

Findings:

1. Content of WHO DAS:

- A significant number of questions is difficult to understand by interviewees – translation must be an issue
- Additional questions are included, outside those standardized by WHO DAS, i.e. questions on pain – not clear how it will factor into 6 domains; specification on the use of assistive devices - not clear why this question is asked and double-information is requested from interviewees.
- "During last 30 days" is repeated every time, which makes the form cumbersome
- The scale in the presented form should be in numbers, not in words
- Face Questions that collect "social" information are not included: independent, assisted, or hospitalized living.
- Takes 40-60 minutes, when WHO says it should take up to 20

2. Content of the child assessment form:

- Very long questionnaire
- Age division is an issue, as well as pertinence to each age group
- Other comments similar to the WHO DAS

3. Social Needs and Resources Assessment:

- Many redundant questions with functional assessment or what the functional assessment should collect according to WHO DAS 2.0
- Not clear why or how the social assessment will contribute to the disability assessment: WHO DAS does not allow such interpretation and is not requesting a social assessment
- Collects informed agreement, when this should be a role of a functional assessment, according to WHO DAS
- With the current organization, it is a barrier to functional assessment: interaction with one additional specialist; one additional appointment is likely; is a "filter" whether or not a functional assessment will be undertaken;
- It is also an additional unjustifiable cost to functional assessment model, that is being piloted as a future model of the country; thus it is not cost-effective for the country and suggests extra cost for no benefits to disability assessment;

4. Missing components:

- Assessment of environment and its influence on functioning

5. Staff organization and potential contractual issues with USAID:

- Too many part-time workers for each position, including when a full-time position is available.
- Case Managers' role is redundant with the role of a statutory social worker; specifically:
 - Conduct social needs assessment (social workers, social agents)
 - Refer interviewees to existing services (social workers, the referral/consultation center)
 - Map existing services (the referral/consultation center), and
 - Conduct outreach to inform organizations and general public about functional assessment (the referral/consultation center).
- Medical Coordinator: USAID prohibits paying to a person for the same work or the same time period for which this person is paid from the host country government. In this case- Social Service Agency is paying to this doctor to license a disability; during performing this state-funding task this person receives a second full time salary from our project for just referring the licensees to the project. For the past one month, no those activities have been undertaken by these doctors;
- Social needs assessment is outside the PD; USAID's funds should not go to social needs assessment or personnel.