An Introductory Manual to Remote Service Provision for Supporting People with Disability and Leprosy

USING APPROPRIATE AND ACCESSIBLE REMOTE TECHNOLOGIES IN LOW- AND MIDDLE-INCOME COUNTRIES

The Leprosy Mission Myanmar
Working towards a barrier free Myanmar

NOREC PARTICIPANTS
(MYANMAR)

NOREC
NORWEGIAN AGENCY FOR EXCHANGE COOPERATION

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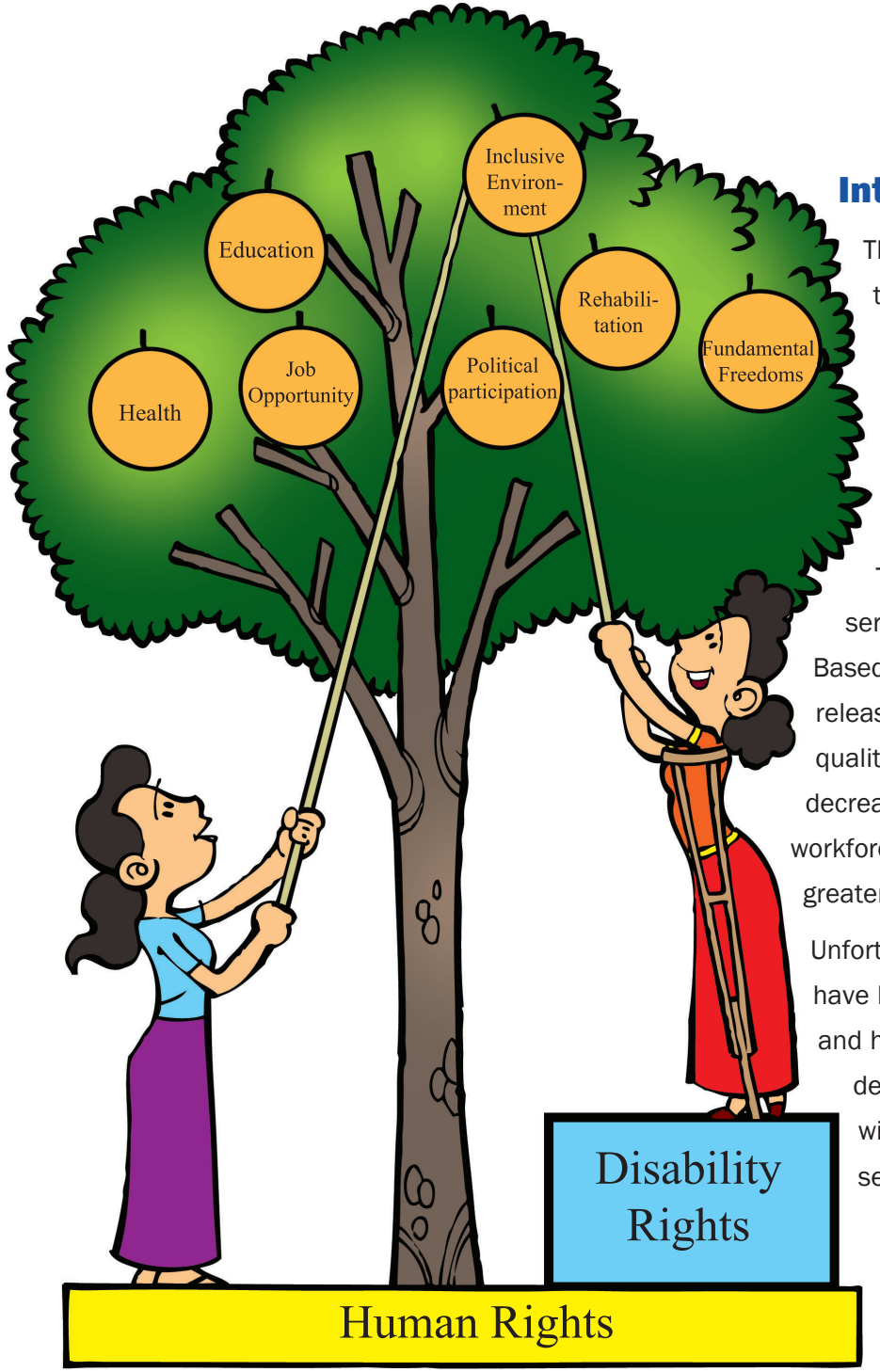


Introduction to the manual

The UN Convention on the Rights of Persons with Disabilities (CRPD) states clearly that all people with disabilities, including people affected by leprosy have a right to disability and rehabilitation services. People with disabilities and their family members need these services and programmes for their own wellbeing and functioning. They also need disability and rehabilitation services to help them connect with and benefit from other health, employment, education, welfare, community, and social services.

There has been some growth in the number of disability and rehabilitation services in Low- and Middle-Income Countries (LMIC) in recent years as Community Based Rehabilitation (CBR) has been more widely adopted. More recently, the WHO released the Rehabilitation 2030 Agenda. This emphasized the importance of high quality and specialised rehabilitation services. At the time it seemed that with slowly decreasing global poverty, emerging universal health systems, and increasingly skilled workforces, that there were real opportunities for improved rehabilitation services with greater coverage.

Unfortunately, the COVID-19 pandemic seems to have changed everything. All countries have been affected, and LMIC countries have been set back many years on poverty and human development indicators. It is clear that health systems in LMIC will take decades to recover, and that rehabilitation, leprosy control and disability services will also be profoundly affected. Further it seems that the need for rehabilitation services may also dramatically increase due to post-COVID syndromes.

Concerns over spreading infection, the need to be socially distant from others, lockdowns and travel restrictions have meant that disability, leprosy care and rehabilitation services could not be delivered as usual. This situation has required organisations to dramatically re-think how they should meet emerging demand for rehabilitation and leprosy services. Many have realised that they need to explore technology-based service options (the need for remote services). Alongside this challenge, there are also substantial opportunities emerging in digitisation and mobile technology. Smartphones are increasingly becoming available, even in the poorest communities. Mobile coverage is improving, even in some of the remotest places. Some very useful Apps and software have been developed (for example the SkinApp (Stepping up leprosy prevention with the SkinApp | NLR (nlrinternational.org) /) assists in the diagnosis of leprosy and other neglected tropical diseases and the RehApp (Tools - Enablement) helps fieldworkers to support people with disabilities and people affected by leprosy within the community). Also, basic hardware like phones and tablets are becoming cheaper and could even be included in service provision.

These technologies will shape the next few decades. For many rehabilitation, disability and leprosy service providers, there will be increasing opportunities to provide training and support to people with disabilities and family members remotely. There are new opportunities to skill volunteers and community workers to assist people affected by leprosy and people with disabilities There are opportunities to refine the skills of other NGO or government workers (such as nurses, teachers) to better include people with disabilities in their programmes. There are opportunities to strengthen community-level support and training in local organisations such as churches, which will enable a far more grass-roots focus. There are even new opportunities to provide useful information and resources for informing whole communities about important facts related to leprosy, stigma, disability, rights, etc. Importantly, many of these opportunities can occur at relatively low cost.

So, COVID-19 has created a major challenge, but technology is creating many new opportunities. The first step in taking hold of these opportunities is to help existing service providers in LMIC, to bridge the gap between technology and service provision. To help them connect their leprosy, disability, and rehabilitation services to available technology. That is, it is important to help current service providers to be better equipped to deliver services by remote.

That is what we are starting with this manual. We have developed this manual to help service providers in LMIC to see some of the possibilities (and also some of the limits) of technology in rehabilitation. This manual is intended to be very simple, and a first step. It is not about complex or highly sophisticated technologies, and it is not about high-cost specialist technologies.

Our aim is that this manual will help workers and service providers in LMIC to:

· use appropriate and available technology to better support people affected by leprosy, people with disabilities and their families.

· better select and use such technology to train and skill other professionals and workers.

· better select and use appropriate technology to train and skill community workers and volunteers · help people with disabilities, people affected by leprosy and their families to get information, seek referrals, and help themselves where they can.

In summary, our aim is that this manual will help rehabilitation workers to best assist people with disabilities and people affected by leprosy by choosing the most appropriate technology to support that person, at that time, and in that context. In so doing they can help people to realise their right to rehabilitation in the context of an uncertain and changing world.

Ms. Zin Mar Theint

Mr. Zin Lynn Htun

Acknowledgement

We would like to acknowledge the assistance and mentoring provided by Dr Pim Kuipers and Dr Kathy Kuipers, who did so by remote from Australia during the COVID-19 pandemic! Working together in this way was a challenge to all of us, and an excellent introduction into considering the processes and technologies that are needed to provide meaningful and effective rehabilitation services to participants in remote areas.

We would like to acknowledge The Leprosy Mission Myanmar, TLM International and Norec whom have willingness to support us in this innovative project, aimed at developing a practical manual that will hopefully encourage other Disability Agencies to begin planning and implementing the use of technology in their provision of rehabilitation services by remote. It is our hope that this Manual will become an Online Living Manual, used day-to-day to expand rehabilitation access for all.

The information technology context in Myanmar

In January 2020, a survey by Kepios reported that, out of a population of 54 million people in Myanmar, there were 22 million internet and social media users. That is 41% of the population. The same survey found that the number of mobile connections was equivalent to 126% of the total population. (Digital 2020: Myanmar — DataReportal – Global Digital Insights) That means that a substantial number of people have two or three mobile connections. In part this may be due to price competition among providers and unstable facilities. However, it may be assumed that a majority of the population has access to a mobile phone connection.

While this seems encouraging for the provision of rehabilitation and disability services, there are still many limitations. For many vulnerable people (and especially those in rural areas) they cannot afford reliable mobile access. If anything, they can only afford low-tech devices (e.g., keypad phones). Typically, they cannot afford access to stable, high-speed internet and for those in remote areas, it is usually still not available.

According to The Leprosy Mission Myanmar's General Assessment data from the 40 villages/wards located in 5 Disability Resource Centres (Mandalay, Pakokku, Taungoo, Chaungzon and Hpa Do), only 360 out of 650 (55%) of people with disability including persons affected by leprosy who were registered with the service, had contactable phone numbers. More specifically, as part of the COVID response, TLMM conducted a mobile rapid assessment of vulnerable people in March 2020. In this assessment, 575 people with disability including those affected by leprosy were interviewed by mobile phone. 68% of the respondents answered by themselves and 32% were answered by another person on their behalf. In most cases, this was because the beneficiary did not have direct access to a phone.

In the face of such limitations, trying to implement services using advanced information technologies and cutting-edge systems is inappropriate. So, while vulnerable people need the services (often more than others), if those services are not cheap and accessible, the people will be even more marginalised and disadvantaged. Therefore, while it may seem timely, wise, and cost efficient to provide remote technology disability and rehabilitation services, we need to very carefully scrutinise which technologies would be the most suitable option for each community, and for each family.

What types of technology / communication can we use in providing remote leprosy and disability services?

This part of the manual has two steps.

- The first is matching the available technology system to the required rehabilitation task.
- The second is providing information about how to achieve this task through remote technology.

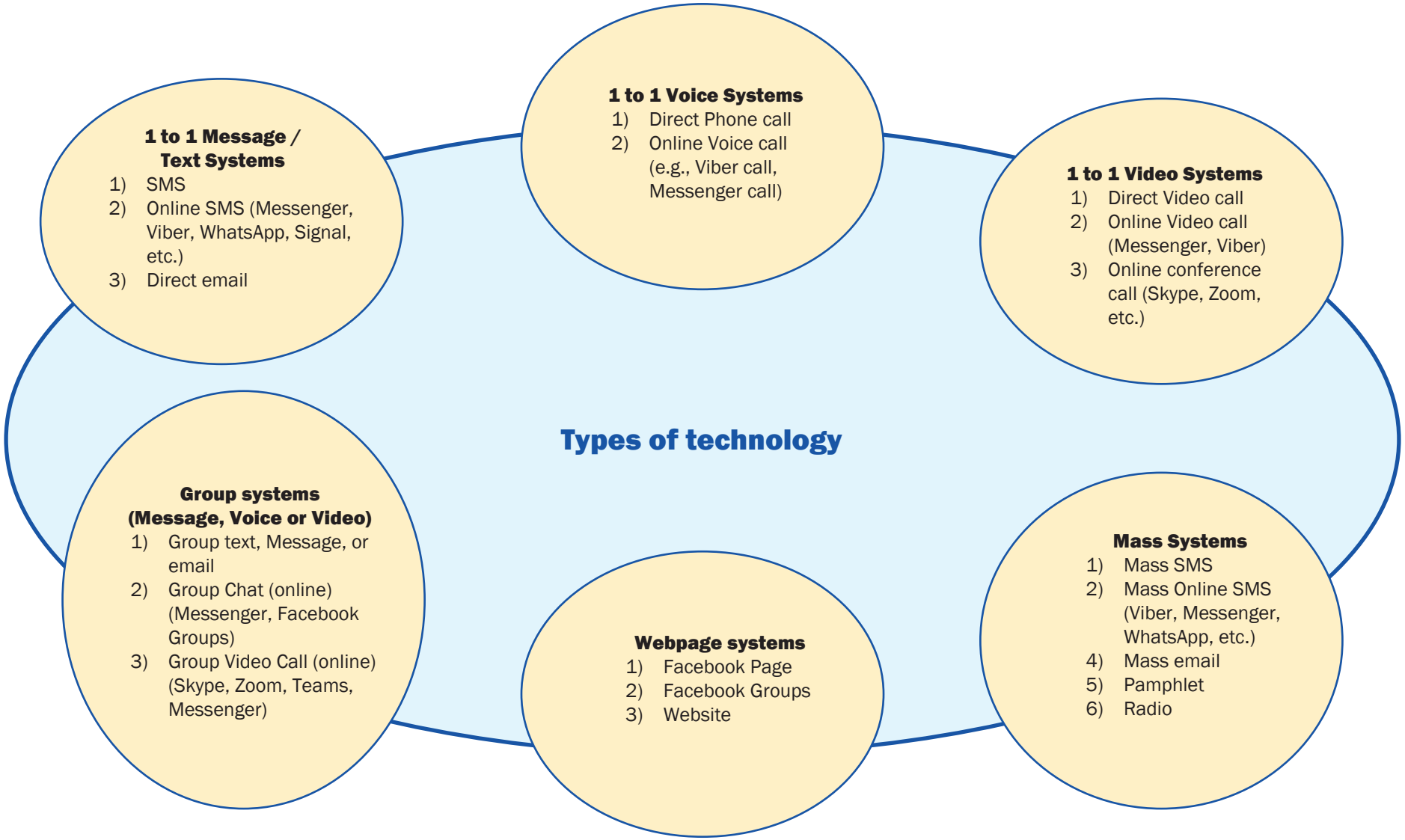
Different communication technologies have different advantages and different availability in different settings.

Key questions answered here are:

- How can the right technology be appropriately matched to the rehabilitation task? · Who should be involved in facilitating access to, and use of, technology for providing remote rehabilitation services?
- What training is necessary?
- What other resources are required?

Obviously, a vital consideration in all of those questions is the “client”. The starting point should be the person with a leprosy-related or other disability and their family and context. Our brief survey of therapists in our organisation also showed that if we do not focus on client access, (which includes helping them to obtain and use technology as well providing the necessary training and support to family members, volunteers, and local people), then the technology will not be very helpful. Technology is a tool. Appropriate use of that tool in rehabilitation requires careful attention to the person, them, family, their needs, the financial resources available, the potential supports available in their community, the skills, and resources in the organisation, whether there are other potentially useful technologies, the materials, and other resources available, and importantly, how it might be achieved.

Figure 1: Types of technology/communication available to provide remote leprosy and disability services.



How do we use these types of technology/ communication in remote leprosy and disability services?

As organisations start to think about providing rehabilitation, disability, and leprosy services with a greater reliance on technology, it is important to have a good overview of the types of technology that are available in LMIC settings. A goal of this manual is to help match the most appropriate (and readily available and accessible) technology to the required tasks and activities. In this section we have listed tasks and activities we want to provide through TLMM and matched them to the most readily available communication technologies in Myanmar.

When we did a brief survey of therapists in our organisation, they told us that they preferred simple technologies. They also emphasised that there needs to be much clearer guidance around the use of technology in LMIC disability and leprosy services. This manual is a step in that direction; documenting what is available and considering suitability.

There are around 20 different systems noted in Figure 1 (and available in most LMIC settings). It is important to consider each of the available strategies, and to think about their suitability to a particular person or setting or issue. Do people have access to a certain type of technology?

Do they have access to the hardware? Are they familiar with it and comfortable with using it. Does the infrastructure (e.g., bandwidth) support it? The important thing to remember is that communication technologies are a potential tool in rehabilitation. As with all tools, we need to be selective, making sure to choose the most suitable one for the task and the context.

As noted above, this is the key part of the manual. We have listed tasks and activities which you may want to provide, and we have matched them to the most readily available communication technologies in Myanmar. The green boxes in Table? below show which technology is suited to which task.

When considering the use of technologies and remote communication systems, it is strongly recommended as a prior step, to have an orientation training about using IT technologies, communication channels and providing basic IT materials for related/responsible persons. We should also consider internet accessibility and IT Materials and provide necessary support especially for community volunteers and Churches and Community Groups. We need to consider preparing for the worst scenario of using phones or laptops in remote areas where electricity is unreliable or absent, and were sharing screen presentation options (e.g., Zoom, TEAMS) may not be possible.

Table 1: Rehabilitation Tasks/Activities (Chapter number and section)	The most useful technologies or communication approaches (refers Figure 1)					
	1 to 1 Message Systems	1 to 1 Voice Systems	1 to 1 Video Systems	Group Systems	Webpage Systems	Mass Systems
1. Provide therapy to people with disabilities A. Screening and Referral B. Assessment and problem identification C. Goal setting and intervention planning D. Intervention E. Monitoring and follow-up					(A).(B)	
2. Assist with mobility devices A. Assessment, problem identification and intervention planning B. Intervention and follow-up					(Assessment only)	
3. Assist with home adaptation A. Assessment and barrier identification B. Implementation C. Follow-up		(Assessment only)			(Assessment only)	
4. Provide health education for prevention of disability for individuals and families						
5. Support leprosy ulcer prevention and care A. Increase awareness B. Wound management and follow-up						
6. Provide referral to other health or disability services A. Referral B. Follow up					(Referral only)	
7. Conduct training activities A. Provide training to community volunteers B. Provide training to DRC staff C. Provide training to church and community groups						
8. Provide information and training for mainstream organizations for leprosy and disability inclusion						
9. Provide information for the whole community A. Leprosy awareness (knowledge) B. Leprosy awareness (stigma) C. Disability awareness						

Table A: Policies to Consider When Providing Remote Rehabilitation Services	
In TLMM, we have policies to follow that are aimed at protecting vulnerable clients when we provide face-to-face rehabilitation. It is essential that the same policies are followed by every person who implements the described activities.	
Child Safeguarding and Vulnerable Adults	Children with disabilities, and vulnerable adults, face greater risk of experiencing neglect and/or physical, sexual, or emotional abuse. Therefore, you must, • Be aware of their safety while using every activity and follow a “do no harm” policy. • Uphold internal and local laws such as UNCRC or UNCRPD on child rights and welfare. • Be highly conscious on different forms of child & vulnerable adult abuse. • Provide a welcoming, inclusive, and safe environment for all children, young people, vulnerable adults, parents, staff and volunteers. • Never be alone with beneficiary children or vulnerable adults in a private place that cannot be readily seen by other responsible adults. • Have contact details for designated safeguarding lead
Sexual Harassment	You must not engage in any kind of sexual exploitation or abuse, harassment, bullying.
Consent for Video and Photos	• Do not photograph or video a child or vulnerable adult without the consent of them and parents or guardians. • Delete images from phone or tablet immediately after storing in an allowable safe place such as a designated Cloud File or Office Folder. Never keep images or video on a personal mobile phone or laptop. • Do not post photos and video of clients on personal social media. • Comply with the Organisation’s Data Protection Policy, Safeguarding Policy and all related laws, guidelines, and procedures

General Obligation	• Do not allow yourself or others to work in an unfit condition, or under the influence of alcohol or any other addictive substance. • Do not be involved in quarrels, abuse, fights, violence, or any other indecent behaviour while on any organization's premises or work sites, either during working hours or outside of working hours. • You must respect confidentiality, and avoid disclosing official documents, non-public or internal information related to organization or its clients, to any employee or any other person who is not authorized to receive such documents or files. • Abide by the organisation's Policy on Safeguarding, Child and Vulnerable Adult Protection and all related laws, guidelines and procedures including the behaviour protocol. • Attend mandatory safeguarding training
Feedback and complaint mechanism	If you have any concerns relating to safeguarding issues, do not hesitate to report to the organization safeguarding focal person and follow reporting/feedback system. Share all the information related to safeguarding, safety and security, feedback mechanism and related designated contacts.

Table B: TLMM Remote Physiotherapy Program – VOLUNTEER RECRUITMENT, TRAINING AND SUPPORT	
How volunteers are recruited	Discuss with community and community authorities to recommend potential volunteers. Prefer volunteers who are willing and offer voluntarily. Prioritise people with disabilities, people affected by leprosy as well as family members and caregivers to become volunteers.
Skills Required	Fluent in local language (speaking) Literate in first language Willing to attend meetings/events/trainings when necessary Community Mobilization skills Able to learn, understand and follow organisation's specific policies (such Harassment, Child and Vulnerable Adult Safeguarding, Fraud and Dishonesty, Confidentiality, etc Respect diversity Able to learn and follow instructions from rehab professionals and responsible staffs, and facilitate Rehabilitation Programme
Training	Basic Information Technologies knowledge and skills General Disability and Inclusion Leprosy Awareness Training Basic Rehabilitation Basic Counselling and Psycho-social support Safeguarding, and Safety and Security awareness session
How the Volunteers provide the Program	Facilitate the relevant activities with guidance and support of the rehab professionals and the responsible staffs Reference to Chapter 7A.

Chapter 1

Provide Therapy to People with Disabilities

1A. SCREENING	
Task/Activity	Assess the person's condition and suitability for Program(s) offered by the organisation

Description/Details	• Trained volunteer completes screening process using a suitable technology with the guidance of physiotherapists.
	• Identify people who have disabilities using the usual processes in your organisation, using either
	  • A quick-check, simple assessment form
	  • A short video-format assessment of specific functional tasks
	• Trained volunteer meets with Physiotherapist using Voice or Video technology to
	  • Discuss results of screening
	  • Accept person with disability into own organisation's Disability Program(s) and/or refer onwards

People Required	Caregiver/Client Trained Volunteers is needed and/or an interpreter is required for local languages Physiotherapist
Suitable Technologies	1 to 1 Voice Systems 1 to 1 Video Systems

Training Required	Caregiver/Client
	  • How to use landline, mobile, smartphone or tablet
	Volunteers and Physiotherapists
	  • How to:
	  • Access and use technology systems (Voice and/or Video Systems)
	  • Conduct effective conversations and interviews using the technology systems
	  • Use any new assessment/screening tools that may need to be developed
	  • Complete assessment/screening tools using the technology systems
	  • Direct a caregiver or client to use smartphone or tablet to video assessment

1A. SCREENING (cont.)	
Materials and Resources Required	Documents • Checklist for guiding direct phone call or video conversation • Screening Form/Needs Checklist • Referral Forms Mobile phone or landline (for voice systems) Smartphone or tablet (for video systems)
How to do this using technology	• Using 1:1 Voice System • Volunteer interviews caregiver/client and completes Screening Form/Needs Checklist • Discusses results with Physiotherapist • Refers to relevant service(s) accordingly (Physiotherapy, Orthotics, other medical treatment etc.) • Using 1:1 Video System • Volunteer directs caregiver/client to take photos and/or video according to the Screening Form/Needs Checklist • Photos/video shared with Physiotherapist • Results of Screening Form/Needs Checklist discussed with Physiotherapist • Refer to relevant service(s) accordingly (Physiotherapy, Orthotics, other medical treatment etc.)

1B. ASSESSMENT AND PROBLEM IDENTIFICATION	
Task/Activity	Complete a more detailed assessment and identify the problems that are limiting the person's ability to function in daily life

Description/Details	• Trained volunteer completes assessment process using a suitable technology option with the guidance of physiotherapists.
	
	• Assessment process can include either:
	  • A quick-check, simple assessment form
	  • A short video-format assessment of specific functional tasks
	  • A more comprehensive assessment approach as used by physiotherapist or other professional
	
	• Trained volunteer meets with Physiotherapist using Voice or Video technology to
	  • Discuss assessment results
	  • Identify and prioritise problems

People Required	Caregiver/Client Trained Volunteer Physiotherapist
Suitable Technologies	1 to 1 Voice Systems 1 to 1 Video Systems *Smartphone or tablet allowing video calls may be the most appropriate technology for effective assessment

Training Required	Caregiver/Client
	  • How to use landline, mobile, smartphone or tablet
	
	Volunteers and Physiotherapists
	  • How to use any new assessment/screening tools that may need to be developed
	  • How to accurately report assessment findings using relevant technology

1B. ASSESSMENT AND PROBLEM IDENTIFICATION (cont.)	

Materials and Resources Required	• Documents:
	  • Assessment form(s) as used by the organisation
	  • Problem Identification form(s) as used by the organisation
	• Mobile phone or landline (for voice systems)
	• Smartphone or tablet (for video systems)

How to do this using technology	• Using 1:1 Voice System (direct call)
	  • Volunteer completes assessment by interviewing the caregiver/client
	  • Discusses results with Physiotherapist
	  • Client's key problems are identified
	  • Problem Identification Form(s) completed
	• Using 1:1 Video System
	  • Volunteer or caregiver/client sends/shares assessment photos or video
	  • Volunteer discusses results with Physiotherapist
	  • Client's key problems are identified
	  • Problem Identification Form(s) completed

1C. GOAL SETTING AND INTERVENTION PLANNING	
Task/Activity	Share assessment findings/problems with caregiver/client, set goals and plan the intervention

Description/Details	• Trained volunteer meets face-to-face with client/caregiver using a suitable technology with the guidance of physiotherapists.
	  • Share assessment findings
	  • Set intervention goals
	  • Develop intervention plan/ home program plan

People Required	Caregiver/Client Trained Volunteer Physiotherapist

Training Required	Caregiver/Client
	  • How to use landline, mobile, smartphone or tablet
	
	Volunteer and Physiotherapist:
	  • How to share assessment findings, possible goals, intervention plan/home program plan to the Caregiver/Client using technology
	  • How to interview/ask questions to get feedback on what the Caregiver/Client want for their goals

Suitable Technologies	1 to 1 Voice Systems 1 to 1 Video Systems

Materials and Resources Required	Documents:
	  • Goal Setting Document as used by the organisation
	  • Treatment Plan and/or Home Program Document(s) as used by the organisation
	
	Mobile phone or landline (for voice systems)
	Smartphone or tablet (for video systems)

How to do this using technology	• Using 1:1 Voice System or 1:1 Video System:
	  • Discuss assessment results
	  • Describe identified problems
	  • Discuss goals and treatment plan/home program

1D. INTERVENTION	
Task/Activity	Depending on the client's needs, intervention strategies may include: • Child Development • Mobilisation and Stretching • Positioning (children with cerebral palsy, adults with stroke or spinal cord injury etc.) • Balance Training (adults) • Activities of Daily Living (ADL)
Description/Details	• Trained volunteer meets face-to-face with client/caregiver using a suitable technology with the guidance of physiotherapists. • Explain how to provide activities and exercises in the intervention plan/home program • Provide ongoing support according to organisational policies
People Required	Caregiver/Client Trained Volunteer Physiotherapist
Training Required	Caregiver/Client • How to use landline, mobile, smartphone or tablet • How to use any equipment that might be necessary • Education on client's condition and how to provide intervention strategies Volunteer, Caregiver, Client: • Information relevant to person's condition, goals, and intervention plan • How to make handouts and videos suitable for sharing via short SMS texts, voice messages, PDF documents, photos, PowerPoint Presentations, videos, and Facebook posts
Suitable Technologies	1 to 1 Voice Systems 1 to 1 Video Systems *Smartphone or tablet allowing video calls may be the most appropriate technology for teaching intervention strategies

1D. INTERVENTION (cont.)	
Materials and Resources Required	For each condition and intervention strategy, materials and resources may include: • Therapy equipment that can be sold or loaned to the client/caregiver • Education handouts and videos • Home Program handouts and videos • Rehab training handouts and videos Mobile phone or landline (for voice systems) Smartphone or tablet (for video systems)

How to do this using technology	• For 1:1 text system
	  • Develop short text messages for educational or treatment purposes
	• For 1:1 voice system
	  • Develop short handouts and explanations for trained volunteers, and physiotherapists to share over the phone
	• For smartphone and video systems (1:1 or group systems)
	  • Use photos, handouts, videos, or PowerPoint
	  • Share resources on Facebook

1E. MONITORING AND FOLLOW-UP	
Task/Activity	Regular* monitoring of client(s) regarding progress with treatment plan, home program or equipment, and need for changes to programs *Monitoring and review timelines will be set according to organisational policies and reporting requirements

Description/Details	• Trained volunteer meets with client and caregiver using appropriate technology with the guidance of physiotherapists.
	  • Monitor how the intervention is being provided
	  • Follow up progress and changes to program or equipment as needed
	• Trained volunteer discusses progress with Physiotherapist, changes to program and/or equipment are made as required

People Required	Caregiver/Client Trained Volunteer Physiotherapist

Training Required	Caregiver/Client
	  • How to use landline, mobile, smartphone or tablet
	Volunteers and Physiotherapists
	  • How to use any new documents or tools that may need to be developed
	  • How to accurately monitor intervention using relevant technology

Suitable Technologies	1 to 1 Voice Systems 1 to 1 Video Systems *Smartphone or tablet allowing video calls may be the most appropriate technology for teaching intervention strategies

Materials and Resources Required	Documents:
	  • Progress note
	  • Simple Monitoring Guideline or Checklist
	Mobile phone or landline (for voice systems)
	
	Smartphone or tablet (for video systems)

How to do this using technology	• 1:1 Voice System or 1:1 Video System:
	  • Discuss progress on goals, treatment plan/home program with caregiver/client
	  • Make changes as necessary

Chapter 2

Assist with Mobility Devices

2A. ASSESSMENT, PROBLEM IDENTIFICATION AND INTERVENTION PLANNING	
Task/Activity	Complete assessment to identify the problems that are limiting the person's mobility

Description/Details	Trained volunteer's complete assessment process using a suitable technology with the guidance of physiotherapists.
	
	• Assessment process can include either:
	  • A quick-check, simple assessment form
	  • A short video-format assessment
	  • A more comprehensive assessment approach, as used by physiotherapist or other professional
	
	• Trained volunteer meets with Physiotherapist to:
	  • Discuss assessment results
	  • Identify and prioritise problems
	  • Develop intervention plan/home program (including deciding on possible equipment that might be needed)

People Required	Caregiver/Client Trained Volunteer Physiotherapist

Training Required	Caregiver/Client
	  • How to use landline, mobile, smartphone or tablet
	  • Education on client's condition, how to provide therapy and use mobility equipment
	
	Volunteers and Physiotherapists
	  • How to use any new assessment/screening tools that may need to be developed
	  • How to accurately report assessment findings using relevant technology
	  • How to use mobility equipment and when it is appropriate (crutches, AFO, wheelchair etc.)

Suitable Technologies	1 to 1 Voice Systems 1 to 1 Video Systems *Smartphone or tablet, allowing video calls, may be the most useful technology for effective mobility assessment

2A. ASSESSMENT, PROBLEM IDENTIFICATION AND INTERVENTION PLANNING (cont.)	

Materials and Resources Required	• Documents:
	  • Assessment form(s) as used by the organisation
	  • Problem Identification form(s) as used by the organisation
	  • Intervention plan/home program documents as used by the organisation
	  • Education handouts and videos
	  • Home Program handouts and videos (needs to share/mail before processes)
	  • Rehab training handouts and videos (needs to share/mail before processes)
	• Equipment for trial, loan, or purchase (crutches, AFOs, wheelchairs etc.)
	• Mobile phone or landline (for voice systems)
	• Smartphone or tablet (for video systems)

How to do this using technology	• For 1:1 text system
	  • Develop short text messages for educational or treatment purposes
	• For 1:1 voice system
	  • Develop short handouts and explanations for trained volunteers, and physiotherapists to share over the phone
	• For smartphone and video systems (1:1 or group systems)
	  • Use photos, handouts, videos, or PowerPoint
	  • Share resources on Facebook

2B. MONITORING AND FOLLOW-UP	
Task/Activity	Regular* monitoring of client(s) regarding use of mobility device(s), and need for changes to programs *Monitoring and review timelines will be set according to organisational policies and reporting requirements

Description/Details	• Trained volunteer meets with client and caregiver using appropriate technology with the guidance of physiotherapists.
	  • Monitor how the intervention is being provided
	  • Follow-up use of mobility device(s) provided and therapy/home program if provided
	  • Make changes to program or equipment as needed
	
	• Trained volunteer discusses progress with Physiotherapist, changes to program and/or equipment are made as required

People Required	Caregiver/Client Trained Volunteer Physiotherapist

Training Required	Caregiver/Client
	  • How to use landline, mobile, smartphone or tablet
	
	Volunteers and Physiotherapists
	  • How to use any new documents or tools that may need to be developed
	  • How to accurately monitor intervention using relevant technology

Suitable Technologies	1 to 1 Voice Systems 1 to 1 Video Systems *Smartphone or tablet, allowing video calls, may be the most useful technology for effective follow-up of mobility devices

2B. MONITORING AND FOLLOW-UP (cont.)	
Materials and Resources Required	Documents: • Progress note • Simple Monitoring Guideline or Checklist Mobile phone or landline (for voice systems) Smartphone or tablet (for video systems)
How to do this using technology	• 1:1 Voice System or 1:1 Video System: • Meet with caregiver/client and discuss mobility device(s), treatment plan/home program • Make changes as necessary

Chapter 3

Assist with Home Adaptation

3A. ASSESSMENT AND BARRIER IDENTIFICATION	
Task/Activity	Assess home access

Description/Details	Trained volunteer's complete assessment process using a suitable technology with the guidance of physiotherapists.
	
	• Assessment process to identify barriers to home access can include either:
	  • A quick-check, simple assessment form
	  • A short video-format assessment
	  • A more comprehensive assessment approach, as used by physiotherapist or other professional
	
	• Trained volunteer meets with Physiotherapist to:
	  • Discuss assessment results
	  • Identify barriers to access or safety issues within the client's home
	  • Identify possible adaptations

People Required	Caregiver/Client Trained Volunteer Physiotherapist

Training Required	Caregiver/Client
	  • How to use smartphone or tablet
	
	Volunteers and Physiotherapists
	  • How to use any new documents or tools that may need to be developed
	  • How to identify barriers to home access and decide on possible adaptation(s)

Suitable Technologies	1 to 1 Video Systems

3A. ASSESSMENT AND BARRIER IDENTIFICATION (cont.)	
Materials and Resources Required	Documents: • Home Access Assessment Form • Accessibility Checklist • Home Access and Adaptation Guidelines Smartphone or tablet (for video systems)
How to do this using technology	• 1:1 Video System: • Ask caregiver/client to film areas of the home that may have access issues (e.g., Entrance, bathroom etc.) • Discuss possible adaptations • Depending on funding requirements, discuss priorities for adaptation • Discuss assessment with Physiotherapist • Identify possible adaptations • Consult to beneficiary/family to decide on implementation

3B. IMPLEMENTATION	
Task/Activity	Supervise adaptation of home access barriers
Description/Details	Trained volunteers meet with carpenter using a suitable technology with the guidance of physiotherapists. • Caregiver/client facilitates meeting with the carpenter in their home • Discuss recommended home adaptations with caregiver/client and carpenter • Complete work agreement with carpenter
People Required	Caregiver/Client Trained Volunteer Physiotherapist Carpenter
Training Required	Caregiver/Client • How to use smartphone or tablet Volunteers and Physiotherapists • How to use any new documents or tools that may need to be developed
Suitable Technologies	1 to 1 Video Systems
Materials and Resources Required	Documents: • Work Agreement Form • Accessibility Checklist • Home Access Assessment Form • Home Access and Adaptation Guidelines Smartphone or tablet (for video systems)
How to do this using technology	• 1:1 Video System: • Ask caregiver/client to facilitate meeting with carpenter using smartphone or tablet • Discuss recommended access adaptations • Discuss work schedule and complete Work Agreement Form

3C. FOLLOW-UP	
Task/Activity	Review home access adaptations once work is completed to determine if it is appropriate and safe
Description/Details	• Trained volunteer meets with client and caregiver using appropriate technology with the guidance of physiotherapists. • Compare completed adaptation(s) against Work Agreement using Home Adaptation Follow-up Checklist • If work is acceptable and safe, proceed to payment
People Required	Caregiver/Client Trained Volunteer Physiotherapist Carpenter
Training Required	Caregiver/Client • How to use smartphone or tablet Volunteers and Physiotherapists • How to use any new documents or tools that may need to be developed
Suitable Technologies	1 to 1 Video Systems
Materials and Resources Required	Documents: • Work Agreement Form • Home Access Assessment Form • Home Adaptation Follow-up Checklist Smartphone or tablet (for video systems)
How to do this using technology	• 1:1 Video System: • Meet with caregiver/client and ask them to film home adaptations • Make changes as necessary

Chapter 4

Provide Health Education for Prevention of Disabilities

4. HEALTH EDUCATION FOR PREVENTION OF DISABILITIES	
Task/Activity	Provide community-wide education to promote health-promoting behaviours and prevent disability* *Educational topics determined according organisational policies and programs
Description/Details	Develop health education materials that are: • Suitable for being distributed via automated systems • Relevant to the health issue/disability area being targeted, and • Type of technology chosen Organise distribution through relevant organisations and in collaboration with Government Partners
People Required	Technical IT Staff Staff providing Health- and Disability-related services
Training Required	How to: • Choose the most suitable technology option • Access the relevant technology • Develop educational materials that suit the chosen technology (e.g., Visual, short, easily understood etc.) • Upload and distribute health messages

4. HEALTH EDUCATION FOR PREVENTION OF DISABILITIES (cont.)	

Suitable Technologies	• Group systems
	  • Group text, message, or email
	  • Group Chat (Messenger, Facebook Groups)
	  • Group Video Call (Skype, Zoom, Teams, Messenger)
	• Webpage systems
	  • Facebook Page
	  • Facebook Groups
	  • Website
	• Mass systems
	  • Mass SMS
	  • Mass Viber message
	  • Mass Messenger message
	  • Mass email
	  • Pamphlet
	  • Radio

4. HEALTH EDUCATION FOR PREVENTION OF DISABILITIES (cont.)	
Materials and Resources Required	Communication materials designed regarding to the type of technology being used: • Materials for Group Systems may include: Short texts/SMS, voice messages, videos • Materials for Webpage Systems may include Facebook and website posts • Materials for Mass Systems may include short texts/SMS, voice messages, videos, emails, advertising handouts or pamphlets, radio presentations Resources may include smartphones, tablets, computers

Chapter 5

Support Leprosy Ulcer Prevention and Care

5A. INCREASE AWARENESS	
Task/Activity	Develop awareness among people with leprosy and their families regarding the need for consistent and ongoing ulcer prevention and care
Description/Details	• Trained volunteer meets with client/family using appropriate technology with the guidance of physiotherapists. • Educate about leprosy and its effects on the body (particularly development of ulcers) • Educate on strategies for preventing impairments and disabilities (POID strategies)
People Required	Client/Family Trained volunteer
Training Required	Caregiver/Client • How to use smartphone or tablet Staff and Volunteers • How to: • Access and use technology systems (Voice and/or Video Systems) • Conduct effective conversations and interviews using the technology systems • Use any new assessment/screening tools that may need to be developed • Complete assessment/screening tools using the technology systems • Direct a caregiver or client to use smartphone or tablet to video assessment • Develop educational materials that suit the chosen technology (e.g., Visual, short, easily understood etc.)
Suitable Technologies	1 to 1 Voice Systems 1 to 1 Video Systems Group Systems

5A. INCREASE AWARENESS (cont.)	
Materials and Resources Required	Documents: • Assessment Form/Screening Checklist • Checklist to guide direct phone or video calls • Education/Awareness-raising materials depending on the type of technology chosen (e.g., short SMS texts, PDF handouts, videos) Mobile phone or landline (for voice systems) Smartphone or tablet (for video systems)
How to do this using technology	• For 1:1 text system • Develop short text messages for educational purposes • Using 1:1 Voice System • Volunteer completes Assessment Form/Screening Tool by interviewing the caregiver/client • Provides verbal education regarding skin care and prevention of ulcers • Using 1:1 Video System • Volunteer or caregiver/client sends/shares assessment photos or video of areas of concern • Volunteer completes Assessment Form/Screening Tool • Provides education regarding skin care and prevention of ulcers (may include PDF handouts or video)

5B. WOUND MANAGEMENT AND FOLLOW-UP	
Task/Activity	Educate/Trained client or family on how to care for ulcer (wound), and provide ongoing follow-up to support during healing process

Description/Details	• Trained volunteer meets with client/family using appropriate technology with the guidance of physiotherapists.
	  • Assess ulcer (wound)
	  • Educate/train on care of ulcers
	  • Continue to educate on strategies for preventing impairments and disabilities (POID strategies)
	  • Provide regular follow-up support according to organisational policies

People Required	Client/Family Trained volunteer

Training Required	Caregiver/Client
	  • How to use smartphone or tablet
	
	Staff and Volunteers
	  • How to:
	  • Be able to give advice on dressing materials that clients can buy or access.
	  • Access and use technology systems (Voice and/or Video Systems)
	  • Conduct effective conversations and interviews using the technology systems
	  • Use any new assessment/screening tools that may need to be developed
	  • Complete assessment/screening tools using the technology systems
	  • Direct a caregiver or client to use smartphone or tablet to video assessment
	  • Develop educational materials that suit the chosen technology (e.g., Visual, short, easily understood etc.)

5B. WOUND MANAGEMENT AND FOLLOW-UP (cont.)	
Suitable Technologies	1 to 1 Video Systems Group Systems
Materials and Resources Required	Documents: • Checklist to guide video calls • Assessment Form/Screening Checklist • Wound management checklist for client/family • Progress note Smartphone or tablet (for video systems)

How to do this using technology	• For 1:1 text system
	  • Develop short text messages for treatment purposes and for encouraging ongoing care
	
	• For 1:1 voice system
	  • Develop short handouts and explanations for trained volunteers, and physiotherapists to share over the phone
	
	• For smartphone and video systems (1:1 or group systems)
	  • Use photos, handouts, videos, or PowerPoint
	  • Share resources on Facebook

Chapter 6

Provide Referral to Other Health or Disability Services

6. REFERRAL TO OTHER HEALTH OR DISABILITY SERVICES	
Task/Activity	Identify and refer clients to relevant health or disability services
Description/Details	• Identify your clients who require services usually provided by other health or disability organisations • Refer as appropriate • Follow up when necessary
People Required	Physiotherapist/Facilitator Volunteer Caregiver Self Help Group Civil Society Organization (CSO)
Suitable Technologies	1 to 1 Voice Systems 1 to 1 Video Systems Group Systems Web System
Materials and Resources Required	Documents: • Referral Procedures and Forms • Service Provider Mapping Procedure and Forms Mobile phone or landline (for voice systems) Smartphone, tablet, or computer (for video, email, and websites)

6. REFERRAL TO OTHER HEALTH OR DISABILITY SERVICES (cont.)	
How to do this using technology	Access and use the communication systems typically used in the organisation to interact with other services (Voice and/or Video Systems) Use relevant referral procedures and forms Map service providers in areas that your organisation is unfamiliar with Follow up the condition after referral Health education for clients who need care or support especially for surgery or hospitalization case

Chapter 7

Conduct Training Activities

7A. PROVIDE TRAINING TO COMMUNITY VOLUNTEERS	
Task/Activity	Community Volunteer Training
Description/Details	• Increase volunteers' knowledge about Leprosy and other disabilities within their community • Equip them with skills in basic case management and rehabilitation to support people affected by Leprosy or other disabilities
People Required	Trainers (Staff and experienced volunteers)
Suitable Technologies	1 to 1 Video Systems Group Systems
Materials and Resources Required	Manuals/Guidelines Handouts PowerPoint Presentations Videos Reference Books Internet Resources Communication cost Smartphone, tablet, or computer (for Skype, Zoom, Teams, Messenger, or Viber Video call)
How to do this using technology	Prior steps · Must have orientation training about using IT Technologies, communication system and IT materials · IT Accessibility and Materials should be checked and provide necessary support to volunteer for long-term relationship · Backup plans and human resources for the volunteer role should be considered. · Choosing potential volunteers would be an important task of the whole process. Develop Training Packages and Aids

7B. PROVIDE TRAINING TO ORGANISATION'S STAFFS	
Task/Activity	Staff Training
Description/Details	Give Organisation's staff members advanced skills to assist in their work
People Required	External/Internal Resource Person
Suitable Technologies	1 to 1 Video Systems, Group Systems
Materials and Resources Required	Manuals/Guidelines Handouts PowerPoint Presentations Videos Reference Books Internet Resources Smartphone, tablet, or computer (for Skype, Zoom, Teams, Messenger, or Viber Video call)
How to do this using technology	Develop Training Packages and Aids Refresher training and follow up action plans must take place as required by Organisational Policies, Guidelines, Manuals and SOP need to be customized for the staff.

7C. PROVIDE TRAINING TO CHURCHES AND COMMUNITY GROUPS	
Task/Activity	Provide information and training about Disability, Leprosy, Inclusion, Basic Rehabilitation to the Church Community
Description/Details	Give church members basic skills and information to support and include people with disabilities and people affected by leprosy Basic rehabilitation training. Specific (Common) cases: basic management training
People Required	Facilitator/Trained volunteers
Suitable Technologies	1 to 1 Video Systems, Group Systems
Materials and Resources Required	Manuals/Guidelines Handouts PowerPoint Presentations Videos Reference Books Internet Resources • Smart phone, tablet, or computer (for Skype, Zoom, Teams, Messenger, or Viber Video call)
How to do this using technology	· There should be a clear objective of providing training and need to discuss with relevant stakeholders. · Internet accessibility and available devices should be considered. · Prior orientation to technology should be done before training. · Customized training aids and other online facilitation techniques should be prepared. · In some situations, local volunteers might need to assist in technical issues. · Duration of training should not exceed 3 hours and frequent short breaks are important. · Knowledge and practical examples should be linked with participants' interest, vision, and mission. · Training can be provided via group systems in a training format (in a similar way that you would do face to face training). · Follow-up information can be provided via website.

Chapter 8

Provide Information and Training for Mainstream Organisations

8. TRAINING FOR LEPROSY AND DISABILITY	
Task/Activity	Provide information and training about disability and leprosy inclusion
Description/Details	Helping organizations with basic information about including people with disabilities in their programs
People Required	This is usually a large-scale training program, for which you should assemble an Inclusive Advisory Team. The team can comprise confident staff and management who have extensive understanding of disability-inclusive development. The team should also include one or more people with disability or people affected by leprosy to tell their stories and to give a consumer perspective.
Suitable Technologies	Group Systems, Webpage systems
Materials and Resources Required	Useful Websites: https://plan-international.org/publications/disability-awareness-toolkit#download-options Use existing or develop videos https://www.youtube.com/channel/UCa60-Uai8j3FPTCACD5Dndg. Use existing or develop Power Points (training aid) https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf https://www.light-for-the-world.org/sites/lfdw_org/files/download_files/count-me-in-include-people-with-disabilities-in development-projects.pdf
How to do this using technology	· There are different levels within organisations that you will want to target. · Senior management should have a brief introduction into “What is disability-Inclusive development and why is it important? · Regional and local management should have a detailed training program in inclusive development practices. · Local service providers should have a more basic level and practical training program which will depend on the nature of their work. · Training can be provided via group systems in a training format (in a similar way that you would do face to face training) · Follow-up information can be provided via website

Chapter 9

Provide Information for the Whole Community

9A. LEPROSY AWARENESS (KNOWLEDGE)	
Task/Activity	Leprosy awareness – increasing community knowledge about leprosy and treatment
Description/Details	Promote greater village and community awareness and knowledge so that people with symptoms seek treatment and refer others
People Required	Leprosy awareness trainer Person(s) affected by leprosy (role model)
Suitable Technologies	Webpage systems, Mass systems
Materials and Resources Required	Leprosy awareness materials Simple mass messages Useful Websites: https://www.cdc.gov/features/world-leprosy-day/index.html
How to do this using technology	· Decide on which mass system(s) are most suitable for the community you are trying to reach. Do they have mobile phones? Do they use Viber (or similar)? Is the best way to reach them by some other technology? · Develop lots of simple mass messages that promote knowledge · The simple mass messages should refer people to an appropriate place (webpage and/or information board at a local health centre / community centre / church / etc. · Develop webpage or local information boards carefully.

9B. LEPROSY AWARENESS (STIGMA)	
Task/Activity	Leprosy awareness to reduce stigma and discrimination
Description/Details	Promote greater village understanding so that leprosy stigma is reduced.
People Required	Leprosy awareness trainer Person(s) affected by leprosy
Suitable Technologies	Webpage systems, Mass systems
Materials and Resources Required	Leprosy awareness materials Simple mass messages Useful Websites: https://www.leprosy-information.org/toolkits/stigma-guidelines
How to do this using technology	· Decide on which mass system(s) are most suitable for the community you are trying to reach. Do they have mobile phones? Do they use Viber (or similar)? Is the best way to reach them by some other technology? · Develop lots of simple mass messages that reduce stigma and discrimination. · Can you include important local people (monk, head person) as role models of accepting people affected by leprosy · The simple mass messages should also refer people to an appropriate place (webpage and/or information board at a local health centre / community centre / church / etc. · Develop webpage or local information boards carefully.

9C. DISABILITY AWARENESS	
Task/Activity	Promote level of disability awareness in the local community
Description/Details	Promote greater village awareness and knowledge, so that people with disabilities are included in community activities, economic life, and social life, and given opportunities.
People Required	Disability awareness trainer Person(s) with disability (Role model)
Suitable Technologies	Webpage systems, Mass systems
Materials and Resources Required	Disability awareness materials Useful Websites: https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf https://www.light-for-the-world.org/sites/lfdw_org/files/download_files/count-me-in-include-people-with-disabilities-in development-projects.pdf
How to do this using technology	· Decide on which mass system(s) are most suitable for the community you are trying to reach. Do they have mobile phones? Do they use Viber (or similar)? Is the best way to reach them by some other technology? · Develop lots of simple mass messages that promote knowledge about disability · The simple mass messages should refer people to an appropriate place (webpage and/or information board at a local health centre / community centre / church / etc. · Develop webpage or local information boards carefully

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Contact +951 666 851