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# Key Informant Methods: An Innovative Social Mobilization Strategy to enable Community-based Diagnosis, Treatment and Rehabilitation for People with Disability

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## ABSTRACT

Key informant method is an innovative technique for identifying people who are disabled in the community, by training local volunteers to act as key informants. Key informants are the local native people include teachers, village doctors, local health workers, religious leaders, community leaders, students, traditional healers, police, NGO staffs, health professionals, local journalists, village councils etc. For them, host organization organized a training to train the key informants to identify and refer the suspected disable people. The study proved key informant method as a valid method for identification of disabling children. Key informant method had a high sensitivity (average 98%) for case detection in all groups but specificity was lower (average 44%), particularly for hearing impairment. Key Informant Method can be used to collect data on types of disabilities, cause, the magnitude of impairments, severity, quantify a need for disabled people, and making access to services (including adoption, health check-up, vocational training, rehabilitation, and other facilitation training).

**Keywords:** Bangladesh; disability; key Informant; key informant methods

## INTRODUCTION

Globally, one billion people are disabled.<sup>1</sup> In Nepal, 1.94% of people have different kind of disability.<sup>2</sup> For estimating number and plan for services for disabled children, door-to-door surveys are often used which can be costly and time-consuming.<sup>3</sup> The international center for evidence in disability was working in different settings in Bangladesh and Malawi for developing and validating key informant method (KIM).<sup>4</sup> It is a technique to identify people with disabilities in the community through skilled and trained community volunteers, known as key informants (KIs). This tool is being adopted in many developing countries including Bangladesh, Iran, Pakistan, Malawi, Nepal and India.<sup>1,5-7</sup>

## UNDERSTANDING of KIM

KIM is a pioneering technique for identifying people who are disabled (Cerebral palsy) in the community. In this method, at the initial stage responsible/assigned organization organizes a training to the KIs to know about

identification of disabled person in a particular area/region. KIs are those people who live and/or work in their native community having good rapport in the selected community. Trained community mobilizers (TCMs) of the responsible/assigned organization are responsible for identifying potential KIs, with giving an emphasis on culture, gender, and diversity in recruitment. The KIs should fulfill some criteria by having a good knowledge and influence in their community. These KIs must be literate and have a good understanding of disability in their native community. The identified local KIs must attend a 1 or 2-days structured training format led by the TCMs, consisting of disability-specific information using flip chart illustrations, awareness raising topics, interactive general discussions on disability, role play with guidance on carrying out KI functions. While selecting the KI local people including teacher, village doctor, a local health worker, religious leader, community leader, student, traditional healer, police, NGO staff, health professional, local journalist, village council etc are a community volunteers. After getting the training, major responsibility of a KI is, for that selected

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community, he/she will have 4-6 weeks to list the suspected disabled individuals as he/she has preferred in their catchment area. Next step is, a date will be fixed to conduct a camp (gathering for medical assessment and research) which is mainly focused on assessing the individual persons who were suspected as disabled by KIs.<sup>3</sup> The KIs will refer the listed individuals to come on that fixed date. The assessment should be in a convenient, accessible and popular location of that locality hosted by the responsible/assigned organization. KIM is also preferable to use in the awareness creation, capacity building, treatment, rehabilitation and finding the real disabled people from the population group.

### SPECIFIC RESULT

KIM is applied in both curative and preventive parts like awareness, screening, identification, treatment, rehabilitation and services according to the needs. The KIM Disability project in Bangladesh and Pakistan had been tested by Christoffel Blind Mission (CBM International) and London School of Hygiene and Tropical Medicine which proved KIM as a valid method for identification of disabling children.<sup>8</sup> It is an appropriate, low-cost method of case detection through community participation, using a sustainable network of volunteer like KIs.<sup>3</sup> It is also a more suitable option for follow-up than a household survey. KIM had a high sensitivity (average 98%) for case detection in all groups but specificity was lower (average 44%), particularly for hearing impairment.<sup>8</sup> In Bangladesh the reasons category for non-attendance at medical camps were mostly, because of confused of camp dates/venue or purpose of camp, family did not agree or no one to take child, Attended camp but did not registered and went home, Not present at village during camp, Too old-above 18 years or considered mild condition only, transport and access difficulty sequentially.<sup>3</sup> In Malawi, about 15,000 children were listed by KIs as potentially having a disability of whom 7,220 (48%) attended a screening camp on a campsite.<sup>5</sup> Among the children screened, 39% (n=2,788) were identified as having at least one of the impairment.<sup>5</sup> Similarly, in Bangladesh, out of total 2,260 children identified by KIs, 1,227 children attended for examination (54%), of which 911 (74%) children were diagnosed to have a disabling impairment.<sup>8</sup> Training of over 1,500 community KIs in Bangladesh and 500 in Pakistan in 2013 was done, though which clinical screening of almost 4,000 children in Bangladesh and 1,500 in Pakistan was possible.<sup>6</sup> In Turkana, Kenya the fieldwork was undertaken through a combination of both quantitative and qualitative research and a population based case-control study in the child disability and

malnutrition project.<sup>7</sup>

### SUGGESTION for FURTHER WORK

The KIM can be easily adapted but it depends on the nature of the research project and the needs of the researchers. With the right training and support to KIs, it will be easy to identify people with disabilities as comprehensively as a population-based survey. KIM can be used to collect data on types of disabilities, cause, the magnitude of impairments, severity, quantify any need for disabled individual, and making access to services (including adoption, nutrition, health check-up, vocational training, rehabilitation, mental health, education, accessibility and other facilitation training). The barriers and challenges will also be identified about the person with disabilities and connect them with existing health services or to enrollment to newly established or further developing services. KIM is almost ten times lower cost than other population based-survey to estimates of prevalence and detail information on people with unmet needs.<sup>4</sup>

KIM can be used to identify the extensive barriers to education and rehabilitative service uptake for people with disabilities and it helps to make a good linkage in a partnership with stakeholders. As a long-term disability advocacy tool to link between people with disabilities and available health and other services in the community, the method like KIM can be one sustainable choice. Can be best to apply in remote settings of low-income and limited resources by integrating it into community-based research workers, capitalizing on existing networks and maximizing KIs motivation for being social and getting respect, ownership and dignity from the community people. KIM should be fully captioning the whole spectrum of people with disability like a basket approach to identify differently abled people.

### RECOMMENDATION

Household door to door surveys and population-based survey are expensive and time-consuming than the KIM to identify the disabled individual, specially in resource-limited developing countries like Nepal, Bangladesh, Pakistan, India, etc. A key recommendation would be to determine the time, date and location of the camp site in advance and disseminate information during training. In addition, dissemination of information by KIs to households prior to the campsite must be necessary. While managing or arrangement of camp it is necessary to consider camp locations (accessibility), the feasibility of travelling for disabled individuals and possible

methods of transportation should be managed. If few modification could be made according to the country context and necessity, then the method will be a more successful one.

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