



Appendix F: Parent/Caretaker Pre- and Post-Workshop Survey

Please tick: Pre workshop survey or Post workshop survey

Full Name: _____ Date: _____

Age: _____ Gender: _____ Occupation: _____

Church Denomination: _____ (*___ prefer not to answer*)

Ethnicity: _____ (*___ prefer not to answer*)

Residence: _____ (*___ prefer not to answer*)

Marital Status: ___ Married ___ Single ___ Prefer not to Answer ___

Education Level Completed: ___ None ___ Primary ___ Secondary ___ College ___ Masters ___ PhD
___ Prefer not to answer

Do you have a disability? ___ Yes (Disability Type: _____)
___ No ___ Prefer not to answer

How many children do you have?

How many of your children have disabilities?

What is your child's/children's disability (please describe)

What is your child's/children's age?

What were your feelings when you discovered your child's disability?

How does the community treat your child with a disability?



For the questions below, indicate whether you believe the statement is true Always, Most of the Time, Sometimes, Rarely or Never

	Always	Most of the Time	Sometimes	Rarely	Never
Causes					
1. I believe disability is a punishment for sin or the sins of their parents					
2. Disabilities are the result of witchcraft or curses					
3. A person is possessed by spirits if someone starts shaking, has odd or bad behavior, hears or sees things not there, or seems to act differently than other people					
4. Disabilities are contagious.					
5. My community includes my child and treats him/her with kindness					
6. I feel isolated and alone because of my child's disability					
Interventions					
7. A child with a disability can be cured by a traditional healer					
8. A child with a disability can be cured by a pastor or other religious leader					
9. I know where to go to get assistance for my child's disability					
10. Beating a child is an effective way to help them behave					
Rights of People with Disabilities					
11. Children and youth with disabilities have a legal right to access education					
12. People with disabilities have a legal right to access medical care					

Other comments?



Appendix G: Parent's Weekly Reporting Form

Parents name:	Location:
Dates of week: Monday_____ - Friday_____, Month:_____ Year:_____	Phone Number:
<ul style="list-style-type: none"> • Please complete this form every week to help us understand the number of individuals with disabilities who are being impacted by the work of Kuhenza. Please use space on back of form for extra comments. • Every month please return all weekly tracking forms to Kuhenza Office, along Malindi Road, near Oilibya, Gede. • Alternatively please send a high quality picture of this form your community leader contact or a Kuhenza staff member • Please do not hesitate to contact us if you require any further assistance 	

1) How many speeches have you given about disability care, rights and inclusion to groups? Total number: _____	A) Location of each speech	B) Number of people	C) Gathering Type
2) How many individuals have you spoken to about disability care, rights and inclusion? Total number: _____	A) Names of persons		B) Type / title of persons
3) How many people impacted by disability have you counselled? Total number: _____	A) Names of persons		B) Type / title of persons
4) How many children with disabilities have you referred to school? Total number: _____	A) Child names	B) School names	C) Did they attend?



5) How many children with disabilities have you referred to medical care? Total number: _____	A) Child names	B) Facility names	C) Did they attend?
6) How many families of disabled children have you referred to parent support groups? Total number: _____	A) Names of persons		B) Did they attend?

Additional Comments

How have you been supporting your own child with a disability this month? What changes have you seen in him or her?

Describe any challenges you faced this month or situations that prevented you from taking action:

Follow up from previous weeks referrals/counselling/support groups etc.:

Are there any individuals who require additional assistance from Kuzenza? (Please provide contact details):