Final Report

Date: April 3rd 2003
Title of project and project ref. no.: Field testing of the "Access Portfolio": The Early Identification and Intervention for Children with Disabilities. IKK9
Organisation: CICH
Reporting period: 10-07-2002 to 31-03-2003(end)

1. GOAL: The goal of this project was to evaluate the ease of use and value of this portfolio for fieldworkers and beneficiaries.
PURPOSE: The Access Portfolio was developed to:

- Identify children with disabilities;
- Suggest simple advice messages for mothers and referrals where appropriate;
- Provide a package for screening and early intervention, which could be easily administered by primary health care staff.

OUTPUTS: The main outputs of the project were

- The proven value of the Access Portfolio in identifying disabilities early;
- The ease of use by Primary Health Care Workers (PHCWs);
- The satisfaction of identification and advice by parents and carers.

N.B. For output to purpose summary please see appendix 1

2. Work carried out in this period:
i) Quantative data entry finished and analysis completed
ii) Meeting held with Sri Lankan, Ugandan and UK co-ordinators in Uganda to discuss qualitative data collection
iii) Qualitative data collection finished and analysis completed
iv) Meeting held with Sri Lankan, Ugandan and UK co-ordinators in Sri Lanka to discuss dissemination of information.
v) Comments from partners and interested parties collated.
vi) Comparison of experiences between Sri Lankan and Ugandan projects completed
vii) Final report written and sent to partners

3. Overall results of findings obtained by the project: Refer to appendices 1a) and 1b)

4. Implications of the results for achieving the outputs and purposes of the project:

The results clearly demonstrate that the ACCESS Portfolio does identify disabilities early. Of the 1,349 children brought by their parents because they were concerned about their children's development 11% (n=66) in Sri Lanka and 44% (n=341) in Uganda were identified by health workers as having a disability (see table 1 in Appendix 1b). The discrepancy between the marked difference in percentages in the two countries is explained in the bullet points below table 2. In Uganda the new rehabilitation services had alerted parents to disability and they brought children who had not yet been identified nor given any services. In Sri Lanka where services for children with disabilities are available, parents did not bring children for screening who were already identified as having a disability and receiving appropriate services. This would be the same in any country with scant resources.

Table 3a in Appendix 1a) shows that for children over two years the fieldworkers achieved over 80% agreement with experts in their screening identification. With children under two years both in Uganda and Sri Lanka there was an occasion where the health workers screen results were less than 80% accurate but this is not surprising as identification with young children is more difficult.

It can be seen from the qualitative data reported in Appendix 1b) that the health workers in both countries felt both competent and confident in their use of the ACCESS materials. When we look at parental satisfaction the results are mixed. There are some very positive comments in Tables 2a) and 2b) but there were also negative comments often related to the costs of referral to services for follow up after recognition of the disability

5. Priority Activities: tasks for follow up in order to pursue the Goal

We have plans for 4 publications:
One about the ACCESS materials and how they can be used. This for an international disability publication, possibly “Disability and Rehabilitation”.
One for the “Asia Pacific journal for Rehabilitation and Disability” (widely read in the South)
One for one of the newsletters possibly: “Postgraduate Doctor Asia” and “Postgraduate Doctor Africa”

We have a meeting on 13/05 with WHO, who commissioned the original ACCESS materials. It is our hope that following this field testing the ACCESS materials will be made available through the WHO network but until that meeting we cannot confirm this. Hopefully further stages of final editing and production of the materials will be undertaken by WHO.

6. Summary of financial expenditure: See appendix 2.

7. Name and signature of this final report:

Karen Edwards Sheila Wirz

Appendix 1a)

Table 1.

Numbers of children brought by their parents/carers to the Access project as a result of their being "concerned that their child (under 4 years of age) is different to others of the same age": age and gender data.

Country ►	Uganda N = 769		Sri Lanka N = 580	
Age group ▼	Number of children Male: Female	Percentage of total	Number of children Male: Female	Percentage of total
0-12 months	331 161:169 *1	43%	215 114:101	37%
1-2 years	210 104:104 *2	27%	206 108:98	36%
2-3 years	108 59:46 *3	14%	127 63:64	22%
3-4 years	64 37:26 *1	8%	27 17:10	5%
4 years +	56 30:25 *1	7%	5 2:3	1%

* = Children in age group whose gender is unknown

- There is no significant gender difference at any age.
- Sri Lanka and Uganda age figures are very similar
- There are less total numbers of older children seen in Sri Lanka; however the percentage figures for the two countries are similar.

Table 2

Data relating disabilities found in Sri Lanka and Uganda, including children with multiple disabilities: age groups

Age group and country ▶	Sri Lanka 0-12 months N=215	Sri Lanka 1-2 years N=206	Sri Lanka 2-3 years N=127	Sri Lanka 3-4 years N=27	Sri Lanka 4 years + N=5	Sri Lanka Totals	Uganda 0-12 months N=331	Uganda 1-2 years N=210	Uganda 2-3 years N=108	Uganda 3-4 years N=64	Uganda 4 years + N=56	Uganda Totals
TOTAL number of children with any disability (%)	**22 (10%)**	**23 (11%)**	**12 (9%)**	**7 (26%)**	**2 (40%)**	**66 (11%)**	**103 (31%)**	**97 (46%)**	**57 (53%)**	**43 (67%)**	**41 (73%)**	**341 (44%)**
Numbers of problems found ▼												
Delay in development	14 (64%)	17 (74%)	8 (67%)	3 (43%)	0	**42 (64%)**	42 (41%)	49 (51%)	19 (33%)	15 (35%)	7 (17%)	**132 (39%)**
Problem with moving and self care	5 (23%)	2 (7%)	2 (17%)	2 (29%)	0	**11 (17%)**	39 (38%)	35 (36%)	33 (58%)	25 (58%)	19 (46%)	**151 (44%)**
Problem with hearing	0	0	0	0	0	**0 (0%)**	7 (7%)	10 (10%)	7 (12%)	7 (16%)	12 (29%)	**43 (13%)**
Problem with seeing	1 (5%)	0	0	0	0	**1 (2%)**	7 (7%)	6 (6%)	0	5 (12%)	3 (7%)	**21 (6%)**
Problem with communication	0	2 (7%)	2 (17%)	2 (29%)	1 (50%)	**7 (11%)**	3 (3%)	7 (7%)	12 (21%)	12 (28%)	17 (41%)	**51 (15%)**
Problem but not identified	3 (14%)	2 (7%)	4 (33%)	1 (14%)	1 (50%)	**11 (17%)**	23 (22%)	10 (10%)	5 (9%)	3 (7%)	5 (12%)	**46 (13%)**

- In Sri Lanka children were brought to the project if they were causing their parents/carers concern. Children in the 3 years and more age group were fewer; however a higher percentage of those children had disabilities.
- Figures for disabilities in the younger children in Sri Lanka were almost what would be expected from a normal population, although may have been a little higher due to their parents/carers having already expressed concern.
- The Ugandan project co-ordinator suggests that figures in Uganda may be higher due to several reasons; the project area is a malarial area, other health workers began to know about the project and therefore did some informal pre-screening of children to be seen by the project, and new rehabilitation services started in the same area at the same time as the project so more people were alerted to a disability project in the area.
- Observations by the researcher suggest that the area has not had accessible rehabilitation services therefore children who are already identified were brought to the project for help.
- The Sri Lankan project co-ordinator suggests that figures may be lower for Sri Lanka because the fieldworkers offer a door to service and therefore children with an obvious disability were already identified and were not seen by the project

Data relating to numbers of children reassessed by the 10% check

Table 3a)

Data relating to numbers of children whose 10% check confirmed the original assessment.

Country ►	**Uganda** N = 74		**Sri Lanka** N = 59	
Age group ▼	Number of children reassessed	Number of assessments found to be correct	Number of children reassessed	Number of assessments found to be correct
0-12 months	19 (26%)	13 (68%)	21 (36%)	17 (81%)
1-2 years	16 (22%)	14 (88%)	21 (36%)	12 (57%)
2-3 years	17 (23%)	14 (82%)	11 (19%)	9 (82%)
3-4 years	8 (11%)	7 (88%)	6 (10%)	5 (83%)
4 years +	14 (19%)	12 (86%)	0	N/A

Sri Lanka mean 76 % Uganda mean 82 %

- The Sri Lankan fieldworkers saw more younger children than the Ugandan fieldworkers; therefore no children were checked in the 4 years and over age group.
- The older the child the less likely it is to make a mistake in detecting a disability. This is confirmed that both groups of fieldworkers had higher identification agreement with older children.
- In Sri Lanka the 10% check was more biased towards impairment (being undertaken by a physician) whereas in Uganda the 10% check was more biased towards disability (being undertaken by therapists).
- Ugandan 10% checks were usually done on the same day as the original assessment. In Sri Lanka there could be as much as six weeks between the original assessment and the 10% check.
- There is over 75% agreement in both countries.

Table 3b)

Data relating to numbers of children whose 10% check refuted the original assessment.

Country► **Reason for disagreement▼**	**Sri Lanka**		**Uganda**
False positives	**4**		**2**
False negatives	**8**		**1**
Reassessment still unclear	**0**		**7**
An additional problem was found during reassessment	**3**		**4**
No reason given for disagreement	**1**		**0**

* No children in the 4+ year age range were found to have an incorrect first assessment in Sri Lanka

Appendix 1b)

1. Results of fieldworkers' Access satisfaction questionnaire and fieldworkers' focus group discussions.

Fieldworkers' Access satisfaction questionnaires produced 6 main themes: Feelings about assessment tools, feelings about advice materials, feelings about the manual, feelings about the project, training issues and time spent on the project.

Fieldworkers' focus group discussions produced 9 main themes: Assessment tools, advice materials, comments about the manual, comments about the project, completion of and training for data collection, professional development, referral issues, the future and raising awareness.

Common themes can be characterised thus:

1I) How the fieldworkers felt about being involved in the project
1ii) HOW THE FIELDWORKERS USE THE MANUAL
1iii) PROFESSIONAL DEVELOPMENT
1iv) HOW THE FIELDWORKERS FELT ABOUT TRAINING
1v) FIELDWORKERS' PERCEPTIONS OF THE IMPACT OF THE PROJECT IN RAISING AWARENESS

N.B. Letters and numbers in brackets refer to the country and focus group discussion in which the comment was made.

1i) How the fieldworkers felt about being involved in the project

Positive feelings about how the project helped both children with disabilities and their parents were evident. :

Fieldworkers' focus group discussions.	Fieldworkers' satisfaction questionnaires
"The children who had disabilities improved with the activities given to the mothers. This was a joy to us." (SL3)	"More so helping children with disabilities to be identified and managed accordingly."
"We gained more experience by doing this. I think we can do a better service in identifying." (SL2)	"I have liked the Access project because I as a health worker I have learned how to care, identify and referring children with disabilities to places where they can be helped. I am sure I am able to help more parents."
"Has helped people." (U1)	"The guardians also have been helped to know how to care for disabled children
"Friendship with the community because never done anything til project. People like it we have friendship. Now go to patient to help exercise." (U1)	"Can get closer to mothers and children by spending more time than before."
"Convulsions – on the form there are no problems therefore write unsure." (U1) *	"The data collection form is missing out some information like or problem identified e.g. epilepsy has no where to be fixed." *
"Ten question screen can know there is epilepsy but data collection does not have epilepsy." (U1) *	

* Epilepsy is a recurring theme which we must address in future.

1ii) How the fieldworkers use the manual

General positive feelings regarding the manual were found in both data sets with few negative ideas expressed:

Fieldworkers' focus group discussions.	Fieldworkers' satisfaction questionnaires
"Now with these activities in this handbook we can find these deficiencies in a child." (SL1)	"The manual is so interesting, it has guided me in which to use the correct tool when assessing and correct advice to use."
"This book has help that can be given to all disabilities." (SL1)	"The manual helped much in guiding to teach the community concerning health and disability in children."
"Need a hard cover because if you are to use it day by day it will be collected." (U1)	"It is a bit bulky to keep on opening from page to page and interpretation of some messages into the local language."
"In general every fact needed to identify a child with a disability has been included in this handbook." (SL1)	"The handbook (manual) is easy to use."
"The tools there are clear enough and can tell you what the problem is." (U1)	"I particularly liked the advice materials, normal development charts and the guide for identifying disabilities."
"Actually everything is included in a way that every child can be helped." (SL1)	"The manual has helped in easing Access approach where by every necessary matter was included and if followed closely everything in the assessment is very very easy."
"When identifying disabilities we found newer disabilities that are more than the ones mentioned in the ACCESS handbook." (SL1)	"The manual at times does not capture some children where by you find a child with a disability but he/she is not inclusive in the manual."
"Even to our usual duties this was a big help an aid in identifying." (SL3)	"Everything in the handbook (manual) is clear."
"They are very nice and capture what we want." (U1)	"As the information in the handbook is in very simple language it was easy to understand and to explain it to the mothers."
"The pictures are good because some people cannot read." (U1)	"Simple ideas and illustrations."
"When we show these and talk the parents like it." (SL2)	"Leaflets help in giving advice."
"We didn't have problems when explaining it to the parents. We don't have problems with the advice sheets." (SL2)	"Easy to explain to mothers using the illustrations."

1iii) Professional development

Increases in self confidence and professional skills were mentioned:

Fieldworkers' focus group discussions.	Fieldworkers' satisfaction questionnaires
"We gained more knowledge about people with disabilities and identifying disabilities than what we had." (SL2)	"The fact that our ability to identify disabilities increased."
"Gained experience – can detect disability early and can help to correct it and give health education to the mother." (U1)	"Appreciate increase in skills, satisfaction gained from early identification and referring."
"I am a better health worker because I can identify children with disabilities and I can help the disabled child from birth and give parents advice." (U2)	"Gained much self satisfaction."
"But we feel that we can do something more now by giving more attention and by identifying early we get a big satisfaction." (SL3)	"Allowed to work with no pressure, started to like what we were doing."

1iv) How the fieldworkers felt about training

Similar comments regarding training were found:

Fieldworkers' focus group discussions.	**Fieldworkers' satisfaction questionnaires**
"If possible please provide everyone with this training, this would be a great facility." (SL3)	"There were no other topics they would have liked included."
"Training was too short."	"Would have liked longer training period."
"Add longer training and counselling." (U1)	Would have liked "Counselling of parents and carers of children with disabilities as most of them need psychological treatment, before attending to their children."
"If this handbook is given to all the midwives along with the training it would be most beneficial." (SL3)	"By expanding this programme it would help every child to be able to benefit from this service."

1v) Fieldworkers' perceptions of the impact of the project in raising awareness.

There was a general consensus that the project had raised awareness on disability:

Fieldworkers' focus group discussions.	**Fieldworkers' satisfaction questionnaires**
"It helped create awareness about people who kept children but helped bring children out." (U1)	"The project has created awareness among parents and carers and the community."
"We have this awareness now but there are other groups in our field that need this awareness, and if they are also given this awareness then it would indeed be good." (SL1)	"It has also creates awareness to parents, guardians in which to handle the clients."
"The mothers have also become more aware-'look Miss this child's leg doesn't seem straight'." (SL3)	"It has also creates awareness to detect disability early hence reducing some deformities and complications."

2. Results of fieldworkers' focus group discussions and parents' focus group discussions.

As mentioned previously the fieldworkers' focus group discussions produced 9 main themes. Parents' focus group discussions also produced 9 main themes which were: Acceptance, hope, help from health workers, concerns about money, frustration and anxiety, fear, anger, despair and conflict with partner.

Common themes can be characterised as follows:

2I) positive feelings about childREN with disabilities
2ii) ASSISTANCE AND SUPPORT GIVEN TO PARENTS
2iii) FEELINGS OF DESPONDENCY

2i) Positive feelings about children with disabilities:

Parents' focus group discussions.	**Fieldworkers' focus group discussions.**
"In fact with the help of the manual even other people at home can give help to my child than before when I did not have the manual." (U4)	*Even the mothers have started to look at their child with more attention, they have got this ability now because we have gone and told them. The mother recognizes things that need further development in her child. For example what a child should be doing for each age. (SL1)*
"*I was advised to feed my baby well and follow the instructions in the manual. These I did and I*	*We have advised the mothers. The children are able to do what they couldn't do. (U2)*

can see positive changes in my child." (U4)	
Now the child is taking food well. My child is mobile and can move around on his own, even moves around on the cart alone, but needs someone to turn it for him." (SL1)	*Yes, in order to help the child who cannot walk we asked for a cart to be built. After that we asked for a fence to be built, we taught how to do this to the mother, there is no such thing in this. (SL1)*
"The child is now interested in the environment and I have much hope for the future."(U5)	*I came to know that they are important children in this country and in the world. (U2)*
"He has started standing and taking steps than it was before." (U2)	*The children who had disabilities improved with the activities given to the mothers. This was a joy to us. (SL3)*

2ii) Assistance and support given to parents:

Parents' focus group discussions.	Fieldworkers' focus group discussions.
"*She is like a friend to us. She is a person we can speak to. If we have a question we can speak to her. "(SL2)*	*When we show these and talk the parents like it. (SL2)*
"When I brought my child, the health worker gave me enough advice on how to address other problems of the child and the good treatment that the child was given we did not have to take the child elsewhere."(U4)	*People who were outcast as disabled were able to be brought forward by using the activities. (SL3)*
"The advice that the health worker gave me has been useful because there is a big difference compared to when she was born. (U4)	*Creates awareness, make friendship. Can talk to the community. Learned how to talk to them freely. (U1)*
She chats with us for quite a bit of time. She comes to our homes and discusses things and even when we meet on the road she will always ask about the child. She speaks in a way that shows that she is very concerned about my child." (SL3)	*Friendship with the community because never done anything til project. People like it we have friendship. Now go to patient to help exercise. (U1)*
"Whenever we have any problem, she comes and talks to us. Also she says where we should be referred. Usually, she is always with us to give us advice. The Mid wife is the one who looks after us and our baby." (SL2)	*We have been telling mothers and the caretakers that these children are useful if you try to love these children and you follow the medical advice or the health workers advice and you work together with these people at least most of the children change. (U2)*

2iii) Feelings of despondency:

Parents' focus group discussions.	Fieldworkers' focus group discussions.
"I did not have the money to take my child for treatment." (U3)	*If the project can help the poorest in terms of funds because some so poor tell them when to go to hospital but can't go. (U1)*
"I did not have enough money to meet all the daily needs of my child." (U4)	*Disliked 'cos not giving funds, for example lame boy in clinic told to buy shoes so he could walk straight. (U2)*
"I was very scared that my child too would not be able to walk." (SL3)	*What must we do if the improvement stops? How do we take the mothers' trust and belief forward? They get such hope and trust in us. (SL1)*
"It is difficult to protect the child from water, fire and as we are close to the road to from vehicles, it is do with protecting the child from danger." (SL3)	*We spend a fair amount of time with one child. A certain amount of hope builds up regarding a person with a disability. We can't avoid this. But at times there was this thing that we couldn't really give hope because we either couldn't really say that what was been done had a future or we had to refer the child to some other place. (SL1)*
"Taking care of my child is quite time consuming, so far I cannot do any other work outside home such as digging. I spend most of my time caring for this one child as there is no other person to assist". (U1)	*The mothers come here and go back with their hope empty. This caused some difficulties for us. They must think this is a useless exercise. Though we don't think about this the mother's time and we spend quite a bit of time at the homes talking to the mother and with the child. So the mother gets a certain hope and trust built up in connection with us and what we say. (SL1)*

Appendix 1

<table>
<tr><td colspan="5">OUTPUT TO PURPOSE SUMMARY REPORT</td></tr>
<tr><td colspan="5">Title : Field testing of the "Access Portfolio": Country: Sri Lanka / Uganda MISCODE:
The Early Identification of and Intervention for Children with Disabilities</td></tr>
<tr><td>Report No.
Final</td><td>Date: March 2003</td><td colspan="2">Project start date: January 2002
Project end date: March 2003</td><td>Stage of project:
End</td></tr>
<tr><td colspan="5"><u>Project Framework</u></td></tr>
<tr><td colspan="5">Goal statement: To evaluate the ease of use and value of the Access Portfolio for field workers and beneficiaries</td></tr>
<tr><td colspan="5">Purpose statement: To identify children with disabilities, suggest simple advice messages for mothers and carers and make referrals where appropriate and to provide a package for screening and early intervention, which could be eaily administered by primary health care staff.</td></tr>
<tr><td>Outputs:
1. Reliability and validity data of the use of the Access Profile by field workers monitored.

2. Ascertain the level of satisfaction with regards to the Access Profile by all of the stakeholders.</td><td>OVIs:
1. Analysis of data and reports of field workers and supervisors.

2. Analysis of qualitative data (e.g. focus groups, in-depth interviews)</td><td>Progress:
1.1. 23 field workers and 4 supervisors trained in the use of the Access Profile in Sri Lanka / Uganda.
1.2. Local experts trained
1.3. 769 Ugandan children screened, 580 Sri Lankan children screened
1.4 Quantative data collection completed
1.5 Quantative data analysis completed

2.1. Qualatative data collection completed.
2.2 Qualatative data analysis completed</td><td>Recommendations/actions:

N.B. Please see appendix 1a)

N.B. Please see appendix 1b)</td><td>Rating:</td></tr>
</table>

3. Unexpected outcome – South to south collaboration between Ugandan and Sri Lankan co-ordinators has developed.	3. Sharing of information between co-ordinators	3.1. Joint meeting held.		
Purpose: 1. To identify whether the training for use of the Access Portfolio facilitates early identification of disabilities and whether appropriate advice/referrals are given to carers	**OVIs** 1.The take up of the Access Profile within the local communities/ PHC	**Progress** 1:1Use of Access Profile concluded in Uganda and Sri Lanka. 1:2 Supervision of field workers by local co-ordinators concluded in Uganda and Sri Lanka 1:3 Checking by local experts in Uganda and Sri Lanka concluded 1:4 Data analysis on screens used, advice given, and referrals made, completed. 1:5 Final report written.	**Recommendations/action**	

Appendix 2

6. Summary of financial expenditure to date (January 7th 2002 to March 31st 2003)

Date	Description	Cost
15-01-02	Research Assistant (RA) salary/payroll (Basic salary and London weighting)	1452.97
15-01-02	Employer's costs (Pension and NI)	297.11
07-02-02	Computer equipment	1276
07-02-02	Computer equipment	2922.33
15-02-02	RA salary	1801.67
15-02-02	Employer's costs	376.96
22-02-02	Air fare - RA to Uganda	565
22-02-02	Air fare - RA to Sri Lanka	526
25-02-02	RA Travel insurance - for Sri Lanka	16
25-02-02	RA Travel insurance – for Uganda	16
01-03-02	Transfer of money to Sri Lanka (local expert, translation costs, local co-ordinator etc)	2021
05-03-02	Travellers' cheques for Sri Lankan trip (workshop payments, accommodation etc)	3747.10
15-03-02	RA salary	1817.92
15-03-02	Employer's costs	380.68
20-03-02	Federal express to Sri Lanka	32.74
Up to 31-0-02	Overheads to ICH	1500
03-04-02	Transfer of money to Uganda (local expert, translation costs, local co-ordinator etc)	2011.00
09-04-02	Computer equipment	80.00
23-04-02	RA salary	1817.91
23-04-02	Employer's costs	371.34
30-04-02	RA visa Uganda	60.25
02-05-02	Transfer of money to Sri Lanka (field workers payments)	661.00
08-05-02	ICH communication costs	400.00
13-05-02	Travellers' cheques for Ugandan trip (workshop payments, accommodation etc)	1262-50

24-05-02	RA salary	1817.91
24-05-02	Employer's costs	371.34
21-06-02	RA salary	1817.91
21-06-02	Employer's costs	371.34
Up to 31-06-02	Overheads to ICH	1500
12-07-02	Transfer of money to Uganda (administration costs)	126.00
12-07-02	Transfer of money to Uganda (fieldworkers' and translators' salaries)	825.00
22-07-02	Medical illustration (printing charges)	48.00
25-07-02	RA salary	1817.91
25-07-02	Employer's costs	371.34
27-08-02	RA salary	1817.91
27-08-02	Employer's costs	371.34
24-09-02	Translation costs (UK)	20
24-09-02	RA salary	1817.91
24-09-02	Employer's costs	371.34
27-09-02	Air fare - RA to Uganda	492.00
Up to 30-09-02	Overheads to ICH	1500
09-10-02	Traveller's cheques for Ugandan trip	1212
10-10-02	R.A. travel insurance	15
17-10-02	Acetates for presentation	7.80
21-10-02	Visa fees for Uganda	60.25
24-10-02	RA salary	1817.91
24-10-02	Employer's costs	371.34
31-10-02	Reimbursement from Ugandan trip	-21.20
12-11-02	Transfer of money to Sri Lanka (fieldworker costs etc.)	1659.38
19-11-02	Flight costs for Sri Lankan project co-ordinator to Uganda	311.68
19-11-02	Transfer of money to Uganda (fieldworker costs etc.)	1396
22-11-02	Photocopy card for project	9.25
22-11-02	R.A. salary + backdated pay increas	2027.91
22-11-02	Employer's costs	418.17
05-12-02	Transfer of money to Sri Lankan project co-ordinator 1for salary	330
05-12-02	Transfer of money to Ugandan project co-ordinator 1for salary	776
05-12-02	Transfer of money Ugandan project co-ordinator 2 for salary	776
11-12-02	Transfer of money to Sri Lankan project co-ordinator 2 for salary	750
13-12-02	RA salary	1870.41
13-12-02	Employer's costs	383.05
13-12-02	Translation cost	10
18-12-02	Returned traveller's cheques	-660
27-01-03	RA salary	1870.41
27-01-03	Employer's costs	383.05
30-01-03	R.A. travel insurance for Sri Lankan trip	15
13-02-03	Acetates for presentation	6.60
21-02-03	RA salary	1870.41