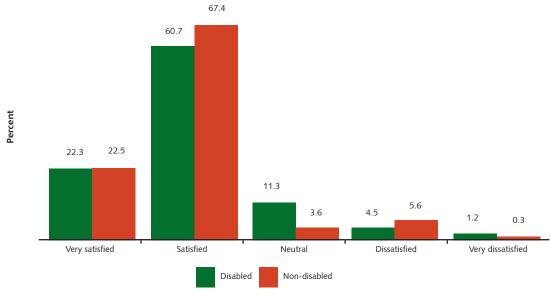
Among children with disabilities, very few had received either assistive devices or counselling. Of those who confirmed receiving these services, 41.8 percent (assistive devices) and 29.2 percent (counselling) were very satisfied with the services, and 41.3 percent and 56.4 percent were satisfied. Few (16.9 percent and 14.4 percent) were neutral, and none were dissatisfied or very dissatisfied (**Figure 7.108**).

Figure 7.108 Proportion of children with disabilities, by satisfaction with assistive devices and counselling (12-17 years)



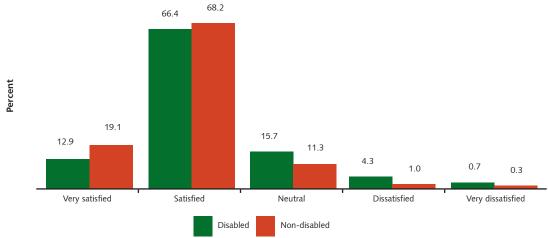
Most respondents were satisfied with the educational services they had received (60.7 percent and 67.4 percent among children with and without disabilities, respectively), and overall more than 20 percent were very satisfied (22.3 percent of disabled and 22.5 percent of non-disabled children). More children with than without disabilities were neutral (11.3 percent vs. 3.6 percent), while few were dissatisfied and even fewer very dissatisfied. **Figure 7.109** reveals that children without disabilities were slightly more satisfied than children with disabilities, though this is not statistically significant.

Figure 7.109 Proportion of children, by satisfaction with educational services and disability status (12–17 years) (N=201)



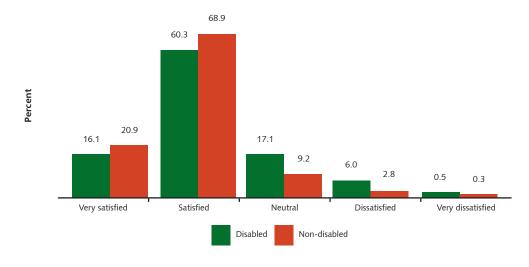
Most respondents were satisfied with the health information they had received (66.4 percent and 68.2 percent of children with and without disabilities, respectively), and more children without disabilities were very satisfied (19.1 percent vs. 12.9 percent of children with disabilities). Further, more children with than without disabilities were neutral (15.7 percent vs. 11.3 percent), while few were dissatisfied (4.3 percent of children with disabilities) and 0.7 percent were very dissatisfied. **Figure 7.110** shows that children without disabilities were more satisfied than children with disabilities ($\chi^2=15.71$, p<.01).

Figure 7.110 Proportion of children, by satisfaction with health information services and disability status (12–17 years) (N=618)



Most respondents were satisfied with the health services they had received (60.3 percent and 66.9 percent of children with and without disabilities, respectively), and more children without disabilities were very satisfied (16.1 percent vs. 20.9 percent). More children with disabilities than without disabilities were neutral (17.1 percent vs. 9.2 percent), while some were dissatisfied (6.0 percent of children with disabilities) and 0.5 percent were very dissatisfied. **Figure 7.111** shows that children without disabilities were more satisfied than children with disabilities ($\chi^2=18.82$, p<.01).

Figure 7.111 Proportion of children, by satisfaction with health services and disability status (12–17 years) (N=706)



ACCESSIBILITY

Respondents were asked about the accessibility of a range of different types of rooms/facilities in and outside the home. Given the disparities that exist between urban and rural areas (as well as within urban areas), the different facilities may not have been applicable to all respondents.

There were generally marginal differences between children with and without disabilities in terms of accessing rooms in the home. Between 80 percent and 90 percent indicated that they had access to most of the rooms at home (**Table 7.35**).

Table 7.35 Proportion of children, by accessibility to facilities at home and disability status (12-17 years) (N=1,006)

		DISABLED		NON-DISABLED			
	Yes	No	N/A	Yes	No	N/A	
Kitchen	87.8	2.2	10.0	89.1	0.8	10.1	
Bedroom	96.0	1.4	2.5	95.7	0.8	3.4	
Living room	90.3	0.5	9.2	88.8	0.5	10.7	
Dining room	36.7	2.2	61.1	39.1	2.9	59.0	
Toilet	90.9	2.4	6.7	91.6	0.6	7.8	
Bathroom	83.1	2.4	14.4	88.5	0.8	10.7	

Table 7.36 reveals the differences between children with and without disabilities when it comes to accessibility outside the home (in the community). Access to facilities such as banks, sports facilities and schools was more limited among children with disabilities than among those without.

Table 7.36 Percentage of children by accessibility to facilities outside home, by disability status (12–17 years) (N=448–953)¹

	CHILDREN WITH DISABILITIES		CHILDREN WITHOUT DISABILITIES		CHI- SQUARED	P		
	Yes	No	N/A	Yes	No	N/A		
Place of work	20.4	1.6	78.0	24.1	0.7	75.2		n.s.
The school you attend	69.9	4.5	25.9	82.5	1.3	16.2	12.51	<.001
The shop you go to most often	81.6	8.7	9.7	94.4	1.3	4.3	37.27	<.001
Place of worship	88.3	4.5	7.1	94.1	1.4	4.4	9.32	<.01
Recreational facilities	37.9	16.2	46.0	47.5	11.6	40.9	7.17	<.01
Sports facilities	66.0	15.9	18.1	80.8	7.5	11.8	20.76	<.001
Police station	46.9	21.0	32.0	55.5	13.8	30.7	10.07	<.01
Magistrates' office/traditional courts	42.7	24.6	32.7	53.4	15.4	31.3	14.97	<.001
Post office	37.9	23.9	38.2	49.2	17.5	33.3	10.11	<.01
Bank	24.9	19.4	55.7	33.9	14.6	51.5	8.05	<.01
Hospital	64.7	22.3	12.9	71.2	13.5	15.4	11.35	<.01
Primary health care clinic	88.7	8.7	2.6	89.7	5.2	5.2	4.20	<.05
Public transport	80.9	14.2	4.9	86.4	8.2	5.5	8.56	<.01
Other government offices	23.3	20.7	56.0	27.8	16.9	55.2	5.76	<.01

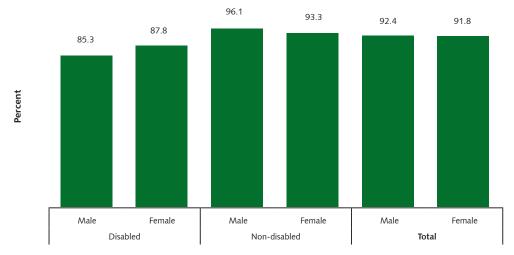
¹ Chi-square test based on recoded into (1,2 = Yes, No).

99

EDUCATION

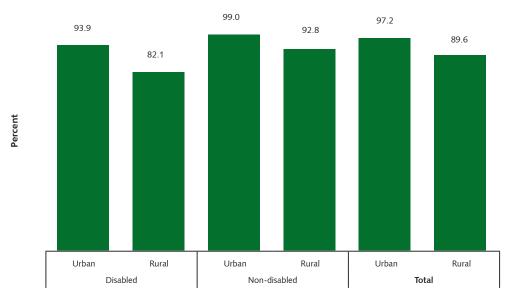
Overall, 92.4 percent of boys and 91.8 percent of girls aged 12–17 had received primary education (**Figure 7.112**). However, fewer children with disabilities than without had been enrolled in primary education (86.8 percent vs. 95.0 percent, χ^2 =19.38, p<.001). Although relatively small, the difference between children with and without disabilities was significant for both males (χ^2 =17.70, p<.001) and females (χ^2 =4.48, p=.05).

Figure 7.112 Percentage of children who have ever received primary education, by disability status and sex (12–17 years) (N=1,006)



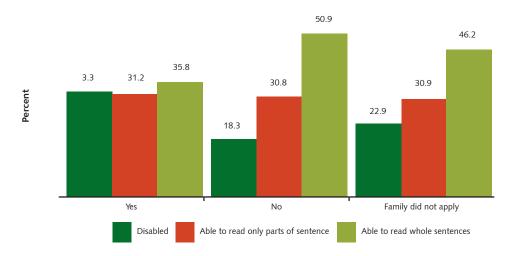
More children aged 12–17 years in urban areas than in rural areas had received primary education (97.2 percent vs. 89.6 percent); and more children without disabilities than with had received primary education in both rural and urban locations.

Figure 7.113 Percentage of children who have ever received primary education, by disability status and urban/rural (12-17 years) (N=1,006)



Overall, 77.1 percent of children were literate (able to read whole sentences or part of a sentence). Literacy was higher among children without disabilities (81.7 percent) than among those with (67.0 percent) (χ^2 =33.74, p<.001). Less than one third (30.9 percent) of all children were able to read part of a sentence, whereas 50.9 percent of those without disabilities and 35.8 percent of those with were able to read the whole sentence (**Figure 7.114**).

Figure 7.114 Percentage of children who are able to read, by disability status (12-17 years) (N=1,006)



Figures 7.115, 7.116 and 7.117 show that few children had been refused entry to pre-school, primary school or secondary school. About a fifth (20.3 percent) of children with disabilities reported that the family had not applied for enrolment in secondary school.

Figure 7.115 Percentage of children refused entry to pre-school, by disability status (12-17 years) (N=856)

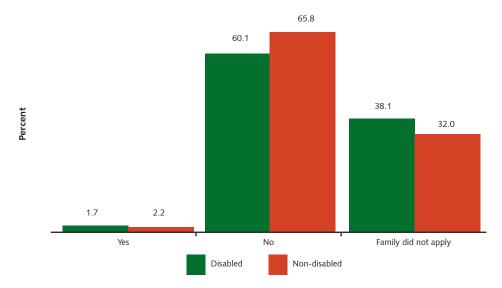


Figure 7.116 Percentage of children refused entry to primary school, by disability status (12–17 years) (N=968)

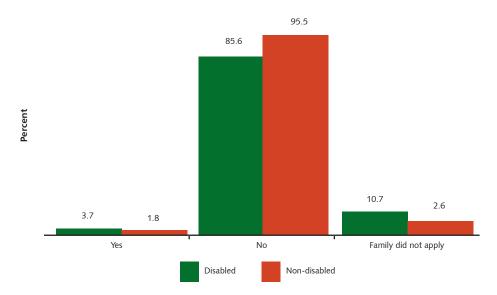
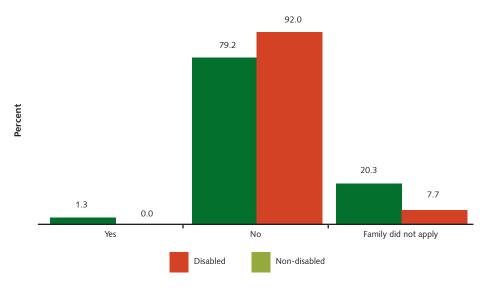


Figure 7.117 Percentage of children refused entry to secondary school, by disability status (12-17 years) (N=968)



Most respondents were still studying at the time of data collection (71.9 percent of disabled and 77.4 percent of non-disabled). In both categories (disabled and non-disabled), more girls had ceased to study and more boys were still studying. More children (boys and girls alike) with disabilities than without reported that they had not studied as far as they had planned (28.1 percent vs. 21.7 percent). The difference between disabled and non-disabled is significant only when boys and girls are combined ($\chi^2=8.80$, p<.05) (**Figure 7.118**).

For those disabled children who were still studying, rural respondents scored lower than urban respondents (63.6 percent vs. 83.7 percent) (**Figure 7.119**).

Figure 7.118 Percentage of children who have studied as far as planned, by disability status and sex (12-17 years) (N=994)

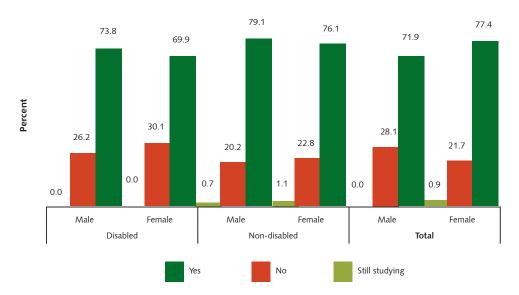
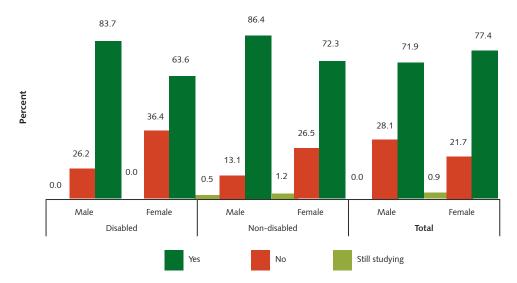


Figure 7.119 Percentage of children who have studied as far as planned, by disability status and rural/urban (12-17 years) (N=994)



ECONOMIC ACTIVITY

Children aged 15–17 were asked what they had mainly been doing in the seven days prior to the survey. Most reported that they had been at school: more children without disabilities than with had been to school (70.6 percent vs. 59.4 percent). About a fifth (20.5 percent) of children with disabilities had not been working, not been looking for work and not been available for work, compared to 7 percent of children without disabilities (**Table 7.37**).

Table 7.37 Main activity during the seven days preceding the survey (15-17 years) (N=505)

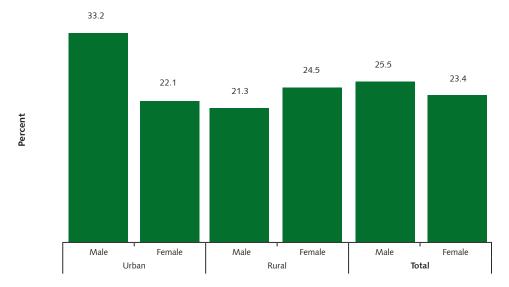
ACTIVITY	PERSONS WITH DISABILITIES	PERSONS WITHOUT DISABILITIES
Paid employment/business	0.9	0.9
Volunteer work	0.5	0.2
Contributing family worker	13.1	8.5
Intern/apprentice	0.0	0.2
Own-use production worker	0.0	3.1
Not working but looking for work/business	0.0	3.5
Looking but not available for work	0.0	0.3
Available but not looking for work	0.9	1.3
Neither looking nor available but want to work	1.5	0.5
Housewife/housemaker	3.2	3.7
In school	59.4	70.6
Not working, not looking for work and not available	20.5	7.0

MEDICATION AND ASSISTIVE DEVICES

Overall, 25.5 percent of boys and 23.4 percent of girls with disabilities aged 12–17 used medication or traditional medicine for their disability. None of the urban/rural or male/female differences shown in **Figure 7.120** were statistically significant. Nevertheless, more urban than rural respondents indicated that they used some kind of medication or traditional medicine (urban males and females: 33.2 percent and 22.1 percent; rural males and females: 21.3 percent and 24.5 percent). In urban areas, the proportion of boys (33.2 percent) using medication was higher than that of girls (22.1 percent), whereas the opposite was true among rural respondents (24.5 percent girls vs. 21.3 percent boys, not significant) (**Figure 7.120**).

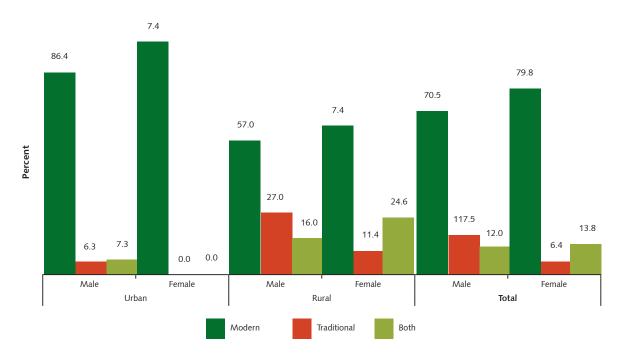
7

Figure 7.120 Percentage of children who use medication or traditional medicine, by sex and rural/urban (12-17 years) (N=309)



Among those boys who reported using some type of medicine, 70.5 percent used modern medicine, 17.5 percent used traditional and 12 percent used both. The corresponding figures for girls were 79.8 percent, 6.4 percent and 13.8 percent. In urban areas, very few used anything other than modern types of medicine. In rural areas, more girls than boys used only modern medicine (64.0 percent vs. 57.0 percent). More rural boys than girls used traditional medicine only, while more girls used both (**Figure 7.121**). The urban/rural difference is significant among girls (χ^2 =6.78, p<.05), but not among boys. Differences between boys and girls are not statistically significant.

Figure 7.121 Type of medicine used by children with disabilities who used medicine, by sex and rural/urban (12-17 years) (N=76)



Overall, 5.3 percent of boys and 6.4 percent of girls used assistive devices. Among both boys and girls, more children in urban than in rural settings used assistive devices. The urban/rural difference is significant among girls (χ^2 =9.05, p<.01), but not among boys. Differences between boys and girls are not statistically significant (**Figure 7.122**).

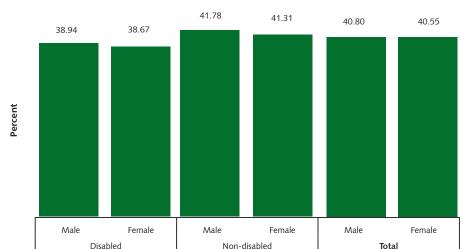


Figure 7.122 Percentage of children who used an assistive device, by rural/urban and sex (12-17 years) (N=309)

HEALTH

Wellbeing was measured using the General Health Questionnaire (GHQ), developed to tap into levels of anxiety and depression. The GHQ uses a 12-item screening wellbeing scale with range of 12–48 and with higher values on the scale indicating greater wellbeing. **Figure 7.123** reveals that children with disabilities score lower on the wellbeing scale than children without disabilities (F=104.40, p<.001).

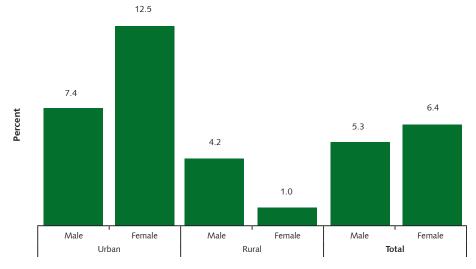
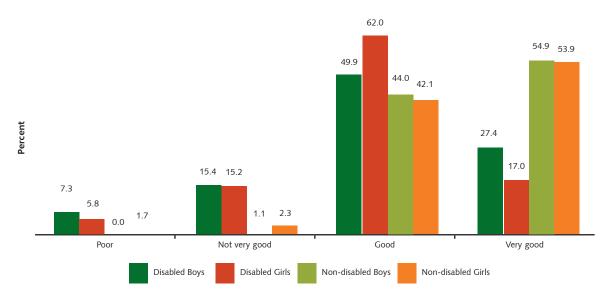


Figure 7.123 Percentage of children, by wellbeing and disability status and sex (12-17 years) (N=1,006)

Physical health was measured by means of a simple question asking the respondents to assess their physical health on a four-category scale. **Figure 7.124** shows that more children with than without disabilities assessed their physical health as poor or not very good, and that more children without disabilities than with assessed their physical health as very good (χ^2 =160.16, p<.001). The differences between boys and girls were marginal at the low end of the scale (n.s.), but more girls with disabilities than boys reported that their physical health was good and more boys with disabilities than girls indicated that their physical health was very good.

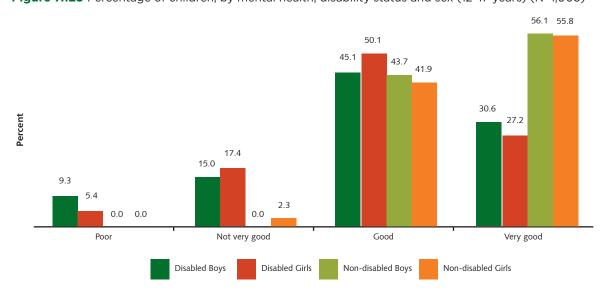
7

Figure 7.124 Percentage of children, by physical health, disability status and sex (12-17 years) (N=1,006)



Children with disabilities reported poorer mental health than non-disabled children (χ^2 =017.46, p<.001), among both boys and girls. No significant differences were found between boys and girls or between urban and rural (**Figure 7.125**).

Figure 7.125 Percentage of children, by mental health, disability status and sex (12-17 years) (N=1,005)



HEALTH INFORMATION

Generally speaking, more children without disabilities than with had knowledge of HIV/AIDS, STIs, diabetes and TB (**Table 7.38**). Most of the children had knowledge of HIV/AIDS, followed by TB, STIs and lastly diabetes. The findings also indicate that, irrespective of whether they were disabled or not, more girls than boys had knowledge of the diseases. In addition, more children in urban areas than in rural areas had some knowledge of the four diseases (**Table 7.39**).

Table 7.38 Percentage of children by knowledge of four common diseases, disability status and sex (12-17 years) (N=1,006)

DO YOU HAVE ANY	CHILDRE	N WITH DISA	ABILITIES	N	ON-DISABLE	D
KNOWLEDGE OF	Total	Boys	Girls	Total	Boys	Girls
HIV/AIDS	77.4	76.2	78.6	89.6	86.5	92.0
STI	47.2	42.6	52.1	61.5	58.3	64.1
Diabetes	28.2	25.1	31.5	30.1	27.9	31.9
ТВ	57.2	55.3	59.1	68.7	63.8	72.6

Table 7.39 Percentage of children by knowledge of four common diseases, disability status and rural/urban (12-17 years) (N=1,006)

DO YOU HAVE ANY	CHILDRE	N WITH DIS	ABILITIES	N	ON-DISABLE	:D
KNOWLEDGE OF	Total	Urban	Rural	Total	Urban	Rural
HIV/AIDS	77.4	86.2	71.3	89.6	91.6	88.4
STI	47.2	52.9	43.4	61.5	59.8	62.5
Diabetes	28.2	40.6	19.7	30.1	32.8	28.5
ТВ	57.2	64.4	52.2	68.7	63.8	71.5

School was reported as the main source of information on HIV/AIDS, STIs, diabetes and TB, as **Table 7.40** shows. More children with disabilities than without got their information about the four diseases at school. The other notable sources of information were health facilities, the family and friends.

Table 7.40 Percentage of children by source of information for four common diseases and disability status (12-17 years) (N=1,006)

	HIV/	AIDS	S	ті	DIAB	ETES	Т	В
SOURCE	Disabled	Non- disabled	Disabled	Non- disabled	Disabled	Non- disabled	Disabled	Non- disabled
Health facility	13.5	14.3	12.2	16.7	12.8	17.7	13.4	19.5
Doctor	0.5	0.1	0.0	0.0	1.2	0.5	0.0	0.0
At work	0.0	0.4	0.0	0.5	0.0	0.7	0.0	0.3
Newspaper/ magazine	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.2
Friends	4.4	7.1	10.5	8.4	12.3	10.5	4.6	7.8
Family	8.0	4.7	8.0	7.3	10.4	15.7	17.1	9.5
Radio/TV	2.8	3.9	2.3	3.0	6.0	5.7	2.6	4.6
Poster/ pamphlet	0.3	0.5	0.0	0.0	0.0	0.6	0.0	0.1
School	70.6	68.7	66.9	63.6	57.3	48.7	62.4	57.9
Other	0.0	0.3	0.0	0.2	0.0	0.0	0.0	0.0

7

Children were asked whether they had any problem obtaining and/or understanding information about HIV/AIDS, STIs, diabetes and TB (**Table 7.41**). Children with disabilities reported more problems in understanding information about all four diseases than did children without disabilities: 19 percent of children with disability said they had a problem understanding or obtaining information about HIV/AIDS, and 17 percent had a problem with information about sexually transmitted infections.

Table 7.41 Proportion of children with a problem in obtaining or understanding information about the four common diseases (12-17 years) (%)

		AIDS 824)	(N=	TI 286)	DIAB (N=		T (N=	B 642)
PROBLEM OBTAINING/ UNDERSTANDING	Disabled	Non- disabled	Disabled	Non- disabled	Disabled	Non- disabled	Disabled	Non- disabled
Yes	19.0	7.9	17.0	9.3	13.0	7.9	13.1	8.7

Table 7.42 indicates that no children reported having had a sexually transmitted infection, and very few had experienced TB. Around one child in five had been tested for HIV.

Table 7.42 Disease experience, by disability status (%) (12-17 years) (N=843, 296, 297)

	HIV/	AIDS ¹	S	TI	Т	В
	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
Yes	19.2	20.3	0.0	0.0	1.3	1.0
No	80.8	79.7	100.0	100.0	98.7	99.0

¹ The question was if the respondent had been tested.

8. DISCUSSION

The study estimates the prevalence of disability among persons aged 18 over in Zambia at 10.9 percent. This falls below the WHO estimate of 15 percent, but is still higher than previous estimates for Zambia and for many other low-income countries; it is in line, for instance, with a recent similar study in Zimbabwe (unpublished). The prevalence among children (2–17 years) was at 4.4 percent. This study is among the first to have included a Child Module developed by UNICEF/WG. This module was specifically developed to identify children with disabilities (having identified the weakness of the WG scale in capturing disability among children). The overall prevalence of disability in the population aged 2+ years is 7.7 percent.

It should be noted that when using the Washington Group questionnaire, the threshold for qualifying as being disabled was set as low as possible, in order to capture even those people with mild disability. The study required extensive training, and experienced personnel were used for data collection; but there remains the possibility that unfamiliarity with the current conceptualization of disability has influenced the results. However, given that most of those identified as disabled have either mild or moderate disability suggests that this is not the case. The study also used a screening procedure which – at least in theory – should prove more thorough than the one used in the previous study in Zambia.

The study established a basis for describing and analysing the situation pertaining to persons with disabilities and households with disabled members across a range of indicators, and for drawing comparisons with persons without disabilities and households without disabled members. The study thus provides a unique tool for the authorities to address disparities at both the household and the individual level, for monitoring development and for assessing the impact of policies and interventions.

This study adds to a growing body of information on living conditions among persons with disabilities and their families in developing countries. The UN Convention on the Rights of Persons with Disabilities specified the need for data on the situation of persons with disabilities, particularly in low-income countries (UNCPRD, 2006). With the adoption of the International Classification of Functioning, Disability and Health (WHO, 2011), a new generation of disability measures for censuses and surveys came to be developed – specifically by the Washington Group on Disability Statistics. The most recent is the UNICEF Module on Child Functioning. With the ICF and the merging of a medical and a social model, disability has at least partly moved into the realms of daily and social life, and has acquired the complexities of a relational view of disability. In collecting the data on disability, this study has used the most recent measures, which have been internationally acknowledged and validated. Even though the absolute figures are of interest and should be taken into consideration, it is comparison between groups and patterns in the comparative analyses that are of primary interest.

HOUSEHOLD SECTION

The household-level data show that there are only small differences in all four socio-economic indicators between households with persons with and without disabilities. The overall impression is thus that there is hardly any difference. This may run counter to expectations that households with disabled members are poorer because of the extra burden placed on them by having to care for one or more disabled individuals. The results from other countries in the region have generally shown that, as expected, there are differences; although these differences are fairly consistent, by and large they are relatively small. One interpretation could be that the populations are largely poor and there are only small variations in the level of poverty. The main socio-economic difference in this population is between urban and rural locations (which is also reflected in differences between provinces): urban households have clearly higher socio-economic status. However, it is important to note that the household comparison does not control for any additional

⁸ http://www.cdc.gov/nchs/washington_group/

⁹ https://www.cdc.gov/nchs/washington_group/wg_questions.htm

8

expenses that accrue because of disability – for instance, higher medical costs, the purchase and maintenance of assistive devices, transport needs due to reduced mobility or any additional support that has to be paid for.

Similar studies have shown that households with disabled members tend to be larger than households without disabled members (i.e. they have a higher mean number of members). In this study, the difference is very small and is not sufficient to use as an argument for a higher burden or underestimated differences when not controlling for the number of members. It may, however, be argued that the differences in the two dependency ratios indicate that there are qualitative differences in the care burden, in that households which have persons with disabilities have more dependents aged 65 and older, and households without persons with disabilities have more children as dependents.

INDIVIDUAL SECTION (18 YEARS AND OLDER)

In contrast to the household-level data, individual-level comparison revealed a number of differences to the detriment of persons with disabilities – particularly for women with disabilities.

Persons with disabilities have a higher mean age, more often have a spouse with a disability, more often report having a higher number of children and are less often married. While the age difference is understandable and reflects an expected age gradient associated with disability, it is nevertheless important that greater age to some extent also implies greater vulnerability to health problems; in a country with a very limited welfare support system, this also means a higher level of dependence on other family members. The results that persons with disabilities are less likely to be married and are likely to have more children further adds to the argument about increased vulnerability, since being unmarried indicates less support from a spouse, while having more children means that they have more dependants to care for. Vulnerability may be reflected in the finding that women with disabilities are more inclined than non-disabled women to report that the children look after themselves, i.e. indicating insufficient personal or other resources. The finding of increased vulnerability particularly among women with disabilities is consistent with findings from the study of women with disabilities in Malawi by Braathen and Kvam (2008). While these results reveal the additional vulnerability of women in rural areas, they also indicate differences between men and women that may be of importance for health and rehabilitation services.

Disease is reportedly the most common cause of disability, followed by falls/accidents and congenital disability. This is consistent with previous studies in the region. Taken together, disease and congenital disability suggest that a substantial proportion of disability in the population may be preventable, and that the impact of these two causes reflects a need for improvements in the health services for mothers, children and new-borns. While the study does not have data that can pinpoint whether this situation is due to issues of access or of quality, based on relevant literature it is fair to assume that it is a combination.

The level of abuse and discrimination that emerges from this study is somewhat lower than in other comparable studies. The results nevertheless reveal that around 1 disabled person in 10 has experienced abuse or discrimination. While such incidents take place both within and outside the family, the results indicate that within-family abuse is more common. Although the study does not explain why this happens, there is clearly a need to raise awareness among parents (and the extended family) about children with disabilities, as well as to sensitize health and welfare workers who engage with families with children with disabilities. It is, of course, particularly serious that abuse and discrimination increase with the severity of disability, since the most severely disabled are those who are most vulnerable and who have fewer possibilities of avoiding negative treatment. Comparison of persons with and without disabilities did not reveal any clear and systematic differences, although there is a tendency for persons with disabilities to be more prone to physical abuse. Females are more exposed to sexual abuse, but it is only in rural areas that the difference is significant – and in fact females without disabilities are more exposed to such abuse than are females with disabilities.

The section on services identified gaps – measured as the relative difference between specific services required and those received – across the whole range of services. It is a positive finding that, in accordance with similar studies in other parts of the region, the gaps in health services and health information are small. The largest gaps are to be found for services that are less available, for instance welfare services, which are very limited. Very big gaps were also found for some other services, for instance assistive devices. Clearly, any gaps in basic services are particularly problematic for persons with disabilities and reduce the opportunities for their optimal participation in society. The positive assessment by respondents of services (e.g. health services) is encouraging, but it could also reflect the perception that any service is better than no service at all; this result should thus not necessarily be taken as an indication of a high quality of services.

While the gap in assistive device services is substantial, the proportion of those with disabilities who confirmed that they use an assistive device is somewhat above the average across a series of similar studies in the region. The urban bias in services is very clear, and the particularly vulnerable situation for rural females is confirmed. The results further indicate a narrow range of devices, as well as limited services particularly in rural areas. The study reveals many of the same weaknesses in assistive device service delivery that are to be found in neighbouring countries, with limited supply and lack of services.

In a context with limited basic services, persons with disabilities often receive practical and financial help from other family members, but less help with personal care. It is interesting that emotional support emerges as the most common form of support from the family. This is in accordance with other studies. In some respects, it thus seems that the family provides persons with disabilities with necessary support. However, the study has also shown that persons with disabilities are less involved/included in family and social life than are those without disabilities. This result indicates that the social inclusion of persons with disabilities is relevant not only in a societal, but also in a family/household perspective.

Voting may be seen as a rather simple indicator of participation in society. The most prominent findings were that fewer females voted and that there was a slight drop in voting as the severity of disability increased; however, the differences between groups did not appear to be systematic. From the perspective of disability, this should be regarded as a surprising and positive result. Awareness of DPOs is lower in rural areas and among women, although in rural areas actual membership is higher among women. The positive association between membership and increased severity of disability is assumed to reflect the fact that disability organizations are inclined to focus on specific and largely visible impairments. The most critical finding is the low awareness and membership: this must be seen as a challenge to the disability movement, which in principle should represent all persons with disabilities in the country.

Accessibility inside the home seems to be a problem for around 1 person with disabilities in 10, though there is some variation. While this is a problem for quite a number of persons with disabilities, the relatively low figure for accessibility and the high figure for availability reflect the low standard of housing that is common among poor people in Zambia. It should normally be possible to address accessibility problems at home by means of simple adaptations, and this is an area requiring intervention by the health and welfare system or others who could quickly and cheaply minimize accessibility problems. Outside the home, in the local community, there seems to be a more serious accessibility problem; this needs thorough mapping, the sensitization of the private and public sectors and for regulations to be put in place and enforced.

The focus of disability measurement has shifted from the body and how it functions to social/environmental factors, but disability is still associated with physical health. The results of this study clearly show that persons with disabilities have more health problems than persons without disabilities. While this is not surprising (since many health conditions are also disabling), it is important to emphasize that persons with disabilities need more attention from health professionals.

It is well known that mental health problems receive minimal attention in many low-income contexts, and that this is related to poverty (Patel and Kleinman, 2003) and to disability (Scott et al., 2009). The results of this study confirm

8

that mental health problems are more common among persons with disabilities and that there is an additional disability severity gradient. While overstretched health and welfare services may have limited possibilities to address mental health problems, it is very important that mental health problems –particularly among persons with disabilities – should show up on the radar of health personnel, and that they should be given the necessary support to prevent, identify and treat common mental disorders. This may be a key issue in the efforts of health and welfare services to work for the inclusion of persons with disabilities in society.

Education is another key indicator. Although the great majority of the population have accessed formal education, persons with disabilities, rural respondents and females report lower levels of access and shorter duration of education. The same pattern is revealed for literacy. It seems, however, that among those who enter formal education, there are only small differences in terms of education leading to employment. A greater number of illiterate respondents may indicate problems with the quality of schooling – particularly for persons with disabilities. While relatively few stated that they had been refused entry to school, it does seem that the major obstacle for those who have not accessed formal education lies within the family. Thus there is a need for increased awareness among the families of children with disabilities that formal education is a right and that all children can profit from education.

As is to be expected, the results show that persons with disabilities are less engaged in formal employment than are those without disabilities, and that persons with disabilities tend not to be engaged in economic activity. People residing in urban areas are more likely to be engaged in formal employment than are their rural counterparts, and men are more likely than women to be formally employed.

In conclusion, the study has confirmed that among adults (18 years and older), persons with disabilities are worse off than persons without disabilities, in the sense that they face challenges that are not properly addressed and are less included in society. Bearing in mind the low threshold for qualifying as disabled in this study, the relatively modest differences on several of the indicators are also as expected. Analysis shows bigger differences between persons with and without disabilities when the threshold for being included as disabled is set higher. With the very broad definition of disability that is currently promoted (WHO, 2011), the differences between groups (disabled and non-disabled) are consequently smaller.

CHILD SECTION (2–17 YEARS)

There are variations in disability prevalence by province, with more than 7 percent of children in Luapula Province disabled, but less than 3 percent in Western Province. While the two major urban locations (Lusaka and Copperbelt) have a relatively high prevalence of child disability, the need for further research and intervention seems to be particularly acute in Luapula.

This study provides a profile of child disability in Zambia, supplying detailed information and age-relevant data on functional problems among the country's children. The results illustrate very clearly the need to identify a range of functional problems, such as learning difficulties, cognition and mental health. This type of information is highly relevant for evaluating and revising the current methods for identifying children with disabilities in Zambia.

The sex-specific differences are important, although many of those differences are quite modest and need to be treated with care in order to avoid over-interpretation. However, these differences are relatively consistent, with boys having more functional problems in terms of mobility, movement, cognition and behaviour, and girls having more problems on indicators of mental health and playing. While the Child Module contributes far more specific indicators and covers a range of functions not included in the WG6, the module is limited as a clinical tool and should be supplemented with expertise in child development.

The causes of disability among children differ in several respects from the causes among adults. Substantially more children are reported to have been born with their disability. Disability is acquired at all ages, and the proportion who became disabled early in life will logically decline over the years as the proportion of other causes increases. Child

disability is much closer in time (on average) and parents (the main respondents for the youngest) will know better when and how the functional problem started. Disability acquired during pregnancy, at birth or shortly thereafter thus seems to be high in this population; this requires more intervention in the health care system for mothers and children.

While other differences are small, some sex-specific differences in the causes of child disability are worth noting. As might be expected, boys are more likely to suffer accidents (including burns and falls), but the much higher incidence of disease/illness as a cause among girls is harder to explain.

There are substantially bigger gaps in services for children than for adults. In a disability perspective, it is particularly serious that very few receive counselling or assistive devices. Vocational training is a more general problem, given that the gap was also very high among non-disabled children. Almost half of all children with disabilities who needed educational services did not receive them. In those services that enjoyed relatively small gaps (i.e. health information and health services), clearly bigger gaps were found among children with disabilities. These results indicate that health and welfare services need to be improved substantially to cater adequately for children with disabilities. Awareness of disability and health among parents/family must also be increased.

Accessibility in the home was generally not a problem, and there were only small differences between children with and without disabilities. Accessibility was more of a problem at the community level: for every one of the facilities listed, more children with disabilities reported that they were inaccessible. This gap in accessibility between children with and without disabilities varies from 1 to 15 percentage points, with the smallest gap being found for primary health clinics and the biggest for sports facilities. The general accessibility (and availability) problems revealed in the study and the higher accessibility problems among children with disabilities imply that many children, but in particular children with disabilities, are prevented from accessing services. This is important for their participation and inclusion in society.

School was either not accessible or not available to 3 out of 10 children with disabilities. A large proportion (86.8 percent) of children with disabilities had accessed formal education at some time, which implies that many had access to formal (primary) education in spite of the accessibility problems. However, fewer children with than without disabilities were literate, had accessed formal education, had studied as far as they had planned and were still studying. Since education is key to inclusion, prosperity and participation in society, it is crucial that there should be equity in access to education.

The health differences found between persons with and without disabilities in the adult population were also found among children. Disability is associated with lower wellbeing and poorer physical and mental health. This implies that children with disabilities (and their families) require more attention from health and welfare services than children without disabilities. The marginal difference in access to primary health services and the lower access for children with disabilities to specialized services (hospital) mean that children with disabilities get less treatment and attention than they need.

CONCLUSION

The National Disability Survey undertaken in Zambia in 2015 provides a unique set of data on which to assess the situation facing persons with disabilities and their households. The study was very broad, covering many different areas. More in-depth or topically narrower studies may be necessary to generate further knowledge in particular areas of priority.

The fact that there are relatively small differences in the household-level indicators of living conditions but pronounced differences at the individual level (to the detriment of persons with disabilities) indicates that efforts to achieve an inclusive society may need to pursue three different paths. First, awareness of disability, disability rights and the potential of persons with disabilities needs to be raised both within the general population and among various service providers. Second, the capacity to support people with disability within the household and the local community and to provide basic services in the community needs to be strengthened. And third, specific targeted efforts need to be made to support the inclusion of people with disabilities in areas where this is particularly important. In all efforts to improve the situation of persons with disabilities, it is vital to bear in mind that females with disabilities face more barriers than males, and that child disability needs to be specifically targeted within a broader disability strategy. Bearing in mind the study's findings that a substantial proportion of disabilities in Zambia are either congenital or result from disease very early in life, the prevention of disability also needs to be prioritized.

The results of this study should be thoroughly discussed by all stakeholders, so that the findings are translated into action. Persons with disabilities have greater needs than persons without disabilities and will need additional support if they are to get the most out of life and contribute to society like everyone else.

REFERENCES

- Braathen, S.H. and M.H. Kvam, "Can anything good come out of this mouth?" Female experiences of disability in Malawi', *Disability and Society*, vol. 23, no. 5, 2008, pp. 461–474.
- Central Statistical Office (CSO), 2010 Census of Population and Housing: National Analytical Report, Central Statistical Office, Lusaka, Zambia, 2012.
- Central Statistical Office (CSO), 'Gross Domestic Product 2015 & 2016', Central Statistical Office, Lusaka, Zambia, 2016.
- Eide, A.H. and B. Jele, Living Conditions among People with Disabilities in Swaziland: A national representative study, SINTEF Health Research, Oslo, 2011.
- Eide, A.H. and Y. Kamaleri (eds), Living Conditions among People with Disabilities in Mozambique SINTEF Technology and Society h, Oslo, 2009.
- Eide, A.H. and M. Loeb, *Living Conditions among People with Activity Limitations in Zambia: A national representative study*, SINTEF Health Research, Oslo, 2006.
- Eide, A.H. and T. Mmatli, *Living Conditions among People with Disabilities in Botswana*, SINTEF Technology and Society, Oslo, 2016.
- Eide, A.H., G. van Rooy and M.E. Loeb, *Living Conditions among People with Disabilities in Namibia: A national representative study*, SINTEF Unimed Health & Rehabilitation, Oslo, 2003.
- Eide, A.H., S. Nhiwathiva, J. Muderedzi and M.E. Loeb, *Living Conditions among People with Activity Limitations in Zimbabwe: A representative regional study*, SINTEF Unimed Health & Rehabilitation, Oslo, 2003.
- Finkelstein, V. and S. French, 'Towards a psychology of disability', in *Disabling Barriers Enabling Environments*, edited by J. Swain, V. Finkelstein, S. French and M. Oliver, Sage, London, 1993.
- Government of the Republic of Zambia (GRZ), *Vision 2030*, Government of the Republic of Zambia, Lusaka, Zambia, 2006.
- Heiberg, M. and G. Øvensen, *Palestinian Society in Gaza, West Bank and Arab Jerusalem: A survey of living conditions*, FAFO Report no. 151, FAFO, Oslo, 1993.
- Hem, K.-G. and A.H. Eide, 'Funksjonshemmedes levekår 1987–1995: Sakker akterut tross forbedringer', *Samfunnsspeilet*, 1998/2, 20–25, 1998.
- Kamaleri, Y. and A.H. Eide (eds), *Living Conditions among People with Disabilities in Lesotho: A national representative study*, SINTEF Technology & Society, Oslo, 2010.
- Loeb, M. and A.H. Eide (eds), *Living Conditions among People with Activity Limitations in Malawi*, SINTEF Health Research, Oslo, 2004.
- Loeb M, Eide A H, Jelsma J, Ka' Toni M, Maart S (2008) Poverty and disability in Eastern and Western Cape Provinces, SA. *Disability and Society*, June; 23, 4, pp 311 321.
- Ministry of Finance (MoF), Sixth National Development Plan 2011–2015, Ministry of Finance, Lusaka, Zambia, 2011.
- Ministry of Finance (MoF), Revised Sixth National Development Plan 2013–2016, Ministry of Finance, Lusaka, Zambia, 2014.
- Ministry of Health (MoH), National Health Policy, Zambian Ministry of Health, Lusaka, Zambia, 2012.
- National Planning Commission (NPC), Level of Living Conditions Survey, National Planning Commission, Windhoek, Namibia, 2000.
- Organisation for Economic Co-operation and Development, *Society at a Glance: OECD Social Indicators*, OECD, Paris, 2007.
- Patel, V. and A. Kleinman, 'Poverty and common mental disorders in developing countries', *WHO Bulletin*, vol. 81, no. 8, 2003, pp. 609–615.

- Schneider, M., M. Claasens, Z. Kimmie et al., We Also Count! The extent of moderate and severe reported disability and the nature of disability experience in South Africa, Community Agency for Social Enquiry, Pretoria, 1999.
- Scott, K.M., M. Von Korff, J. Alonso et al., 'Mental-physical co-morbidity and its relationship with disability: results from the World Mental Health Surveys', *Psychological Medicine*, vol. 39, no. 1, 2009, pp. 33–43.
- Shakespeare, T., Disability Rights and Wrongs Revisited (2nd ed.), Routledge, Taylor & Francis Ltd, Oxford, 2014
- Swindale, A. and P. Bilinsky, *Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide (v.2)*, Food and Nutrition Technical Assistance Project, Academy for Educational Development, Washington, DC, 2006.
- United Nations, 'World Programme of Action Concerning Disabled Persons', New York, 1993.
- United Nations, 'The Standard Rules on the Equalization of Opportunities for Persons with Disabilities', New York, 1994.
- United Nations, 'Convention on the Rights of Persons with Disabilities and Optional Protocol', New York, 2006.
- United Nations Development Programme, Human Development Report 1997, Oxford University Press, 1997.
- Whyte, S.R. and B. Ingstad, 'Help for people with disabilities: do cultural differences matter?' *World Health Forum*, vol. 19, no. 1, 1998, pp. 42–46.
- Wittenberg, M. and M. Leibrandt, 'Measuring inequality by asset indices: A general approach with application to South Africa', *Review of Income and Wealth*, vol. 63, no. 4, 2017 <DOI: 10.1111/roiw.12286>.
- World Health Organization, International Classification of Impairments, Disability and Handicap, WHO, Geneva, 1980.
- World Health Organization, International Classification of Functioning, Disability and Health, WHO, Geneva, 2001.
- World Health Organization (WHO), World Report on Disability, WHO/World Bank, Geneva.

APPENDICES

APPENDIX 1: ACTIVITY LIMITATIONS AMONG PERSONS AGED 18 YEARS AND ABOVE

		MALE	щ	FEMALE	I.E.	RURAL	AL	URBAN	AN	TOTAL	N.
		Number	%								
SEEING	N _O	3,230,146	94.2	3,514,876	93	3,860,201	94.2	2,884,820	92.7	6,745,022	93.6
	Some	171,729	5	225,188	9	195,171	4.8	201,746	6.5	396,917	5.5
	A lot	23,362	0.7	32,998	6.0	35,180	6:0	21,180	0.7	26,360	8.0
	Unable	4,952	0.1	5,472	0.1	2,690	0.2	2,733	0.1	10,424	0.1
	Total	3,430,189	100	3,778,534	100	4098243	100	3,110,480	100	7,208,723	100
HEARING	No	3,364,682	98.1	3,707,705	98.1	4,015,243	98	3,057,145	98.3	7,072,388	98.1
	Some	51,439	1.5	59,465	1.6	67,578	1.6	43,326	1.4	110,904	1.5
	A lot	10,856	0.3	9,740	0.3	11,837	0.3	8,759	0.3	20,596	0.3
	Unable	3,211	0.1	1,624	0	3,586	0.1	1,249	0	4,835	0.1
	Total	3,430,189	100	3,778,534	100	4,098,243	100	3,110,480	100	7,208,723	100
WALKING	No	3,314,179	9.96	3,606,201	95.4	3,936,137	96	2,984,243	95.9	6,920,380	96
	Some	80,532	2.3	128,290	3.4	116,977	2.9	91,846	3	208,822	2.9
	A lot	799'662	6.0	39,519	1	38,120	6.0	31,065		69,185	1
	Unable	5,811	0.2	4,524	0.1	2,009	0.2	3,326	0.1	10,335	0.1
	Total	3,430,189	100	3,778,534	100	4,098,243	100	3,110,480	100	7,208,723	100
REMEMBERING	No	3,372,154	98.3	3,687,054	97.6	4,024,585	98.2	3,034,624	97.6	7,059,209	97.9
	Some	45,603	1.3	73,724	2.0	57,474	1.4	61,853	2.0	119,327	1.7
	A lot	11,512	0.3	16,841	0.4	14,350	0.4	14,003	0.5	28,353	0.4
	Unable	919	0.0	914	0.0	1,834	0.0	•	0.0	1,834	0.0
	Total	3,430,189	100.0	3,778,534	100.0	4,098,243	100.0	3,110,480	100.0	7,208,723	100.0
SELF-CARE	No	3,391,579	6.86	3,744,606	99.1	4,054,271	6.86	3,081,914	99.1	7,136,185	0.66
	Some	24,606	0.7	22,794	9.0	28,714	0.7	18,686	9.0	47,400	0.7
	A lot	802'6	0.3	8,887	0.2	11,150	0.3	7,446	0.2	18,595	0.3
	Unable	4,296	0.1	2,246	0.1	4,108	0.1	2,434	0.1	6,542	0.1
	Total	3,430,189	100.0	3,778,534	100.0	4,098,243	100.0	3,110,480	100.0	7,208,723	100.0
COMMUNICATING	No	3,394,809	0.66	3,757,957	99.5	4,065,756	99.2	3,087,009	99.2	7,152,765	99.2
	Some	21,772	9.0	15,007	0.4	22,117	0.5	14,662	0.5	36,779	0.5
	A lot	10,307	0.3	4,154	0.1	7,207	0.2	7,255	0.2	14,462	0.2
	Unable	3,301	0.1	1,416	0.0	3,163	0.1	1,554	0.0	4,717	0.1
	Total	3,430,189	100.0	3,778,534	100.0	4,098,243	100.0	3,110,480	100.0	7,208,723	100.0

APPENDIX 2: SOCIO-ECONOMIC STATUS SCALE BY ACTIVITY LIMITATION

		DIFFICULTY SEEING		
	Region	Mean	Number	Std. deviation
Rural	No	6.0858	138,223	4.04680
	Some	7.5403	6,684	5.00835
	A lot	3.6175	1,561	2.42569
	Unable	4.4907	752	2.50165
	Total	6.1175	147,220	4.09650
Urban	No	10.0350	118,967	5.62512
	Some	10.7956	9,602	5.79710
	A lot	9.0000	386	0.00000
	Total	10.0886	128,956	5.63353
Total	No	7.9126	257,191	5.22637
	Some	9.4596	16,286	5.71588
	A lot	4.6844	1,947	3.05349
	Unable	4.4907	752	2.50165
	Total	7.9717	276,175	5.26207
		DIFFICULTY HEARING	G	
	Region	Mean	Number	Std. deviation
Rural	No	6.1647	143,992	4.10389
	Some	3.9866	2,751	3.32177
	A lot	4.1661	476	.98715
	Total	6.1175	147,220	4.09650
Urban	No	10.0957	128,482	5.64237
	Some	9.0000	275	0.00000
	A lot	7.0000	199	0.00000
	Total	10.0886	128,956	5.63353
Total	No	8.0183	272,474	5.26905
	Some	4.4426	3,026	3.47981
	A lot	5.0000	675	1.53546
	Total	7.9717	276,175	5.26207

	DII	FFICULTY WALKING		
Re	egion	Mean	Number	Std. deviation
Rural	No	6.1891	141,028	4.10066
	Some	3.9307	3,794	1.99414
	A lot	5.8111	2,120	5.33169
	Unable	2.0000	278	0.00000
	Total	6.1175	147,220	4.09650
Urban	No	10.1574	123,941	5.66583
	Some	9.3826	3,077	4.32530
	A lot	6.5091	1,551	4.59113
	Unable	8.0000	386	0.00000
	Total	10.0886	128,956	5.63353
Total	No	8.0453	264,969	5.28073
	Some	6.3724	6,871	4.23363
	A lot	6.1060	3,671	5.04322
	Unable	5.4897	664	2.96200
	Total	7.9717	276,175	5.26207

	DIFF	ICULTY REMEMBERIN	G	
I	Region	Mean	Number	Std. deviation
Rural	No	6.1247	142,412	4.09587
	Some	4.7670	3,390	2.34566
	A lot	8.6266	1,417	5.80076
	Total	6.1175	147,220	4.09650
Urban	No	10.1886	123,277	5.63153
	Some	7.3198	4,742	5.41583
	A lot	10.9394	936	2.46240
	Total	10.0886	128,956	5.63353
Total	No	8.0103	265,689	5.27395
	Some	6.2556	8,133	4.58040
	A lot	9.5468	2,354	4.89368
	Total	7.9717	276,175	5.26207

		DIFFICULTY WITH SELF-C	CARE	
	Region	Mean	Number	Std. deviation
Rural	No	6.0850	145,835	4.06716
	Some	2.0000	275	0.00000
	A lot	11.4121	1,110	4.47893
	Total	6.1175	147,220	4.09650
Urban	No	10.1440	126,890	5.62153
	Some	7.0888	1,293	6.50402
	A lot	4.0000	386	0.00000
	Unable	8.0000	386	0.00000
	Total	10.0886	128,956	5.63353
Total	No	7.9735	272,725	5.25809
	Some	6.1958	1,569	6.21477
	A lot	9.4995	1,496	5.04046
	Unable	8.0000	386	0.00000
	Total	7.9717	276,175	5.26207
		DIFFICULTY COMMUNICA	ATING	
	Region	Mean	Number	Std. deviation
Rural	No	6.1150	146,200	4.09993
	Some	5.0000	265	0.00000
	A lot	7.0000	755	4.00265
	Total	6.1175	147,220	4.09650
Urban	No	10.0867	127,534	5.63973
	Some	11.0927	1,036	5.68876
	A lot	8.0000	386	0.00000
	Total	10.0886	128,956	5.63353
Total	No	7.9655	273,734	5.26515
	Some	9.8532	1,300	5.63855
	A lot	7.3384	1,141	3.28927

7.9717

276,175

5.26207

Total

APPENDIX 3: PERSONS WITH DISABILITY AGED 18 YEARS AND ABOVE WHO APPLIED FOR A GRANT, BY DISABILITY SEVERITY, SEX AND RURAL/URBAN

		MALE	31	FEMALE	ALE	RURAL	;AL	URBAN	AN	TOTAL	TAL
		Number	%								
Mild	Ever applied for a grant	21	3.3	23	3.3	27	3.4	17	3.1	42	3.3
	Never applied for a grant	621	2.96	089	2.96	765	9.96	536	6.96	1,300	2.96
Moderate	Ever applied for a grant	20	6.1	15	3.4	22	4.9	13	1.4	32	4.5
	Never applied for a grant	307	93.9	429	9.96	429	95.1	307	95.9	732	95.5
Severe	Ever applied for a grant	5	4.9	80	7.1	10	7.2	ĸ	3.8	16	6.0
	Never applied for a grant	86	95.1	105	92.9	128	92.8	75	96.2	200	94.0

APPENDIX 4: PERSONS WITH DISABILITY AGED 18 YEARS AND ABOVE CURRENTLY RECEIVING SOCIAL SECURITY, GRANT OR ANY OTHER FORM OF PENSION, BY DISABILITY SEVERITY, SEX AND RURAL/URBAN

		MALE	TE 31	FEM	FEMALE	RURAL	AL	URBAN	AN	TOTAL	AL
		Number	%	Number	%	Number	%	Number	%	Number	%
Mild	Currently receiving	29	0.69	13	1.9	22	2.8	20	3.6	42	3.1
	Not receiving	611	47.0	689	98.1	797	97.2	533	96.4	1,300	6.96
Moderate	Currently receiving	16	50.0	16	3.6	18	4.0	14	4.4	32	4.2
	Not receiving	307	41.9	425	96.4	430	0.96	302	95.6	732	95.8
Severe	Currently receiving	7	43.8	6	8.0	6	6.5	7	9.0	16	7.4
	Not receiving	96	48.0	104	92.0	129	93.5	71	91.0	200	92.6

APPENDIX 5: ACTIVITY LIMITATION AMONG PERSONS WITH DISABILITY AGED 5 YEARS AND OVER BY HIGHEST LEVEL OF SCHOOL ATTENDED

		NURSERY/ KINDERGARTE	ERY/ SARTEN	PRIMARY	ARY	SECONDARY	DARY	HIGHER	꿈	TOTAL	٩L
		Number	%	Number	%	Number	%	Number	%	Number	%
SEEING	No	375	26.5	152,650	46.7	95,291	41.4	12,075	15.0	260,390	40.8
	Some	386	27.4	148,539	45.4	119,190	51.7	64,349	80.2	332,463	52.0
	A lot	920	46.1	22,818	7.0	13,695	5.9	3,186	4.0	40,349	6.3
	Unable	0	0.0	2,909	6.0	2,239	1.0	639	8.0	5,787	6:0
	Total	1,411	100.0	326,916	100.0	230,413	100.0	80,248	100.0	638,988	100.0
HEARING	No	1,036	73.5	269,252	82.4	198,583	86.2	73,187	91.2	542,059	84.8
	Some	375	26.5	48,969	15.0	25,820	11.2	4,413	5.5	9/5/6/	12.5
	A lot	0	0.0	7,126	2.2	5,010	2.2	2,648	3.3	14,784	2.3
	Unable	0	0.0	1,570	0.5	1,000	0.4	0	0.0	2,570	0.4
	Total	1,411	100.0	326,916	100.0	230,413	100.0	80,248	100.0	886'889	100.0
WALKING	No	375	26.5	196,068	0.09	166,970	72.5	206'99	83.4	430,319	67.3
	Some	920	46.1	102,062	31.2	41,253	17.9	9,621	12.0	153,587	24.0
	A lot	386	27.4	24,327	7.4	21,044	9.1	3,121	3.9	48,878	7.6
	Unable	0	0.0	4,458	1.4	1,146	0.5	009	0.7	6,204	1.0
	Total	1,411	100.0	326,916	100.0	230,413	100.0	80,248	100.0	638,988	100.0
REMEMBERING	No	1,025	72.6	261,165	6.67	191,501	83.1	74,196	92.5	527,887	82.6
	Some	386	27.4	52,934	16.2	33,475	14.5	5,574	6.9	92,369	14.5
	A lot	0	0.0	12,440	3.8	5,437	2.4	478	9.0	18,355	2.9
	Unable	0	0.0	377	0.1	0	0.0	0	0.0	377	0.1
	Total	1,411	100.0	326,916	100.0	230,413	100.0	80,248	100.0	638,988	100.0
SELF-CARE	No	1,411	100.0	296,636	2.06	214,835	93.2	78,058	97.3	590,940	92.5
	Some	0	0.0	21,285	6.5	10,238	4.4	822	1.0	32,346	5.1
	A lot	0	0.0	8,223	2.5	4,954	2.1	445	9.0	13,622	2.1
	Unable	0	0.0	772	0.2	386	0.2	923	1.2	2,081	0.3
	Total	1,411	100.0	326,916	100.0	230,413	100.0	80,248	100.0	638,988	100.0
COMMUNICATING	No No	1,411	100.0	302,502	92.5	218,249	94.7	78,278	97.5	600,440	94.0
	Some	0	0.0	16,595	5.1	8,283	3.6	1,481	1.8	26,360	4.1
	A lot	0	0.0	6,797	2.1	3,523	1.5	275	0.3	10,596	1.7
	Unable	0	0.0	1,022	0.3	358	0.2	214	0.3	1,593	0.2
	Total	1,411	100.0	326,916	100.0	230,413	100.0	80,248	100.0	638,988	100.0

APPENDIX 6: HOUSEHOLD QUESTIONNAIRE

CONFIDENTIAL 27-05-2015

HOUSEHOLD QUESTIONNAIRE 2015 NATIONAL DISABILTY SURVEY

		IDENTIFICATION		
NAME OF HOUSEHO	LD HEAD			
NAME OF LOCALITY	VILLAGE			
PROVINCE				
DISTRICT				
CONSTITUENCY				
WARD				
CSA				
SEA				
CLUSTER NUMBER				
HOUSEHOLD NUMBE	ER			
RURAL/URBAN (RUR	AL = 1, URBAN = 2)		
Was this Household S			1 2	
			3	
	I	NTERVIEWER VISI	гѕ	
	1	2	3	FINAL VISIT
DATE				DAY
INTERVIEWEDIO				MONTH
INTERVIEWER'S NAME				YEAR
RESULT*				RESULT*
NEXT VISIT: DATE				
TIME				TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETE	D			TOTAL PERSONS IN HOUSEHOLD
2 NO HOUSE	HOLD MEMBER AT I		PETENT	
3 ENTIRE HO	DENT AT HOME AT 1 USEHOLD ABSENT		ERIOD OF TIME	CHILDREN BELOW 12 YEARS
4 POSTPONE 5 REFUSED	:D			CHILDREN 12-17
	VACANT OR ADDRE	ESS NOT A DWELLI	NG	YEARS
	NOT FOUND			ADULTS 18 YEARS AND OLDER
9 OTHER	(5	SPECIFY)		LINE NO. OF RESPT. TO HH QUEST.
II	NTERVIEWER		SUI	PERVISOR
NAME			AME ATE	
			-	

Introduction and Consent	
Hello. My name is	lother and Child Health. We are er Zambia. The information we collect ies. Your household was selected for nawers you give will be confidential and on the don't have to be in the survey, but we
In case you need more information about the survey, you may contact the	person listed on this card.
GIVE CARD WITH CONTACT INFORMATION	
Do you have any questions? May I begin the interview now?	
Signature of interviewer:	Date:
RESPONDENT AGREES TO BE INTERVIEWI 1 RESPONDENT DOES NOT	AGREE TO BE INTERVIEW 2→ END

SECTION A: HOUSEHOLD SCHEDULE

					IF AGE 12 YEARS		
LINE		RELATIONSHIP			OR OLDER MARITAL		
NO.	USUAL RESIDENTS	TO HEAD OF HOUSEHOLD	SEX	AGE	STATUS	BURDEN OF	DISEASE
	Please give me the names of the persons who usually live in your household, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old was (NAME) at his/her last birthday? IF 95 OR MORE RECORD "95"	What is (NAME'S) current marital status? 1 = NEVER- MARRIED 2 = MARRIED 3 = DIVORCED 4 = SEPARATED 5 = WIDOWED 6 = COHABITING	Has (NAME) had chronic health conditions during the past 12 months?	What was the main illness? SEE CODES BELOW.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
01			M F 1 2	IN YEARS		Y N DK 1 2	
02			1 2			1 2 T 8 GO TO 9	
03			1 2			1 2 T 8 GO TO 9	
04			1 2			1 2 T 8 GO TO 9	
05			1 2			1 2 T 8 GO TO 9	
06			1 2			1 2 T 8 GO TO 9	
07			1 2			1 2 T 8 GO TO 9	
08			1 2			1 2 T 8 GO TO 9	

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = SPOUSE
- 03 = SON OR DAUGHTER
- 04 = SON/DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = BROTHER OR SISTER
- 08= OTHER RELATIVE
- 09 = NOT RELATED
- 10 = NIECE/NEPHEW BY BLOOD
- 11 = NIECE/NEPHEW BY MARRIAGE
- 12 = ADOPTED/FOSTER/
 - STEPCHILD

CODES FOR Q.8: CHRONIC ILLNESS

- 01 = CANCER
- 02 =TUBERCLOSIS 03 = MALARIA
- 04 = DIARRHOEA
- 05 = MALNUTRITION
- 06 = MEASLES 07 =PNEOMONIA
- 08= HEART DISEASE
- 09= DIABETES
- 10 = HIGH BLOOD PRESSURE
- 11 = HIV/AIDS (RELATED) 12 = DISORDERS OF KIDNEY
- 13 = MENINGITIS

- 14 = COUGH
- 15 = TETANUS
- 16 = SICKLE CELL
- 17 = EPILEPSY
- 18 = CEREBRAL PALSY 19 = DOWN SYNDROME
- 20 = AUTISM
- 21 = ATTENTION DEFICIT HYPERACTIVITY
- DISORDER (ADHD)
 22 = SPINAL BIFIDA
 23 = HYDROCEPHALUS
 96 = OTHER DISEASE

98 = DON'T' KNOW

SECTION B: ACTIVITY LIMITATIONS

									IF	AG	E 18	ΥΕ	ARS	OF	R OL	DER										
LINE NO.										AC	CTIVI	TYI	LIMI	TA	TION	IS									ELIGI	BILITY
	diff eve gla	AME icult en if sses	ODE:	eing, ing	ha he usi aid	ve d arin ing I?	(NAM difficu g eve a hea CODE W.	lty en if ering	ha wa clin ste	ve d Ikin nbir eps?	ODE	ıltý	hav diff ren or cor	ve a ficul nem	ty nberi ntrati	ng ng?	had diff wit su wa (ba or	ve ficult h se ich a shin athin dres	Ifcare is g g) all sing?	over	ust (cu lan doe hav cor e.g und or l	stor gua es (ve c nmi ders	mary) ige, NAMI difficu unica standi	E) Ity ting,	CIRCLE LINE NUMBER OF ALL PERSONS WITH A DISABILITY	CIRCLE LINE NUMBER OF ALL PERSONS WITHOUT DISABILITY
		((9)			((10)			(11)			(12)			(13)				(14)		(15)	(16)
01	N 1	s 2	ALOT 3	UN 4	N 1		ALOT	UN 4		s 2	ALOT 3	UN 4	N 1		ALOT	T UN 4	N 1	s 2	ALOT	UN 4		s 2	ALOT	UN 4	01	01
02	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	02	02
03	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	03	03
04	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	04	04
05	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	05	05
06	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	06	06
07	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	07	07
08	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	08	08

CODES FOR Q.9-Q14: HEALTH PROBLEM

1 = NO 2 = SOME 3 = A LOT 4 = UNABLE

					IF AGE 12 YEARS		
					OR OLDER		
LINE NO.	USUAL RESIDENTS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	AGE	MARITAL STATUS	BURDEN OF	DISEASE
	Please give me the names of the persons who usually live in your household, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	How old was (NAME) at his/her last birthday? IF 95 OR MORE RECORD "95"	What is (NAME'S) current marital status? 1 = NEVER- MARRIED 2 = MARRIED 3 = DIVORCED 4 = SEPARATED 5 = WIDOWED 6 = COHABITING	Has (NAME) had chronic health conditions during the past 12 months?	What was the main illness? SEE CODES BELOW.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
11	_		M F \	YEARS		Y N DK 1 2 8 GO TO 9	
12			1 2			1 2 8 GO TO 9	
13			1 2			1 2 T 8 GO TO 9	
14			1 2			1 2 T 8 GO TO 9	
15			1 2			1 2 T 8 GO TO 9	
16			1 2			1 2 T 8 GO TO 9	
17			1 2			1 2 T 8 GO TO 9	
18			1 2			1 2 T 8 GO TO 9	
19			1 2			1 2 T 8 GO TO 9	
20			1 2			1 2 T 8 GO TO 9	

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER 04 = SON/DAUGHTER-IN-LAW 05 = GRANDCHILD

- 07 = BROTHER OR SISTER 08= OTHER RELATIVE
- 09 = NOT RELATED
- 10 = NIECE/NEPHEW BY BLOOD 11 = NIECE/NEPHEW BY MARRIAGE 12 = ADOPTED/FOSTER/ STEPCHILD
- 98 = DON'T KNOW

CODES FOR Q.8: CHRONIC ILLUNESS

10 = HIGH BLOOD PRESSURE

13 = MENINGITIS 14 = COUGH

11 = HIV/AIDS (RELATED) 12 = DISORDERS OF KIDNEY

- 01 = CANCER 02 =TUBERCLOSIS
- 03 = MALARIA
- 04 = DIARRHOEA
- 05 = MALNUTRITION
- 06 = MEASLES
- 15 = TETANUS 07 =PNEOMONIA 16 = OTHER DISEASE 08= HEART DISEASE 98 = DON'T' KNOW 09= DIABETES

									IF	AG	E 18	YE	ARS	OF	OL	DER										
LINE NO.										AC	TIVI	ITY I	LIMI	TAT	ΓΙΟΝ	ıs									ELIGI	BILITY
	diff eve gla SE	AME icult en if sse:	ODE	eing, ring	ha he usi aid	ve o arin ing 1?	(NAM difficu g eve a hea CODE W.	ilty en if aring	ha wa clii ste	ve d Ikin mbir eps?	ODE	ultý	har diff rer or cor	ve a ficul nem	ty iberi ntrati ODE	ng ng?	ha diff wit su wa (ba or	ve ficuli h se uch a shin athin dres	elfcare as ig ig) all ssing	e l ovei	ust (cu lando hav cor e.g und	stor gua es (I re d mmu ders pein	mary) ge, NAMI ifficu unica	E) Ity ting,	CIRCLE LINE NUMBER OF ALL PERSONS WITH A DISABILITY	CIRCLE LINE NUMBER OF ALL PERSONS WITHOUT DISABILITY
			(9)		(10)				(11)			(12)			(13)				(14)		(15)	(16)
11	N 1	s 2	ALOT	UN 4		s 2	ALOT	UN 4	N 1		ALOT	UN 4	N 1	s 2	ALO1	T UN 4	N 1	s 2	ALOT	UN 4		s 2	ALOT	UN 4	11	11
12	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	12	12
13	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	13	13
14	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	14	14
15	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	15	15
16	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	16	16
17	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	17	17
18	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	18	18
19	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	19	19
20	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	20	20

CODES FOR Q.8-Q14: HEALTH PROBLEM

- 1 = NO 2 = SOME 3 = A LOT 4 = UNABLE

SECTION C. MODULE ON CHILD FUNCTIONING AND DISABILITY

	READ				(TOGETHER WITH THI	,
			IF AGE 2-17	YEARS O	LD	
LINE NO.	Does (NAME) wear glasses?	When wearing his/her glasses, does (NAME) have difficulty seeing?	Does (NAME) have difficulty in seeing?	Does (NAME) use a hearing aid?	When using his/her hearing aid, does (NAME) have difficulty in hearing sounds like peoples voices or music?	Does (NAME) have difficulty in hearing sounds like peoples voices or music?
	(17)	(18)	(19)	(20)	(21)	(22)
	Y N	ND SD A LOT CANT	ND SD A LOT CANT	Y N	ND SD A LOT CANT	ND SD A LOT CANT
01	1 2 ↓ GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4 GO TO 23	1 2 3 4
02	1 2 GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4	1 2 3 4
03	1 2 ↓ GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4 GO TO 23	1 2 3 4
04	1 2 ↓ GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4 GO TO 23	1 2 3 4
05	1 2 GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4 GO TO 23	1 2 3 4
06	1 2 GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4 GO TO 23	1 2 3 4
07	1 2 ↓ GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4 GO TO 23	1 2 3 4
08	1 2 GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4 GO TO 23	1 2 3 4
09	1 2 GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4 GO TO 23	1 2 3 4
10	1 2 GO TO Q19	1 2 3 4 GO TO 21	1 2 3 4	1 2 ↓ GO TO Q22	1 2 3 4 GO TO 23	1 2 3 4

CODES FOR Q18, Q19, Q21 AND Q22:

- 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

		IF	AGI	E 2-17	YEAF	RS C	LD					IF A	AGE	2-4	YEA	RS C	LD			
LINE NO.	child age,	ren d	d with of the s s (NAN culty v	same	childi age,	ren o does diffic	d with f the s (NAM culty le		child age, have	ren o does diffic nall c	d with f the sa (NAM culty pic bbjects nd?	E) cking	diffic	culty	AME) under you?		spea have	ks, d diffi	AME) does he culty b od by y	eing
		(23)			(2	24)			(2	25)			(2	26)			(27)	
	ND			CANT	ND		A LOT		ND		A LOT		ND			CANT	ND		A LOT	
01	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
02	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
03	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
04	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
05	1	2	3	4	1	2	3	4	1	2	3				1	2	3	4		
06	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
07	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
08	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
09	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
10	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

CODES FOR Q23 TO Q27:

1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

				IF	AGE	5-17	7 YEA	ARS C	DLD				ELIGIBILITY
LINE NO.	diffic such	ulty was fe as fe sing h	ME) ha vith sel eeding nimself	f-care or	spea have unde	ks, d diffic rstoc le ins	ide thi	eing	speal have unde peop	difficu	es he/ ulty bei d by de of t	ing	CIRCLE LINE NUMBER OF CHILDREN ALL WITH A DISABILITY
		(2	28)			(2	29)			(3	30)		(31)
01	ND 1	SD 2	A LOT	CANT 4	ND 1	SD 2	A LOT	CANT 4	ND 1	SD 2	A LOT	CANT 4	01
02	1	2	3	4	1	2	3	4	1	2	3	4	02
03	1	2	3	4	1	2	3	4	1	2	3	4	03
04	1	2	3	4	1	2	3	4	1	2	3	4	04
05	1	2	3	4	1	2	3	4	1	2	3	4	05
06	1	2	3	4	1	2	3	4	1	2	3	4	06
07	1	2	3	4	1	2	3	4	1	2	3	4	07
08	1	2	3	4	1	2	3	4	1	2	3	4	08
09	1	2	3	4	1	2	3	4	1	2	3	4	09
10	1	2	3	4	1	2	3	4	1	2	3	4	10

CODES FOR Q28 TO Q31:

- 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

SECTION D. LEVEL OF EDUCATION OF HOUSEHOLD MEMBERS - AGE 5 YEARS OR OLDER

		IF AGE 5 YEA OR OLDER			GE 5 - 35 /EARS	IF AGE 5 YEARS OR OLDER
LINE NO.		EVER ATTEND SCHOOL	ED		ENT/RECENT ATTENDANCE	
	Has (NAME) ever attended school?	How many years in all did (NAME) spend studying in school, college or university?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 school year?	During this school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	If (NAME) never attend school, or attended school and left school at some point, what is the reason? (CODE UP TO 2 REASONS)
	(32)	(33)	(34)	(35)	(36)	(37A) (37B)
01	Y N 1 2 GO TO 37A	YEARS	LEVEL GRADE	Y N 1 2 4 GO TO 37A	LEVEL GRADE	
02	1 2 ↓ GO TO 37A			1 2 J GO TO 37A		
03	1 2 ↓ GO TO 37A			1 2 J GO TO 37A		
04	1 2 ↓ GO TO 37A			1 2 GO TO 37A		
05	1 2 ↓ GO TO 37A			1 2 GO TO 37A		
06	1 2 ↓ GO TO 37A			1 2 ↓ GO TO 37A		
07	1 2 GO TO 37A			1 2 ↓ GO TO 37A		
08	GO TO 37A 1 2 GO TO 37A			1 2 GO TO 37A		
09	1 2 ↓ GO TO 37A			1 2 GO TO 37A		
10	1 2 ↓ GO TO 37A			1 2 J GO TO 37A		

CODES FOR Qs. 34 AND 36: EDUCATION

LEVEL

0 = NURSERY/ KINDERGATERN

- 1 = PRIMARY 2 = SECONDARY
- 3 = HIGHER
- 8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 34 ONLY. THIS CODE IS 03 = ILLNESS NOT ALLOWED FOR Q. 36) 04 = LACK OF

98 = DON'T KNOW

CODES FOR Qs. 37A AND 37B: EDUCATION

- 01 = NOT ENOUGH MONEY 02 = FAILING/UNDERACHIEVER
- 04 = LACK OF INTEREST
- 05 = BECAUSE OF DISABILITY
- 06 = SCHOOL NOT ACCESSIBLE 07 = SCHOOL HAS NO FACILITIES FOR
 - DISABLED
- 08 = PREGNANCY 09 = FAMILY DID NOT SEEK ADMISSION
- 96 = OTHER 97 = NOT APPLICABLE
- 98 = DON'T KNOW

HH - 10

		IF AGE 5 YEA OR OLDER			GE 5 - 35 /EARS	IF AGE 5 YEARS OR OLDER
LINE NO.		EVER ATTEND SCHOOL	PED		ENT/RECENT ATTENDANCE	
	Has (NAME) ever attended school?	How many years in all did (NAME) spend studying in school, college or university?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2015 school year?	During this school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	If (NAME) never attend school, or attended school and left school at some point, what is the reason? (CODE UP TO 2 REASONS)
	(32)	(33)	(34)	(35)	(36)	(37A) (37B)
01	Y N 1 2 ↓ GO TO 37A		LEVEL GRADE	Y N 1 2 ↓ GO TO 37A	LEVEL GRADE	
02	1 2 J GO TO 37A			1 2 GO TO 37A		
03	1 2 J GO TO 37A			1 2 GO TO 37A		
04	1 2 L GO TO 37A			1 2 GO TO 37A		
05	1 2 J GO TO 37A			1 2 GO TO 37A		
06	1 2 ↓ GO TO 37A			1 2 GO TO 37A		
07	1 2 GO TO 37A			1 2 GO TO 37A		
80	1 2 L GO TO 37A			1 2 GO TO 37A		
09	1 2 Q TO 37A			1 2 J GO TO 37A		
10	1 2 ↓ GO TO 37A			1 2 ↓ GO TO 37A		

CODES FOR Qs. 34 AND 36: EDUCATION

LEVEL

0 = NURSERY/ KINDERGATERN

- 1 = PRIMARY
- 2 = SECONDARY
- 3 = HIGHER
- 8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 34 ONLY. THIS CODE IS 03 = ILLNESS NOT ALLOWED FOR Q. 36) 04 = LACK OF

98 = DON'T KNOW

CODES FOR Qs. 37A AND 37B: EDUCATION

- 01 = NOT ENOUGH MONEY
- 02 = FAILING/UNDERACHIEVER
- 04 = LACK OF INTEREST 05 = BECAUSE OF DISABILITY
- 06 = SCHOOL NOT ACCESSIBLE
- 07 = SCHOOL HAS NO FACILITIES FOR
- 07 = SCHOOL HAS NO FACILITIES FOR DISABLED 08 = PREGNANCY 09 = FAMILY DID NOT SEEK ADMISSION 96 = OTHER 97 = NOT APPLICABLE 98 = DON'T KNOW

SECTION E: INCOME, EXPENDITURE AND OWNERSHIP

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the PRIMARY source (if any) of income in your household? *NOTE: THIS INCLUDES PAYMENTS RECEIVED FOR HANDICRAFTS, KNITTING SEWING, REPAIRING OF SHOES, REPAIRING OF PUNCTURES, FOR PROVIDING SERVICES (E.G. MAKING THATCHED ROOFS FOR HUTS, CUTTING REEDS ETC.). ALSO INCLUDES INCOME FROM SELLING E.G. CHARCOAL, LOCAL GIN, LOCAL BEER ETC.	GRANT 01 WAGE/SALARY WORK (GROSS SALARY) 02 REMITTANCES RECEIVED 03 CASH CROPING 04 LIVESTOCK/POULTRY 05 SUBSISTENCE FARMING 06 SUBSISTENCE FISHING 07 FORMAL BUSINESS (REGISTERED) 08 INFORMAL BUSINESS (NON-REGISTERED)* 09 PRIVATE INSURANCE/PENSION 10 WORKMAN'S COMPENSATION 11 RENT 12 BEGGING 13 NO INCOME FROM ANY SOURCE 14 OTHER 96	
102	What is the SECONDARY source (if any) of income in your household?	WAGE/SALARY WORK (GROSS SALARY) 01 REMITTANCES RECEIVED 02 CASH CROPING 03 LIVESTOCK/POULTRY 04 SUBSISTENCE FARMING 05 SUBSISTENCE FISHING 06 FORMAL BUSINESS (REGISTERED) 07 INFORMAL BUSINESS (NON-REGISTERED)* 08 PRIVATE INSURANCE/PENSION 09 WORKMAN'S COMPENSATION 10 RENT 11 BEGGING 12 NO SECONDARY SOURCE 13 OTHER 96	- →104

SECTION F: DIETARY DIVERSITY

NO.	QUESTIONS AND FILTERS	CODING CATEG	ORIES		SKIP	
the pa	Now I would like to ask you about the types of foods that you or anyone else in your household prepared and ate in the past TWO weeks during the day and night. (Food purchased and eaten outside of the home is not included).					
103	Did you or anyone else eat:		YES	NO		
	 a) Any bread, rice, noodles, biscuits or any other foods made from millet, sorghum, maize, rice or wheat? 		1	2		
	b) Any potatoes, beetroot, yams, cassava, carrots or any other foods made from roots or tubers?		1	2		
	c) Any vegetables (cabbage, spinarch, pumpkin leaves or any green leafy vegetables)?			2		
	d) Any fruits?		1	2		
	e) Any beef, pork, lamb, goat, rabbit, wild game, chicken, duck, or other birds, liver, kidney, heart, or other organ meats?		1	2		
	f) Any eggs?		1	2		
	g) Any fresh or dried fish or shellfish or any seafood?		1	2		
	h) Any foods made from beans, peas, pulses, legumes or nuts?		1	2		
	i) Any cheese, yogurt, milk or milk products		1	2		
	j) Any foods made with oil, fat, or butter?		1	2		
	k) Any sugar or honey?		1	2		
	l) Any other foods, such as condiments (e.g. salt, pepper, spices), tea, coffee?		1	2		
104	In the past two weeks did it happen that there was no food to eat of any kind in your household because of lack of resources?	NO				

SECTION G: OWNERSHIP (ASSESTS)

Does you household have any of the following: A radio? A Cupboard? A Sofa? A Clock? A Hi-fi/music system? A television? RADIO	1 1 1 1 1 1 1	NO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
A radio? A Cupboard? CUPBOARD SOFA A Clock? A Hi-fi/music system? RADIO CUPBOARD CUPBOARD SOFA HI-FI/MUSIC SYSTEM	1 1 1 1 1 1	2 2 2 2 2 2	
A Cupboard? CUPBOARD A Sofa? SOFA A Clock? CLOCK A Hi-fi/music system? HI-FI/MUSIC SYSTEM	1 1 1 1 1 1 1	2 2 2 2 2 2	
A Sofa? SOFA A Clock? CLOCK A Hi-fi/music system? HI-FI/MUSIC SYSTEM	1 1 1 1 1	2 2 2 2	
A Clock? CLOCK	1 1 1 1	2 2 2 2	
A Hi-fi/music system? HI-FI/MUSIC SYSTEM	1 1 1	2 2 2	
	1 1 1	2	
A television? TELEVISION	1 1	2	
	1	_	
A DVD/VHS player? DVD/VHS PLAYER		_	
A sewing machine? SEWING MACHINE	1	2	
Internet device? INTERNET		2	
A mobile telephone? CELL PHONE	1	2	
A fixed line telephone? TELEPHONE IN THE HOUSE	1	2	
An iron? IRON	1	2	
A fan? FAN	1	2	
A heater? HEATER	1	2	
An air conditioner?		2	
A stove with gas/electric? STOVE WITH GAS/ELECTRIC	1	2	
A stove with paraffin? STOVE WITH PARAFFIN	1	2	
A table and chairs? TABLE AND CHAIRS	1	2	
A refrigerator/deep freezer? REFRIGERATOR		2	
A microwave? MICROWAVE		2	
Electricity? ELECTRICITY		2	
		2	
3 , ,			
3 - 3	1	2	
A computer/tablet? PERSONAL COMPUTER/TABLET		2	
A bicycle? BICYCLE		2	
A motorcycle? MOTORCYCLE		2	
A private car? PRIVATE CAR		2	
Bed(s)? BED(S)	1	2	
A plough? PLOUGH		2	
Washing machine? WASHING MACHINE		2	
Satelite dish/Decorder? SATELITE DISH/DECORDER	1	2	
Ox cart OXCART	1	2	
Motor boat? MOTOR BOAT	1	2	
A tractor TRACTOR	1	2	
A grain grinder? GRAIN GRINDER	1	2	
A hammer mill? HAMMER MILL	1	2	
Wheel burrow? WHEEL BURROW	1	2	
Any other ICT devices (photocopier, ANY OTHER ICT		2	
scanner, printer, projector, digital		_	
camera)?			
			<u> </u>
106 Does any member of this household own any YES		. 1	
agricultural land? NO		. 2	
107 Does this household own any livestock, YES			
herds, other farm animals, or poultry?		. 2	→109

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
108	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 995, ENTER '995'. IF UNKNOWN, ENTER '998'.		
	Traditional cattle?	TRADITIONAL CATTLE	
	Dairy cattle?	DAIRY CATTLE	
	Beef cattle?	BEEF CATTLE	
	Horses, donkeys, or mules?	HORSES/DONKEYS/MULES	
	Goats?	GOATS	
	Sheep?	SHEEP	
	Pigs?	PIGS	
	Chickens?	CHICKEN	
	Rabbits/Other Poultry?	RABBITS/OTHER POULTRY	
	Other Livestock?	OTHER LIVESTOCK	

SECTION H: INFRASTRUCTURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the <u>main</u> source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING 41 UNPROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96	
110	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER 11 SYSTEM 12 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ 20 OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING 14 LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96	
111	Do you share this toilet facility with other households?	YES	→113
112	How many households use this toilet facility?	NO. OF HOUSEHOLDS 0 IF LESS THAN 10	
113	How many living rooms and bedrooms does this housing unit have?	LIVING ROOM	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Which of the following applies to your housing situation:		
	 a) Rented? b) Owned by member? c) Rent free (not owned)? d) Provided by employer (government)? e) Provided by employer (private)? 	RENTED 1 OWNED 2 RENT FREE (NOT OWNED) 3 PROVIDED BY EMPLOYER (GOVERNMENT) 4 PROVIDED BY EMPLOYER (PRIVATE) 5 OTHER 6 (SPECIFY)	
115	What is the main source of energy that your household uses for cooking: Electricity? Paraffin? Gas? Wood? Coal? Charcoal? Solar? Cow dung? Biofuel? Diesel? None?	ELECTRICITY 01 PARAFFIN 02 GAS 03 WOOD 04 COAL 05 CHARCOAL 06 SOLAR 07 COW DUNG 08 BIOFUEL 09 DIESEL 10 NONE 11 OTHER 96	
116	What is the main source of energy that your household uses for lighting: Electricity? Paraffin? Gas? Wood? Coal/charcoal? Solar? Candles? Torch/lamp (battery powered)? None?	ELECTRICITY 01 PARAFFIN 02 GAS 03 WOOD 04 COAL/CHARCOAL 05 SOLAR 06 CANDLES 07 TORCH 08 NONE 09 OTHER 96 (SPECIFY)	
117	How much time does it take to walk one way to the nearest school?	MINUTES	

SECTION I: INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
118	How available are the television (TV) services to your household?	HAVE ACCESS TO HAVE NO USE FOR HAVE NO ACCESS TO	1 - 3 4 - 8	→ 120 → 120
119	Are the television (TV) services affordable to your household?	YES	1	
120	How available are the internet (including internet café) services to your household?	HAVE ACCESS TO HAVE NO USE FOR HAVE NO ACCESS TO	1 - 2 3 4 -	→ 122 → 122
121	Are the internet services affordable to your household?	YES	1	
122	How available are the newspaper services to your household?	HAVE ACCESS TO HAVE NO USE FOR HAVE NO ACCESS TO	1 - 2 3 4 -	→ 124 → 124
123	Are the newspaper services affordable to your household?	1 1111111111111111111111111111111111	1	
124	How available are the library services to your household?	HAVE ACCESS TO HAVE NO USE FOR HAVE NO ACCESS TO	1 - 2 3 4 - 8	→ SECT. J
125	Are the library services affordable to your household?		1	

SECTION J: DEATHS IN THE HOUSEHOLD

NO.	QUESTIC	ONS AND FILTERS				CODING CATEGORIE
201	Is there any member of the house	ehold who died in the last 12 mo	nths?	YES NO DON'T KNOW	. 2	1 END
	ASK Qs. 202-212 AS APPROPR USE ADDITIONAL QUESTIONN		D DIED. IF	THERE WERE MO	RE T	HAN 3 DEATHS.
202	Please tell me the full name of the person who died.	NAME 		NAME		NAME
203	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE FEMALE .			MALE 1 FEMALE 2
204	What was (NAME) relationship to the head of household?	HEAD 1 SPOUSE 2 SON/DAUGHTER 3 SON/DAUGHTER-IN-LAW 4 GRANDCHILD 5 PARENT 6 BROTHER/SISTER 7 NIECE/NEPHEW BY BLOOD 8 NIECE/NEPHEW BY MARRIAGE 9 ADOPTED/FOSTER/ STEPCHILD 10 OTHER RELATIVE 11 NOT RELATED 12	SPOUSE SON/DAU SON/DAU GRANDC PARENT BROTHE NIECE/NI BLOOD NIECE/NI MARRI ADOPTEI STEPC	1	SP SC SO GF PA BR NIE NIE AD S	AAD
205	How old was (NAME) at the time of death? IN COMPLETED YEARS. IF LESS THAN '1' YEAR ENTER '00'. IF MORE THAN '95', RECORD '95'.	YEARS	YEARS .		ΥE	ARS
206	What was (NAME) cause of death?	ACCIDENT 01 VIOLENCE/MURDER 02 CANCER 03 TB 04 MALARIA 05 DIARRHOEA 06 MALNUTRITION 07 MEASLES 08 PNEUMONIA 09 HEART DISEASE 10 HIGH BLOOD PRESSURE 11 DIABETES 12 HIV/AIDS (RELATED) 13 OTHER DISEASE 14 OLD AGE 15 WITCHCRAFT 16 SUICIDE 17 OTHER 96 DON'T KNOW 98	VIOLENC CANCER TB MALARIA DIARRHO MALNUTI MEASLES PNEUMO HEART D HIGH BLO PRESS DIABETE HIV/AIDS OTHER D OLD AGE WITCHOS SUICIDE OTHER D	S 08 NIA 09 VISEAS 10	VICCA TB MAA ME PN HE HICC OT OU SU OT	CIDENT 01 DLENCE/MURDEF 02 NCEI 03
207	Did (NAME) have difficult seeing, even if wearing glasses? Would you say	NO 1 SOME 2 A LOT 3 UNABLE 4	SOME A LOT .		SC A L)

NO.	QUESTIC	ONS AND FILTERS		CODING CATEGORIES
208	Did (NAME) have difficulty hearing even if using a hearing aid? Would you say	NO 1 SOME 2 A LOT 3 UNABLE 4	NO 1 SOME 2 A LOT 3 UNABLE 4	NO 1 SOME 2 A LOT 3 UNABLE 4
209	Did (NAME) have difficulty walking or climbing steps? Would you say	NO 1 SOME 2 A LOT 3 UNABLE 4	NO 1 SOME 2 A LOT 3 UNABLE 4	NO 1 SOME 2 A LOT 3 UNABLE 4
210	Did (NAME) have any difficulty remembering or concentrating? Would you say	NO 1 SOME 2 A LOT 3 UNABLE 4	NO 1 SOME 2 A LOT 3 UNABLE 4	NO 1 SOME 2 A LOT 3 UNABLE 4
211	Did (NAME) have difficulty with selfcare such as washing all over (bathing) or dressing? Would you say	NO 1 SOME 2 A LOT 3 UNABLE 4	NO 1 SOME 2 A LOT 3 UNABLE 4	NO
212	Using the usual (customary) language, did (NAME) have difficulty communicating, e.g. understanding or being understood? Would you say	NO 1 SOME 2 A LOT 3 UNABLE 4	NO	NO

APPENDIX 7: INDIVIDUAL WITH DISABILITY QUESTIONNAIRE

CONFIDENTIAL 27-05-2015

INDIVIDUAL **WITH** DISABILITY QUESTIONNAIRE 2015 NATIONAL DISABILITY SURVEY

		IDENTIFICATI	ON				
NAME OF HOUSEHOLD HEAD NAME OF LOCALITY/VILLAGE CLUSTER NUMBER HOUSEHOLD NUMBER PROVINCE RURAL/URBAN (RURAL = 1, URBAN = 2)							
NAME AND LINE NUM PERSON WITH DIS							
	j	INTERVIEWER V	/ISITS				
	1	2	3	FINAL VISIT			
DATE INTERVIEWER'S NAME			_	DAY MONTH YEAR			
RESULT*				RESULT*			
NEXT VISIT: DATE TIME			_ _	TOTAL NUMBER OF VISITS			
*RESULT CODES: 1 COMPLETE 2 NOT AT HO 3 POSTPONE 4 REFUSED 5 PARTLY CC 6 OTHER	ME D MPLETED	SPECIFY)					
NAME	NTERVIEWER		NAME	PERVISOR			

DATE

DATE

SECTION 1. ACTIVITY LIMITATION

	SECTION 1. ACTIVITY LIMITATION			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
101	RECORD THE TIME.	HOUR		
		MINUTES		
	I would like to ask you about difficulties you may have	e in carrying out daily activities.		
102	How old were you at your last birthday?	AGE IN COMPLETED YEARS		
102a	CIRCLE SEX OF RESPONDENT.	MALE		
102b	CIRCLE IF RESPONDENT IS ALBINO.	YES		
103	How difficult is it for you watching/looking/seeing without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
104	How difficult is it for you listening/hearing without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
105	How difficult is it for you learning to read/write/count/calculate without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
106	How difficult is it for you acquiring skills (sewing, drawing, driving, manipulating tools, painting, carving etc.) without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
107	How difficult is it for you thinking/concentrating without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
108	How difficult is it for you reading/writing/counting/calculating without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
109	How difficult is it for you solving problems (e.g. playing chess, solving a puzzle e.t.c) without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
110	How difficult is it for you understanding others (spoken, written or sign language) <u>without</u> any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	How difficult is it for you producing messages (spoken, written or sign language) <u>without</u> any kind of assistance at all?	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3	
	Table of abbletarios at all.	SEVERE DIFFICULTY	
	[Without the use of any assistive devices – either technical or personal]	UNABLE TO CARRY OUT THE ACTIVITY . 5 NOT SPECIFIED/NOT APPLICABLE 7	
112	How difficult is it for you communicating directly with others <u>without</u> any kind of assistance at all?	NO DIFFICULTY 1 MILD DIFFICULTY 2	
	[Without the use of any assistive devices – either	MODERATE DIFFICULTY	
	technical or personal]	UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
13	How difficult is it for you staying in one body position <u>without</u> any kind of assistance at all?	NO DIFFICULTY	
	position without any kind of assistance at air.	MODERATE DIFFICULTY	
	[Without the use of any assistive devices – either	SEVERE DIFFICULTY	
	technical or personal]	UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
114	How difficult is it for you changing a body position (sitting/standing/bending/lying) <u>without</u> any kind of	NO DIFFICULTY	
	assistance at all?	MODERATE DIFFICULTY	
		SEVERE DIFFICULTY	
	[Without the use of any assistive devices – either technical or personal]	UNABLE TO CARRY OUT THE ACTIVITY . 5 NOT SPECIFIED/NOT APPLICABLE 7	
115	How difficult is it for you moving from one surface to another (transferring oneself) without any kind of	NO DIFFICULTY 1 MILD DIFFICULTY 2	
	assistance at all?	MODERATE DIFFICULTY	
		SEVERE DIFFICULTY 4	
	[Without the use of any assistive devices – either technical or personal]	UNABLE TO CARRY OUT THE ACTIVITY . 5 NOT SPECIFIED/NOT APPLICABLE 7	
116	How difficult is it for you lifting/carrying/moving/	NO DIFFICULTY	
	handling objects without any kind of assistance at all?	MILD DIFFICULTY	
		SEVERE DIFFICULTY	
	[Without the use of any assistive devices – either technical or personal]	UNABLE TO CARRY OUT THE ACTIVITY . 5 NOT SPECIFIED/NOT APPLICABLE 7	
117	How difficult is it for you picking up/grasping/	NO DIFFICULTY 1	
	manipulating/releasing (fine hand use) without any	MILD DIFFICULTY 2	
	kind of assistance at all?	MODERATE DIFFICULTY	
	[Without the use of any assistive devices – either	UNABLE TO CARRY OUT THE ACTIVITY . 5	
	technical or personal]	NOT SPECIFIED/NOT APPLICABLE 7	
118	How difficult is it for you pulling/pushing/reaching/ throwing/catching (hand and arm use) without any	NO DIFFICULTY 1 MILD DIFFICULTY 2	
	kind of assistance at all?	MODERATE DIFFICULTY	
		SEVERE DIFFICULTY 4	
	[Without the use of any assistive devices – either technical or personal]	UNABLE TO CARRY OUT THE ACTIVITY . 5 NOT SPECIFIED/NOT APPLICABLE 7	
119	How difficult is it for you walking without any kind of assistance at all?	NO DIFFICULTY	
	of assistance at all?	MILD DIFFICULTY	
	[Without the use of any assistive devices – either	SEVERE DIFFICULTY	
	technical or personal]	UNABLE TO CARRY OUT THE ACTIVITY . 5 NOT SPECIFIED/NOT APPLICABLE 7	
120	How difficult is it for you moving around (crawling/	NO DIFFICULTY 1	
	climbing/running/jumping/hopping) without any kind of assistance at all?	MILD DIFFICULTY	
		SEVERE DIFFICULTY 4	
	[Without the use of any assistive devices – either technical or personal]	UNABLE TO CARRY OUT THE ACTIVITY . 5 NOT SPECIFIED/NOT APPLICABLE 7	
121	Please describe your difficulty as it is without the use of a	ussistive devices or any person helping you.	
	(WRITE WHAT THE RESPONDENT SAYS IN THEIR O	WN WORDS).	
			1

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	What is the cause of your difficulty?	FROM BIRTH/CONGENITAL 01 ACCIDENT 02 FALL 03 BURNS 04 DISEASE/ILLNESS 05 BEATEN BY MEMBER IN THE FAMILY 06 VIOLENCE OUTSIDE THE HOUSE 07 WAR RELATED 08 ANIMAL RELATED 09 STRESS RELATED 10 WITCHCRAFT 11 OTHER 96 (SPECIFY) DON'T KNOW 98	
123	How old were you when it started? a) From Birth = 00 b) Actual Years = 01-94 c) 95+ Years = 95	YEARS DON'T KNOW 98	
124	Do you have any additional costs due to your difficulty or impairment?	YES 1 NO 2	→ 201
125	Can you estimate the additional monthly cost?	AMOUNT	

SECTION 2. PARTICIPATION RESTRICTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
activi	would like to know the extent to which your difficulty affecties in your current environment where you live, work and assistive devices, either technical or personal.		
201	Do you have any difficulty washing yourself (bathing) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
202	Do you have any difficulty caring for your body parts, teeth, nails and hair in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
203	Do you have any difficulty toileting in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
204	Do you have any difficulty dressing and undressing in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
205	Do you have any difficulty eating and drinking in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
206	Do you have any difficulty shopping (getting goods and services) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
207	Do you have any difficulty preparing meals (cooking) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMELETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
208	Do you have any difficulty doing housework (washing/cleaning) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	Do you have any difficulty taking care of personal objects (e.g. mending/repairing) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
210	Do you have any difficulty taking care of others in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
211A	Do you have any difficulty making friends in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
211B	Do you have any difficulty maintaining friendships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
212	Do you have any difficulty interacting with persons in authority (officials, village chiefs) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
213	Do you have any difficulty interacting with strangers in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
214A	Do you have any difficulty creating family relationships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
214B	Do you have any difficulty maintaining family relationships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
215A	Do you have any difficulty making intimate relationships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215B	Do you have any difficulty maintaining intimate relationships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
216A	Do you have any difficulty going to school in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
216B	Do you have any difficulty studying (education) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
217A	Do you have any difficulty getting a job (work and employment) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
217B	Do you have any difficulty keeping a job (work and employment) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
218	Do you have any difficulty handling income and payments (economic life) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
219	Do you have any difficulty participating in clubs/ organisations (social life) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
220	Do you have any difficulty participating in recreation/ leisure (sports/play/crafts/hobbies/arts/culture) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
221	Do you have any difficulty participating in religious / spiritual activities in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
222	Do you have any difficulty participating in political life and citizenship in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	

SECTION 3. INVENTORY OF ENVIROMENTAL FACTORS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
of you factors partici Please you.	an active, productive member of society includes participating in r home, and being involved with family and friends in social, recress can help or improve a person's participation in these activities we pation. The tell me how often each of the following has been a barrier to you think about the past year, and tell me whether each item on the linan monthly, or never. If the item occurs, then answer the questionarticipation in the activities that matter to you.	eational and civic activities in the community. Many while other factors can act as barriers and limit own participation in the activities that matter to list below has been a problem daily, weekly, monthly,	
301	In the past 12 months, how often has the availability/ accessibility of transportation been a problem for you?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1 → 303
302	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
303	In the past 12 months, how often has the natural environment - temperature, terrain, climate - made it difficult to do what you want or need to do?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	J ₃₀₅
304	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
305	In the past 12 months, how often have other aspects of your surroundings - lighting, noise, crowds, etc made it difficult to do what you want or need to do?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1 → 307
306	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
307	In the past 12 months, how often has the information you wanted or needed not been available in a format you can use or understand?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	J ₃₀₉
308	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	

WEEKLY 2
MONTHLY 3
LESS THAN MONTHLY 4

 NEVER
 5

 NOT APPLICABLE
 7

LITTLE PROBLEM 1

 WEEKLY
 2

 MONTHLY
 3

LESS THAN MONTHLY 4 NEVER 5

NOT APPLICABLE 7 LITTLE PROBLEM 1

...... 2

BIG PROBLEM

BIG PROBLEM

309

310

311

or a little problem?

or a little problem?

In the past 12 months, how often has the availability/

When this problem occurs has it been a big problem

In the past 12 months, how often has the availability/

When this problem occurs has it been a big problem

accessibility of electronic services (ATM machines, Internet and mobile banking) been a problem for you?

accessibilty of emergency communication services (emergency numbers and SMS) been a problem for you?

∐_{→ 311}

→ 313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	In the past 12 months, how often has the availability of health care services and medical care been a problem for you?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	315
314	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
315	In the past 12 months, how often did you need someone else's help (assistance) in your home and could not get it easily?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	317
316	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
317	In the past 12 months, how often did you need someone else's help at school or work and could not get it easily?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	319
318	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
319	In the past 12 months, how often have other people's attitudes toward you been a problem at home?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	321
320	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
321	In the past 12 months, how often have other people's attitudes toward you been a problem at school or work?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	323
322	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
323	In the past 12 months, how often did you experience prejudice or discrimination?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	<u></u> 325
324	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
325	In the past 12 months, how often did the policies and rules of businesses and organisations make problems for you?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	<u></u> 327
326	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	In the past 12 months, how often did government programs and policies make it difficult for you to do what you want or need to do?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	401
328	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	

SECTION 4. DISCRIMINATION AND ABUSE, SERVICES AND ACCESSIBILITY.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you about discrimination, abuse an	d services.	
	DISCRIMINATION AND ABUSE		
401	Have you ever been beaten or scolded because of your difficulty?	YES	J ₄₀₃
402	Was it a family member or relative who beat or scolded you?	YES	
403	Have you ever experienced being discriminated in any public services, eg. Hospital, clinic, police station, bank e.t.c.?	YES	
	SERVICES		
404A	Is (NAME) aware of Medical rehabilitation (e.g. physiotherapy, occupational therapy, speech)?	YES	
404B	Has (NAME) needed Medical rehabilitation?	YES	
404C	Has (NAME) received Medical rehabilitation?	YES	→ 405A
404D	How satisfied is (NAME) with the Medical rehabilitation they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	405A
404E	Why has (NAME) stopped receiving medical rehabilitation?	YES NO	
405A	Is (NAME) aware of assistive devices/service (e.g. Sign language interpreter, wheelchair, hearing/ visual aids, Braille etc.)?	YES	
405B	Has (NAME) needed assistive devices/service?	YES	
405C	Has (NAME) received assistive devices/service?	YES	→406A
405D	How satisfied is (NAME) with the assistive device/service they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	
405E	Why has (NAME) stopped receiving assistive devices?	YES NO	
406A	Is (NAME) aware of educational services (e.g. remedial therapist/tutor, special school, early childhood stimulation, regular schooling, educational psychologist etc.)?	YES	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406B	Has (NAME) needed educational services (e.g. remedial therapist/tutor, special school, early childhood stimulation, regular schooling, educational psychologist etc.)?	YES	
406C	Has (NAME) received educational services (e.g. remedial therapist/tutor, special school, early childhood stimulation, regular schooling, educational psychologist etc.)?	YES	→ 407A
406D	How statisfied is (NAME) with the educational services they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	407A
406E	Why has (NAME) stopped receiving educational services?	YES NO NOT SATISFIED WITH THE SERVICES 1 2 SERVICES TOO EXPENSIVE 1 2 TOO FAR OR HAVE NO TRANSPORT . 1 2 NOT REALLY HELPING ME 1 2 DISCRIMINATING PRACTICES 1 2	
407A	Is (NAME) aware of Vocational training (e.g. employment skills training, etc)?	YES 1 NO 2	
407B	Has (NAME) needed Vocational training (e.g. employment skills training, etc)?	YES 1 NO 2	
407C	Has (NAME) received Vocational training (e.g. employment skills training, etc)?	YES	→ 408A
407D	How satisfied is (NAME) with the vocational training they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	408A
407E	Why has (NAME) stopped receiving vocational training?	YES NC	
408A	Is (NAME) aware of counselling for person with disability (e.g. psychologist, psychiatrist, social worker, school counsellor etc)?	YES	
408B	Has (NAME) needed counselling for person with disability (e.g. psychologist, psychiatrist, social worker, school counsellor etc)?	YES	
408C	Has (NAME) received counselling for person with disability (e.g. psychologist, psychiatrist, social worker, school counsellor etc)?	YES	→ 409A
408D	How satisfied is (NAME) with the counselling for persons with disability that they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408E	Why has (NAME) stopped receiving counseling for person with disability?	YES N NOT SATISFIED WITH THE SERVICES 1 2 SERVICES TOO EXPENSIVE 1 2 TOO FAR OR HAVE NO TRANSPORT 1 2 NOT REALLY HELPING ME 1 2 DISCRIMINATING PRACTICES 1 2	
409A	Is (NAME) aware of counselling for parent/family?	YES	
409B	Has (NAME) needed counselling for parent/family?	YES	
409C	Has (NAME) parent/family received counselling?	YES	
409D	How satisfied is (NAME) with the counselling for parents/ family they have received or still receiving?	VERY SATISFIED 0 SATISFIED 0 NEUTRAL 0 DISSATISFIED 0 VERY DISSATIFIED 0 NEVER RECEIVED 0 STOPPED RECEIVING 0	2 3 4 5 6 7 410A
409E	Why has (NAME) stopped receiving counseling for parent/family?	NOT SATISFIED WITH THE SERVICES 1 2 SERVICES TOO EXPENSIVE	
410A	Is (NAME) aware of Welfare services (e.g. public welfare assistance, social cash transfer)?	YES	
410B	Has (NAME) needed Welfare services (e.g. public welfare	YES	
410C	Has (NAME) received welfare services (e.g. public welfare assistance, social cash transfer)?	YES	
410D	How satisfied is (NAME) with the Welfare services they have received or still receiving?	VERY SATISFIED 0 SATISFIED 0 NEUTRAL 0 DISSATISFIED 0 VERY DISSATIFIED 0 NEVER RECEIVED 0 STOPPED RECEIVING 0	2 3 4 5 6 → 411A
410E	Why has (NAME) stopped receiving welfare services?	YES N NOT SATISFIED WITH THE SERVICES 1 2 SERVICES TOO EXPENSIVE 1 2 TOO FAR OR HAVE NO TRANSPORT 1 2 NOT REALLY HELPING ME 1 2 DISCRIMINATING PRACTICES 1 2	
411A	IS (NAME) aware of empowerment programmes (e.g. food security programs, women empowerment, social protection fund etc.)?	YES 1 NO 2	
411B	Has (NAME) needed empowerment programs (e.g. food security programs, women empowerment, social protection fund etc.)?	YES	
411C	Has (NAME) received empowerment programs (e.g. food security programs, women empowerment, social protection fund etc.)?	YES	
411D	How satisfied is (NAME) with the empowerment programs they have received or still receiving?	VERY SATISFIED 0 SATISFIED 0 NEUTRAL 0 DISSATISFIED 0 VERY DISSATIFIED 0 NEVER RECEIVED 0 STOPPED RECEIVING 0	2 3 4 5 6 7 4 12A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411E	Why has (NAME) stopped receiving empowerment programs?	YES NO NOT SATISFIED WITH THE SERVICES . 1 2 SERVICES TOO EXPENSIVE 1 2 TOO FAR OR HAVE NO TRANSPORT . 1 2 NOT REALLY HELPING ME . 1 2 DISCRIMINATING PRACTICES . 1 2	
412A	Is (NAME) aware of health information (e.g. from media, at schools, clinics, hospital etc.)?	YES	
412B	Has (NAME) needed health information (e.g. from media, at schools, clinics, hospital etc.)?	YES	
412C	Has (NAME) received health information (e.g. from media, at schools, clinics, hospital etc.)?	YES	→413A
412D	How satisfied is (NAME) with the health information they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	413A
412E	Why has (NAME) stopped receiving health information?	YES NO	
413A	Is (NAME) aware of health services (e.g. at a primary health care clinic, hospital, home health care services etc.)?	YES	
413B	Has (NAME) needed health services (e.g. at a primary health care clinic, hospital, home health care services etc.)?	YES	
413C	Has (NAME) received health services (e.g. at a primary health care clinic, hospital, home health care services etc.)?	YES 1 NO 2	→414A
413D	How satisfied is (NAME) with the health services they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	414A
413E	Why has (NAME) stopped receiving health services?	YES NO	
414A	Is (NAME) aware of services from traditional healer/faith healer?	YES	
414B	Has (NAME) needed services from traditional healer/faith healer?	YES	
414C	Has (NAME) received services from traditional healer/faith healer?	YES	→ 415A
414D	How satisfied is (NAME) with the services received from traditional healer/faith healer or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	415A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414E	Why has (NAME) stopped receiving traditional healing/faith healing?	YES NO	
415A	Is (NAME) aware of Legal aid?	YES 1 NO 2	
415B	Has (NAME) needed Legal aid?	YES 1 NO 2	
415C	Has (NAME) receive Legal aid?	YES 1 NO 2	→ 416
415D	How satisfied is (NAME) with the legal aid they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	416
415E	Why has (NAME) stopped receiving legal aid?	YES NO	

ACCESSIBILITY

Now I am going to ask you about your surroundings and how easy it is for you to get around. If you use one or more assistive devices or someone is helping you, answer as if you are using them.

ASK BOTH DIRECT & PROXY REPORTERS. PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DISABILITY.

416	Let's look at your home first. Are the rooms and toilet accessible to you? PROBE:	YES NO N	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
417	Now let's look at various places you might go to. Think of getting in and out of the places, and tell me for each place whether it is generally accessible to you or not. The place where you work The school you attend The shops that you go to most often Place of worship Recreational facilities (e.g. cinema, theatre, pubs, etc) – think of the last three months Sports facilities Police station Magistrates office/Traditional courts Post office Bank Hospital Primary Health Care Clinic Public transportation (bus, taxi, train) Hotels	YES NO THE PLACE OF WORK	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	

SECTION 5. EDUCATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you about education.		
501	Have you ever received primary education?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
502	What type of school (do/did) you mainly attend in primary school?	MAIN STREAM/REGULAR SCHOOL 1 SPECIAL SCHOOL 2 SPECIAL CLASS IN MAINSTREAM/ REGULAR SCHOOL 3	
503	What type of school (do/did) you <u>mainly</u> attend in secondary school?	MAIN STREAWREGULAR SCHOOL 1 SPECIAL SCHOOL 2 SPECIAL CLASS IN MAINSTREAM/ 3 REGULAR SCHOOL 3 DID NOT GO TO SECONDARY SCHOOL OR N/A 4	
504	What type of school (do/did) you <u>mainly</u> attend in tertiary school?	MAIN STREAM/REGULAR SCHOOL 1 SPECIAL SCHOOL 2 SPECIAL CLASS IN MAINSTREAM/ 8 REGULAR SCHOOL 3 DID NOT GO TO TERTIARY SCHOOL OR N/A 4	
505A	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL	506
505B	Now I would like you to read this sentence in braille to me. GIVE BRAILLE TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL	
506	Has your level of education helped you find any work at all?	YES	
507	Have you ever been refused entry into a regular pre-school?	YES 1 NO 2 FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 4	
508	Have you ever been refused entry into a primary school?	YES 1 NO 2 FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	
509	Have you ever been refused entry into a regular secondary school?	YES 1 NO 2 INDIVIDUAL/FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	
510	Have you ever been refused entry into a special school at any level?	YES 1 NO 2 INDIVIDUAL/FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	
511	Have you ever been refused entry into a special class (remedial)?	YES 1 NO 2 INDIVIDUAL/FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
512	Have you ever been refused entry into a college?	YES 1 NO 2 INDIVIDUAL/FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	•
513	Have you ever been refused entry into a university?	YES 1 NO 2 INDIVIDUAL/FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	
514	Did you study as far as you planned?	YES 1 NO 2 STILL STUDYING 3 DON'T KNOW 8	
515	CHECK 501: CODE '2' OR '8' CIRCLED CODE '1' CIRCLED		→ 517
516	Have you ever attended classes to learn to read and write(Informal classes)?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
517	Have you received informal training at home?	YES	
518	Have you received informal training outside the home?	YES	
519	Have you received formal skills training at a learning institution?	YES	
520	Have you received formal skills training outside learning institution?	YES	
521	Have you ever lived at an institution or specialised care facility for people with disabilities?	YES	1 → 601
522	What type of institution was it?	EDUCATIONAL	

SECTION 6. ECONOMIC ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ı	Now I would like to ask you about economic activity.		
601	Do you have any craft skills (e.g. capentry, knitting, bricklaying)?	YES	→ 604
602	What skill do you have?		
603	How did you acquire this skill?	ON THE JOB 1 AT GOVERNMENT/PUBLIC TRAINING 1 INSTITUTION 2 AT PRIVATE LEARNING INSTITUTION 3 APPRENTICESHIP 4 SELF TRAINED 5 OTHER 6 (SPECIFY)	
604	What were you mainly doing in the last 7 days?	IN PAID EMPLOYMENT/BUSINESS 1 IN PAID EMPLOYMENT BUT TEMPORARY NOT WORKING DUE TO ILLNESS, LEAVE, INDUSTRIAL DISPUTE OR ON STUDY LEAVE 2 VOLUNTEER WORK 3 CONTRIBUTING FAMILY WORKER 4 INTERN/APPRENTICE 5 OWN-USE PRODUCTION WORK 6 NOT WORKING BUT LOOKING FOR WORK/ BUSINESS 7 LOOKING BUT NOT AVAILABLE FOR WORK 8 AVAILABLE BUT NOT LOOKING FOR WORK 9 NOT LOOKING NOR AVAILABLE FOR WORK BUT WANT WORK 10 HOUSEWIFE/HOMEMAKER 11 RETIRED 12 IN SCHOOL 13 TOO OLD TO WORK 14 NOT WORKING NOT LOOKING FOR WORK 8 NOT AVAILABLE FOR WORK 16 OTHER REASONS 15	606
605	Did you do any work for at least 1 hour in the last 7 days for which you were paid in cash or kind?	YES	→ 608
606	What kind of work did you usually do in the main job/ business you had in the last 7 days? WRITE A DETAILED DESCRIPTION OF THE MAIN TASKS OR DUTIES.		
607	What kind of business/activity is mainly carried out by your employer/establishment? WRITE DOWN THE DETAILED DESCRIPTION OF THE ECONOMIC ACTIVITY.		
608	Have you ever applied for a grant?	YES	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
609	Are you currently receiving social security, grant or any other form of pension?	YES	701
610	What type of grant or pension do you receive?	YES NO	
611	What are the TWO MAIN THINGS that the money from your grant or pension is spent on? [DO NOT READ OUT RESPONSES; CIRCLE ONLY ONE IN CHOICE A AND ONE IN CHOICE B ANSWERS]	(CHOICE) A B INCOME GENERATING ACTIVITIES 1 2 HOUSEHOLD NECESSITIES I.E. 1 2 FOOD, GROCERIES ETC. 1 2 CLOTHING 1 2 RENT/ACCOMMODATION 1 2 RECREATION/ENTERTAINMENT 1 2 TRANSPORT 1 2 EDUCATION 1 2 WATER AND ELECTRICITY 1 2 REHABILITATION AND HEALTH CARE SERVICES 1 2 ASSISTIVE DEVICES 1 2 PERSONAL ASSISTANT/CARER (CARE FOR SELF) 1 2 OTHER 1 2 (SPECIFY) 1 2	
612	Are you the one who mainly decides how to spend your grant or pension?	YES	

SECTION 7A. ASSISTIVE DEVICES

Now I would like to ask you about assistive devices.	NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
THE PERSON WITH DISABILITY 701 Do you use any medication or traditional medicine due to your difficulty? What type of medication? What type of medication? MODERN TRADITIONAL 2 BOTH 3 703 Do you use an assistive device? YES NO 2 Please specify which assistive devices you use. a) Information (e.g. eye glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Brailler? b) Communication (e.g. pey glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Brailler? b) Communication (e.g. pey glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Brailler? b) Communication (e.g. pey glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Brailler? b) Communication (e.g. pey glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Brailler? b) Communication (e.g. pey glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Brailler? b) Communication (e.g. pey glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Brailler? b) Communication (e.g. pey glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Brailler? c) Personal mobility (inedechairs, crutches, walking sticks, write case, guide, starding frame)? c) Personal mobility (inedechairs, crutches, walking sticks, write case, guide, starding frame)? c) Personal mobility (inedechairs, crutches, walking sticks, write case, guide, starding frame)? c) Personal mobility (inedechairs, crutches, walking sticks, write case, guide, starding frame)? c) Personal mobility (inedechairs, crutches, walking sticks, write, and the print of the pr		Now I would like to ask you about assistive devices.		
To your difficulty?				
TRADITIONAL 2 3 3 3 3 3 3 3 3 3	701		I -	→ 703
Please specify which assistive devices you use. NO	702	What type of medication?	TRADITIONAL 2	
a) Information (e.g. eye glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Braillel? b) Communication (sign language interpreter, fax, portable writer, computer)? c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, toilet seat raiser, commode chairs, safety rails, eating aids)? f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7 To5 Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. a) Information? COMMUNICATION 1 2 8 7 To PERSONAL MOBILITY 1 2 8 7 PERSONAL CARE & PROTECTION 1 2 7 TO THER 1 2 7 TO THER 1 2 7 TO THER 1 2 8 7	703	Do you use an assistive device?	I -	→ 710
glass, telescopic lenses/glasses, enlarge print, Braillel? b) Communication (sign language interpreter, fax, portable writer, computer)? c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, toilet seaf raiser, commode chairs, safety rails, eating alids)? f) For handling products & goods (gripping tongs, side for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7 705 Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. a) Information? INFORMATION 1 2 8 7 C) Personal mobility? PERSONAL MOBILITY 1 2 8 7 COMMUNICATION 1 2 8 7 PERSONAL CARE & PROTECTION 1 2 7 TOS Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. YES NO DK N/A a) Information? INFORMATION 1 2 8 7 COMMUNICATION 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL GARE & 1 2 8 7 PERSONAL CARE & 1 2 8 7	704	Please specify which assistive devices you use.	YES NO N/A	
writer, computer)? c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, toilet seat raiser, commode chairs, safety rails, eating aids)? f) For handling products & goods (gripping longs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY . 1 2 7 TOS Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. YES NO DK N/A INFORMATION . 1 2 8 7 D) Communication? COMMUNICATION . 1 2 8 7 C) Personal mobility? PERSONAL MOBILITY . 1 2 8 7 PERSONAL CARE & PROTECTION . 1 2 7 TOS Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. YES NO DK N/A INFORMATION . 1 2 8 7 D) Communication? COMMUNICATION . 1 2 8 7 PERSONAL MOBILITY . 1 2 8 7 PERSONAL MOBILITY . 1 2 8 7 PERSONAL CARE & . 1 2 8 7		glass, telescopic lenses/glasses, enlarge print, Braille)?	INFORMATION	
c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, tollet seat raiser, commode chairs, safety rails, eating aids)? f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7 TOS Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. a) Information? D) Communication? COMMUNICATION 1 2 8 7 TOS Personal mobility? PERSONAL CARE & PROTECTION 1 2 7 COMMUNICATION 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 COMMUNICATION 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL CARE & 1 2 8 7 PROTECTION 1 2 8 7 GOODS G) Computer assistive technology? COMPUTER ASS. 1 2 8 7 COMPUTER ASS. 1 2 8 7		 b) Communication (sign language interpreter, fax, portable writer, computer)? 		
d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, tollet seat raiser, commode chairs, safety rails, eating aids)? f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7 TO5 Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. B) Communication? COMMUNICATION 1 2 8 7 TO5 Instruction of the plind of the pli		 Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? 	PERSONAL MOBILITY 1 2 7	
e) Personal care & protection (special fasteners, bath & shower seats, toilet seat raiser, commode chairs, safety rails, eating aids)? f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY . 1 2 7 h) Other devices? OTHER		d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)?		
f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY . 1 2 7 h) Other devices? OTHER		Personal care & protection (special fasteners, bath & shower seats, toilet seat raiser, commode chairs, safety rails, eating aids)?	PERSONAL CARE & PROTECTION 1 2 7	
g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7		f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)?		
h) Other devices?		g) Computer assistive technology (keyboard for the blind)?		
Condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. YES NO DK N/A			OTHER1 2 7	
CHOOSE MOST IMPORTANT DEVICE. YES NO DK N/A a) Information? INFORMATION	705			
YES NO DK N/A a) Information?				
b) Communication? COMMUNICATION 1 2 8 7 c) Personal mobility? PERSONAL MOBILITY 1 2 8 7 d) Household items? HOUSEHOLD ITEMS 1 2 8 7 e) Personal care & protection? PERSONAL CARE & 1 2 8 7 PROTECTION f) For handling products & goods? HANDLING PRODUCTS & 1 2 8 7 GOODS g) Computer assistive technology? COMPUTER ASS 1 2 8 7 TECHNOLOGY		CHOOSE WOST IMPORTANT DEVICE.	YES NO DK N/A	
b) Communication? COMMUNICATION 1 2 8 7 c) Personal mobility? PERSONAL MOBILITY 1 2 8 7 d) Household items? HOUSEHOLD ITEMS 1 2 8 7 e) Personal care & protection? PERSONAL CARE & 1 2 8 7 PROTECTION f) For handling products & goods? HANDLING PRODUCTS & 1 2 8 7 GOODS g) Computer assistive technology? COMPUTER ASS 1 2 8 7 TECHNOLOGY		a) Information?		
c) Personal mobility? PERSONAL MOBILITY 1 2 8 7 d) Household items? HOUSEHOLD ITEMS 1 2 8 7 e) Personal care & protection? PERSONAL CARE &			COMMUNICATION 1 2 8 7	
d) Household items? HOUSEHOLD ITEMS 1 2 8 7 e) Personal care & protection? PERSONAL CARE &		c) Personal mobility?	PERSONAL MOBILITY 1 2 8 7	
e) Personal care & protection? PERSONAL CARE &		d) Household items?	HOUSEHOLD ITEMS 1 2 8 7	
f) For handling products & goods? HANDLING PRODUCTS & 1 2 8 7 GOODS g) Computer assistive technology? COMPUTER ASS 1 2 8 7 TECHNOLOGY		e) Personal care & protection?	PERSONAL CARE & 1 2 8 7 PROTECTION	
g) Computer assistive technology? COMPUTER ASS 1 2 8 7 TECHNOLOGY		f) For handling products & goods?	HANDLING PRODUCTS & 1 2 8 7 GOODS	
		g) Computer assistive technology?	COMPUTER ASS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
706	Where did you get the assistive device(s)? IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. SEE CODES BELOW.	INFORMATION	<u> </u>
		HANDLING PRODUCTS & GOODS COMPUTER ASS. TECHNOLOGY OTHER	
707	Who, if any, maintains or repairs your assistive device(s)? IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE.	INFORMATION	
	SEE CODES BELOW.	HOUSEHOLD ITEMS PERSONAL CARE & PROTECTION HANDLING PRODUCTS & GOODS COMPUTER ASS. TECHNOLOGY OTHER	
708	Were you given any information or help/training on how to use your device(s)? IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. SEE CODES BELOW.	INFORMATION	
709	Think of the <u>MAIN</u> assistive device you are using – on a scale of 1 (not content) to 4 (very content) – How would you describe your level of content/satisfaction with the device that it meets your needs?	NOT CONTENT 1 LESS CONTENT 2 CONTENT 3 VERY CONTENT 4 DON'T KNOW 8	

CODES FOR Q706:

- 1 = PRIVATE
- 2 = GOVERNMENT HEALTH SERVICE
- 3 = OTHER GOVERNMENT SERVICE
- 4 = NGO
- 7 = NOT APPLICABLE
- 6 = OTHER
- 8 = DON'T KNOW

CODES FOR Q707:

- 01 = SELF
- 02 = GOVERNMENT

- 06 = NOT MAINTAINED
- 07 = CANNOT AFFORD TO MAINTAIN OR REPAIR
- 96 = OTHER
- 98 = DON'T KNOW

15 National Disability Survey

- 03 = FAMILY
- 04 = EMPLOYER
- 05 = NGO

Ind - 22

- 97 = NOT APPLICABLE

CODES FOR Q708:

- 1 = COMPLETE/FULL INFORMATION
- 2 = SOME INFORMATION
- 3 = NO INFORMATION
- 4 = DON'T KNOW/CAN'T REMEMBER
- 7 = NOT APLICABLE

SECTION 7B. INVOLVEMENT IN FAMILY, SOCIAL LIFE AND SOCIETY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you about how you feel and think about	your role within the household and your family.	
	ASK BOTH DIRECT AND PROXY RESPONDENTS: PLEASE ABOUT THE PERSON WITH DIFFICULTY.	REMEMBER THE INFORMATION MUST BE	
710	Which of the following, if any, do people in the household or family help you with?	YES YES SOME- OFTEN TIMES NO N/A	
	NB: DO NOT INCLUDE ASSISTANCE PROVIDED BY PERSON PAID TO CARE FOR THE PERSON OR THINGS ONE WOULD NOT NORMALLY DO BECAUSE OF THEIR AGE OR CULTURE.	DRESSING 1 2 3 7 TOILETING 1 2 3 7 BATHING 1 2 3 7 EATING/FEEDING 1 2 3 7 COOKING 1 2 3 7 SHOPPING 1 2 3 7 MOVING AROUND 1 2 3 7 FINANCES 1 2 3 7 TRANSPORT 1 2 3 7 STUDYING 1 2 3 7 EMOTIONAL SUPPORT 1 2 3 7 OTHER 1 2 3 7	
	I'm going to ask you some questions about your involvement in society. Please listen to each one and answer yes always, yes		
711	Are you consulted about making household decisions?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
712	Do you go with the family to events such as family gatherings, social events etc.?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
713	Do you feel involved and part of the household or family?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
714	Does the family involve you in conversations?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
715a	Does the family help you with daily activities/tasks?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	716
715b	Do you appreciate it or like the fact that you get this help?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
716	Do/did you take part in your own traditional practices/ ceremonies?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
717	Are you aware of organisations for people with disabilities?	YES	→ 719a

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	Are you a member of a Disabled People's Organisation (DPO)?	YES	
719a	Do you participate in local community meetings?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 DON'T KNOW 8	1,720
719b	Do you feel your voice is being heard?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 DON'T KNOW 8	
720	Do you make important decisions about your own life?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 DON'T KNOW 8	
721	Are you married or in a relationship?	YES	→ 723
722	Does your spouse/partner have a difficulty?	YES	
723	Do you have children?	YES	→ 726
724	How many children do you have?	CHILD/CHILDREN	
725	Who MAINLY takes care or helps you take care of your children?	SELF 01 MY SPOUSE/PARTNER 02 MY PARENTS 03 FAMILY MEMBER 04 FRIEND 05 SOMEONE IS PAID TO TAKE CARE 06 OF THE CHILD/CHILDREN 06 CHILDREN ARE OLD ENOUGH TO 07 TAKE CARE OF THEMSELVES 07 OTHER 96 (SPECIFY)	
726	Do you have a National Registration Card (NRC)?	YES	
727	Are you a registered voter?	YES	→ 801
728	Did you vote in the last general election (2011)?	YES	→ 801
729	Why didn't you vote?	VOTE AREA NOT ACCESSIBLE 1 NOT INTERESTED IN POLITICS 2 BELOW VOTING AGE 3 OTHER 6 (SPECIFY)	

SECTION 8A. HEALTH AND GENERAL WELL-BEING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Now	'm going to ask about your health and general well being	over the past few weeks.	
801	For the past few weeks have you been able to concentrate on what you're doing?	BETTER THAN USUAL 1 SAME AS USUAL 2 LESS THAN USUAL 3 MUCH LESS THAN USUAL 4	
802	For the past few weeks have you lost much sleep over worry?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
803	For the past few weeks have you felt you were playing a useful part in things?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
804	For the past few weeks have you felt capable of making decisions about things?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
805	For the past few weeks have you felt constantly under strain?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
806	For the past few weeks have you felt you couldn't overcome your difficulties?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
807	For the past few weeks have you been able to enjoy your normal day-to-day activities?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
808	For the past few weeks have you been able to face up to your problems?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
809	For the past few weeks have you been feeling unhappy and depressed?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
810	For the past few weeks have you been losing confidence in yourself?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
811	For the past few weeks have you been thinking of yourself as a worthless person?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
812	For the past few weeks have you been feeling reasonably happy, all things considered?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
813	Thinking about your general physical health (things like: sickness, illness, injury, disease etc.) – on a scale of 1 (poor) to 4 (very good) – How would you describe your overall physical health today?	POOR 1 NOT VERY GOOD 2 GOOD 3 VERY GOOD 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
814	Do you have any of the following health conditions?	YES N	10
	a) Asthma/breathing problem	ASTHMA/BREATHING PROBLEM 1 2	2
	b) Arthritis/rheumatism	ARTHRITIS/RHEUMATISM 1 2	2
	c) Back or neck problem	BACK OR THE NECK PROBLEM 1 2	2
	d) Fracture or bone/ioint injury	FRACTURE OR BONE/JOINT INJURY . 1 2	2
	e) Heart problem	HEART PROBLEM 1 2	2
	f) Stroke problem	STROKE PROBLEM 1 2	2
	g) Hypertension/high blood pressure	HYPERTENSION/HIGH BLOOD	
		PRESSURE 1 2	2
	h) Kidney, bladder or renal problem	KIDNEY, BLADDER OR RENAL	
		PROBLEM 1 2	-
	i) Diabetes	DIABETES 1 2	·
	i) Cancer	CANCER 1 2	·
	k) Mental retardation	MENTAL RETARDATION	·
	Developmental problem	DEVELOPMENTAL PROBLEM 1 2	2
	m) Depression/anxiety/emotional problem	DEPRESSION/ANXIETY/EMOTIONAL	
		PROBLEM 1 2	?
	n) Missing limbs, amputee	MISSING LIMBS, AMPUTEE 1 2	2
	Neurological disorder such as Multiple sclerosis	NEUROLOGICAL DISORDER SUCH AS	
	(MS) or Muscular Dystrophy (MD)	MULTIPLE SCLEROSIS (MS) OR	
		MUSCULAR DYSTROPHY (MD) 1 2	·
815	Thinking about your general mental health (things like:	POOR 1	
2.0	anxiety, depression, fear, fatigue, tiredness,	NOT VERY GOOD	2
	hopelessness etc.) – on a scale on 1 (poor) to 4	GOOD	3
	(very good) – How would you describe your overall	VERY GOOD	.
	mental health today?	DON'T KNOW 8	3
	•		

SECTION 8B. HIV/AIDS, STI, DIABETES AND TB QUESTIONS AND FILTERS **CODING CATEGORIES** SKIP NO. Do you have any knowledge about HIV/AIDS? 816 **⊥** 817 DON'T KNOW 8 HEALTH FACILITY01 816a Where did you get most of the information about HIV/AIDS from? AT WORK 03 SCHOOL 09 OTHER (SPECIFY) DON'T KNOW 98 816b Did you experience any problems in understanding YES 1 information about HIV/AIDS? DON'T KNOW 8 816c Have you ever been tested for HIV? DON'T KNOW 817 Do you have any knowledge about Sexually Transmited Infections (STIs)? NO 2 DON'T KNOW **⊥** 818 817a Where did you get most of the information about the DOCTOR 02 FAMILY 06 POSTER/PAMPHLET 08 SCHOOL 09 OTHER (SPECIFY) DON'T KNOW 98 817b Did you experience any problems in obtaining/ YES understanding information about the STI? Have you ever had an STI? 817c DON'T KNOW 8 818 Do you have any knowledge about diabetes? DON'T KNOW 8 → 819 HEALTH FACILITY 818a Where did you get most of the information about the diabetes disease from? AT WORK RADIO/TV 07 SCHOOL 09 OTHER (SPECIFY) DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818b	Did you experience any problems in obtaining/ understanding information about the diabetes disease?	YES	
818c	Have you ever had this disease?	YES	1 → 819
818d	Do you have Diabetes 1 or 2?	DIABETES 1 1 DIABETES 2 2	
818e	Do you have access to medicines?	YES 1 NO 2	
819	Do you have any knowledge about TB?	YES 1 NO 2 DON'T KNOW 8	1 820
819a	Where did you get most of the information about TB disease from?	HEALTH FACILITY	
819b	Did you experience any problems in obtaining/ understanding information about TB disease?	YES	
819c	Have you ever had this disease?	YES 1 NO 2 DON'T KNOW 8	
820	Have you ever experienced being physically abused as a child (before 18 years of age)?	YES	
821	Have you ever experienced being sexually abused as a child (before 18 years of age)?	YES 1 NO 2 DON'T KNOW 8	

SECTION 9. REPRODUCTIVE HEALTH OF FEMALE MEMBERS

NO.	QUESTIONS AND FILTERS	D FILTERS CODING CATEGORIES	
901	Now I would like to ask about all the births you have had during your life. Have you ever given birth? YES		→ 906
902	Do you have any sons or daughters to whom you have give birth who are now living with you?	YES	→ 904
903	How many sons live with you?	SONS AT HOME	
	And how many daughters live with you?	DAUGHTERS AT HOME	
	IF NONE, RECORD '00'.		
904	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	PER YES	→ 906
905	How many sons are alive but do not live with you?	SONS ELSEWHERE	
	And how many daughters are alive but do not live with you	? DAUGHTERS ELSEWHER	
	IF NONE, RECORD '00'.		
906	Have you ever given birth to a boy or girl who was born ali but later died?	/e	
	IF NO, PROBE: Any baby who cried or showed signs of lif but did not survive?	YES	→ 908
907	How many boys have died?	BOYS DEAD	
	And how many girls have died?	GIRLS DEAD	
	IF NONE, RECORD '00'.		
908	SUM ANSWERS TO 903, 905, AND 907, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS	
909	CHECK 908:		
	Just to make sure that I have this right: you have had in TOTAL births during your life. Is that correct?		
	PROBE AND YES NO CORRECT		
	901-908 AS NECESSARY		
910	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES	
911	INTERVIEWER'S COMMENTS		
912	RECORD THE TIME	HOUR	
		MINUTES	

APPENDIX 8: INDIVIDUAL WITHOUT DISABILITY QUESTIONNAIRE

CONFIDENTIAL 27-05-2015

INDIVIDUAL WITHOUT DISABILITY INDIVIDUAL QUESTIONNAIRE

			2015 NATIONAL DISABILITY SURVEY			
	IDENTIFICATION					
NAME OF HOUSEHOLD HEAD						
NAME OF LOCALITY/VILLAGE						
CLUSTER NUMBER						
HOUSEHOLD NUMBER						
PROVINCE						
RURAL/URBAN (RURAL = 1, URBAN = 2)					
NAME OF PERSON AS CONTROL AND LINE NUMBER						
	INTERVIEWER VISIT	TS.				
1	2	3	FINAL VISIT			
DATE			DAY			
INTERVIEWER'S NAME			YEAR YEAR			
RESULT*			RESULT*			
NEXT VISIT: DATE	<u> </u>		TOTAL NUMBER			
TIME			TOTAL NUMBER OF VISITS			
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 OTHER (SPECIFY)						
INTERVIEWER		SUPE	ERVISOR			
NAME	NAI	ME				
DATE	DA ⁻	TE				

Introduction and Consent				
(CSO) in collaboration with Ministry of Communi about difficulties people might be experiecing all plan for services for people living with difficulties take about 20 to 30 minutes. All of the answers	. I am working with the Central Statistical Office ity Development, Mother and Child Health. We are conducting a survey lover Zambia. The information we collect will help the government to s. Your household was selected for the survey. The questions usually you give will be confidential and will not be shared with anyone other than be in the survey, but we hope you will agree to answer the questions			
In case you need more information about the su been given to your household.	rvey, you may contact the person listed on the card that has already			
Do you have any questions? May I begin the int	Do you have any questions? May I begin the interview now?			
SIGNATURE OF INTERVIEWER:	DATE:			
RESPONDENT AGREES TO BE INTERVIEWED	1 RESPONDENT DOES NOT AGREE TO BE INTERVIEV 2 → END			

	SECTION 1. ACTIVITY LIMITATION			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
101	RECORD THE TIME.	HOUR		
		MINUTES		
	I would like to ask you about difficulties you may have	e in carrying out daily activities.		
102	How old were you at your last birthday?	AGE IN COMPLETED YEARS		
102a	CIRCLE SEX OF RESPONDENT.	MALE		
103	How difficult is it for you watching/looking/seeing without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
104	How difficult is it for you listening/hearing without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
105	How difficult is it for you learning to read/write/count/calculate without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
106	How difficult is it for you acquiring skills (manipulating tools, painting, carving etc.) without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
107	How difficult is it for you thinking/concentrating <u>without</u> any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 6 NOT SPECIFIED/NOT APPLICABLE 7		
108	How difficult is it for you reading/writing/counting/calculating without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
109	How difficult is it for you solving problems <u>without</u> any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		
110	How difficult is it for you understanding others (spoken, written or sign language) without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	How difficult is it for you producing messages (spoken, written or sign language) <u>without</u> any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
112	How difficult is it for you communicating directly with others <u>without</u> any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
113	How difficult is it for you staying in one body position without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
114	How difficult is it for you changing a body position (sitting/standing/bending/lying) <u>without</u> any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
115	How difficult is it for you moving from one surface to another (transferring oneself) without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
116	How difficult is it for you lifting/carrying/moving/handling objects without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
117	How difficult is it for you picking up/grasping/manipulating/releasing (fine hand use) without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
118	How difficult is it for you pulling/pushing/reaching/ throwing/catching (hand and arm use) without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
119	How difficult is it for you walking without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	
120	How difficult is it for you moving around (crawling/climbing/running/jumping) without any kind of assistance at all? [Without the use of any assistive devices – either technical or personal]	NO DIFFICULTY 1 MILD DIFFICULTY 2 MODERATE DIFFICULTY 3 SEVERE DIFFICULTY 4 UNABLE TO CARRY OUT THE ACTIVITY 5 NOT SPECIFIED/NOT APPLICABLE 7	

SECTION 2. PATICIPATION RESTRICTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
activi	would like to know the extent to which your difficulty affe ies in your current environment where you live, work and assistive devices, either technical or personal.		
201	Do you have any difficulty washing oneself (bathing) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
202	Do you have any difficulty caring for your body parts, teeth, nails and hair in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
203	Do you have any difficulty toileting in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
204	Do you have any difficulty dressing and undressing in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
205	Do you have any difficulty eating and drinking in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
206	Do you have any difficulty shopping (getting goods and services) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPELETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
207	Do you have any difficulty preparing meals (cooking) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
208	Do you have any difficulty doing housework (washing/cleaning) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	Do you have any difficulty taking care of personal objects (e.g. mending/repairing) in your current environment	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
210	Do you have any difficulty taking care of others in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
211A	Do you have any difficulty making friends in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
211B	Do you have any difficulty maintaining friendships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
212	Do you have any difficulty interacting with persons in authority (officials, village chiefs) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
213	Do you have any difficulty interacting with strangers in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
214A	Do you have any difficulty creating family relationships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
214B	Do you have any difficulty maintaining family relationships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
215A	Do you have any difficulty making intimate relationships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215B	Do you have any difficulty maintaining intimate relationships in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
216A	Do you have any difficulty going to school in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
216B	Do you have any difficulty studying (education) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
217A	Do you have any difficulty getting a job (work and employment) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
217B	Do you have any difficulty keeping a job (work and employment) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
218	Do you have any difficulty handling income and payments (economic life) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
219	Do you have any difficulty participating in clubs / organisations (social life) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
220	Do you have any difficulty participating in recreation/ leisure (sports/play/crafts/hobbies/arts/culture) in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
221	Do you have any difficulty participating in religious / spiritual activities in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	
222	Do you have any difficulty participating in political life and citizenship in your current environment?	NO PROBLEM 1 MILD PROBLEM 2 MODERATE PROBLEM 3 SEVERE PROBLEM 4 COMPLETE PROBLEM (UNABLE TO PERFORM) 5 NOT SPECIFIED/NOT APPLICABLE 7	

SECTION 3. INVENTORY OF ENVIROMENTAL FACTORS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
of you	an active, productive member of society includes participating in a rhome, and being involved with family and friends in social, recress can help or improve a person's participation in these activities we pation.	ational and civic activities in the community. Many	
you. T	e tell me how often each of the following has been a barrier to you Think about the past year, and tell me whether each item on the list an monthly, or never. If the item occurs, then answer the question articipation in the activities that matter to you.	st below has been a problem daily, weekly, monthly,	
301	In the past 12 months, how often has the availability/ accessibility of transportation been a problem for you?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1→303
302	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
303	In the past 12 months, how often has the natural environment - temperature, terrain, climate - made it difficulty to do what you want or need to do?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1→305
304	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
305	In the past 12 months, how often have other aspects of your surroundings - lighting, noise, crowds, etc made it difficult to do what you want or need to do?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1→307
306	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
307	In the past 12 months, how often has the information you wanted or needed not been available in a format you can use or understand?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1,309
308	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
309	In the past 12 months, how often has the availability/ accessibility of emergency communication services (emergency numbers and SMS) been a problem for you?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1 →311
310	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
311	In the past 12 months, how often has the availability/ accessibility of electronic services (ATM machines, Internet and mobile banking) been a problem for you?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1,313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
313	In the past 12 months, how often has the availabilty of health care services and medical care been a problem for you?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1 →315
314	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
315	In the past 12 months, how often did you need someone else's help (assistance) in your home and could not get it easily?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1 →317
316	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
317	In the past 12 months, how often did you need someone else's help at school or work and could not get it easily?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1 →319
318	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
319	In the past 12 months, how often have other people's attitudes toward you been a problem at home?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	
320	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
321	In the past 12 months, how often have other people's attitudes toward you been a problem at school or work?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	
322	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
323	In the past 12 months, how often did you experience prejudice or discrimination?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1,325
324	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
325	In the past 12 months, how often did the policies and rules of businesses and organisations make problems for you?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1 ₃₂₇

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	_
327	In the past 12 months, how often did government programs and policies make it difficult for you to do what you want or need to do?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1 ₄₀₁
328	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	

SECTION 4. SERVICES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I'm going to ask about services.		
401A	Is (NAME) aware of counselling for parent/family?	YES	
401B	Has (NAME) needed counselling for parent/family?	YES	
401C	Has (NAME) parent/family received counselling?	YES	→ 402A
401D	How satisfied is (NAME) with the counselling for parents/family they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	402A
401E	Why has (NAME) stopped receiving counseling for parent/family?	YES NO	
402A	IS (NAME) aware of empowerment programmes (e.g. food security programs, woment empowerment, social protection fund etc.)?	YES	
402B	Has (NAME) needed empowerment programs (e.g. food security programs, woment empowerment, social protection fund etc.)?	YES	
402C	Has (NAME) received empowerment programs (e.g. food security programs, woment empowerment, social protection fund etc.)?	YES	—→403A
402D	How satisfied is (NAME) with the empowerment programs they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	403A
402E	Why has (NAME) stopped receiving empowerment programs?	YES NO	
403A	Is (NAME) aware of health information (e.g. from media, at schools, clinics, hospital etc.)?	YES	
403B	Has (NAME) needed health information (e.g. from media, at schools, clinics, hospital etc.)?	YES	
403C	Has (NAME) received health information (e.g. from media, at schools, clinics, hospital etc.)?	YES	→ 404A
403D	How satisfied is (NAME) with the health information they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	

15 National Disability Survey

Page - 11

Individual Without Disability

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
403E	Why has (NAME) stopped receiving health information?	YES NOT SATISFIED WITH THE SERVICES 1 2	
404A	Is (NAME) aware of health services (e.g. at a primary health care clinic, hospital, home health care services etc.)?	YES	
404B	Has (NAME) needed health services (e.g. at a primary health care clinic, hospital, home health care services etc.)?	YES	
404C	Has (NAME) received health services (e.g. at a primary health care clinic, hospital, home health care services etc.)?	YES	— → 405A
404D	How satisfied is (NAME) with the health services they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	2 3 4 5 4 405A
404E	Why has (NAME) stopped receiving health services?	YES NOT SATISFIED WITH THE SERVICES 1 2	0
405A	Is (NAME) aware of services from traditional healer/faith healer?	YES	
405B	Has (NAME) needed services from traditional healer/faith healer?	YES	
405C	Has (NAME) received services from traditional healer/faith healer?	YES	→ 406A
405D	How satisfied is (NAME) with the services received from traditional healing/faith healing or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	2 3 4 5 5 4 406A
405E	Why has (NAME) stopped receiving traditional healing/faith healing?	YES NOT SATISFIED WITH THE SERVICES 1 2	0
406A	Is (NAME) aware of Legal aid?	YES	
406B	Has (NAME) needed Legal aid?	YES	
406C	Has (NAME) receive Legal aid?	YES	→ 501

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406D	How satisfied is (ANME) with the legal aid they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	501
406E	Why has (NAME) stopped receiving legal aid?	YES NO	

SECTION 5. EDUCATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I'm going to ask about education.		
501	Have you ever received primary education?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
502	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL	
503	Has your level of education helped you find any work at all?	YES 1 NO 2 NOT APPLICABLE 7 DON'T KNOW 8	
504	Did you study as far as you planned?	YES 1 NO 2 STILL STUDYING 3 DON'T KNOW 8	
515	CHECK 501:		
	CODE '2' OR '8' CODE '1' CIRCLED		→ 507
505	Have you ever attended classes to learn to read and write (informal classes)?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
506	Have you received informal training at home?	YES	
507	Have you received informal training outside the home?	YES	
508	Have you received formal skills training at learning institution?	YES 1 NO 2	
509	Have you received formal skills training outside learning institution?	YES	

SECTION 6. ECONOMIC ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I'm going to ask about economic activity.		
601	Do you have any craft skills (e.g. capentry, knitting, bricklaying)?	YES	→ 604
602	What skill do you have?		
603	How did you acquire this skill?	ON THE JOB 1 AT GOVERNMENT/PUBLIC TRAINING 1 INSTITUTION 2 AT PRIVATE LEARNING INSTITUTION 3 APPRENTICESHIP 4 SELF TRAINED 5 OTHER 6 (SPECIFY)	
604	What were you mainly doing in the last 7 days?	IN PAID EMPLOYMENT/BUSINESS 1 IN PAID EMPLOYMENT BUT TEMPORARY NOT WORKING DUE TO ILLNESS, LEAVE, INDUSTRIAL DISPUTE OR ON STUDY LEAVE 2 VOLUNTEER WORK 3 CONTRIBUTING FAMILY WORKER 4 INTERN/APPRENTICE 5 OWN-USE PRODUCTION WORK 6 NOT WORKING BUT LOOKING FOR WORK/ BUSINESS 7 LOOKING BUT NOT AVAILABLE FOR WORK 8 AVAILABLE BUT NOT LOOKING FOR WORK 9 NOT LOOKING NOR AVAILABLE FOR WORK BUT WANT WORK 10 HOUSEWIFE/HOMEMAKER 11 RETIRED 12 IN SCHOOL 13 TOO OLD TO WORK 14 NOT WORKING NOT LOOKING FOR WORK 8 & NOT AVAILABLE FOR WORK 14 NOT WORKING NOT LOOKING FOR WORK 14 NOT WORKING NOT LOOKING FOR WORK 8 & NOT AVAILABLE FOR WORK 14 NOT WORKING NOT LOOKING FOR WORK 8 & NOT AVAILABLE FOR WORK FOR 0THER REASONS 15	→ 606
605	Did you do any work for at least 1 hour in the last 7 days for which you were paid in cash or kind?	YES	
606	What kind of work did you usually do in the main job/ business you had in the last 7 days? WRITE A DETAILED DESCRIPTION OF THE MAIN TASKS OR DUTIES.		
607	What kind of business/activity is mainly carried out by your employer/establishment? WRITE DOWN THE DETAILED DESCRIPTION OF THE ECONOMIC ACTIVITY		
608	Have you ever applied for a grant?	YES	

15 National Disability Survey

Page - 15

Individaul With Disability

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
609	Are you currently receiving social security, grant or any other form of pension?	YES	701
610	What type of grant or pension do you receive?	YES NO	
611	What are the TWO MAIN THINGS that the money from your grant or pension is spent on? [DO NOT READ OUT RESPONSES; CIRCLE ONLY ONE IN CHOICE A AND ONE IN CHOICE B ANSWERS]	CHOICE A B	
612	Are you the one who mainly decides how to spend your grant or pension?	YES	

SECTION 7. INVOLVEMENT IN FAMILY, SOCIAL LIFE AND SOCIETY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ľm go	oing to ask you some questions about your involvement in	different aspects of family, social life and society.	
701	Are you consulted about making household decisions?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
702	Do you go with the family to events such as family gatherings, social events etc.?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
703	Do you feel involved and part of the household or family?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
704	Does the family involve you in conversations?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
705	Do/did you take part in your own traditional practices (e.g. initiation ceremonies)?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
706	Do you participate in local community meeting?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 NOT APPLICABLE 7 DON'T KNOW 8	
708	Do you feel your voice is being heard?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 DON'T KNOW 8	
709	Do you make important decisions about your own life?	YES, ALWAYS 1 YES, SOMETIMES 2 NO 3 DON'T KNOW 8	
710	Do you have a National Registration Card (NRC)?	YES	
711	Are you a registered voter?	YES	→ 801
712	Did you vote in the last general election (2011)?	YES	→ 801
714	Why didn't you vote?	VOTE AREA NOT ACCESSIBLE 1 NOT INTERESTED IN POLITICS 2 BELOW VOTING AGE 3 OTHER 6 (SPECIFY)	

SECTION 8A. HEALTH AND GENERAL WELL-BEING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Now	I'm going to ask about your health and general well being	over the past few weeks.	
801	For the past few weeks have you been able to concentrate on what you're doing?	BETTER THAN USUAL 1 SAME AS USUAL 2 LESS THAN USUAL 3 MUCH LESS THAN USUAL 4	
802	For the past few weeks have you lost much sleep over worry?	NOT AT ALL 1 NO MORE THAN L 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
803	For the past few weeks have you felt you were playing a useful part in things?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
804	For the past few weeks have you felt capable of making decisions about things?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
805	For the past few weeks have you felt constantly under strain?	NOT AT ALL 1 NO MORE THAN L 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
806	For the past few weeks have you felt you couldn't overcome your difficulties?	NOT AT ALL 1 NO MORE THAN L 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
807	For the past few weeks have you been able to enjoy your normal day-to-day activities?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
808	For the past few weeks have you been able to face up to your problems?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
809	For the past few weeks have you been feeling unhappy and depressed?	NOT AT ALL 1 NO MORE THAN L 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
810	For the past few weeks have you been losing confidence in yourself?	NOT AT ALL 1 NO MORE THAN L 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
811	For the past few weeks have you been thinking of yourself as a worthless person?	NOT AT ALL 1 NO MORE THAN L 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4	
812	For the past few weeks have you been feeling reasonably happy, all things considered?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4	
813	Thinking about your general physical health (things like: sickness, illness, injury, disease etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your overall physical health today?	POOR 1 NOT VERY GOOD 2 GOOD 3 VERY GOOD 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you have any of the following health conditions?	YES NO	
	a) Asthma/breathing problem b) Arthritis/rheumatism c) Back or neck problem d) Fracture or bone/joint injury e) Heart problem f) Stroke problem g) Hypertension/high blood pressure h) Kidney, bladder or renal problem i) Diabetes j) Cancer k) Mental retardation l) Developmental problem m) Depression/anxiety/emotional problem n) Missing limbs, amputee o) Neurological disorder such as Multiple sclerosis	ASTHMA/BREATHING PROBLEM 1 2 ARTHRITIS/RHEUMATISM 1 2 BACK OR NECK PROBLEM 1 2 FRACTURE OR BONE/JOIN INJURY 1 2 HEART PROBLEM 1 2 STROKE PROBLEM 1 2 HYPERTENSION/HIGH BLOOD PRESSURE 1 2 KIDNEY, BLADDER OR RENAL PROBLEM 1 2 DIABETES 1 2 CANCER 1 2 MENTAL RETARDATION 1 2 DEVELOPMENTAL PROBLEM 1 2 DEPRESSION/ANXIETY/EMOTIONAL PROBLEM 1 2 MISSING LIMBS, AMPUTEE 1 2 NEUROLOGICAL DISORDER SUCH	
	(MS) or Muscular Dystrophy (MD)	AS MULTIPLE SCLEROSIS (MS) OR MUSCULAR DYSTROPHY (MD) . 1 2	
815	Thinking about your general mental health (things like: a nxiety, depression, fear, fatigue, tiredness, hopelessness etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your overall mental health today?	POOR 1 NOT VERY GOOD 2 GOOD 3 VERY GOOD 4 DON'T KNOW 6	

SECTION 8B. HIV/AIDS, STI, DIABETES AND TB (15 YEARS AND OLDER)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	Do you have any knowledge about HIV/AIDS?	YES 1 NO 2 DON'T KNOW 6	817
816a	Where did you get most of the information about HIV/AIDS from?	HEALTH FACILITY	
816b	Did you experience any problems in understanding information about HIV/AIDS?	YES	
816c	Have you ever been tested for HIV?	YES	
817	Do you have any knowledge about STI?	YES	<u>818</u>
817a	Where did you get most of the information about the STI?	HEALTH FACILITY	
817b	Did you experience any problems in obtaining/ understanding information about the STI?	YES 1 NO 2 DON'T KNOW 8	
817c	Have you ever had an STI?	YES	
818	Do you have any knowledge about diabetes?	YES	3 819
818a	Where did you get most of the information about the diabetes disease from?	HEALTH FACILITY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818b	Did you experience any problems in obtaining/ understanding information about the diabetes disease?	YES 1 NO 2 DON'T KNOW 8	
818c	Have you ever had this disease?	YES	
819	Do you have any knowledge about TB?	YES 1 NO 2 DON'T KNOW 6	1 820
819a	Where did you get most of the information about TB disease from?	HEALTH FACILITY	
819b	Did you experience any problems in obtaining/ understanding information about TB disease?	YES 1 NO 2 DON'T KNOW 6	
819c	Have you ever had this disease?	YES 1 NO 2 DON'T KNOW 8	
820	Have you ever experienced being physically abused as a child (before 18 years of age)?	YES 1 NO 2 DON'T KNOW 6	
821	Have you ever experienced being sexually abused as a child (before 18 years of age)?	YES 1 NO 2 DON'T KNOW 6	
822	Have you ever experienced being physically abused?	YES 1 NO 2 DON'T KNOW 8	
823	Have you ever experienced being sexually abused?	YES	

SECTION 9. REPRODUCTIVE HEALTH OF FEMALE MEMBERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES	→ 906
902	Do you have any sons or daughters to whom you have giv birth who are now living with you?	YES	→ 904
903	How many sons live with you?	SONS AT HOME	
	And how many daughters live with you?	DAUGHTERS AT HOME	
	IF NONE, RECORD '00'.		
904	Do you have any sons or daughters to whom you have giv birth who are alive but do not live with you?	YES	→ 906
905	How many sons are alive but do not live with you?	SONS ELSEWHERE	
	And how many daughters are alive but do not live with you	? DAUGHTERS ELSEWHER	
	IF NONE, RECORD '00'.		
906	Have you ever given birth to a boy or girl who was born ali but later died?		
	IF NO, PROBE: Any baby who cried or showed signs of lif but did not survive?	YES	→ 908
907	How many boys have died?	BOYS DEAD	
	And how many girls have died?	GIRLS DEAD	
	IF NONE, RECORD '00'.		
908	SUM ANSWERS TO 903, 905, AND 907, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS	
909	CHECK 908:		
	Just to make sure that I have this right: you have had in TOTAL births during your life. Is that correct?		
	PROBE AND YES NO CORRECT		
	901-908 AS NECESSARY		
910	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	
911	INTERVIEWER'S COMMENTS		•
912	RECORD THE TIME		
312	TEOGRET THE TIME	HOUR	\square
		MINUTES	

APPENDIX 9: MODULE ON CHILD FUNCTIONING AND DISABILITY QUESTIONNAIRE

CONFIDENTIAL 27-05-2015

MODULE ON CHILD FUNCTIONING AND DISABILITY QUESTIONNAIRE

2015 NATIONAL DISABILITY SURVEY

		IDENTIFICATI	ON	
CLUSTER NUMBER HOUSEHOLD NUMBE PROVINCE	VILLAGE ER AL = 1, URBAN = 2			
i e e e e e e e e e e e e e e e e e e e				-
		NTERVIEWER V		
	1	2	3	FINAL VISIT
DATE INTERVIEWER'S NAME				DAY MONTH YEAR
RESULT*				RESULT*
NEXT VISIT: DATE TIME			_ _	TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETE 2 NOT AT HO 3 POSTPONE 4 REFUSED 5 PARTLY CO 6 OTHER	ME D MPLETED	SPECIFY)		
- II	NTERVIEWER		SI	JPERVISOR
NAME			NAME_	
DATE			DATE	

Introduction and Consent	
collaboration with Ministry of Community Development, might be experiencing all over Zambia. The information difficulties. Your household was selected for the survey.	. I am working with the Central Statistical Office (CSO) in Mother and Child Health. We are conducting a survey about difficulties people we collect will help the government to plan for services for people living with . The questions usually take about 20 to 30 minutes. All of the answers you ne other than members of our survey team. You don't have to be in the survey, e your views are important.
In case you need more information about the survey, you your household. Do you have any guestions? May I begin the interview n	u may contact the person listed on the card that has already been given to
Do you have any questions: May i begin the interview i	IOW:
SIGNATURE OF INTERVIEWER:	DATE:
RESPONDENT AGREES TO BE INTERVIEWED 1	RESPONDENT DOES NOT AGREE TO BE INTERVIE 2→ END
IS THIS A FACE-TO-FACE INTERVIEW WITH THE PE	RSON WITH DISABILITY?
NO (I.E. SOMEONE ELSE IS REPORTING ON BI	DISABILTY) 1 EHALF OF THE PERSON WITH DISABILITY) 2 GETHER WITH THE PERSON WITH DISABILITY) 3
NAME OF PERSON RE	PORTING

SECTION 1. MODULE ON CHILD FUNCTIONING AND DISABILITY (WG/UNICEF)

TO BE RESPONDED BY THE MOTHER/MAIN CAREGIVER (TOGETHER WITH THE CHILD).

READ: The next questions ask about difficulties your child may have in doing certain activities. **READ OUT RESPONSES.** IF AGED 2-17 YEARS OLD If (NAME) wears If (NAME) does If (NAME) uses a LINE If (NAME) does Does Does (NAME) (NAME) hearing aid, does glasses, does not wear glasses, not use a hearing wear he/she have does he/she have ùse a he/she have aid, does he/she difficulty in seeing? have difficulty in difficulty seeing? glasses? difficulty in hearing aid? hearing? hearing? Would you say.... Would you say.... Would you say.... Would you say.... (2B) (4B) (1) (2A) (3) (4A) ND SD A LOT CANT ND SD A LOT CANT YES NO ND SD A LOT CANT YES NO ND SD A LOT CANT 01 3 2 2 3 GO TO 2B GO TO 3 GO TO 4B GO TO 5 02 2 2 3 2 3 2 2 3 2 3 4 GO TO 3 GO TO 4B GO TO 5 GO TO 2B 03 2 3 2 2 3 1 2 3 4 GO TO 3 GO TO 5 GO TO 2B GO TO 4B 04 2 3 2 2 3 2 3

GO TO 5

3

1 2 3 4

2

2 3 4

2 3 4

2 3 4

2 3

2 3

2 3

2 3

2

2 3

GO TO 4B

2

2

2

CODES FOR Q2A, Q2B, Q4A AND Q4B: CHILD MODULE

2

2

2 3

2 3

2 3 4

GO TO 3

3

GO TO 3

oo TO 3

2 3

2 3

2 3

2 3

2

2 3

GO TO 2B

2

2

2

2

05

06

07

80

09

10

^{1 =} NO DIFFICULTY

^{2 =} SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

LINE NO.	Does (NAME) use any equipment or receive help for walking?	any e assis (NAN diffici	out the equipment of tance of	loes e king?	With the use of any equipment or assistance, does (NAME) have difficulty walking? Would you say				child sam (NA diffid	dren ne ag ME) culty	ed with of the ge, doo have walkin ou say	es ng?	Compared with children of the same age, does (NAME) have difficulty picking up small objects with his/her hand? Would you say				
	(5)		(6)			_	7)				(8)				9)		
	YES NO	SD	A LOT	CANT	ND	SD /	A LOT	CANT	ND	SD	A LOT	CANT	ND	SD	A LO	ICANT	
01	1 2 ↓ GO TO 8	1	2	3	1	2 GO	3 TO 9	4	1	2	3	4	1	2	3	4	
02	1 2 ↓ GO TO 8	1	2	3	1	2 GO	3 TO 9	4	1	2	3	4	1	2	3	4	
03	1 2 ↓ GO TO 8	1	2	3	1	2 GO	3 TO 9	4	1	2	3	4	1	2	3	4	
04	1 2 ↓ GO TO 8	1	2	3	1	2 GO	3 TO 9	4	1	2	3	4	1	2	3	4	
05	1 2 ↓ GO TO 8	1	2	3	1	2 GO	3 TO 9	4	1	2	3	4	1	2	3	4	
06	1 2 ↓ GO TO 8	1	2	3	1	2 GO	3 TO 9	4	1	2	3	4	1	2	3	4	
07	1 2 ↓ GO TO 8	1	2	3		2 GO	3 TO 9	4	1	2	3	4	1	2	3	4	
08	1 2 ↓ GO TO 8	1	2	3	1_	2 GO	3 TO 9	4	1	2	3	4	1	2	3	4	
09	1 2 ↓ GO TO 8	1	2	3	1	2 GO	3 TO 9	4	1	2	3	4	1	2	3	4	
10	1 2 ↓ GO TO 8	1	2	3	1	2 GO	3 ↓ TO 9	4	1	2	3	4	1	2	3	4	

CODES FOR Q6: CHILD MODULE

1 = SOME DIFFICULTY 2 = A LOT OF DIFFICULTY 3 = CANNOT DO AT ALL

CODES FOR Q7, Q8 AND Q9: CHILD MODULE

1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

	Does Without the use of With the use of Without the use of Compared with Compared with																				
Does (NAME) use any equipment or receive help for walking?	any e assis (NAM difficu 100 r level	equipment tance, of tance, of tance, of the tance, of the tance, of tance, o	ent or does e king on ?	any equipment or assistance, does (NAME) have difficulty walking 100 meters on level ground?					equipm stance, ME) ha ulty wa meters groun	nent or , does ve alking s on	any e assis (NAM difficu 500 n grour	With the use of any equipment or assistance, does (NAME) have difficulty walking 500 meters on level ground?			en of does diffici meters grour ength all fiel	the sa [NAME ulty wa s on nd? (ab of 1	[] Iking oout	Compared with children of the same age, does [NAME] have difficulty walking 500 meters on level ground? (about the length of 5 football fields). Would you say			
(10)		(11)			(12)			(13)			(14)			(15)			(16)	
YES NO	NO SD A LOT CANT ND SD A LOT CANT						CANT	SD	A LOT	CANT	ND S	SD A LOT	CANT	ND	SD	A LOT	CANT	ND	SD	A LOT	CANT
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3		2 3 60 TO 17	4	1	2	3 GO	4 ↓ TO 17	1	2	3	4
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3	L	2 3 60 TO 17	4	1	2	3 GO	4 ↓ TO 17	1	2	3	4
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3	<u> </u>	2 3 60 TO 17	4	1	2	3 GO	4 ↓ TO 17	1	2	3	4
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3	Ь—	2 3 60 TO 17	4	1	2	3 GO	4 ↓ TO 17	1	2	3	4
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3	ш	2 3 60 TO 17	4	1	2	3 GO	4 ↓ TO 17	1	2	3	4
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3	L	2 3 GO TO 17	4 	1	2	3 GO	4 ↓ TO 17	1	2	3	4
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3	L	2 3 60 TO 17	4 	1	2	3 GO	4 ↓ TO 17	1	2	3	4
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3	L	2 3 60 TO 17	L ₄	1	2	3 GO	4 ↓ TO 17	1	2	3	4
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3	ш	2 3 60 TO 17	4	1	2	3 GO	4 ↓ TO 17	1	2	3	4
1 2 ↓ GO TO 15	1	2	3	1	2	3 GO	4 ↓ TO 17	1	2	3	ш	2 3 60 TO 17	4	1	2	3 GO	4 ↓ TO 17	1	2	3	4

CODES FOR Q11 AND Q13: CHILD MODULE

1 = SOME DIFFICULTY 2 = A LOT OF DIFFICULTY 3 = CANNOT DO AT ALL

CODES FOR Q12, Q14, Q15 AND Q16: CHILD MODULE

1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

		GE 5-1 RS OL				IF AG	E 2-4	YEAR	S OL	D		IF AGE 5-17 YEARS OLD										GE 2-	3
self-c feedii himse	diffications displayed diffication displayed diffication displayed diffication displayed diffication d	ulty wit uch as dressi	ng	difficu you?	lty un	IE) hav derstar	nding	Do you have difficulty understanding what (NAME) wants? Would you say				Compared with children of the same age and using [his/her usual language, does (NAME) have difficulty understanding other people? Would you say				Comp childre age a her] u does difficu under people Would	s/ ge, e ner	Compared with children of the san age, does [NAME] have difficulty learning the name of common objects Would you say					
	(17)			(18)			(19)			(2	20)			(2	21)			(22)	
ND 1	SD 2	A LOT	CANT 4	ND 1	SD 2	A LOT	CANT 4	ND 1	SD 2	A LOT	CANT 4	ND 1	SD 2	A LOT	CANT 4	ND 1	SD 2	A LOT	CANT 4	ND	SD 2	A LOT	CANT 4
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

CODES FOR Q17 TO Q22: CHILD MODULE

^{1 =} NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

IF		E 2-1 ARS	7	IF A	GE 5-	·17 YE	ARS	ı		SE 2-	4				IF AGI	E 5-17	YEAF	RS		
Composition Compos	ren of e age IE] ha ulty le new	f the , does ave earning things	g s?	childr same [NAM difficu reme things they l	mbering that nave ed?	the does ve		child age, [NAN hit ot adult	ren of how ME] kither c	d with f the s much ick, bit hildre u say.	does te or n or	age, h difficu [NAM contro behav	en of t now m Ity doe E] hav olling [viour?	he sar uch es re]	(NAM or de	often d IE) see oresse d you s	m sad d?		
	(2	23)			(2	24)			(2	25)			(2	26)			(27)		
ND	SD	A LOT	CANT	ND	SD	A LOT	CANT	N ALL	TSL	MOR	AMOR	NONE	TSL	MOR	AMOR	DAILY	WKLY	MONLY	A FEW A YR	NEVER
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5
1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	5

CODES FOR Q23 AND Q24: CHILD MODULE

1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

CODES FOR Q26: CHILD MODULE

1 = NONE 2 = THE SAME OR LESS 3 = MORE 4 = A LOT MORE

CODES FOR Q25: CHILD MODULE

1 = NOT AT ALL 2 = THE SAME OR LESS 3 = MORE 4 = A LOT MORE

CODES FOR Q27: CHILD MODULE

1 = DAILY 2 = WEEKLY 3 = MONTHLY 4 = A FEW TIMES A YEAR 5 = NEVER

							IF AG	E 5-17	YEA	RS									IF A	AGE 2	?-4 YE	ARS		
How of (NAM) anxio worried	IE) se us, n ed?	ervou:			childre age, of have comp	does [I difficul leting	he san NAME]	?	diffic activ enjo	ulty for the ys do	at (he/	ng on an she)	have accep plans	oting c or rou	lty hange		have playi				have playi hous	eholo		ts?
		(28)				(2	29)				(30)			(3	31)			(3	32)			(;	33)	
DAILY	WKLY	MONLY	A FEW A YR	NEVER	ND	SD	A LOT	CANT	ND	SD	A LOT	CANT	ND	SD	A LOT	CANT	ND	SD	A LOT	CANT	ND	SD	A LOT	CANT
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	2	3	4	5	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

CODES FOR Q28: CHILD MODULE

1 = DAILY 2 = WEEKLY 3 = MONTHLY 4 = A FEW TIMES A YEAR 5 = NEVER

CODES FOR Q29 TO Q33: CHILD MODULE

1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

		IF	AGE 5-	17 YE	ARS		
Does difficu friends Would	lty ma s?		•	Compared with children of the same age, does [NAME] have difficulty doing things with other children?			
	(;	34)			(35)	
ND	SD	A LOT	CANT	ND	SD	A LOT	CANT
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4

CODES FOR Q34 AND Q35: CHILD MODULE

- 1 = NO DIFFICULTY 2 = SOME DIFFICULTY 3 = A LOT OF DIFFICULTY 4 = CANNOT DO AT ALL

SECTION 2. ACTIVITY LIMITATION (12 -17 YEARS OLD)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	RECORD THE TIME.	HOUR	
	I would like to ask you about difficulties you may have	e in carrying out daily activities.	
202	How old were you at your last birthday?	AGE IN COMPLETED YEARS	
202a	CIRCLE SEX OF RESPONDENT.	MALE	
202b	CIRCLE IF RESPONDENT IS ALBINO.	YES	
203	Please describe your difficulty as it is without the use of ass (WRITE WHAT THE RESPONDENT SAYS IN THEIR OW	, , , , , , , , , , , , , , , , , , , ,	
204	What is the cause of your difficulty doing the activities?	FROM BIRTH/CONGENITAL	
205	How old were you when it started? a) From Birth = 00 b) Actual Years = 01-17	YEARS	

SECTION 3. INVENTORY OF ENVIROMENTAL FACTORS (12 -17 YEARS OLD)

NO. QUESTIONS AND FILTERS **CODING CATEGORIES** SKIP Being an active, productive member of society includes participating in such things as working, going to school, taking care of your home, and being involved with family and friends in social, recreational and civic activities in the community. Many factors can help or improve a person's participation in these activities while other factors can act as barriers and limit participation. Please tell me how often each of the following has been a barrier to your own participation in the activities that matter to you. Think about the past year, and tell me whether each item on the list below has been a problem daily, weekly, monthly, less than monthly, or never. If the item occurs, then answer the question as to how big a problem the item is with regard to your participation in the activities that matter to you. In the past 12 months, how often has the availability/ accessibility of transportation been a problem for you? WEEKLY MONTHLY WEEKLY LESS THAN MONTHLY NEVER 5 ⊥ ₃₀₃ NOT APPLICABLE 7 302 When this problem occurs has it been a big problem LITTLE PROBLEM 1 or a little problem? BIG PROBLEM 2 303 In the past 12 months, how often has the information you WEEKLY 2 MONTHLY 3 wanted or needed not been available in a format you can use or understand? LESS THAN MONTHLY NEVER 1 305 NOT APPLICABLE 7 LITTLE PROBLEM 1 When this problem occurs has it been a big problem 304 or a little problem? BIG PROBLEM 2 305 In the past 12 months, how often has the availability of WEEKLY 2 MONTHLY 3 health care services and medical care been a problem MONTHLYLESS THAN MONTHLY for you? NEVER 5 **⊥** 307 NOT APPLICABLE LITTLE PROBLEM 306 When this problem occurs has it been a big problem or a little problem? BIG PROBLEM 307 In the past 12 months, how often did you need someone WEEKLY MONTHLY else's help at school or work and could not get it easily? LESS THAN MONTHLY 1 309 NOT APPLICABLE LITTLE PROBLEM 308 When this problem occurs has it been a big problem or a little problem? BIG PROBLEM 309 In the past 12 months, how often have other people's DAILY WEEKLY MONTHLY attitudes toward you been a problem at home? LESS THAN MONTHLY 5 NOT APPLICABLE 310 When this problem occurs has it been a big problem LITTLE PROBLEM or a little problem? BIG PROBLEM 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	In the past 12 months, how often have other people's attitudes toward you been a problem at school or work?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	313
312	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	
313	In the past 12 months, how often did you experience prejudice or discrimination?	DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 NOT APPLICABLE 7	1 → 401
314	When this problem occurs has it been a big problem or a little problem?	LITTLE PROBLEM 1 BIG PROBLEM 2	

SECTION 4. DISCRIMINATION AND ABUSE, SERVICES AND ACCESSIBILITY (12-17 YEARS OLD).

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you about discrimination, abuse an	d services.	
	DISCRIMINATION AND ABUSE		
401	Have you ever been beaten or scolded because of your difficulty?	YES 1 NO 2 DON'T KNOW 8	1 → 403
402	Was it a family member or relative who beat or scolded you?	YES	
403	Have you ever experienced being discriminated in any public services, eg. Hospital, clinic, police station, bank e.t.c.?	YES 1 NO 2 DON'T KNOW 8	
	SERVICES		
404A	Is (NAME) aware of assistive devices/service (e.g. Sign language interpreter, wheelchair, hearing/ visual aids, Braille etc.)?	YES	
404B	Has (NAME) needed assistive devices/service?	YES	
404C	Has (NAME) received assistive devices/service?	YES	→ 405A
404D	How satisfied is (NAME) with the assistive device/service they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	2 3 4 5 5 4 405A
404E	Why has (NAME) stopped receiving assistive devices?	YES NO NOT SATISFIED WITH THE SERVICES	0
405A	Is (NAME) aware of educational services (e.g. remedial therapist/tutor, special school, early childhood stimulation, regular schooling, educational psychologist etc.)?	YES	
405B	Has (NAME) needed educational services (e.g. remedial therapist/tutor, special school, early childhood stimulation, regular schooling, educational psychologist etc.)?	YES	
405C	Has (NAME) received educational services (e.g. remedial therapist/tutor, special school, early childhood stimulation, regular schooling, educational psychologist etc.)?	YES	→ 406A
405D	How statisfied is (NAME) with the educational services they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	2 3 4 5 6 4 406A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
405E	Why has (NAME) stopped receiving educational services?	YES NO	
406A	Is (NAME) aware of Vocational training (e.g. employment skills training, etc)?	YES	
406B	Has (NAME) needed Vocational training (e.g. employment skills training, etc)?	YES	
406C	Has (NAME) received Vocational training (e.g. employment skills training, etc)?	YES	→ 407A
406D	How satisfied is (NAME) with the vocational training they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	407A
406E	Why has (NAME) stopped receiving vocational training?	YES NO	
407A	Is (NAME) aware of counselling for person with disability (e.g. psychologist, psychiatrist, social worker, school counsellor etc)?	YES	
407B	Has (NAME) needed counselling for person with disability (e.g. psychologist, psychiatrist, social worker, school counsellor etc)?	YES	
407C	Has (NAME) received counselling for person with disability (e.g. psychologist, psychiatrist, social worker, school counsellor etc)?	YES	—→408A
407D	How satisfied is (NAME) with the counselling for persons with disability that they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	408A
407E	Why has (NAME) stopped receiving counseling for person with disability?	YES NO	
408A	Is (NAME) aware of health information (e.g. from media, at schools, clinics, hospital etc.)?	YES	
408B	Has (NAME) needed health information (e.g. from media, at schools, clinics, hospital etc.)?	YES	
408C	Has (NAME) received health information (e.g. from media, at schools, clinics, hospital etc.)?	YES	→ 409A
408D	How satisfied is (NAME) with the health information they have received or still receiving?	VERY SATISFIED 01 SATISFIED 02 NEUTRAL 03 DISSATISFIED 04 VERY DISSATIFIED 05 NEVER RECEIVED 06 STOPPED RECEIVING 07	409A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408E	Why has (NAME) stopped receiving health information?	YES NOT SATISFIED WITH THE SERVICES 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2
409A	Is (NAME) aware of health services (e.g. at a primary health care clinic, hospital, home health care services etc.)?	YES	
409B	Has (NAME) needed health services (e.g. at a primary health care clinic, hospital, home health care services etc.)?	YES	
409C	Has (NAME) received health services (e.g. at a primary health care clinic, hospital, home health care services etc.)?	YES	410
409D	How satisfied is (NAME) with the health services they have received or still receiving?	VERY SATISFIED 0 SATISFIED 0 NEUTRAL 0 DISSATISFIED 0 VERY DISSATIFIED 0 NEVER RECEIVED 0 STOPPED RECEIVING 0	2 3 4 5 6 → 410
409E	Why has (NAME) stopped receiving health services?	YES NOT SATISFIED WITH THE SERVICES 1 2 SERVICES TOO EXPENSIVE 1 2 TOO FAR OR HAVE NO TRANSPORT 1 2 NOT REALLY HELPING ME 1 2 DISCRIMINATING PRACTICES 1	2 2 2
		DISCHIIVIIIVATIIVATTIAOTIOLS 1	-
Now	ACCESSIBILITY Lam going to ask you about your surroundings and h		
	I am going to ask you about your surroundings and hore assistive devices or someone is helping you, answ ASK BOTH DIRECT & PROXY REPORTERS. PLEASE THE PERSON WITH DISABILITY. Let's look at your home first. Are the rooms and toilet	ow easy it is for you to get around. If you use wer as if you are using them. REMEMBER THE INFORMATION MUST BE AB	one
or m	I am going to ask you about your surroundings and hore assistive devices or someone is helping you, answ ASK BOTH DIRECT & PROXY REPORTERS. PLEASE THE PERSON WITH DISABILITY.	ow easy it is for you to get around. If you use wer as if you are using them.	one
or m	I am going to ask you about your surroundings and hore assistive devices or someone is helping you, answ ASK BOTH DIRECT & PROXY REPORTERS. PLEASE THE PERSON WITH DISABILITY. Let's look at your home first. Are the rooms and toilet accessible to you?	ow easy it is for you to get around. If you use over as if you are using them. REMEMBER THE INFORMATION MUST BE AB YES NO N/A KITCHEN 1 2 3 BEDROOM 1 2 3 LIVING ROOM 1 2 3 DINING ROOM 1 2 3 TOILET 1 2 3	one
410	I am going to ask you about your surroundings and hore assistive devices or someone is helping you, answ ASK BOTH DIRECT & PROXY REPORTERS. PLEASE THE PERSON WITH DISABILITY. Let's look at your home first. Are the rooms and toilet accessible to you? PROBE: Now let's look at various places you might go to. Think of getting in and out of the places, and tell me for each	ow easy it is for you to get around. If you use wer as if you are using them. REMEMBER THE INFORMATION MUST BE AB YES NO N/A KITCHEN 1 2 3 BEDROOM 1 2 3 LIVING ROOM 1 2 3 DINING ROOM 1 2 3 TOILET 1 2 3 BATHROOM 1 2 3	OUT
410	I am going to ask you about your surroundings and hore assistive devices or someone is helping you, answards and hore assistive devices or someone is helping you, answards and bulkers. PLEASE THE PERSON WITH DISABILITY. Let's look at your home first. Are the rooms and toilet accessible to you? PROBE: Now let's look at various places you might go to. Think of getting in and out of the places, and tell me for each place whether it is generally accessible to you or not. The place where you work The school you attend The shops that you go to most often Place of worship	OW easy it is for you to get around. If you use of wer as if you are using them. REMEMBER THE INFORMATION MUST BE AB YES NO N/A KITCHEN 1 2 3 BEDROOM 1 2 3 LIVING ROOM 1 2 3 DINING ROOM 1 2 3 TOILET 1 2 3 BATHROOM 1 2 3 TOILET 1 2 3 BATHROOM 1 2 3 TOILET 1 2 3 SHOPS YOU GO TO OFTEN 1 2 3 SHOPS YOU GO TO OFTEN 1 2 3	OUT J/A 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

SECTION 5. EDUCATION (5 -17 YEARS OLD)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you about education.		
501	Have you ever received primary education?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	→ _{505A}
502	What type of school (do/did) you <u>mainly</u> attend in primary school?	MAIN STREAM/REGULAR SCHOOL 1 SPECIAL SCHOOL 2 SPECIAL CLASS IN MAINSTREAM/ REGULAR SCHOOL 3	
503	What type of school (do/did) you mainly attend in secondary school?	MAIN STREAM/REGULAR SCHOOL 1 SPECIAL SCHOOL 2 SPECIAL CLASS IN MAINSTREAM/ 3 REGULAR SCHOOL 3 DID NOT GO TO SECONDARY SCHOOL OR N/A 4	
504	What type of school (do/did) you <u>mainly</u> attend in tertiary school?	MAIN STREAM/REGULAR SCHOOL 1 SPECIAL SCHOOL 2 SPECIAL CLASS IN MAINSTREAM/ 8 REGULAR SCHOOL 3 DID NOT GO TO TERTIARY SCHOOL OR N/A 4	
505A	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)	→ 506
505B	Now I would like you to read this sentence in braille to me. GIVE BRAILLE TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	BLIND/VISUALLY IMPAIRED 5	
506	Has your level of education helped you find any work at all?	YES 1 NO 2 NOT APPLICABLE 7 DON'T KNOW 8	
507	Have you ever been refused entry into a regular pre-school?	YES 1 NO 2 FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 4	
508	Have you ever been refused entry into a primary school?	YES 1 NO 2 FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	
509	Have you ever been refused entry into a regular secondary school?	YES 1 NO 2 INDIVIDUAL/FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	
510	Have you ever been refused entry into a special school at any level?	YES 1 NO 2 INDIVIDUAL/FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	
511	Have you ever been refused entry into a special class (remedial)?	YES 1 NO 2 INDIVIDUAL/FAMILY DID NOT SEEK ADMISSION 3 NOT APPLICABLE 7	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
512	Did you study as far as you planned?	YES 1 NO 2 STILL STUDYING 3 DON'T KNOW 8	
513	CHECK 501: CODE '2' OR '8' CIRCLED CODE '1' CIRCLED		→ 517
514	Have you ever attended classes to learn to read and write(Informal classes)?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
515	Have you received informal training at home?	YES 1 NO 2	
516	Have you received informal training outside the home?	YES	
517	Have you received formal skills training at a learning institution?	YES	
518	Have you received formal skills training outside learning institution?	YES 1 NO 2	
519	Have you ever lived at an institution or specialised care facility for people with disabilities?	YES 1 NO 2 DON'T KNOW 8	<u></u> 601
520	What type of institution was it?	EDUCATIONAL	

SECTION 6. ECONOMIC ACTIVITY (15 - 17 YEARS OLD)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	Now I would like to ask you about economic activity.		
601	Do you have any craft skills (e.g. capentry, knitting, bricklaying)?	YES	→ 604
602	What skill do you have?		
603	How did you acquire this skill?	ON THE JOB 1 AT GOVERNMENT/PUBLIC TRAINING 2 INSTITUTION 2 AT PRIVATE LEARNING INSTITUTION 3 APPRENTICESHIP 4 SELF TRAINED 5 OTHER 6 (SPECIFY)	
604	What were you mainly doing in the last 7 days?	IN PAID EMPLOYMENT/BUSINESS 1 IN PAID EMPLOYMENT BUT TEMPORARY NOT WORKING DUE TO ILLNESS, LEAVE, INDUSTRIAL DISPUTE OR ON STUDY LEAVE 2 VOLUNTEER WORK 3 CONTRIBUTING FAMILY WORKER 4 INTERN/APPRENTICE 5 OWN-USE PRODUCTION WORK 6 NOT WORKING BUT LOOKING FOR WORK/ BUSINESS 7 LOOKING BUT NOT AVAILABLE FOR WORK 8 AVAILABLE BUT NOT LOOKING FOR WORK 9 NOT LOOKING NOR AVAILABLE FOR WORK BUT WANT WORK 10 HOUSEWIFE/HOMEMAKER 11 RETIRED 12 IN SCHOOL 13 TOO OLD TO WORK 14 NOT WORKING NOT LOOKING FOR WORK 8 NOT AVAILABLE FOR WORK FOR OTHER REASONS 15	606
605	Did you do any work for at least 1 hour in the last 7 days for which you were paid in cash or kind?	YES	→ 701
606	What kind of work did you usually do in the main job/ business you had in the last 7 days? WRITE A DETAILED DESCRIPTION OF THE MAIN TASKS OR DUTIES.		
607	What kind of business/activity is mainly carried out by your employer/establishment? WRITE DOWN THE DETAILED DESCRIPTION OF THE ECONOMIC ACTIVITY.		

SECTION 7. ASSISTIVE DEVICES (12 -17 YEARS OLD)

Now I would like to ask you about assistive devices. ASK BOTH DIRECT a PROXY RESPONDENTS: PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DISABILITY 701 Do you use any medication or traditional medicine due to your difficulty? 702 What type of medication? 703 Do you use an assistive device? 704 Please specify which assistive devices you use. 705 a) Information (e.g. eve glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Brailei? 705 b) Communication (sign language interpreter, fax, portable withis come, guide, standing farmer)? 706 d) Household items (Falain gipt in odorbell, amplified telephone, vibrating aliam dools)? 707 e) Personal care & protection (special testeners, bath & shower seats, hold seat griser, computer)? 708 g) Computer assistive technology (exploand for the blind)? 709 C) Computer assistive technology (exploand for the blind)? 709 C) Computer assistive technology (exploand for the blind)? 709 C) Personal mobility (wheelchaits of the blind)? 709 C) Personal care & protection (special testeners, bath & shower seats, holds for gendering)? 709 G) Computer assistive technology (exploand for the blind)? 709 C) Personal care & protection (special for the blind)? 709 C) Personal care & protection (special for the blind)? 709 C) Personal care & protection (special for the blind)? 709 C) Personal care & protection? 709 PERSONAL CARE & PROTECTION 1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
THE PERSON WITH DISABILITY 701 Do you use any medication or traditional medicine due to your difficulty? 702 What type of medication? 703 Modern 704 Please specify which assistive device? 705 Please specify which assistive devices you use. a) Information (e.g. eye glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Braille)? b) Communication (sign language interpreter, fax, portable withs computed?) c) Personal mobility (wheelchairs, crutches, walking sticls, white care, guide, standing farme)? d) Household items: (Fashing light on doubtell, amplified beighbone, vibrating alaim clock)? e) Personal care & protection (spopal insteners, bath & shower seats, bolts eat raiser, commode chairs, safety rails, eating adds)? g) Computer assistive technology (e-spoard for the blind)? 706 Is the assistive device(s) that you use in good working conditions, tools for gardening?? p) Communication? (c) Personal mobility? (d) Household items: (Fashing spot) (e) For handling products & goods (gripping longs, aids for opening contains, tools for gardening)? g) Computer assistive technology (e-spoard for the blind)? 707 COMMUNICATION 1 2 7 708 Is the assistive device(s) that you use in good working condition/order: If MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. 4 PERSONAL CARE & PROTECTION 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL CARE & PROTECTION 1 2 8 7		Now I would like to ask you about assistive devices.		
Toyour difficulty?			MEMBER THE INFORMATION MUST BE ABOUT	
TRADITIONAL 2 SOTH 3 S	701			→ 703
Please specify which assistive devices you use. a) Information (e.g. eye glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Braille)? b) Communication (sign language interpreter, fax, portable writer, computer)? c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? d) Household Items (Flashing light on doorbell, ampillied telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, toilet seat raiser, commode chairs, safety rais, eating adds)? f) For handling products & goods (gripping bongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? Th) Other devices? h) Other device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. yES NO DK N/A INFORMATION 1 2 8 7 COMMUNICATION 1 2 8 7 TOS b) Communication? c) Personal mobility? PERSONAL MOBILITY 1 2 8 7 COMMUNICATION 1 2 8 7 TOS b) Communication? c) Personal mobility? PERSONAL MOBILITY 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 COMMUNICATION 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 TOS b) Communication? c) Personal mobility? PERSONAL MOBILITY 1 2 8 7 PERSONAL AGRE 8 1 2 8 7 PERSONAL CARE 8 7 PERSONAL CA	702	What type of medication?	TRADITIONAL 2	
a) Information (e.g. eye glasses, hearing aids, magnifying glass, telescopic lenses(glasses, enlarge print, Braille)? b) Communication (sign language interpreter, fax, portable writer, computer)? c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, toilet seat raiser, commode chairs, salety rails, eating aids)? f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7 Total the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. PERSONAL MOBILITY 1 2 7 Total St he assistive technology? D) Communication? COMMUNICATION 1 2 8 7 Total St he assistive technology? PERSONAL MOBILITY 1 2 8 7 COMMUNICATION 1 2 8 7 Total St he assistive device(s) that you use in good working condition/order: CHOOSE MOST IMPORTANT DEVICE. YES NO DK N/A INFORMATION 1 2 8 7 D) Communication? COMMUNICATION 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL CARE & 1 2 8 7	703	Do you use an assistive device?		→ 801
glass, telescopic fenses/glasses, enlarge print, Braille)? b) Communication (sign language interpreter, fax, portable writer, computer)? c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, toilet seaf raiser, commode chairs, safety rails, eating alos)? f) For handling products & goods (gripping tongs, sids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7 Total Information? ls the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. a) Information? c) Personal mobility? PERSONAL MOBILITY 1 2 8 7 Total State assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. YES NO DK N/A a) Information? COMMUNICATION 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL CARE & NO DK N/A INFORMATION 1 2 8 7 PERSONAL CARE & 1 2 8 7	704	Please specify which assistive devices you use.	YES NO N/A	
b) Communication (sign language interpreter, fax, portable writer, computer)? c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? d) Household Items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, tollet seat raiser, commode chairs, safety rails, eating aide)? f) For handling products & goods (gripping longs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? Other devices? 705 Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. a) Information? COMMUNICATION 1 2 8 7 TO Personal mobility? PERSONAL MOBILITY 1 2 8 7 COMMUNICATION 1 2 8 7 HOUSEHOLD ITEMS 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 Di Communication? PERSONAL MOBILITY 1 2 8 7 PERSONAL CARE & 1 2 8 7 POTOECTION 1 2 8 7		glass, telescopic lenses/glasses, enlarge print, Braille)?		
c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)? d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, toilet seat raiser, commode chairs, safety rails, eating aids)? f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY . 1 2 7 TOS Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. a) Information? INFORMATION . 1 2 8 7 C) Personal mobility? PERSONAL MOBILITY . 1 2 8 7 HOUSEHOLD ITEMS 1 2 8 7 COMMUNICATION 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 HOUSEHOLD ITEMS		Communication (sign language interpreter, fax, portable writer, computer)?	COMMUNICATION	
d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)? e) Personal care & protection (special fasteners, bath & shower seats, tollet seat raiser, commode chairs, safety rails, eating aids)? f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7 TOS Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. D) Communication? COMMUNICATION 1 2 8 7 TOS Personal mobility? PERSONAL CARE & PROTECTION 1 2 7 TOS Is the assistive device(s) that you use in good working condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. YES NO DK N/A a) Information? COMMUNICATION 1 2 8 7 d) Household items? HOUSEHOLD ITEMS 1 2 8 7 PERSONAL MOBILITY 1 2 8 7 PERSONAL CARE & 1 2 8 7 PROTECTION 1) For handling products & goods? HANDLING PRODUCTS & 1 2 8 7 GOODS G) Computer assistive technology? COMPUTER ASS. 1 2 8 7 TECHNOLOGY		c) Personal mobility (wheelchairs, crutches, walking sticks, white cane, guide, standing frame)?		
e) Personal care & protection (special fasteners, bath & shower seats, toliet seat raiser, commode chairs, safety rails, eating aids)? f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY . 1 2 7 h) Other devices? OTHER		d) Household items (Flashing light on doorbell, amplified telephone, vibrating alarm clock)?	HOUSEHOLD ITEMS 1 2 7	
f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)? g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7 h) Other devices? OTHER		Personal care & protection (special fasteners, bath & shower seats, toilet seat raiser, commode chairs, safety rails, eating aids)?		
g) Computer assistive technology (keyboard for the blind)? COMPUTER ASS. TECHNOLOGY 1 2 7		f) For handling products & goods (gripping tongs, aids for opening containers, tools for gardening)?		
h) Other devices?		g) Computer assistive technology (keyboard for the blind)?	COMPUTER ASS. TECHNOLOGY . 1 2 7	
Condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. YES NO DK N/A				
a) Information? INFORMATION 1 2 8 7 b) Communication? COMMUNICATION 1 2 8 7 c) Personal mobility? PERSONAL MOBILITY 1 2 8 7 d) Household items? HOUSEHOLD ITEMS 1 2 8 7 e) Personal care & protection? PERSONAL CARE & 1 2 8 7 protection 1 2 8 7 f) For handling products & goods? HANDLING PRODUCTS & 1 2 8 7 g) Computer assistive technology? COMPUTER ASS. 1 2 8 7 TECHNOLOGY 1 2 8 7	705	condition/order: IF MORE THAN ONE DEVICE IN ONE CATEGORY,		
b) Communication?				
c) Personal mobility? PERSONAL MOBILITY 1 2 8 7 d) Household items? HOUSEHOLD ITEMS 1 2 8 7 e) Personal care & protection? PERSONAL CARE & 1 2 8 7 PROTECTION f) For handling products & goods? HANDLING PRODUCTS & 1 2 8 7 GOODS g) Computer assistive technology? COMPUTER ASS 1 2 8 7 TECHNOLOGY				
d) Household items? HOUSEHOLD ITEMS 1 2 8 7 PERSONAL CARE & 1 2 8 7 PROTECTION f) For handling products & goods? HANDLING PRODUCTS & 1 2 8 7 GOODS g) Computer assistive technology? COMPUTER ASS 1 2 8 7 TECHNOLOGY				
e) Personal care & protection? PERSONAL CARE &				
PROTECTION f) For handling products & goods? HANDLING PRODUCTS & 1 2 8 7 GOODS g) Computer assistive technology? COMPUTER ASS 1 2 8 7 TECHNOLOGY		d) Household items?		
GOODS g) Computer assistive technology? COMPUTER ASS		e) Personal care & protection?		
g) Computer assistive technology? COMPUTER ASS 1 2 8 7 TECHNOLOGY		f) For handling products & goods?	GOODS	
		g) Computer assistive technology?	COMPUTER ASS	
		h) Other devices?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO. 706	QUESTIONS AND FILTERS Where did you get the assistive device(s)? IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE. SEE CODES BELOW.	CODING CATEGORIES INFORMATION	SKIP
707	Who, if any, maintains or repairs your assistive device(s)?	INFORMATION	
	IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE.	PERSONAL MOBILITY	
	SEE CODES BELOW.	PERSONAL CARE & PROTECTION	
708	Were you given any information or help/training on how to use your device(s)? IF MORE THAN ONE DEVICE IN ONE CATEGORY, CHOOSE MOST IMPORTANT DEVICE.	INFORMATION	
	SEE CODES BELOW.	HOUSEHOLD ITEMS	
709	Think of the MAIN assistive device you are using – on a scale of 1 (not content) to 4 (very content) – How would you describe your level of content/satisfaction with the device that it meets your needs?	NOT CONTENT 1 LESS CONTENT 2 CONTENT 3 VERY CONTENT 4 DON'T KNOW 8	

CODES FOR Q606:

- 1 = PRIVATE
- 2 = GOVERNMENT HEALTH SERVICE
- 3 = OTHER GOVERNMENT SERVICE
- 4 = NGO
- 6 = OTHER
- 8 = DON'T KNOW

CODES FOR Q607:

- 02 = GOVERNMENT
- 04 = EMPLOYER
- 07 = CANNOT AFFORD TO MAINTAIN

Page - 20

- OR REPAIR 96 = OTHER

15 National Disability Survey

- 01 = SELF
- 03 = FAMILY
- 05 = NGO
- 06 = NOT MAINTAINED
- 98 = DON'T KNOW

CODES FOR Q608:

- 1 = COMPLETE/FULL INFORMATION
- 2 = SOME INFORMATION
- 3 = NO INFORMATION
- 4 = DON'T KNOW/CAN'T REMEMBER

SECTION 8A. HEALTH AND GENERAL WELL-BEING (12 -17 YEARS OLD)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
Now	I'm going to ask about your health and general well being over the past few weeks.				
801	For the past few weeks have you been able to concentrate on what you're doing?	BETTER THAN USUAL 1 SAME AS USUAL 2 LESS THAN USUAL 3 MUCH LESS THAN USUAL 4			
802	For the past few weeks have you lost much sleep over worry?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4			
803	For the past few weeks have you felt you were playing a useful part in things?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4			
804	For the past few weeks have you felt capable of making decisions about things?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4			
805	For the past few weeks have you felt constantly under strain?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4			
806	For the past few weeks have you felt you couldn't overcome your difficulties?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4			
807	For the past few weeks have you been able to enjoy your normal day-to-day activities?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4			
808	For the past few weeks have you been able to face up to your problems?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4			
809	For the past few weeks have you been feeling unhappy and depressed?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4			
810	For the past few weeks have you been losing confidence in yourself?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4			
811	For the past few weeks have you been thinking of yourself as a worthless person?	NOT AT ALL 1 NO MORE THAN USUAL 2 RATHER MORE THAN USUAL 3 MUCH MORE THAN USUAL 4			
812	For the past few weeks have you been feeling reasonably happy, all things considered?	MORE SO THAN USUAL 1 SAME AS USUAL 2 LESS SO THAN USUAL 3 MUCH LESS THAN USUAL 4			
813	Thinking about your general physical health (things like: sickness, illness, injury, disease etc.) – on a scale of 1 (poor) to 4 (very good) – How would you describe your overall physical health today?	POOR 1 NOT VERY GOOD 2 GOOD 3 VERY GOOD 4 DON'T KNOW 8			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
814	Do you have any of the following health conditions?	YES N	10
	a) Asthma/breathing problem	ASTHMA/BREATHING PROBLEM 1 2	2
	b) Arthritis/rheumatism	ARTHRITIS/RHEUMATISM 1 2	2
	c) Back or neck problem	BACK OR THE NECK PROBLEM 1 2	2
	d) Fracture or bone/joint injury	FRACTURE OR BONE/JOINT INJURY . 1 2	-
	e) Heart problem	HEART PROBLEM 1 2	-
	f) Stroke problem	STROKE PROBLEM 1 2	2
	a) Hypertension/high blood pressure	HYPERTENSION/HIGH BLOOD	
		PRESSURE 1 2	2
	h) Kidney, bladder or renal problem	KIDNEY, BLADDER OR RENAL	
	" Pistorio	PROBLEM 1 2 DIABETES 1 2	-
	i) Diabetes	CANCER	-
	i) Cancer	MENTAL RETARDATION	-
	k) Mental retardation	DEVELOPMENTAL PROBLEM 1 2	-
	Developmental problem Developmental problem	DEPRESSION/ANXIETY/EMOTIONAL	·
	m) Depression/anxiety/emotional problem	PROBLEM 1 2	,
	n) Missing limbs, amputee	MISSING LIMBS, AMPUTEE 1 2	5
	o) Neurological disorder such as Multiple sclerosis	NEUROLOGICAL DISORDER SUCH AS	-
	(MS) or Muscular Dystrophy (MD)	MULTIPLE SCLEROSIS (MS) OR	
	(We) of Maddalar Byoliophy (WB)	MUSCULAR DYSTROPHY (MD) 1 2	,
815	Thinking about your general mental health (things like:	POOR 1	
	anxiety, depression, fear, fatigue, tiredness,	NOT VERY GOOD 2	2
	hopelessness etc.) - on a scale on 1 (poor) to 4	GOOD 3	3
	(very good) – How would you describe your overall	VERY GOOD 4	.
	mental health today?	DON'T KNOW 8	3

SECTION 8B. HIV/AIDS, STI, DIABETES AND TB (12 -17 YEARS OLD) QUESTIONS AND FILTERS CODING CATEGORIES Do you have any knowledge about HIV/AIDS? YES NO DON'T KNOW

0.0	Do you have any monitoring about my about	NO	2	817
816a	Where did you get most of the information about HIV/AIDS from?	FAMILY	02 03 04 05 06 07 08	
816b	Did you experience any problems in understanding information about HIV/AIDS?	YES NO DON'T KNOW	1	
816c	Have you ever been tested for HIV?	YES		
817	Do you have any knowledge about Sexually Transmited Infections (STIs)?	YES NO DON'T KNOW	2	1 → 818
817a	Where did you get most of the information about the STI?	DOCTOR AT WORK NEWSPAPER/MAGAZINE FRIENDS FAMILY RADIO/TV POSTER/PAMPHLET SCHOOL OTHER (SPECIFY)	03 04 05 06 07 08	
817b	Did you experience any problems in obtaining/ understanding information about the STI?	YES		
817c	Have you ever had an STI?	NO		
818	Do you have any knowledge about diabetes?	YES NO DON'T KNOW	2	819
818a	Where did you get most of the information about the diabetes disease from?	DOCTOR AT WORK NEWSPAPER/MAGAZINE FRIENDS FAMILY RADIO/TV POSTER/PAMPHLET SCHOOL OTHER (SPECIFY)	03 04 05 06 07 08	

816

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818b	Did you experience any problems in obtaining/ understanding information about the diabetes disease?	YES 1 NO 2 DON'T KNOW 8	
818c	Have you ever had this disease?	YES 1 NO 2 DON'T KNOW 8	1 819
818d	Do you have Diabetes 1 or 2?	DIABETES 1 1 DIABETES 2 2	
818e	Do you have access to medicines?	YES	
819	Do you have any knowledge about TB?	YES 1 NO 2 DON'T KNOW 8	1 820
819a	Where did you get most of the information about TB disease from?	HEALTH FACILITY	
819b	Did you experience any problems in obtaining/ understanding information about TB disease?	YES 1 NO 2 DON'T KNOW 6	
819c	Have you ever had this disease?	YES 1 NO 2 DON'T KNOW 8	
820	Have you ever experienced being physically abused?	YES 1 NO 2 DON'T KNOW 8	
821	Have you ever experienced being sexually abused?	YES 1 NO 2 DON'T KNOW 8	

