

LIGHT
FOR THE WORLD

Resource book

on Disability Inclusion

LIGHT FOR THE WORLD 2017

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THE RESOURCE BOOK: HOW TO USE IT?

This is a resource book on disability inclusive practices. Within this book a variety of resources has been brought together that are relevant for disability inclusion. This is of particular interest for persons working in (development) organisations who would like to ensure that their projects and programmes are inclusive of persons with disabilities.

This book consists of four parts:

1. Core concepts

In this part basic information is given about disability inclusion and the process of mainstreaming disability at organisation and programme level. After reading this section you will have a fairly good understanding of the core concepts of disability inclusion.

2. How To Pages

The core concepts provide you with theoretical knowledge; the how to pages give practical tips and tools on how to make inclusion work for you in practice. This includes practical tips on how to communicate with persons with different types of impairments, how to conduct an accessibility audit, how to identify persons with disabilities, and many more.

3. Resource Listing

The resource listing provides an additional range of most acknowledged available resources, tools and techniques. This is meant to deepen knowledge on specific topics, for example on accessibility or disability inclusive project indicators.

4. Trainer-facilitator's Guide

This part offers guidance for trainers on how to use the materials for workshop and training events. The guide is not a training manual, but rather suggestions and examples on how to use the materials.

The book relies heavily on the experiences and practices of inclusion developed by different organizations to which the authors are indebted, and we have tried to make reference to the sources wherever possible¹. In addition, we have drawn on our own experiences as programme managers and disability inclusion advisors.

These materials may be used for non-commercial purposes, with proper references to all authors and sources involved. Should you use this resource book in your training or other work, please let us know via lab@light-for-the-world.org.

Navigation through the document is facilitated through hyperlinks.

¹ We apologize if any sources have been overlooked. If you find any discrepancies, please inform us.

PART 1 – CORE CONCEPTS

The core concepts are divided into three sections:

1. Cornerstones of disability inclusion
2. Inclusive programmes
3. Inclusive organizations

1. CORNERSTONES OF DISABILITY INCLUSION

What is disability?

Disability is a broad term that refers to a functional limitation as a result of an impairment (that is: partial or complete loss of the function of a body part) and the limitations and restriction an individual has in society because of their impairment.

The United Nations Convention on the Rights of Persons with Disabilities recognizes disability as an evolving concept, stating that persons with disabilities are those who have “long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”¹.

Impairment is the loss of a function of the body.

For example, when someone cannot see properly. Impairments are mostly irreversible and lifelong. Sometimes the impairment can be treated, for example in the case of vision by using glasses.

Disability is when the person has an impairment and experiences a barrier to do an activity.

For example, if someone has an eye problem which cannot be treated, and therefore cannot read printed materials. If the materials were in braille, there would be no barrier for the person to read.

IMPAIRMENT x BARRIERS = DISABILITY

In other words, disability is a multidimensional concept that is understood as ***a relationship between an individual with an impairment and her/his environment***. Disability is thus not considered to be an attribute of the person in question, but is the result of an interaction between a person and his environment. The environment that a person is in thus has a huge consequence on how someone experiences disability. If the environment was completely accessible to someone, then they would be more included in society.

To put it differently:

IMPAIRMENT x ACCESSIBLE ENVIRONMENT = INCLUSION

In the past, disability was viewed as a medical issue, with the focus being on the need to ‘cure’ or ‘fix’ the disabled person so that they would then fit in society. This put the individual at the center: they needed to be changed, and not the society. It was also seen as a charity issue, based on pity and ‘helping’ the ‘poor vulnerable’ person. Nowadays, thankfully, disability is seen as a right-issue. People with disabilities are recognized as valuable individuals, who are often prevented from reaching their full potential due to legal, attitudinal, architectural, communication and other barriers². People with disabilities are seen as equal members of society, who have the same access to all human rights as others, including the right to education, health services and humanitarian assistance.

Prevalence of disability

According to the World Health Organisation, persons with disabilities constitute about 15% of the world’s population. This is around one billion people³. Such a big number makes people with disabilities the world’s largest minority that faces social, economic and cultural barriers in accessing full and effective participation in society.

Types of Impairments

There can be many different types of impairments which, in combination with activity limitations and participation restrictions, cause a person to be disabled in society. This means that persons with disabilities are not a homogenous group, and one person with a disability can have a completely different experience from the next. Also, people can experience single or multiple impairments, different levels of severity etc.

Some examples of types of impairments are (classification may differ depending on location or who is doing the classifying):

Physical impairments

A set of conditions that results in difficulties in movement, holding/grasping, feeling, movement coordination, height and ability to perform physical activities. May include:

- Conditions that affect the limbs, skeleton, joints or muscles, or a combination of these
- Loss of limbs.
- Conditions of the central and peripheral nervous system e.g., spinal injury, stroke, leprosy.

Hearing impairments

This refers to various degrees loss of hearing. The degrees of hearing impairment are:

- Mild: difficulty to hear soft sound, such as whispering. Can benefit from hearing aids.
- Moderate: difficulty to clearly hear during conversations. Can benefit from hearing aids.
- Severe: can only hear loud sound or noise.
- Profound: difficulty to perceive any sound at all. This is also referred to as deafness. Cannot benefit from hearing aids.

Depending on the severity of hearing impairment, it may also affect speech, particularly if it begins before a child acquires language.

Vision impairments

Is the partial or total loss of vision or ability to see and read. Vision impairments can be categorised as follows:

- Partially sighted: some difficulty to see or read.
- Low vision: severe vision impairment, which makes it difficult to read at normal distances. People with low vision require supportive tools to see and read.
- Legally blind: difficulty to clearly see near or far
- Totally blind: inability to see at all. Such people need non-visual resources, such as Braille or audio

Speech impairments

This group of impairments affects the ability to communicate. Communication is a two-way process that involves clear expression and full understanding of what is said. Speech impairment can affect either one or both ways, and includes:

- Production of speech: difficulty in verbal expression, such as articulation of speech and / or sounds; difficulties with the quality of the voice; difficulty with sounds formation (stammering) or a combination of these.
- Difficulty in understanding written or spoken language or in using the right words. However, most persons with speech impairment do not have difficulties in understanding written or spoken language.

A hearing impairment can affect speech development because the ability to hear is critical to development of speech.

If a child cannot hear very well, s/he may also experience difficulty in development of speech. Intellectual impairment may also affect speech due to difficulty in understanding.

Psychosocial impairments

Psychosocial disability refers to persons affected by a “medical or psychiatric condition that affects an individual’s cognition, emotion and/or behavioural control, and interferes with his or her ability to learn and function in the family, at work or in society⁴”. There is a broad range of acute or chronic psychosocial impairments. They include medical conditions, such as anxiety, depression, schizophrenia and post-traumatic stress disorder. The duration may vary from one episode in life to recurrent experiences. Most persons with psychosocial impairments benefit from relevant medications prescribed by trained health workers. Most persons with psychosocial impairments lead an active life with proper and adequate supports.

Although often confused, psychosocial impairment is different from intellectual impairment.

Intellectual impairments

Intellectual impairments refer to life-long limitations of the cognitive and intellectual abilities of a person that often results in the person requiring supervision in connection with daily activities. It usually affects the ability to comprehend and learn; ability to solve problems; ability to remember; ability to learn new information and skills, including social skills. Intellectual disability often has its onset in childhood, and is often linked to brain development problems prior to or at birth. Environmental factors, particularly things and people that surrounds a person with intellectual impairment, can impact his/her development, particularly during childhood.

Intellectual impairments may affect people in terms of education, work and daily routines.

There are different degrees of intellectual impairments: mild, moderate, severe and profound.

Learning impairments

This describe specific kinds of learning difficulty. A learning impairment can cause a person of average or above average intelligence to have trouble in using certain learning-related skills, such as reading, writing, speaking and listening. An example is dyslexia (difficulty in reading).

Disability as a development issue

The World Health Organisation estimates that 15% of the world’s population has a disability. Of these, 80% live in developing countries. There is a strong link between poverty and disability. Poor people have a higher risk of acquiring a disability, because they are often more exposed to situations which can cause disability, such as malnutrition, dangerous work, exposure to violence and bad health care. Equally, disability often increases the risk of becoming poor, as it often means losing a job or not being able to attend school, or paying high medical and transportation costs³.

Persons with disabilities have the same rights as anyone else to participate in society: to have a family, attend school, take part in the workplace, politics and social and cultural events. However, in practice, persons with disabilities are often not able to practice their rights, which means they may not attend school or find jobs, may be discriminated and



excluded from community activities, and are vulnerable to physical and sexual abuse². People with disabilities are thus overrepresented among the poorest people in our society, yet development agencies often overlook them².

Development agencies might say “disability is not our business”, “it’s not cost-effective” or “we are too busy already”. Including persons with disabilities in development, however, is not only their right, but is also the most efficient way to battle poverty and leave no one behind.

Barriers for persons with disabilities

People with disabilities are not always purposefully excluded from development activities. They are often not able to attend community and development activities because of barriers that prevent them from accessing activities and information. Barriers refer to any process, mind-set or structure that prevent men, women and children with disabilities from equal access to information, facilities and basic services that are available to the general population. It is because of barriers that persons with disabilities are prevented from full and effective participation in society.

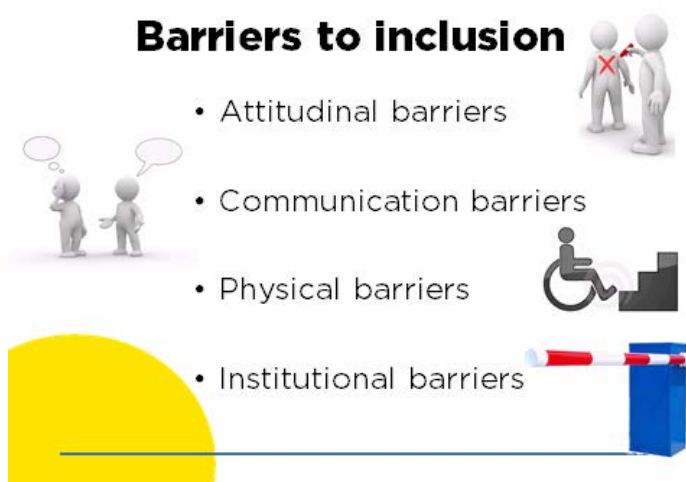
There are four types of barriers:

Attitudinal barriers: prejudice, discrimination and stigmatization because of the disability.

Physical barriers: physical barriers that prevent persons with disabilities from participating – these include the absence of ramps, for example.

Communication barriers: communication issues that prevent persons with disabilities from full and effective participation. Some examples include: lack or inadequate signage to guide people who are blind, deaf or have intellectual impairments, lack of information in different formats such as Braille, large fonts and sign language.

Institutional barriers: the failure to make provisions for persons with different types of disabilities in national or organizational plans, policies, legal frameworks, data collection, strategic plans etc.



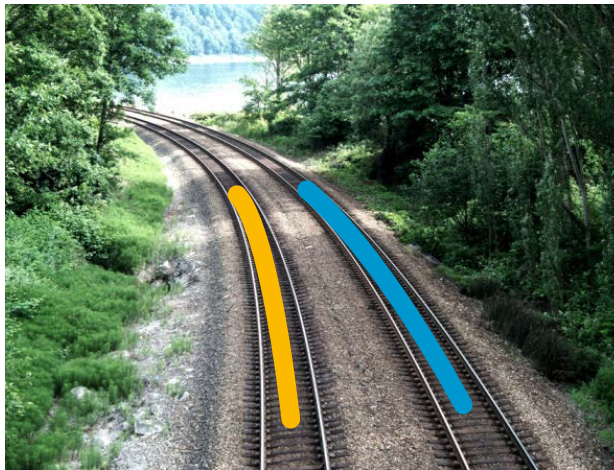
What is disability inclusion?

To ensure that persons with disabilities have access to basic services and can get out of poverty, we call for disability inclusion. Disability inclusion is a goal to ensure that persons with disabilities have equal access to basic services, both in developed, developing or humanitarian contexts, as are available to non-disabled persons. Not only is inclusion a goal, but it is also a human rights issue – persons with disabilities have the legal right to be included in any activities which are provided for non-disabled persons.

Including persons with disabilities in mainstream government and development programmes and services, means that they can be viewed as equal members of society. Additionally, it provides persons with disabilities with the possibility to access the same services, such as education and health care, as any other person, leading to their increased participation in society. Lastly, ensuring that persons with disabilities are included in regular services through small adaptations or reasonable adjustments, is more efficient than providing special services which are often more costly.

The twin track approach

Disability inclusion can be achieved by combining two approaches – disability mainstreaming and disability-specific interventions. This is called the twin-track approach. These approaches need to be addressed at the same time. This can be visualized as two rail tracks running parallel to each other: both needed to arrive at the final destination. The activities under the specific track should steer, as far as possible, towards inclusion in society. The adagio is: inclusion where possible, specific when needed.



Disability Mainstreaming is the process of removing barriers to participation for persons with disabilities in mainstream organisations and activities. Often, persons with disabilities can participate in social activities with few additional interventions.

Disability Specific Interventions: Provision of disability specific services such as rehabilitation, provision of assistive devices & medical treatment. But also empowerment of people with disabilities.

Disability Inclusive Development

What is inclusive development?

Inclusive development can be defined as an approach which respects the full human rights of every person, acknowledging diversity, eradicating poverty and ensuring that all people are fully included and can actively participate in development process and activities, regardless of age, gender, disability, state of health, ethnic origin or any other characteristic.

Disability inclusive development can be defined as follows:

“Ensuring that all phases of the development cycle include a disability dimension and that persons with disabilities are meaningfully and effectively participating in development processes and policies”.

Inclusion is joint responsibility of all development stakeholders:

- Mainstream NGOs
- Government
- Disabled people organisations
- Disability specific NGOs

Each of these stakeholders has a specific role to play.

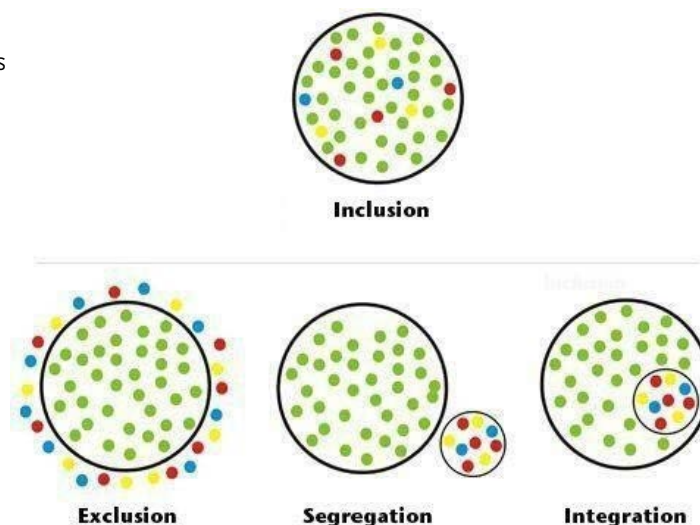
The role of mainstream NGOs is to open up projects for people with disabilities: to remove the barriers and make services and projects accessible. There is no need to become disability expert.

The role of government is to create a conducive environment for inclusion, bringing all legislation and policies in line with UN Convention on the Rights of Persons with Disabilities. This also means making sure that people with

disabilities can access all government services, programmes and schemes. This includes access to rehabilitation and health services.

The role of Disabled Peoples Organisations (DPOs) is to advocate for their rights and to influence policy makers, to empower and strengthen the voice their of members and to offer first hand expertise on disability and inclusion.

Disability specific NGOs can play an important role in strengthening DPOs and support empowerment. But they can also develop models of inclusion/ do research and facilitate learning and sharing between all actors. Last but not least they can play a role in (supporting government in) providing disability specific services.



The following four figures show the difference between inclusion, exclusion, segregation and integration. Inclusion in development projects means full and equal participation in the whole project, where as in the case of segregation a separate project is organised for people with disabilities only. In an integrated project, people with disabilities participate in a project, but are for example organised in a group with only participants who have a disability. In the case of exclusion, people with disabilities are completely excluded from the project and not able to participate.

The cornerstones of disability inclusion

Disability inclusion is framed within a rights-based approach that considers persons with disabilities as being equally entitled to human rights as people without disabilities. However, in order to ensure that persons with disabilities are reached, it is essential to apply four main principles of inclusion, namely:

- Attitude: respect and dignity
- Communication: inclusive communication
- Accessibility: barrier-free environment
- Participation: active involvement

In the next sections you will find more detailed information on each of these principles.

1.1 ATTITUDE: RESPECT AND DIGNITY

The UN CRPD

The Convention on the Rights of Persons with Disabilities considers under Article 3 (a) as its first guiding principle “respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons”¹. The principle implies the creation of an enabling society where persons with disabilities are not considered as objects of pity but as equal subjects that can enjoy their rights as persons without disabilities do. In this sense, societal attitude to disability, or the way how persons with disabilities are perceived and treated, may serve either as an enabling or disabling factor to inclusion.

What do we mean by attitudes?

Attitudes are a complex collection of beliefs, values or feelings which describe the way we think or feel about certain situations or people. Our attitudes to others are very often framed by the societal ‘norms’ and ‘customs’ that we learn from the childhood. Special attention needs to be paid to attitude, as the way we think about something, strongly influences what we do!

Attitude is the way that someone evaluates or judges a certain person, object, event or idea. Described differently, attitude is **the way we think about someone or something**. This can be a positive thought, or a negative one. Often, the way we think about something, influences the way we act.

Attitude as a barrier

Persons with disabilities very often experience negative attitudes from their close environment⁵. In some countries disability is perceived as a curse and is associated with witchcraft, or thought to be caused by some wrong doing in a previous life. Such beliefs make the family as well as the community feel ashamed about their disabled member, excluding him/her from their gatherings and services offered by the government. Another widespread belief is that persons with disabilities are ‘not productive’ and cannot study and work as persons without disabilities. For example, parents may believe that their visually-impaired daughter or son cannot study and therefore, they decide not to invest in his/her education. As result, the wrong perception of parents about disability hinders their child’s access to education, minimizing his/her chances of employment later.

Negative attitudes can both be a conscious thought, or a subconscious thought, where you are not aware that you think this way. Besides people having negative attitudes towards people with disabilities, persons with disabilities themselves may also feel that they are worthless and in need of support⁶. They may lack self-esteem and feel unable to learn new things². Self stigma and limiting beliefs are complex issues but far too often deeply felt by persons with disabilities themselves.

Attitude as an enabling factor

Positive attitudes to disability may serve as an empowering factor that can stimulate persons with disabilities to study, acquire a profession, develop skills and live a more independent life. For example, a disabled child who is supported by his parents is able to develop from an early age self-confidence and belief in his/her abilities and talents. The community has a vital role to play in shaping and modelling the attitudes towards disability. If the prominent leaders of a community show respect to their members with disabilities, it may reduce discrimination among the wider public, thereby offering persons with disabilities more space and opportunities to participate.

1.2 COMMUNICATION: INCLUSIVE COMMUNICATION

The UN CRPD

The Convention does not specifically identify communication as a separate principle but considers it as a core element of accessibility. In Article 9 (b) the UN CRPD claims the responsibility of governments to “include the identification and elimination of obstacles and barriers to accessibility ...[in] information, communications and other services, including electronic services and emergency services”. Besides, in Article 21 the Convention states the right of persons with disabilities to freedom of expression and opinion, and access to information, specifically the provision of information to people with disabilities in accessible formats and technologies, “facilitating the use of sign languages, Braille and other alternative sources of information”¹.

What do we mean by communication?

Communication is the process of reaching mutual understanding, with participants sharing information, ideas and feelings. This can be written, verbal or nonverbal. Inclusive communication relates to all modes of communication including written information, online information, telephone, and face to face. It involves sharing information in a way that everybody can understand and implies the use of tools that are necessary for supporting specific communication needs of an individual with disabilities.

Communication barriers

Communication barriers are experienced by people who have impairments that affect hearing, speaking, writing, and/or understanding, and who use different ways to communicate than people who do not have these disabilities. For example, the written health promotion messages on the boards are not accessible for people with visual impairments. Or the auditory messages without videos or images shown during events are not inclusive of people with hearing impairments. Lack of access to communication does not allow persons with disabilities to experience productive interaction with other people, which intensifies their experience of exclusion.

Inclusive communication styles

Effective communication allows persons with disabilities to build and maintain relationships, to work, to study, to manage their affairs on their own and to express themselves. To ensure that information shared is understood by all persons, these steps are recommended:

- address a person with disability and not his/her caretaker or guide;
- use simple language to make your point;
- identify yourself when you are talking to a person with visual impairment;
- provide verbal descriptions of content on the image, video or printed text;
- invite sign language interpreters to meetings and events;
- position yourself at the eye level with a person in a wheelchair when talking one to one².

It is important to communicate with simple language, respectful language, and in a variety of ways, so that people with different needs can access and react to the information.

Links

How To: [How to relate to persons with disabilities](#)
[How to communicate with deaf and hard of hearing](#)
[How to communicate with persons with speech difficulties](#)
[How to communicate with persons with learning difficulties](#)
[How to communicate with persons with visual impairment](#)
[How to communicate with persons with intellectual disabilities](#)
[How to communicate with persons with psychosocial impairment](#)
[How to communicate with someone with a physical impairment](#)

Resources: [Accessibility & Communication](#)

1.3 ACCESSIBILITY: A BARRIER FREE ENVIRONMENT

The UN CRPD

One of the other general principles (Article 3 (f)) of the UN CRPD is the concept of accessibility. In Article 9 the UN CRPD states the responsibility of government “to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications..., and to other facilities and services open or provided to the public, both in urban and in rural areas”¹.

What do we mean by accessibility?

Accessibility is broadly understood as an ability to access or benefit from any product, device, service or environment. If a product, service or environment is accessible, it means that all people with and without disabilities can access it without facing any barrier. In 2013, the United Nations High-level Meeting on Disability and Development stressed the importance of ensuring accessibility for inclusion of persons with disabilities in all aspects of development⁸.

The definition of accessibility is that a person is able to:

- Move around freely without obstacles
- Move around independently (without direct assistance of others)
- Move around with confidence and respect

Framework for ensuring accessibility

The Convention of the Rights of Persons with Disabilities considers accessibility as a cross-cutting issue that enables persons with disabilities to live independently and participate fully in all aspects of society. The Convention promotes accessibility¹ in:

- design and development as well as availability of new technologies, including those of information and communication technologies (Article 4);
- indoor and outdoor facilities, including schools, housing, medical facilities and workplaces (Article 9);
- independent living within the community (Article 19);
- personal mobility (Article 20);
- possibilities to freely express oneself and access information (Article 21).

Besides, there are seven universal design principles established for inclusive environment, education, communication and other areas of access. Universal design is the idea that anything that is created, is made in such a way that it is easy to use for all people without needing too much adaptation. The seven principles are:

1. Equitable use by people with different abilities
2. Flexibility in use
3. Simple and intuitive use
4. Perceptible information
5. Tolerance for error
6. Low physical effort
7. Size and space for approach and use⁷.

Universal design

Designing in such a way that products, services, environments can be used by all people.



Barrier-free access

Accessibility is a very important core element of disability inclusion. An accessible barrier-free environment is a very important step towards fulfilling the rights of persons with disabilities to participate in all areas of community life. A barrier-free environment means more than just physical access such as the building of ramps, but needs to be taken much broader. In a society that offers to all its members appropriate and equal access to transportation, technology, housing, services and community infrastructure, persons with disabilities have more chance to develop their skills and contribute to the communal life. This can mean making reasonable accommodations – small adjustments to the environment to make it more friendly to persons with all types of abilities.

Links

How To: [How to conduct an accessibility audit](#)
[How to know which barriers persons with disabilities face](#)
 Resources: [Accessibility & Communication](#)

1.4 PARTICIPATION: ACTIVE INVOLVEMENT

The UN CRPD

The principle of participation is also mentioned in Article 3(c) as one of the general principles of the UN Convention. Besides, in Article 33(3) the UN CRPD emphasizes the importance of involving persons with disabilities fully in monitoring processes. Article 29 of CRPD speaks directly about involvement of people with disabilities in civil society to “effectively and fully participate in the conduct of public affairs without discrimination and on an equal basis with others...”¹.

What do we mean by participation?

Participation implies that the person with a disability can fully take part in everyday, ordinary aspects of life, with an emphasis on building lasting connections with his/her community. However, the principle does not only highlight the physical presence of persons with disabilities in societal actions and events, but stresses the importance of political engagement of persons with disabilities in decisions that relate to them “so that actions affecting people with a disability are not planned or performed without their input”⁷. ‘Nothing about us without us’ is a slogan that has long characterized the principle of participation within the disability movement.

Participation means that someone can take part or share in something. They can express their opinion, and can have influence on any decisions that are being made. This means that participation is not just being physically present somewhere – it means being welcomed to participate actively and meaningfully.

Barriers to participation

Accessibility, discrimination and negative attitudes can serve as the main barriers to full participation of persons with disabilities in society. For example, prejudices and stereotyping create barriers on the way to education, employment and/or social involvement.

Ensuring participation

In order to enable persons with disabilities to participate fully in societal activities, it is essential to consider different ways of engaging them to ensure meaningful representation, information sharing, consultation, collaboration, mutual decision-making and empowering strategies that help them raise their self-confidence⁹.

To increase the participation of persons with disabilities, it is important to create an environment that welcomes the presence and input of persons with disabilities. For example, when planning an event, it is important to ensure that persons with disabilities are invited and are offered the possibility to share their ideas on a subject.

Links

How To: [How to set up inclusive meetings](#)
[How to include people with disabilities in projects](#)

2. INCLUSION THROUGHOUT THE PROJECT CYCLE

Many organisations use project cycle management as a tool to help them “initiate, plan, implement, monitor and evaluate projects”. Project cycle management assumes that project or programmes go through different phases, with each phase being definite and coming to some sort of closure before the next phase starts. Organisations may not always agree on which phases exist, as each organisation has their own needs.

For our purposes, we will refer to the project cycle as described below, with the stages being:

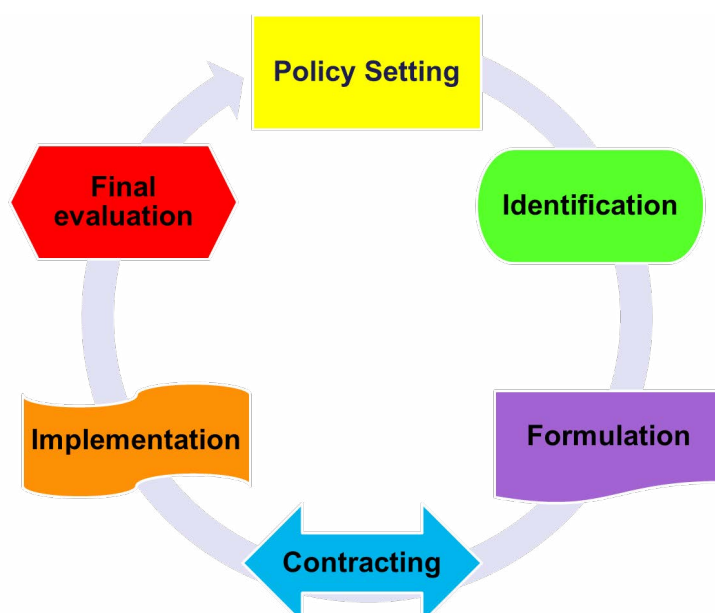


Figure 1: Project Cycle - LIGHT FOR THE WORLD & MDF Training & Consultancy

1. Policy Setting: Includes strategic planning and development of the vision
2. Identification: Analyse the needs and situation, determine which ideas or activities to carry out
3. Formulation: The stage where the project planning takes place. Plan according to objectives, outputs and inputs. A project design and plan is made, and decisions are taken.
4. Contracting: commitments are made; decisions to finance are taken.
5. Implementation: day-to-day execution of the project. Monitoring whether planned activities are taking place also happens.
6. Final Evaluation: an assessment of the project.

Disability Inclusion in the Project Cycle

When projects are disability inclusive, it means they provide people with disabilities with the same opportunity to participate in the project as others. In a project cycle, every phase or step is important and necessary, and determines the next one. Therefore, it is important to ensure that persons with disabilities are able to take part in every phase of the cycle.

In this chapter we will focus on the following steps to ensure that inclusive project cycle management takes place, and that the needs and interests of persons with disabilities are taken into account:

Links

How To: [How to include people with disabilities in projects](#)
[How to check whether people with disabilities are included in the project cycle](#)
Resources: [Project Management](#)

2.1 INCLUSION IN POLICIES AND STRATEGIES

To ensure that persons with disabilities are adequately addressed in the project or programme, it is important to ensure that they are included in the project strategy and policies. Naming how and why persons with disabilities will be included in the project, means that a commitment is made to guarantee that they are not accidentally excluded.

Policy Setting

Policies and strategies are developed to establish the general guidelines for the project. Policies are the basic principles that guide the actions. By making sure that people with disabilities are specifically mentioned in policies, two things are achieved.

First of all, if inclusion is mentioned in the policies and strategies, it means that inclusion become a natural part of all processes and guidelines that are developed as a result of these policies. Second, if disability inclusion is mentioned in important policy documents, then managers and implementers are responsible to ensure that inclusion actually happens. They will be held accountable!

Policies are where commitment is made² – persons with disabilities are part of your target group, and you want to include them in all your activities!

2.2 IDENTIFYING PERSONS WITH DISABILITIES AND THEIR NEEDS AND INTERESTS

During the phase of identification, we identify who the stakeholders are in a project, and what their needs and interests are.

One of the reasons that people with disabilities are often not included in development programmes, is because they are not always visible in society. Some of them are literally hidden away from the community. Others are difficult to see because their disability may not be visible, such as when someone has a communication impairment. It is therefore important to realize that persons with disabilities do live in the community where your project is taking place, and you need to identify who they are and where they are.

Identification of persons with disabilities

The first step is to get an idea of the magnitude of disability in the project area. There are various ways to collect data and information on persons with disabilities in your area²:

- Include disability data in baselines studies for new projects.
- Identify persons with disabilities who are already enrolled in your programmes.
- Link up with local disability-specific organisations or disabled people's organisations and ask them for names and addresses.
- Use existing data from the government or from disability NGOs in your area.
- Talk with community and religious leaders. Explain you want to include persons with disabilities in your programmes. Most likely they will be willing to show you the homes of people with a disability.
- Organise a meeting with people with disabilities and ask them for advice on how to find other disabled people.
- Organise a disability awareness session in the community and ask the participants to help you find persons with disabilities to be enrolled in your programme.
- In the case of childhood disability you can ask children from the programme you support or run (for example, schools or clubs) to identify those children who are not participating.

Because disability, as we said in the beginning, is a context-specific concept, it can feel difficult to know who does and who does not have a disability. There are various ways to measure disability. We recommend using the Washington Short Set of questions to help you identify whether someone has a disability. The questionnaire can be found in the How To section, under How to Identify Persons with Disabilities.

Needs Assessment

Next to the identification of persons with disabilities it is important to assess what their needs are, and what has been done already to address them. This means carrying out an individual assessment for each person to understand best what their specific needs are.

Barrier Assessment

A barrier assessment can help to identify which barriers persons with disabilities face when they want to take part in the project. What obstacles do they face when they want to participate, and what are the factors that lead to their exclusion. Identifying the barriers is a first step to then analysing what can be done in the project to remove these barriers. In the How To section, you can find an example of a barrier analysis tool.

Links

How To: [How to identify persons with disabilities?](#)
[How to know which barriers persons with disabilities face?](#)

2.3 PLANNING FOR INCLUSION

During the formulation and planning phase, the details of the plan, project or programme will be developed. What are the objectives, and what strategies, activities and resources will be needed to reach those objectives.

Including persons with disabilities in the plans

When developing plans and activities, it is important to think about accessibility to your activities for persons with disabilities. Because despite the best intentions, persons with disabilities are very likely to accidentally be excluded if due consideration is not taken from the start.

So why is it important that persons with disabilities are able to participate in your project activities? Well, first of all, because all people in the target group you are working for should have the right to access any services you provide. And, secondly, it is much more cost-effective. Almost 80% of persons with disabilities can participate in community life without extra interventions, or low cost interventions. And if they can access these services, and be part of the community, it means that expensive disability specific programmes (such as special schools for the blind) will not be needed as much².

There are various steps you can take to make sure that persons with disabilities are included in the planning phase²:

Awareness Raising

Raise awareness about disability inclusion. Ensure that all involved stakeholders that are part of programme development and planning are aware that they need to consider accessibility and participation of persons with disabilities in the project.

Ensure Participation

Increase participation of persons with disabilities in the development of project plans. Ensure that they are part of the group that makes the decisions, whether it be as staff, consultants, members of community meetings and focus group discussions, or otherwise.

Develop Inclusive Selection Criteria

Projects often have selection criteria for participation, which can implicitly or explicitly exclude persons with disabilities.

Consider Accessibility

Design the project in such a way that all activities are accessible to persons with various impairments. Make sure that all buildings that are going to be built, apply the principles of universal design. Remove negative attitudes so that non-disabled persons are willing and open to the participation of persons with disabilities. Check that all projects activities are planned in locations which are accessible to persons with different needs.

Budget for Inclusion

Earmarking some of the budget for inclusion will ensure that money will be available for some of the disability specific components, such as arranging for alternative methods of communication.

Links

How To: [How To Budget for Inclusion](#)
[How To Make Project Criteria Disability Sensitive](#)

² Adapted from: CBM. (2012). Inclusion Made Easy and MDF Consultancy & Light For The World. Reader DM in Projects.

2.4 DISABILITY-CONSCIOUS CONTRACTING AND PARTNERING

During the contracting phase of the project cycle, commitments are made to actually do the activities as described. The decision to finance is made.

Considerations towards your donor

During discussions with the funder of your project, consider the following¹⁵:

- In case of lack of disability data, ask for flexibility in the use of budget for inclusion.
- Ask for flexible use of beneficiary selection criteria to ensure participation of people with disabilities
- If the donor asks to lower the budget, don't cut the inclusion activities.
- If the donor objects to the inclusion of people with disabilities (because of budgetary consequences) point at the UNCRPD.
- Make sure that your contact person at the donor understands the idea of disability mainstreaming.

Partnering with and contracting other organisations

If you do not do all the work yourself, but work together with other organisations, it is essential that your partner or the organization that is contracted by you shares the same vision and principles of disability inclusion. For example, when you ask a building company to build a new office building for you, you should insist that they design it using universal design principles. Or if you ask your partner organization to organise a community meeting, you should insist that they include persons with disabilities in their meeting by providing the information in different formats.

There are some important principles to consider when partnering with or contracting another organization, namely¹⁶:

- **Ownership:** project ownership will provide more certainty to the project and make your partner or a contracted organization feel accountable for the results;
- **Do no harm:** taking on the project the partnering organization shall ensure that it has substantial knowledge on the disability issue and that it will not afflict harm to persons with disabilities through the project activities or lack of knowledge on inclusion;
- **Equity, equality and non-discrimination:** the partnering or contracted organization shall treat persons with disabilities as rights holders and equal participants of the project;
- **Participation and inclusion:** the partnering or contracted organization shall ensure that persons with disabilities are included in the full cycle of the programme/project and are able to meaningfully participate in the project activities;
- **Accountability and transparency:** the partnering or contracted organization shall provide accountable and transparent project structure to allow the good monitoring of inclusion;
- **Empowerment:** the partnering or contracted party shall ensure that persons with disabilities fully benefit from the project outcomes and that their social position is improved;
- **Sustainability:** the partner shall adopt long-term practices of inclusion.

Taking systematic account of these principles when partnering with another organization will ensure that disability is taken seriously by your partner organization.

2.5 MONITORING INCLUSION

Disability inclusion is an integrated approach that needs to be practiced throughout all stages of the project cycle. Monitoring takes place to see whether the results you want are being achieved. On the one hand, monitoring processes can be used to check that persons with disabilities are equally participating in development programmes. On the other hand, the monitoring activities themselves need to be inclusive, ensuring that they do not exclude the opinion of persons with disabilities.

Monitoring to check participation

Monitoring takes place during implementation, to check whether your plans are actually being carried out. Information can also be collected to see whether persons with disabilities are actually being included in your projects and programmes. The following questions can be asked to check whether your projects are really inclusive¹⁵.

- How do people with a disability perform and participate in comparison to non-disabled participants?
- Why is there a difference?
- Is earmarked budget being used for disability inclusion? Monitor if and for what purpose it is being used.
- How does the partnership/collaboration with DPOs, government and disability-specific organisations develop?
- Is the staff aware on disability issues and do they understand the inclusion process?
- Are the communities aware about disability rights?
- Is the position of people with a disability at household level changing? In what way?
- Are the barriers at project level removed?
- Are all activities accessible for people with disabilities?

Inclusive monitoring

Besides using monitoring to check whether persons with disabilities can participate in your project, it is also necessary to check whether your monitoring systems themselves are inclusive. Can the opinion of persons with disabilities be measured?

To ensure the full inclusion of persons with disabilities in monitoring processes, consider the following aspects:

- Are persons with disabilities actively involved in data collection and analysis;
- Are persons with disabilities included as monitoring experts;
- Does the projects use different participatory methods to ensure an inclusive environment, such as participation in workshops and/or round tables, assessment of project surroundings for accessibility; adaptation of project materials by and for persons with disabilities, etc.;
- Are monitoring methods accessible for persons with different types of needs.

Links

How To: [How to make monitoring systems inclusive](#)

2.6 EVALUATING THE IMPACT OF INCLUSION

Evaluations are used to assess the design, implementation and results of completed projects. This is then used to advise what a new and improved project should look like.

The evaluation can be used to also measure what the outcome and impact of inclusion of persons with disabilities has been. This will help provide evidence that what you are doing is an effective way of working towards a more inclusive and just society.

When developing a Terms of Reference for an evaluation, consider the following questions¹⁵:

- Were people with disabilities able to access the full range of services provided?
- What are the achievements of people with disabilities in the project?
- Do they achieve the same results? If not, what causes the differences?
- What were the difficulties people with disabilities experienced in accessing services or the programme?
- How has the understanding of disability influenced the way your staff is working with people with disabilities?
- How has this changed in the community? What were the activities that contributed most to this change?
- Did the project alter power relations and has this been in favour of more influence and involvement of people with disabilities in your activities?
- Has the organisational capacity of people with disabilities been enhanced?
- What are the recommendations for improving inclusion?
- Did people with disabilities have the choice and opportunity to become active participants in decision-making processes?
- What types of disabilities do the participants in the project have? Are all groups equally represented? Or are some people still excluded?
- What partnerships with disability-specific-programmes/services have been established?
- How are project priorities set and by whom?
- Have project proposal, organisational policies, procedures and project decisions be reviewed and updated to be disability inclusive?
- What lessons are learned on inclusion and how can this be shared with the stakeholders and the development sector?

In addition, consider that¹⁶:

- Disability is not a universal experience – if possible, assess the evaluation questions in regards to different impairments.
- Participatory methods are particularly suitable for evaluations and including different types of opinions.

3. INCLUSIVE ORGANIZATIONS

Inclusion of persons with disabilities goes beyond simply having projects for persons with disabilities. Organisations that wish to become disability inclusive may choose to examine all their organizational policies and practices to ensure that their systems and values actually contribute to the inclusion of persons with disabilities: as employees, partners, beneficiaries and clients. If we do not remove old systems that reinforce discriminatory practices, we will not be able to meaningfully incorporate new inclusive ways of working.

To address these underlying systemic factors the organization is invited to consider the following topics:

- 2.1 Governance
- 2.2 Programme Management Practices
- 2.3 Human Resources
- 2.4 Financial Resources
- 2.5 Accessibility of the office and information
- 2.6 External Relations

The Disability Inclusion Score Card (DISC) can be a useful tool to guide the way to becoming an inclusive organisation. The tool can be found on page 83.

It is important to understand that change is an ongoing process that requires long-term contribution and dedication of all staff from management to junior level. Steady commitment to inclusion at all levels of an organization is critical to creating a truly inclusive work environment. With persistent dedication and commitment, it is possible!



2.1 GOVERNANCE

To create change that sustains, the inclusion of persons with disabilities needs to be embedded in the policies of an organisation: its strategy, vision and mission.

Accidental Exclusion

There are cases where policies can, purposefully or accidentally, discriminate persons with disabilities. For example, a hiring policy might state that applicants need to be physically fit, whether it is necessary for their position or not. This then indirectly discriminates against persons with disabilities, despite their capability to fulfil certain positions.

Policy Development

There are several steps that can be taken to work towards defining disability-inclusive policies for your organisation².

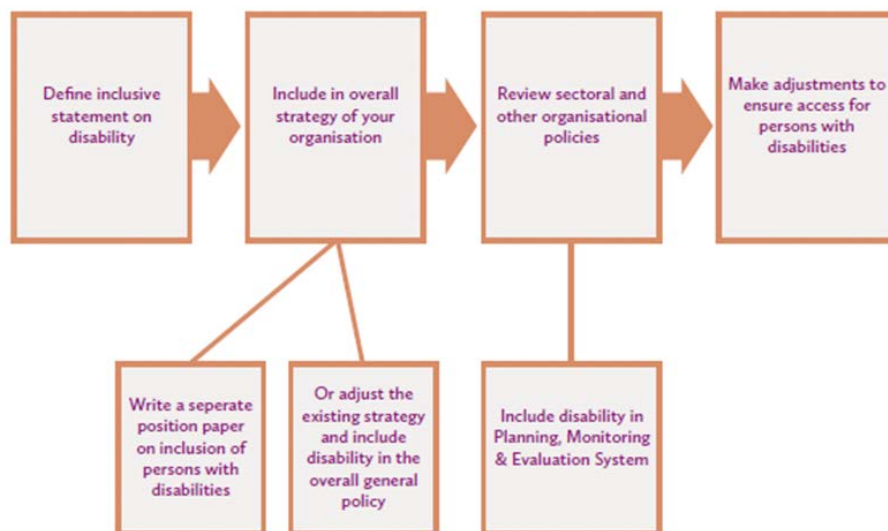


Figure 2: Steps toward an inclusive organisational policy

1. Define an inclusive statement on disability

Define what disability means to the organisation. Why does the organisation want to include persons with disabilities and how does this link to the organisation's core strategy?

2. Include disability in the overall organizational strategy

Ensure that disability is part of the organizational strategy, either by developing a separate policy document on inclusion, or by adjusting the current strategy/policy to include inclusion of persons with disabilities.

3. Review sectoral and other organizational policies

Once disability is part of the organisation's main strategy, look at what the practical implications of this will be for sectoral policies. What does this mean for your fundraising strategy of human resource policy?

4. Make adjustments to ensure access

Make the necessary adjustments and remove barriers to ensure that people with disabilities can actually access your organisation and its services.

A clear mandate on disability and development

In order to promote disability inclusion in an organisation, it is important to have a clear mandate on disability. This can be done in a diversity policy where disability is explicitly mentioned, or in a specifically designed disability policy. If an organization's commitment to disability inclusion is clearly pinned down in policy, then it means that they will need to work on it.

Here are some guidelines on what a 'disability document' could include:

- a clear statement of the organization's commitment to disability inclusion;
- relevant disability analysis of the particular context in which the organization operates;
- explanation of why it is important to address disability in relation to organization's vision and mission;
- list of actions to be taken to address the issue at the organizational and programme levels;
- who or what is the focal point in regard to disability mainstreaming;
- budget allocation for disability inclusion?

Working with the board

Within a development organisation, the board and senior management are key actors who make the decisions. They are the people who decide about strategy. It is therefore important to convince them about the importance of inclusion. Changing their attitude about inclusion can lead to organisational commitment for the topic.

You can raise awareness in the board by:

- organising a workshop on disability inclusion. If you have a whole day, then World Vision's *Travelling Together – how to include disabled people on the main road of development* is a great resource to create urgency within the organisation. If there is limited time, we recommend an activity such as the Game of Life.
- organise a session during a board meeting.
- hold informal discussions during breaks with board members to raise their interest.

3.2 PROGRAMME MANAGEMENT PRACTICES

Becoming an accessible organisation does not happen overnight. It requires a bit of thought and planning. By setting up a system for accountability, you provide information on how you are working in compliance with the agreements and commitments that you have made to your stakeholders, as well as measuring whether you are actually reaching the people you want to reach.

Putting disability into formats

One of the ways to ensure that disability is not ignored in the organisation, is by clearly stating it in the various formats you use. For example, include a paragraph on how people with disabilities will be part of the activities in the format for Country Strategy Plans or Annual Workplans. Include accessibility issues in project-visit formats or reporting formats. When doing a baseline study, include persons with disability in the study guidelines. Building disability into the organisation's formats means the topic is taken up in a natural way, rather than needing to build a parallel system to monitor inclusion².

Section 3 on [Project Cycle Management](#) offers more information on including disability into your project cycle and PME system.

Focal point

Experience shows that unless there are staff members or consultants employed for mainstreaming disability, no one takes this responsibility. There could be a unit or a person who have the mandate and policy to guide the overall disability inclusion processes within the organization. This focal point could check regularly whether the organization takes steps in including the disability perspective into its systems, and what obstacles exist in this process. In addition, this unit or person monitors and evaluates how successfully the organization has mainstreamed disability throughout its structures. Assigning a focal person can be incredibly useful in order to have someone in the organization who is responsible for checking whether inclusive practice is being implemented. This could be a manager, a specialist, or a representative from the disability movement. This person should have commitment and support from higher management to do so².

3.3 HUMAN RESOURCES

An inclusive work environment is about having a diverse culture that welcomes all people, regardless of their (dis)ability. It recognizes and uses people's skills and strengthens their abilities. It recognizes that persons with disabilities are not only beneficiaries of the organisation, but can also be valuable staff members.

A Positive Attitude

An inclusive work environment starts with the actions of individuals who are already part of this environment. A programme manager who focuses on the abilities of an employee is likely to be more inclusive than one who focuses on the individual's limitations. In an inclusive environment persons with disabilities are welcomed and valued for their contributions as individuals. That means that two or more people with the same type of disability may have different experiences, skills, perceptions and needs. It is important to see an individual and not a disability when working with a particular person.

Inclusive Recruitment

The first step in having more people with disabilities in the workplace, is making sure that they are able to apply for posts and be interviewed¹⁰. Some steps that can be taken to ensure that, at least, the process of recruiting is accessible, are:

- Distributing job adverts more broadly than usual. E.g. share them amongst disabled people's organisations and networks.
- Share about the organisation's commitment to inclusion in the advert.
- Provide application forms and information in accessible formats such as large print, Braille or audio.
- Ask the candidate if any adjustments need to be made during the interview, for example
 - Using an accessible venue;
 - Providing additional travel expenses to get to the venue;
 - Supplying a sign language interpreter for Deaf candidates;
 - Allowing vision-impaired candidates to arrange a volunteer to read out a written exercise.

Reasonable Accommodation

The CRPD defines reasonable accommodation as "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms"¹¹. Simply said, this means making simple modifications and adaptations so that people with disabilities can work just like anyone else. Accommodations can be made, for example, in the application process, the work environment, or the way an employee enjoys benefits or professional development opportunities¹¹.

Some examples of accommodations that can be made¹²:

- Restructuring a position
- Modifying a schedule
- Modifying policies or procedures
- Increasing accessibility
- Obtaining or modifying equipment or devices
- Reassignment to a different position
- Providing services such as readers, interpreters, or captioning
- Adjusting or modifying training activities, materials or examinations.

Staff Capacity Development

It is impossible to mainstream disability in your organization without addressing the culture and informal processes that underpin how your organization functions. This includes, for example, attitudes, beliefs, values, language, behaviour patterns and styles of communication used within the organization. Organizations that seek to promote disability inclusion need to address the dynamic between formal policies and informal processes. For example, it will be difficult to practice disability inclusive recruitment if the managers and/or human resource personnel still use discriminative language or stereotypes for describing people with disabilities.

Here are some actions that can be taken to address this issue.

Raising awareness

General awareness-raising can be done in the form of a training that can communicate shared understandings about disability, ways of addressing disability issues, and importance of mainstreaming disability throughout the organization's structure. Often, people have certain ideas in their mind about what people with disabilities can and cannot do, which might not always be correct. Staff should be made aware that persons with disabilities are full members of society, and have human rights as any other person.

Building skills and knowledge

Sometimes, staff members need to develop particular knowledge on disability in regard to their function or work performed. For example, the human resource manager might need to learn how to recruit in an inclusive manner, and how to provide reasonable accommodations to staff joining the organization.

Sector-specific training

Specific training can be helpful when there is a need to develop skills in disability analysis, collection and utilization of statistics, implementation, monitoring and evaluation of disability-inclusive projects within the framework of a particular sector (e.g. education, economic development, agriculture, health etc.).

The way how the organization chooses to develop the capacity of its staff in regard to disability inclusion may vary: from appointing focal persons within the organization to hiring external consultants. The important point is that disability mainstreaming requires both specialist expertise as well as equipping all staff with a considerable level of understanding, knowledge and skills appropriate for their work. It is also not safe to assume that having a staff member with a disability will ensure that disability inclusion is adequately mainstreamed and addressed. Experience shows that disability inclusion cannot be achieved by the specialists only. Collaboration and involvement of all staff members is needed to ensure that inclusion becomes a part of the organizational culture, and not just the priority of one unit.

Links

How To: [How to make the recruitment process inclusive](#)
[How to develop an inclusive workplace](#)
[How to check how inclusive your organization is](#)

3.4 FINANCIAL RESOURCES¹³

A budget is an estimate of the income and expense for a given period in the future. Budget, or money, is often needed to be able to actually do something. It is therefore important to think beforehand about what budget you will need in order to ensure that you can be inclusive.

Being disability inclusive in budgeting means that you can incorporate funds to:

1. Measure what it will cost to reduce barriers to inclusion for persons with disabilities;
2. Measure what it will cost to take extra measures so that persons with disabilities are able to participate;
3. Measure what it will cost to carry out disability specific activities, if applicable to the project.

There are three things you can define in your budget for inclusion:

1. Budget items to cover administrative costs.
 - Training of staff and management. This can include awareness raising activities, or specific training (e.g. on how to develop accessible communication materials).
 - Workplace adaptations for the recruitment of personnel with disabilities (e.g. purchasing software which can be used with screen readers).
2. Budget items to cover operational costs.
 - Awareness raising activities on disability amongst stakeholders involved in the projects.
 - Adaptation of buildings built for the project.
 - Adaptation of communications means
 - The use of specific services, such as sign language interpreters or the use of assistants during workshops.
 - Gaining specific expertise on disability, for example to develop inclusive policies or to do an accessibility audit.
 - To get rehabilitation or assistive devices if necessary.
3. Allocate a percentage of the budget.

You can also allocate a percentage of the budget for all things related to disability inclusion. This is particularly useful if you don't know up front what the costs will be. In our experience 2-7% of the total budget is usually enough.

3.5 ACCESSIBILITY OF THE OFFICE AND INFORMATION

Often, persons with disabilities are not able to use the services or work at your organisation because there are barriers that stop them from coming. The easiest example is, of course, the physical accessibility of the office. However, accessibility is much more than that. It also means that everyone can attend your conferences, meetings, and social events, for example, and that they can have access to all information you send out².

To make sure that everyone has the option of using your services, it is important to remove as many possible barriers that prevent them from coming to your office or events, and accessing necessary information.

Accessibility of the office building

To ensure that both staff members as well as visitors can come to your office, check the following areas to see if everyone can make use of them¹⁴:

- Outside area and entrance
- Parking area
- Reception area
- Meeting rooms
- Moving from downstairs to upstairs
- Toilets
- Work space
- Canteens and other break areas

Information and communication

As an organisation, you most likely inform and communicate with your staff, clients, beneficiaries, and other people. This can be done in many different ways, such as a website, brochure, poster or others. Here, too, care must be taken that any information is delivered in a variety of formats to cater to different needs. Audio information (such as announcements via megaphone) will not be heard by Deaf persons, and written information will not be seen by persons with a visual impairment. Choosing more than one communication method will ensure that information is spread amongst more people.

Links

Training:	How to organize an inclusive training
How To:	How to make the recruitment process inclusive
	How to develop an inclusive workplace
	How to conduct an accessibility audit
	How to check how inclusive your organisation is
Resources:	Accessibility & Communication

2.6 EXTERNAL RELATIONS

Partnerships are necessary to ensure disability inclusion – no one organisation will realise the full participation of persons with disabilities in society. Not all organizations have specific knowledge on disability – nor do they need to have this knowledge. What is important, however, is knowing where to get this knowledge when you need it.

Organizations that represent persons with disabilities or provide their services to this target group can be found in every community. Strong and effective collaborations with this kind of organizations can contribute to your success in creating an inclusive environment, ensuring compliance with national laws, and providing accommodations. Any development organization that initiates a project on disability or aims to mainstream disability within the existing programme, should consult with Disabled Peoples Organizations (DPOs) and disability service providers in the project area, as these organizations have a lot of knowledge about the needs and position of persons with disabilities in the respective context.

Disabled People's Organizations

Disabled Peoples Organizations (DPOs) are organizations which are mostly controlled and staffed by persons with disabilities, whose aim is to represent persons with disabilities and advocate for their rights. In most cases DPOs are non-profit organizations, though there may be some national unions or agencies which represent persons with disabilities on the national level, DPOs can be divided into two categories: those that have a cross-disability character (meaning that they represent people with all types of disabilities) and those that focus on one type of disability only (such as the National Union for the Deaf).

Disability service providers

Disability service providers are organizations that provide specific services for persons with disabilities. This could be medical care or rehabilitation services, provision of devices such as wheelchairs and crutches, or technical expertise on disability-related issues, such as sign language, speech therapy or braille. Disability service providers may be non-profit as well as private organizations, however both facilitate the access of persons with disabilities to existing programmes or provide them with the necessary services. For example, someone might need a cane to be able to walk to the village meetings, or a wheelchair to be more mobile.

How to begin networking?

The most successful collaborations are built on trust, knowledge about each other and relationships that are mutually beneficial. It is important for the development organization to establish links with DPOs and service providers in the community where the programmes or projects are deployed. Some ways to initiate the collaboration may be:

- set up short and informal meetings with the leadership of local DPOs and/or service providers;
- explain the goal and objectives of your programme, and the importance of focusing on people with disabilities for achieving good results;
- invite the members of DPOs and service providers to visit your programme or to be part of events planned;
- invite DPOs to identify persons with disabilities in your project area and to conduct disability awareness training for your local staff and participants;
- ask some of your staff to be present during the meetings of DPOs;
- in your leaflets, brochures or website link to DPOs or service providers in the region.

There are many areas in which DPOs and service providers can help you succeed in the effort to include persons with disabilities in your projects. They can provide technical assistance on accessibility and accommodation, and assist you in linking and recruiting persons with disabilities and offering a more supportive environment for better networking.

In some places, there may not be DPOs available. In those cases, persons with disabilities themselves and informal groups are also useful.

Links

How To: [How to map and refer to providers of disability services](#)
[How to network with disabled people's organizations](#)

PART 2 – HOW TO PAGES

These “how-to” pages are designed to provide practical suggestions for people that want to include persons with disabilities. They cover the following topics:

1. How to measure the prevalence of persons with disabilities
2. How to know which barriers persons with disabilities face
3. How to talk respectfully about persons with disabilities
4. How to conduct an accessibility audit
5. How to relate to persons with disabilities
6. Communication methods and their suitability
7. How to communicate with persons with a visual impairment
8. How to communicate with persons with speech difficulties
9. How to communicate with deaf and hard of hearing
10. How to communicate with someone with a physical impairment
11. How to communicate with persons with intellectual disabilities
12. How to communicate with persons with learning difficulties
13. How to communicate with persons with psychosocial disabilities
14. How to develop accessible information, education and communication (IEC) materials
15. How to make (digital) documents accessible
16. How to set up inclusive meetings
17. How to include persons with disabilities in projects
18. How to check whether persons with disabilities are included in the whole project cycle
19. How to make monitoring systems inclusive
20. How to map and refer to providers of disability specific services
21. How to network with disabled people’s organisations
22. How to make the recruitment process inclusive
23. How to develop an inclusive workplace
24. How to check how inclusive your organisation is
25. Considerations in making project participation criteria disability sensitive
26. How to budget for inclusion
27. How to make emergency information and services accessible for Deaf people who use sign language
28. How to design accessible shelters
29. How to develop barrier free latrines
30. How to develop accessible water pumps
31. How to assess health needs of older people and people with disabilities
32. How to determine the capacity to consent for survivors with disabilities

1. HOW TO MEASURE THE PREVALENCE OF PERSONS WITH DISABILITIES

These questions can be used to identify the prevalence persons with disabilities in a community. This is a first step to understand how many people with disabilities may be part of your community or programme. Remember that this is very different from assessment, which is a process used to understand which impairment a person might have, and how much this affects his or her daily life. This does not help you identify individual persons with disabilities, but will tell you how large the group is in a big population.

Identification by whom?

Community leaders/programme coordinators

How to introduce the questions

When trying to measure the prevalence of disability, ask every individual the following questions. Introduce the questions by explaining that the questions ask about difficulties the person may have doing certain activities because of a health problem. Do not beforehand state that these questions are about disability, as in many contexts the term 'disability' has a stigma or is misunderstood, leading interviewees to answering the questions below incorrectly or untruthfully.

The Washington Group Short Set

1. Do you have **difficulty seeing**, even if wearing glasses?
 - a. No - no difficulty
 - b. Yes - some difficulty
 - c. Yes - a lot of difficulty
 - d. Cannot see at all
2. Do you have **difficulty hearing**, even if using a hearing aid?
 - a. No- no difficulty
 - b. Yes - some difficulty
 - c. Yes - a lot of difficulty
 - d. Cannot hear at all
3. Do you have **difficulty moving** or using part of the body?
 - a. No- no difficulty
 - b. Yes - some difficulty
 - c. Yes - a lot of difficulty
 - d. Cannot do at all
4. Do you have **difficulty remembering** or concentrating?
 - a. No - no difficulty
 - b. Yes - some difficulty
 - c. Yes - a lot of difficulty
 - d. Cannot do at all

5. Do you have **difficulty with self-care** (such as washing all over or dressing)?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

6. Using your usual (customary) language, do you have **difficulty speaking**, for example understanding or being understood?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot speak at all

How to distinguish the type and degree of disabilities?

Fill in the answers in the following table.

Name:					
Degree of difficulty	No difficulty	Some difficulty	A lot of difficulty	Can't do at all	Total
1. Vision					
2. Hearing					
3. Mobility					
4. Remembering					
5. Self-Care					
6. Speaking					

2. HOW TO KNOW WHICH BARRIERS PERSONS WITH DISABILITIES FACE

Introduction

Barriers are obstacles that persons with disabilities experience in work, in social life, and at home.

All persons with disabilities have lived experiences that are personal. The barriers may differ per person as persons with disabilities can have different disabilities, difference in the degree of difficulty, and also other differences, for example, being a woman, from an ethnic tribe, etc.

Barriers hinder persons with disabilities to participate on an equal basis like others. Although persons with disabilities do have their functional limitation, the environment and others can make it possible for them to participate, if they want.

For example, persons with a physical disability may experience limitations in moving around. They experience a barrier when community meetings take place in a building where people need to climb stairs. If a ramp would have been there, they would be able to come and participate in the community meeting.

Conducting a participatory barrier analysis

With a group of community members conduct an appraisal of, for example, training facilities. Have a mixed group of women and men with and without disabilities, from a range of ages. Having a variety of people will also help raise issues regarding barriers based on age, gender, different abilities etc. Participants discuss the barriers and categorise them into the four barrier categories (described below):

Tip: Ask persons with disabilities themselves about the barriers they face, and listen. Also ask about possible solutions.

Examples of barriers

Here is an example of what a participatory barrier analysis may look like:

Category	Barriers	Examples
Attitudes	Negative attitudes	<ul style="list-style-type: none"> Disability is seen as inferior, incomplete, imperfect Stereotyping, name calling (“you blind”) and bullying Belief that a disability is a result of sin Belief that a disability is evil and witchcraft
Communication	Non-effective communication	<ul style="list-style-type: none"> Pictures and materials are too small Talking is too soft Talking is too fast Language used is too difficult Gesturing without talking (for visually impaired people)
Accessibility	Inaccessible buildings	<ul style="list-style-type: none"> High steps Narrow doors Long distance to toilets Lack of privacy Nothing to hold onto Lack of reading materials in Braille or large print for the blind and persons with low vision

Participation	Isolation	<ul style="list-style-type: none">• Persons with disabilities are not allowed to do things• They are not invited• Rules that discriminate, f.e. “need to be physically fit”, while that may not be necessary for the job• Meeting place too far away
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3. HOW TO TALK RESPECTFULLY ABOUT PERSONS WITH DISABILITIES

Introduction

Language is a powerful tool for driving prejudice and discrimination. This is particularly so for disability issues. Historically, persons with disabilities have been labelled or called names to emphasize that they are different and do not conform to the societal norms of abilities and beauty. In some cultures in South Sudan, as in many other parts of the world, individuals with disabilities are addressed by their impairments rather than by their given names.

By using appropriate language, we can:

- Shape positive attitudes and perceptions
- Avoid keeping up old stereotypes

Disability etiquette

- **Call a person with a disability by his/her name** and refer to a person's disability only when it is related to what you are talking about. For example, don't ask "What's wrong with you?" Don't refer to people in general or generic terms such as "the girl in the wheelchair."
- **Talk directly to the person with a disability** and not to his or her assistant, when you want to talk to the person with a disability.
- It is okay to use words or phrases such as "disabled," "disability," or "persons with disabilities" when talking about disability issues. **Ask persons with disabilities** which term they prefer if they have a disability.
- When talking about people without disabilities, it is okay to say "**people without disabilities**." But do not refer to them as "normal" or "healthy." These terms can make persons with disabilities feel as though there is something wrong with them and that they are "abnormal."
- Use **respectful language** and avoid disrespectful terminology.
- **Be eloquent, audible** and avoid using lots of non-verbal illustrations.

Respectful terminology

Disability	Negative Language	Positive Language
General	Handicapped person, invalid, the impaired, the disabled, PWD, CWD, WWD	Person with a disability
Blind or Visual Impairment	Dumb, Invalid	Blind/Visually Impaired, Person who is blind/visually impaired
Deaf or Hearing Impairment	Invalid, Deaf-and-Dumb, Deaf-Mute	Deaf or Hard-of-hearing, Person who is deaf or hard of hearing
Speech/Communication Disability	Dumb, "One who talks bad"	Person with a speech / communication disability
Learning Disability	Retarded, Slow, Brain- Damaged, "Special ed"	Learning disability, Cognitive disability, Person with a learning or cognitive disability
Psychosocial Disability	Hyper-sensitive, Psycho, Crazy, Insane, Wacko, Nuts	Person with a Psychosocial disability


Mobility/Physical Disability	Handicapped, Physically Challenged, "Special," Deformed, Cripple, Gimp, Spastic, Spaz, Wheelchair-bound, Lamé	Wheelchair user, Physically disabled, Person with a mobility or physical disability
Emotional Disability	Emotionally disturbed	Emotionally disabled, Person with an emotional disability
Intellectual Disability	Retard, Mentally retarded, "Special ed"	Intellectual disabled/ Person with a cognitive/developmental disability
Short Stature, Little Person	Dwarf, Midget	Someone of short stature
Health Conditions	Victim, Someone "stricken with" a disability (i.e. "someone stricken with cancer" or "an AIDS victim")	Someone "living with" a specific disability (i.e. "someone living with cancer or AIDS")

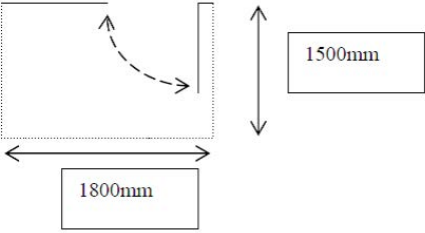
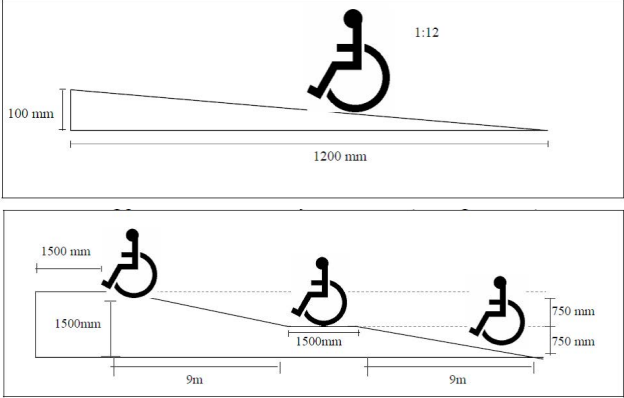

4. HOW TO CONDUCT AN ACCESSIBILITY AUDIT

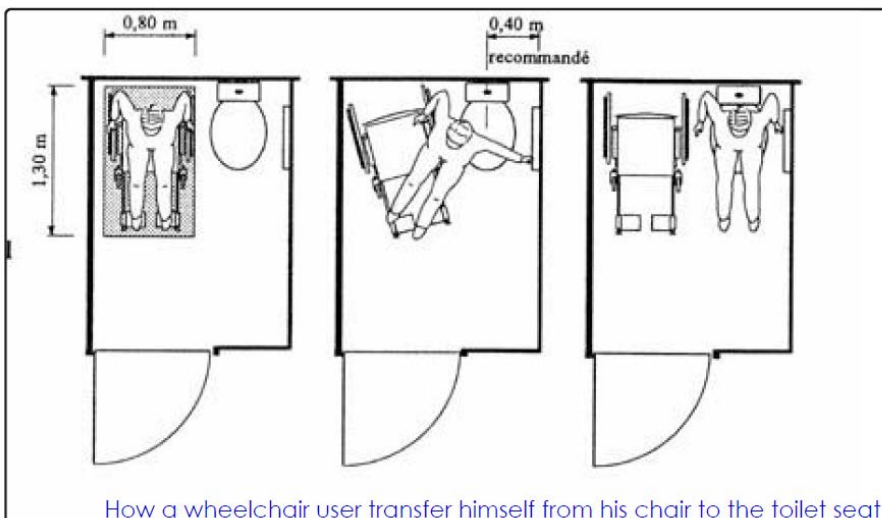
Doing an accessibility audit will help you see which physical barriers there are that peoples with disabilities might face. With the audit team, go through the building you are checking. Start at the entrance of the compound or building and slowly move through the building, checking all items on the list.

There is no correct list for a disability audit. Below list has been based on international practice, but questions may differ depending on the context and (national) legislations.

It is also important that an audit doesn't focus too much on what is lacking or what needs to be done, but rather on the opportunities for improvement. It can be an empowering process.

Questions	Finding (Yes/No/NA)
1. Outside	
Are footpaths flat and continuous?	
Are footpaths wide enough (1500 mm)?	
Are footpaths non-slippery and kept free of obstacles?	
Is the building entrance accessible to wheelchair users?	
2. Corridors	
Are the corridors clear of obstructions?	
Is the width for low traffic corridors at least 1500 mm wide for public corridors?	
Is the surface level, smooth and non-slip?	
Is the path of travel easy to identify?	
	

Questions	Finding (Yes/No/NA)
3. Doors	
Are the door openings at least 800 mm wide?	
Do users have to pass over thresholds higher than 20 mm?	
Are the doors easy to open with one hand?	
Is the doorways space at least 1500mm x 1800 mm to allow wheelchair users to open doors?	
	
Are the doors easy to identify?	
4. Ramps, stairs and handrails	
Within one floor, is the circulation route free of changes of level or steps and stairs?	
Is the maximum slope of planned/ existing ramps or curb ramps 1:12?	
	
Are ramps at least 1000 mm wide?	
Are handrails provided at a height between 800 and 900 mm to enhance safety when using ramps and stairs?	
Are stairs and ramps easy to identify?	
	

Questions	Finding (Yes/No/NA)
5. Waiting areas and associated facilities	
Are resting facilities provided at an interval of 20 m?	
Do resting facilities provide sufficient space for a wheelchair user?	
Are public seats between 450 mm and 500 mm high and the top of tables between 750 mm and 900 mm high with knee space at least 700 mm high and 600 mm deep?	
6. Toilets / Restrooms	
Are there accessible toilets?	
 <p>How a wheelchair user transfer himself from his chair to the toilet seat</p>	
Is the accessible toilet marked as such?	
7. Signage	
Are accessible areas, features and facilities identified as such?	
Is the location of accessible spaces, features and facilities indicated?	
Are all maps, information panels and wall-mounted signs placed at a convenient height between 900 mm and 1800 mm?	
Is key information on signs supplemented with embossed letters or Braille?	
Are signs clear and easy to read?	
8. Emergency system	
Is the emergency route identifiable as such by people with visual impairments?	
Can an emergency situation be recognised as such by people with hearing impairments?	

5. HOW TO RELATE TO PERSONS WITH DISABILITIES

Persons with disabilities are not a homogenous group. Each type of impairments has distinct peculiarities and needs. Even non-disabled persons have their likes and dislikes which you get to know. Therefore, it is good to be aware about what the particular preferences are for an individual, rather than assume.

However, in general:

- Do not stare at persons with disabilities too much. Like everyone, it makes people uncomfortable.
- Avoid pity. Pity is a negative attitude.
- Communicate directly with the person, even when they are accompanied by an assistant.
- Ask before you render assistance. Unsolicited help may threaten the person's dignity and security.
- Avoid 'heroic' praises. It signifies that you have a lower expectation of him or her.

6. COMMUNICATION METHODS AND THEIR SUITABILITY³

Audio signals *E.g. bells, alarms, sirens, radio, drums, loudspeaker announcements*

Ideal for persons with visual impairment. Also useful for other groups

Must be accompanied with training about how to react and support with evacuation

Signs and gestures *E.g. sign language, body language*

Possible as support for other methods of communication, if these prove ineffective.

Assess if recipients with hearing impairment are able to communicate through any type of sign language (universal or local).

Visual signals *E.g. flags, lights flashing on/off*

Ideal for persons with hearing impairment. Also possible for other groups, except persons with visual impairment.

A combination of audio and visual signals is recommended for urgent warnings (e.g. fire alarms).

Printed materials *E.g. posters, leaflets, pictures*

Excludes persons with visual impairment.

Keep messages short and simple, and use illustrations.

If the audience is able to read Braille, consider this as a supplement

³ Adapted from: International Federation of Red Cross and Red Crescent Societies. (2015).

All under one roof: disability-inclusive shelters and settlements in emergencies.

7. HOW TO COMMUNICATE WITH PERSONS WITH A VISUAL IMPAIRMENT

Communicating with someone with a visual impairment

- When meeting for the first time, introduce and describe yourself.
- Identify yourself so the person with the visual impairment knows who you are.
- If you get closer in your relationship, a blind person may want to feel your body features as part of getting to know you better.
- Inform the person if you are moving away. Do not leave without telling him or her that you are leaving.
- Describe the space you are in as well as any things you see to the person.
- Be specific in your descriptions. Say, “the table is in front of you”, NOT “the table is here”.
- Avoid comments like ‘over there’ when giving directions. Rather be specific to direct him to his right or left (and not your right or left).
- When you are in a group, tell them who is present, or let the group members introduce themselves.
- When conversing in a group setting, address persons by their names.
- When you are talking in a group, use the person’s name when you are directing the conversation to him or her.
- Always talk directly to the person. Do not use a third person to answer your questions.
- Do not move things, or leave things on the floor where someone can fall over them.
- Speak naturally and clearly. There is no need to shout.
- Avoid noisy places so that he or she can hear you clearly.
- Always ask first if the person wants help. Do not help someone without asking him or her first.
- For people with low vision use clear signs and documents. These can be in large letters or with letters that you can feel.
- For blind people who can read braille, you can give written information in braille.
- When preparing printed information for persons with low vision, ask the person his/her preferred formats for personal documents. General information is usually given in Arial 18 point bold.
- DO NOT provide email attachments or files to be read on a computer in PDF or PowerPoint formats. Use Word document or html. Presently, accessible PDF files are emerging but uncommon in Africa.
- Do not be surprised to hear or scared to use phrases like ‘I will see you’. People who cannot see use such phrases, too.
- If you are at a table together for a meal, give a description of the food. If possible, describe where what is on the plate.
- Do not play with or remove the white cane of a person who is blind from where s/he places it. If it is unavoidable for you to place the white cane elsewhere, remember to inform the person. S/he needs the white cane for mobility purposes.
- Do not play with a guide dog without the owner’s permission. It is a distraction. The dog is on duty!
- Avoid revolving doors. On stairs or escalators, assist by putting his / her hand on the railing. Let the person know whether the stairs / escalators are going up or down. Allow him / her a choice between stairs, escalators or lifts.

Specific skills

To guide a blind person:

- Walk alongside and slightly ahead of him/her. Do not hold the person’s hand. Allow him/her to hold your arm.
- Bend your arm to your back when passing through a narrow space. S/he will get directly behind you to avoid obstacles.

To seat a blind person:

- Put the person's hand on the back of his/her chair. S/he will be able to sit
- If the chair is backless, put his/her hand on the seat for him/her to be able to sit.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

8. HOW TO COMMUNICATE WITH PERSONS WITH SPEECH DIFFICULTIES

- Allow time for the person to speak. He may speak slower than you are used to.
- Avoid the urge to interrupt or complete the sentence for the person.
- Do not take over the conversation.
- If you do not understand what the person said, ask for repetition.
- Do not pretend you have understood if you haven't.
- Ask if there is somebody close by who may be able to interpret.
- If despite all you are unsuccessful, ask if the message is urgent.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

9. HOW TO COMMUNICATE WITH DEAF AND HARD OF HEARING

- Get the attention of the deaf person. Position yourself where he can see you. If he or she does not react, gently touch their arm or shoulder, or wave.
- Ask the person how he or she prefers to communicate.
- Face the person. People with hearing disabilities want to see your face so they may read your lips and see your facial expression. Get on the same level as the person (e.g. sit if the person is sitting). Do not put your hand in front of your face.
- Talk slowly to someone who has partial hearing.
- Stand nearby so the person who is hard of hearing may hear you in the best possible way.
- Ask short and clear questions that require short answers.
- Move to a quiet area so there is no or little background noise.
- Position yourself, the person, and (if present) their interpreter in a place where there is adequate lighting.
- Speak clearly and at usual volume. Do not shout.
- Check if the person has understood, for example by asking feedback.
- Reword instead of repeating your sentence if he does not understand you the first time.
- Repeat key messages. E.g. by writing them down.
- Use facial and body expressions to support what you say.
- Face and speak directly to the person. Do not direct your speaking to the family member or interpreter of the deaf person.
- In your building, have clear signs to help deaf and hard of hearing identify where to go.
- Provide information in writing if the person can read and write. Have pen and paper with you just in case you need to communicate in writing.
- Do not call him even he gives you his mobile number. Rather send text messages.
- Feel free to use phrases like “did you hear”.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

10. HOW TO COMMUNICATE WITH SOMEONE WITH A PHYSICAL IMPAIRMENT

- Address the person who has a physical impairment, not his or her companion.
- Try to place yourself at eye level with the person (i.e. sitting in a chair or kneeling down). Particularly if you are engaged in a long conversation!
- Don't lean on a wheelchair or other assistive device. Treat the wheelchair as part of his/her body space.
- Do not give your items to a wheelchair-user to carry for you.
- Do not condescend to a person in a wheelchair by treating him or her childishly, such as patting on the head or shoulder.
- Ask if the person would like your assistance pushing the wheelchair.
- If a person is having a problem with opening a door, offer to assist.
- Ensure a clear pathway to intended destinations, and at meetings and restaurants, make a chair-free space at tables for a wheelchair-user to sit.
- When assisting a wheelchair-user up or down a stair, ask if he prefers going forwards or backwards.
- When telephoning a person, let the phone ring long enough to allow time to reach the phone.
- Do not avoid words like 'run' or 'walk': wheelchair users use them too.
- Do not remove people's assistive devices (e.g. crutches, wheelchairs, artificial limbs) from where they have placed them. If you do temporarily, remember to return them to where the person has placed them initially.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

11. HOW TO COMMUNICATE WITH PERSONS WITH INTELLECTUAL DISABILITIES

- Keep in mind that there are different degrees of intellectual impairments, and some people function at higher levels than others.
- Be genuine.
- Take time and create trust first for the person to feel comfortable with you.
- Speak clearly and use short sentences and easy words.
- Repeat or rephrase what you have said.
- Use pictures or other visuals.
- Do not use a childish voice or exaggerate.
- Use easy-to-read material with simple messages and short sentences.
- Have a quiet and calm place for talking.
- Take your time and don't hurry.
- Use gestures and facial expressions. For example, look sad when you are talking about being unhappy.
- Be patient if the person also has a speech impairment.
- Check with the person if they understand what you are saying. You can ask if she understands what you have just said. If not, repeat yourself or reword your sentence, and check if your language is simple enough.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

12. HOW TO COMMUNICATE WITH PERSONS WITH LEARNING DIFFICULTIES

- Some people have difficulties with writing, others with reading, writing or listening. These are specific learning impairments, not intellectual impairments.
- Such persons may be of average or above average intelligence.
- If a person reacts to situations in an unconventional manner, keep in mind that s/he may have limited processing skills which affect social skills.
- Allow him / her time to respond.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

13. HOW TO COMMUNICATE WITH PERSONS WITH PSYCHOSOCIAL DISABILITIES

- Social interaction may be difficult. Be non-judgmental; allow time for interaction and decision-making.
- If she/he appears unfocussed or speaks slowly – the person may be experiencing side-effects of medications or sleep disturbance.
- If the person is responding to events/perceptions that you do not share – he might have lost touch with reality.
- If she is displaying an unusual/inappropriate behaviour – be calm and patient.
 - Read the body language to assess the situation.
 - Allow the person his/her space and avoid both direct eye contacts and touch.
 - Empathize with his/her feelings without necessarily agreeing with what is being said e.g., ‘I understand that you are frightened by your experiences....’
 - Do not take things personal. The person may not have insight into his behaviour or how it impacts on others. Even if the person does he may not have control over it.
 - Ask how you may help.
 - To minimise confusion, use short, clear and direct sentences. Keep your voice tone low and unhurried.
- Next time you meet, do not be afraid to talk with the person. Mental illnesses are not there all the time.
- Do not refer to what happened the last time. Relate normally.

Most importantly, ask someone themselves how they want to be addressed, and how they want to be supported or treated.

14. HOW TO DEVELOP ACCESSIBLE INFORMATION, EDUCATION AND COMMUNICATION (IEC) MATERIALS⁴

This tool can be used to adapt and use information, education and communication (IEC) materials in such a way that they can be understood by persons with disabilities.

Analyse existing IEC materials

Use the following questions to evaluate whether it may be necessary to adapt or use targeted approaches to reach people with disabilities.

1. Who will be able to understand this information in its current form?
2. Who won't be able to understand this information in its current form?
3. How does the information reflect the needs of different people in the community? Will people with disabilities and their caregivers see themselves and their experiences reflected in the images?
4. What do people with disabilities think about the IEC materials? Do they have any advice or feedback?

Develop a dissemination plan

Think how information will be disseminated. The matrix below might help to think through this process.

It might help to discuss with men, women, boys and girls with disabilities about issues such as where they go, what time of day, etc., so that your messages will be in places where people will receive them.

<i>Type of disability/ impairment and effective communication methods</i>	People who are visually impaired or blind	People who are hearing impaired or deaf	People with intellectual disabilities	People with physical disabilities
Radio	✓		✓	✓
Television	For audio content	For visual content	✓	✓
Printed materials: posters, billboards and flyers (dependent upon literacy)		✓	Simplified picture-based messages	✓
Drama	For spoken content	For visual content	✓	✓
Discussion groups	✓	With appropriate sign interpretation	If simplified and accepted by group members	✓

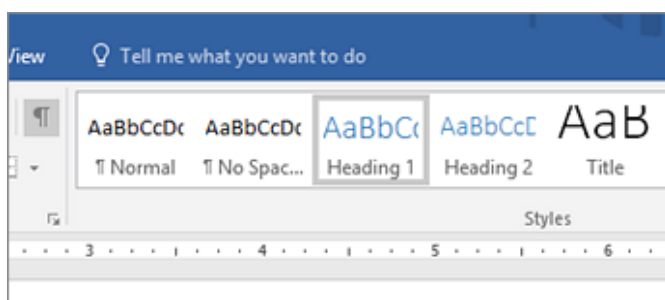
⁴ Adapted from: Women's Refugee Commission. (2015). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A toolkit for GBV Practitioners.

15. HOW TO MAKE (DIGITAL) DOCUMENTS ACCESSIBLE⁵

(Many of the following points should also be applied to creating accessible presentations and website editing)

Making Word documents accessible for screen readers

1. When preparing a document in Word use the formatting “Styles” Title, Heading 1, Heading 2 etc. as applicable and use a Table of Contents.
 - These features make it easier to navigate through a document with a screen reader (enables skim reading instead of having to listen to the whole text being read out).
 - Use headings in the correct sequence, i.e. Heading 2 follows Heading 1; Heading 3 follows Heading 2.
 - Do this by:
 - Selecting the heading text
 - Under the Home tab, under Styles, select a heading style

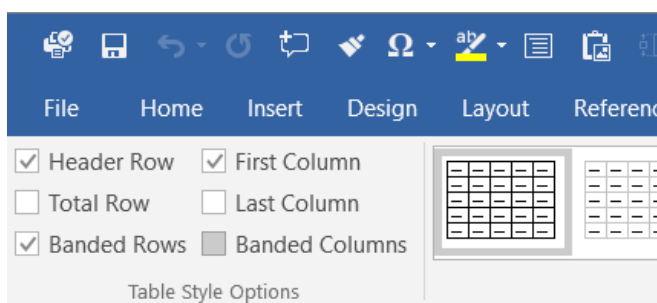


2. Use sans serif fonts (like Arial and Verdana) as these are accessible. This also applies when sending emails.
3. Avoid writing in capital letters, using italics and underlining. If you want to emphasize a word it is best to use bold. This also applies when sending emails.
4. Always align text left. Never justify to the right.
5. Do not use hyphens to split words, rather place the whole word on the next line.
6. When providing a listing or schedule (using numbers or bullet points) have these one below each other for easier navigation with screen readers and on Braille print (this enables skim reading instead of having to listen/read through the whole text). Use the bulleting and numbering formats in Word to make sure they correctly follow each other.
 - This is an example
 - Of listing
 - With bullet points
7. Make tables as simple as possible – specify column header information. Make sure they don't contain split cells,

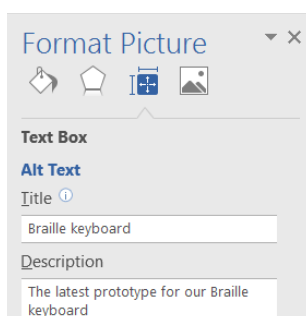
⁵ Adapted from: Wolhandler, J. (2013). *IDDC Accessibility Manual*.

merged cells, nested tables, or blank rows. Split or merged cells can help the screen reader lose track of where they are. Blank rows can make someone think that the rest of the table is empty.

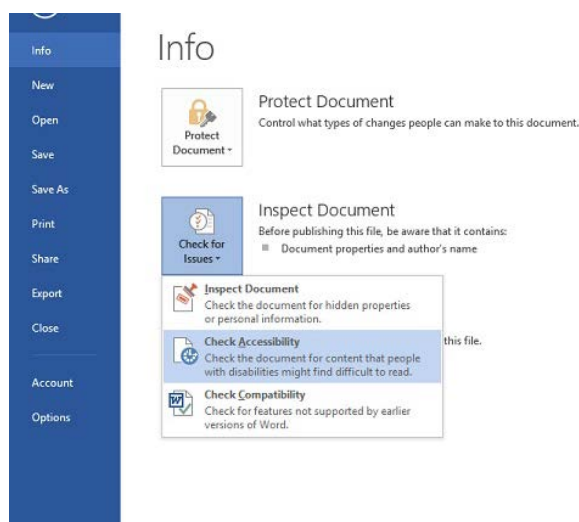
- To use table headers:
 - Position the cursor in the table
 - Under the Table Tools Design tab, in the Table Style Options group, select the Header Row Box.
 - Type column headings.



8. Always write abbreviations in full the first time you mention them in the text. Such as Light for the World (LFTW). Braille software does not necessarily read out abbreviations and can link a different meaning to them. For example, the abbreviation GA (meaning General Assembly) is recognised and read out as 'Georgia' by the screen reader Jaws 12.
9. Always insert page numbers to a document on the top right corner of the page. Page numbers are a useful point of reference for documents printed in Braille as well as for screen readers.
10. Avoid using the Enter key to create space between paragraphs. Instead Use the space before and space after properties in your styles toolbar. Similarly, don't use Enter to create space or go to a new page, but use page breaks.
11. Leave a line of white space between logo and the main title as well as between each heading. Headings should start on a new page. Such spaces and lay-out are a useful point of reference when reading through a Braille document.
12. Ensure that there are no images running over / under the text as this makes text more difficult to read.
13. Ensure that all images and logos in documents contain Alt texts so that people using screen readers receive this info. For decorative images the assigned Alt text should be "" (this indicates the screen reader to skip this info).
 - Right-click the image
 - Select Format Picture > Layout & Properties
 - Select Alt Text
 - Type description and title.



14. Include meaningful hyperlinks. Make sure that hyperlink text makes sense as standalone information and give clear information about what the destination is. E.g. don't use the words CLICK HERE, but use the full title of the destination.
15. Use the Accessibility Checker!



Accessible Presentations

1. Use a high-contrast colour scheme for persons with low vision, colour blindness and dyslexia:
 - Such as white text on a dark background
 - or dark text on an off white background
2. Color and Brightness Contrast
 - The highest brightness contrast is between black and white.
 - Objects have the highest colour contrast when they have complementary colours, such as red & green and yellow & blue.
 - Main contrast in a slide must come from brightness and not from colour. In particular, there is difficulty with green text on red background. When necessary to have a red background, use dark red and apply white fonts or when a green background is required, use a light green background and a black font.
 - Best to apply dark background colours (low brightness) and use bright colours (high brightness) for the text. A white font on a deep blue background is a very good combination.
3. Examples of Good text and background color combinations are:
 - White text on a dark green background
 - Yellow text on a dark blue background
 - Yellow text on a black background
 - Pink text on a black background
 - White text on a dark blue background
 - Do not use a pure white background as this may create an uncomfortable glare.
 - Do not use a multi-coloured background. If background images are needed, only use a low brightness.
4. Recommended font sizes and font type:
 - Use font size 48 and never use less than font size 32 unless it is for personal notes and page numbers
 - Headings should be in a font size of 48 and text found in the body of the slide should be a font size of 40

- Use sans serif fonts (like Arial and Verdana) as these are accessible.
 - When emphasizing text use Bold or use a larger font size
 - Avoid using italics
5. Amount of information and text per slide
- There should be a maximum of six lines of text/bullet points with only five/six words per line. Always justify text to the left.
 - Use line spacing of 1.5
 - Use one inch margins on all four sides for headers, footers etc.
 - Slides should be simple with no more than 3 different blocks of information
6. Figures and graphs:
- Figures and graphs should be explained out loud
 - 1 figure/graph per page
 - Separate text from image: place text above, below or beside the image do not use text wrapping
 - Use brightness and contrasting colours in the same way as you would with text
7. Animation
- Avoid animation if possible but if using be sure to describe the animation out loud this includes sounds

Accessible videos

1. Ensure that video's used closed captioning and voice-over
- Closed captioning is for use by persons with auditory impairments
 - Voice-over describes what is happening in the video for persons with visual impairments. Voice-over answers questions like:
 - Who's shown on the screen?
 - What are the characters doing?
 - Is the environment changing in some way?

Recently, YouTube has introduced automatic closed captioning. This doesn't work perfectly yet, though. To help improve closed captioning on YouTube, visit: www.nomorecaptions.com

16. HOW TO SET UP INCLUSIVE MEETINGS⁶

Objective: to organise meetings and events that are accessible to persons with disabilities

Expected result: persons with disabilities can access and participate in meetings and events organised

Guiding principles:

- Outreach and accessibility
- Preparation:
 - preparing the venue
 - how people will get to the event
 - how people will be able to participate in the event

Persons with disabilities are experts in accessibility; a local DPO can help you in the planning of an accessible meeting.

Outreach – How you identify and invite the disability community, and identify possible barriers

Check	Yes	No	Notes
Have people with a disability / organizations for people with a disability been invited just like other people / other organizations?			
Has invitation been provided in different formats (e.g. both on paper and verbally)?			
Has plain and appropriate language been used to provide information?			
Does the invitation provided information on accessibility of the meeting venue?			
Have participants been asked whether they have any accessibility requirements?			

Accessibility – How barriers to participation are removed

Check	Yes	No	Notes
Have both physical structures as well as communication methods been checked for accessibility?			
Is accessibility for everyone? Also for other groups (e.g. older people; pregnant women; children etc.)			
When developing written materials, has there been a good color contrast between text and background for persons with vision problems?			

⁶ Adapted from: CBM. Tool: Accessible Meetings or Events. Make Development Inclusive

Preparing the venue for the meeting

Check	Yes	No	Notes
Has the meeting venue been checked in advance for universal accessibility?			
Is the building physically accessible?			
Are the toilets, corridors and eating areas physically accessible for persons with disabilities?			

How people will get to the event

Check	Yes	No	Notes
Is it possible to get to the event by public transport? If not, is there an alternative (e.g. organize transport with support of a local DPO)?			
Has information been provided to participants on the meeting venue: how to get there, what support they can receive at the meeting, and if there is any reimbursement for extra expenses?			
Is someone at the entrance of the event, to direct people where they need to go and provide assistance if needed?			

How people will be able to participate in the event

Check	Yes	No	Notes
Do you have information from invitees whether they have any special requirements for accessibility or whether they are bringing a personal assistant?			
Has sign and tactile languages translation for the deaf and deaf-blind respectively been organized and budgeted for if there are people coming who speak sign language or language or tactile sign language?			
Has information in braille, large print or audio been organized and budgeted for if there are people with a visual impairment who are coming?			
Have speakers at the meeting been informed about communication? Ask speakers to speak slowly and clearly, and give any translators who are present time to translate.			
Has the room been arranged so that wheelchairs can pass through? Are there no objects that people can trip over?			
Is the timetable suitable for all participants?			
Are washrooms reasonably accessible to PWDs?			

17. HOW TO INCLUDE PERSONS WITH DISABILITIES IN PROJECTS⁷

Including persons with disabilities in regular projects, programmes and activities does not require much work. But they need to be involved at all stages of the project cycle. This instruction describes the steps in ensuring that a project is disability-inclusive.

Make a commitment. State that you really want to include persons with disabilities in your work. This also means allocating a budget for inclusion, as well as noting down data on people with disability in planning, monitoring and evaluation.

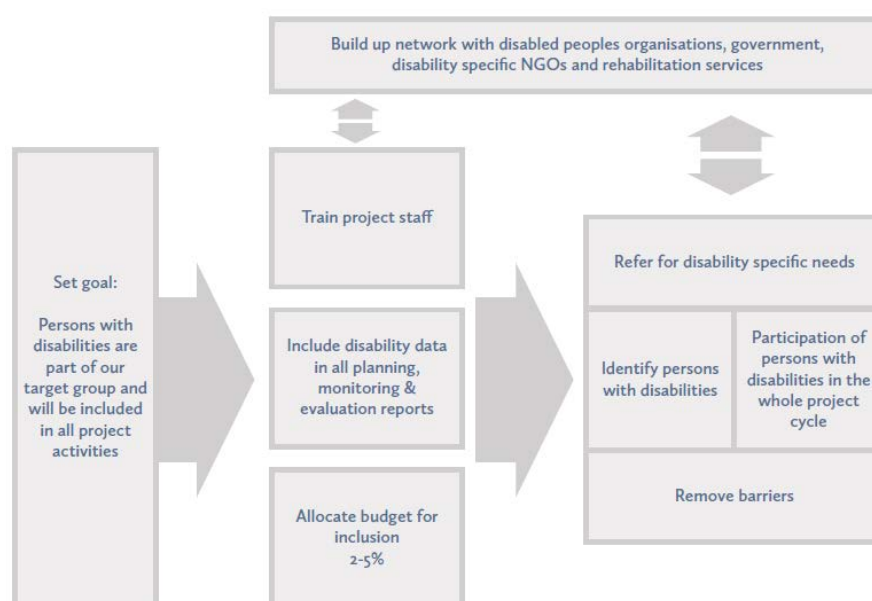
Train staff. Staff involved in the programme should be trained, so that they are aware of the rights, needs and capabilities of persons with disabilities. Staff is often not aware of the needs of persons with disabilities, and might just overlook them.

Identify. Identify persons with disabilities in your programme, and refer them to medical care or rehabilitation if they need it. Sometimes having a device can be crucial to participation.

Remove barriers. Work to remove the attitudinal, environmental and institutional barriers that prevent persons with disabilities from participating.

Build a network. Work together as government, disability-specific service providers, disabled people's organizations etc.

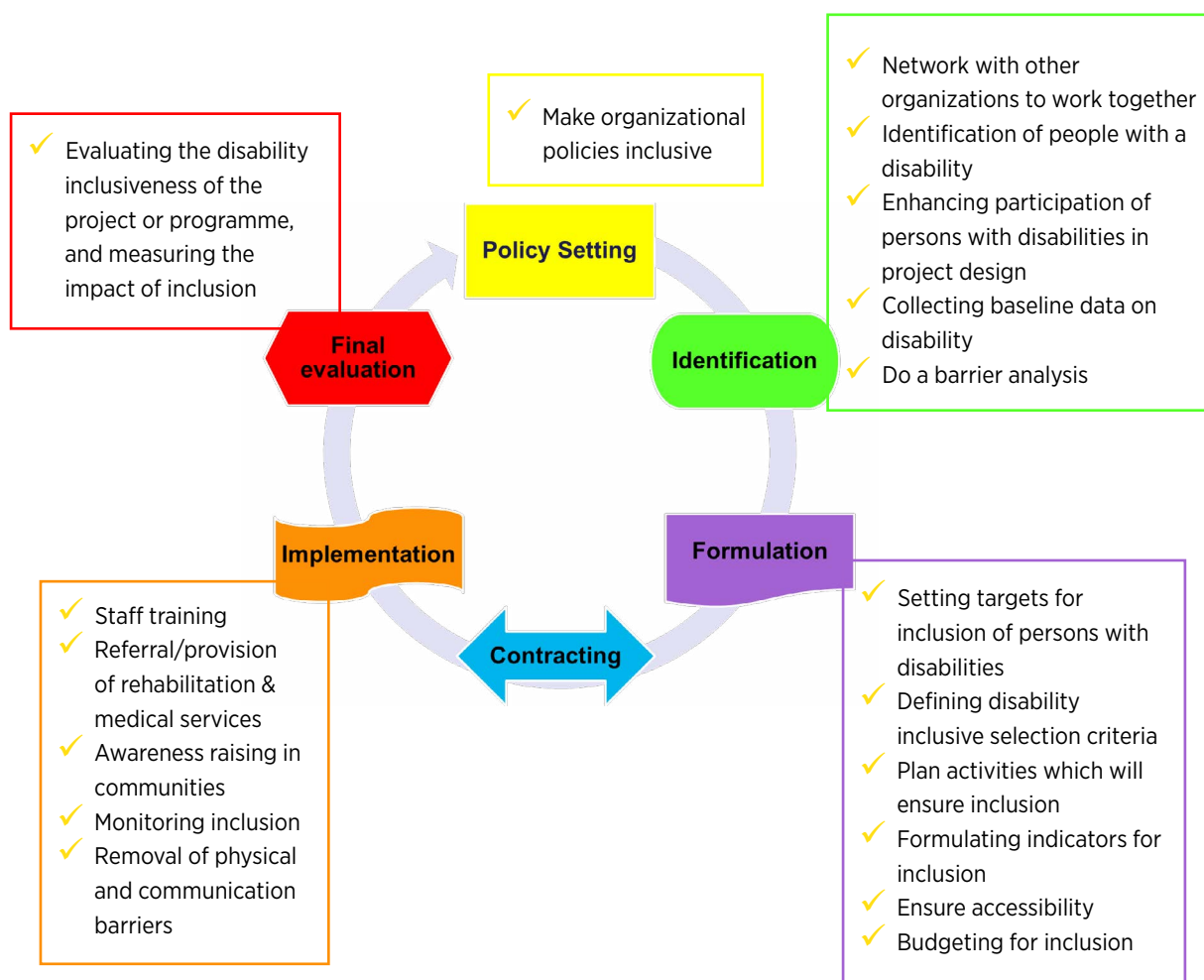
This is all demonstrated in the figure below.



⁷ Adapted from: LIGHT FOR THE WORLD. (2013). Count Me In.

Looking at the programme cycle, there are actions that can be taken at every step.

The following figure demonstrates which actions can be taken at which phase of the project:



18. HOW TO CHECK WHETHER PERSONS WITH DISABILITIES ARE INCLUDED IN THE WHOLE PROJECT CYCLE⁸

No.	Question
Policy setting / strategic planning	
1.	Does the donor have a policy on disability, or request for specific attention to vulnerable groups, among others persons with disabilities?
2.	Are the values in the strategic plans and policies of your organisation informed by equal human rights?
3.	Are the strategic plans and policies of your organisation referring to vulnerable groups, among others persons with disabilities?
4.	What is the strategy/are the strategies to include or work with vulnerable groups, among others persons with disabilities? Are there different strategies for different groups of people?
Identification	
5.	Are there links between your organisation/your partner organisations and DPOs, or persons with disabilities? What does the relationship/partnership look like?
6.	Is the number and the type of disability of persons with disabilities being identified?
7.	Are needs and barriers of persons with disabilities being studied?
8.	Do persons with disabilities have an active role in obtaining and validating information at the identification phase?
Formulation	
9.	Are targets for inclusion of persons with disabilities being set?
10.	Are criteria for beneficiary selection being disability inclusive?
11.	Is an activity plan being made to achieve inclusion of persons with disabilities?
12.	Is planned infrastructure (new built and renovation) in accordance with universal design standards or other disability sensitive standards in use in the country?
13.	Are actions related to inclusion of persons with disabilities being budgeted separately, or earmarked (e.g., training, offering rehabilitation services or providing assistive devices)?
Contracting	
14.	Is flexibility being bargained/possible with the donor to adjust the programme when there is good justification (e.g. if baseline data on disability are limited/insufficient, and new data may change the quantitative targets).

⁸ Adapted from: LIGHT FOR THE WORLD & MDF Consultancy. Reader DM in Projects.

Implementation (M&E)	
15.	Is staff being trained on disability (mainstreaming), to increase their knowledge, attitude and practice?
16.	Are indicators for disability inclusion being formulated and fixed into the monitoring system?
17.	Are disability disaggregated data being collected and analysed within the monitoring and evaluation system?
18.	Is referral to or provision of rehabilitation services and assistive devices being done?
19.	Is awareness being raised in communities and with authorities on disability (rights) and how disabling barriers need to be addressed?
20.	Are persons with disabilities being empowered themselves (i.e. grow in self-confidence, healthy social relations and economic control)?
21.	Are (community) meeting places being made accessible for all persons with disabilities (i.e. are they able to come and stay)?
22.	Is communication made accessible for persons with disabilities (i.e. easy read/pictogram, sign language, audio/braille print)?
Evaluation	
23.	Is (the impact and sustainability) of inclusion of persons with disabilities in the programme, part of the Terms of Reference for the final evaluation?
24.	Is the evaluator familiar with equal rights and disability?
25.	Do persons with disabilities have an active role in obtaining and validating information in the evaluation phase?

19. HOW TO MAKE MONITORING SYSTEMS INCLUSIVE⁹

19.1 COLLECT BASELINE DATA ON DISABILITY

By having accurate data on disability, it can help define targets and goals for your project or work.

There are three types of information that are important to collect. These are:

1. General disability statistics
2. Disabled People Organizations landscape
3. Disability specific services

For each area, there is a checklist available, as well as a suggestion where you can collect this information.

Checklist of demographic disability statistics

No.	Question
1.	How many persons with disabilities are living in the area?
2.	What is the percentage of persons with disabilities compared to the total population?
3.	What is the distribution in terms of disability types among persons with disabilities?
4.	What is the gender distribution among persons with disabilities? Does it differ from the wider population?
5.	What is the age distribution of persons with disabilities? Does it differ from the wider population?
6.	What is the local geographical distribution of where persons with disabilities live? Does it differ from the wider population?

Data sources:

1. Global reports on disability such as the World Report on Disability
2. Census based data
3. Data from community health programs, hospitals, Community Based Rehabilitation (CBR) and disability services
4. Education data including from the Ministry of Education, mainstream schools, inclusive education resource facilities and special schools
5. Government Ministries for Social Affairs, Disability and Health
6. DPO umbrella organizations
7. Local DPOs (note: some DPOs will be disability specific so it is worth meeting with more than one DPO where possible)

⁹ Adapted from: LIGHT FOR THE WORLD & MDF Consultancy. Disability Mainstreaming Training.

Checklist on the DPO landscape in the project area

No.	Question
1.	Which Disabled Peoples Organizations (DPOs) are present in the project area? (Including self-help groups or parent groups)
2.	Detail per DPO: <ul style="list-style-type: none"> • what is the vision & mandate • the number of members • which activities/ services are organized • how is the DPO connected to other organizations and institutions (both NGO, religious institutions and government). • what disability model is being practiced
3.	Do the DPOs represent all persons with disabilities?
4.	Which people in the disability movement are considered as (formal or informal) leaders?
5.	What are considered to be the strengths and weaknesses of the DPOs by other stakeholders?

Data sources:

- Government Ministries for Social Affairs, Disability and Health
- Allies of the disability movement (e.g. international disability NGOs)
- DPO umbrella organizations
- Local DPOs (note: some DPOs will be disability specific so it is worth meeting with more than one DPO where possible)

Checklist on the assessment of disability specific services

No.	Question
Please ensure that the questions are answered according to different types of disabilities.	
1.	Where and by whom is specific medical support given to persons with disabilities (including mental health)?
2.	Where and by whom is physiotherapy offered for persons with a physical disability?
3.	Where and by whom is occupational therapy (e.g. orientation and mobility training for visually impaired persons) offered for persons with disabilities?
4.	Have or are community based rehabilitation programs being/been implemented? If yes, by whom and what geographical scope and span of activities did it involve, and for how long?
5.	Where and from whom do persons with disabilities acquire assistive devices, amongst others: <ul style="list-style-type: none"> • wheelchairs, • crutches, • white canes, • low vision devices: e.g. magnifiers, bookstands, spectacles • braille slates, • hearing aids, • speech software for computers, • tricycle, • artificial limbs, • communication boards, • Etc.
6.	Where and by whom is education offered for children with disabilities? (special education, integrated classes, inclusive school)
7.	Are there any other specific services for persons with disabilities that have not yet been mentioned in the questions above, and are present in the area?

Data sources:

- Government Ministries for Social Affairs, Disability and Health
- Allies of the disability movement (e.g. international disability organizations)
- DPO umbrella organizations
- Local DPOs (note: some DPOs will be disability specific so it is worth meeting with more than one DPO where possible)

19.2 FORMULATE INDICATORS FOR INCLUSION

To measure whether persons with disabilities are able to access services or be part of the programme or activities, it is important to formulate indicators that will help understand if inclusion is happening.

The first thing to do, is to make sure that you collect disability disaggregated data. This means adding disability to each existing indicator. Some examples for certain sectors are given below:

Inclusive education

- Disabled children enrolled in regular schools
- Classrooms and toilets made accessible
- Teachers trained in inclusive practices (for example, training in Braille, in sign language, in disability awareness and so on)
- Literacy level of children with disabilities

Inclusive HIV & AIDS interventions

- Disabled people attending and participating in HIV & AIDS awareness meetings and able to access the same information as non- disabled people
- Disabled people accessing the same services and programmes on HIV (counselling, testing and ART) as non-disabled people

Food and water security

- Disabled people have access to sufficient safe water at home and increased access to nutritious food throughout the year
- All new facilities (toilets, wells and so on) that are constructed are accessible to disabled people
- Livelihoods and productivity initiatives are inclusive of disabled people

Child protection

- Combating violence against children and countering power abuse addresses the rights, needs and issues of disabled children
- Community campaigns against violence and abuse of children includes information about the rights, needs and issues of disabled children

Vocational training centres

- The building is accessible to people with mobility impairments
- Minimum 5% of the participants have a disability
- Accessible communication formats (such as Braille and audio tapes) are available for people with visual or hearing impairments.

19.3 MONITORING INCLUSION

Now that you have gathered data on disability, it is important to analyse it. This will help you take corrective measures and change what you are doing if you see that it is not working.

The following checklist can help you ask the right questions during implementation:

- How do people with a disability perform and participate in comparison to non-disabled participants?
- Why is there a difference?
- Is earmarked budget being used for disability inclusion? Monitor if and for what purpose it is being used.
- How does the partnership/collaboration with DPOs, government and disability-specific organizations develop?
- Is the staff aware on disability issues and do they understand the inclusion process?
- Are the communities aware about disability rights?
- Is the position of people with a disability at household level changing? In what way?
- Are the barriers at project level removed?
- Are all activities accessible for persons with disabilities?

19.4 EVALUATION

At the end of a project, or at the end of a certain time period, an evaluation of the work is usually done. The results of an evaluation will help to formulate recommendations on how to improve your work in the future.

The following checklist will help to ask the right questions on disability inclusion during the evaluation. Suggested questions for the terms of reference for evaluations of disability inclusive projects:

- Were persons with disabilities able to access the full range of services provided?
- What are the achievements of persons with disabilities in the project?
- Do they achieve the same results? If not, what causes the differences?
- What were the difficulties persons with disabilities experienced in accessing services or the programme?
- How has the understanding of disability influenced the way your staff is working with persons with disabilities?
- How has this changed in the community? What were the activities that contributed most to this change?
- Did the project alter power relations and has this been in favour of more influence and involvement of persons with disabilities in your activities?
- Has the organizational capacity of persons with disabilities been enhanced?
- What are the recommendations for improving inclusion?
- Did persons with disabilities have the choice and opportunity to become active participants in decision-making processes?
- What types of disabilities do the participants in the project have? Are all groups equally represented ? Or are some people still excluded?
- What partnerships with disability-specific-programmes/services have been established?
- How are project priorities set and by whom?
- Have project proposal, organizational policies, procedures and project decisions been reviewed and updated to be disability inclusive?
- What lessons are learned on inclusion and how can this be shared with the stakeholders and the development sector?

20. **HOW TO** MAP AND REFER TO PROVIDERS OF DISABILITY SPECIFIC SERVICES

Why refer people to disability services

People with disabilities often also need health services, and are more likely not to be able to access health services. Some people with disabilities could use assistive equipment, such as crutches, hearing aids, a wheelchair, or a cane. If they could receive this support, they would be able to live a more independent life. Yet often people with disabilities and their families do not know how to access these services. This is why it is important for community leaders to know where disability services are in the region, and to refer people with disabilities to go and visit these services.

21. HOW TO NETWORK WITH DISABLED PEOPLE'S ORGANIZATIONS¹⁰

Working together with other organizations allows you to do more than if you were working alone. Organizations working with or for persons with disabilities, and organizations of disabled people's, can help you become successful in including persons with disabilities.

Starting to network

It is important to build knowledge, trust and relationships with other organizations for you to get to know each other. Become familiar with the organizations in your area, and help them become familiar with you. This way, you will be able to find each other quickly if you have a question or problem.

You can do this by:

- Organizing a short, informal meeting with the leadership of local disability organizations. Explain what the work is that you do, and ask them to explain what they do.
- Invite staff and members of disability organizations to your events and meetings, and make sure that your meetings are accessible so that they can attend.
- Invite a disability organizations to conduct a training for your staff or community
- If the disability organization has a public meeting or event, attend it so that you have a chance to hear and see what they do.

Structures of Disabled Peoples Organizations (DPOs)

DPOs are usually organised as follows:

- Often they are private, non-profit organizations. Sometimes there are government agencies, and sometimes there are also private, for-profit organizations and service providers.
- Disability Organizations are often one of two categories.
 1. Organizations that provide services to or for persons with disabilities.
 2. Organizations that do advocacy work, and are staffed and controlled by persons with disabilities.
- Some disability organizations are cross-disability, and work with a wide range of disabilities. Other organizations focus on certain types of disabilities, such as South Sudan Association of the Visually Impaired.
- Some organizations are members of or chapters of national organizations. There are also local organizations that are not connected to a national organization.

Self-Help Groups

Besides DPOs, persons with disabilities might also organize themselves in self-help groups. Self-help groups are groups founded to share common experiences, situations and problems. They are run by and for group members, and often do not have a formal structure or status. Persons with disabilities who are members of a self-help group, might also be a member of a DPO.

¹⁰ Adapted from: Institute for Community Inclusion. Creating an Inclusive Environment: A Handbook for the Inclusion of People with Disabilities in National and Community Service Programs.

22. HOW TO MAKE THE RECRUITMENT PROCESS INCLUSIVE^{11,12}

Sometimes, persons with disabilities are not able to gain employment, because the recruitment process is set up in such a way that they are discriminated against. The following section will provide guidance on how to develop a recruitment process which is inclusive of persons with disabilities.

Job Description

Look at the job description which has been developed for the position. Requirements in the job description should only include requirements which are clearly related to the duties, i.e. essential functions.

An essential function is a task or duty that is critical to the position. If it is not performed, then the nature of the position is fundamentally changed. A function is essential if:

- The position exists to perform a specific function
- There are a limited other persons available who can perform the function
- A function is highly specialized, and the candidate is selected for special expertise or ability to perform it.

The following chart gives some examples:

The position exists to perform a specific function	There are a limited number of other participants available to perform the function or among whom the function can be distributed	A function is highly specialized, and the person in the position is selected for special expertise or ability to perform it
Example Participant will provide education through public speaking and information dissemination.	Example Participant will have a commercial vehicle driver's license.	Example Participant must have the ability to understand and communicate in Spanish and English.
Example Participant will read stories to preschool children in their homes.	Example Participant must have previous experience installing drywall.	Example Participant will provide estate planning legal advice to participants at the senior day care center.

Figure 3: Explanatory examples of essential functions¹².

Other functions in a position are marginal functions. These can be easily reassigned. The chart below gives an example of marginal functions.

¹¹ Adapted from: CCBRT. Employing People with Disabilities: A manual for employers

¹² Adapted from: Corporation for National and Community Service (2004). Creating an Inclusive Environment: A Handbook for the Inclusion of People with Disabilities in National and Community Service Programs.

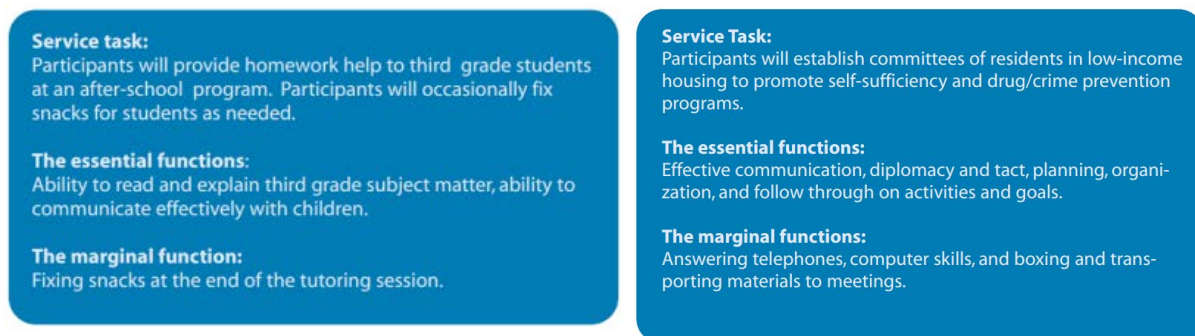


Figure 4: Explanatory examples of essential and marginal functions¹².

Understanding what the essential functions are for a position, will help you find qualified candidates, with or without a disability. A qualified candidate is one who is “able to perform the essential functions of the position with or without accommodation.”^{12(p18)}. It will also help you to not dismiss candidates, simply because they are not able to perform a function which is marginal, but not essential.

Advertising

Ensure that advertising for the position does not discriminate. Spread the advertisement in various channels so that people have a large chance of seeing it. Considering placing the advertisement with organizations connected to people with disabilities. Provide the vacancy information in different formats such as large print, email or spoken. In your advert, write that alternative formats of the vacancy are available on request.

In case the job advert appears on TV, ensure that the contacts like phone numbers are verbally read but not “contact us on the numbers on the screen” because the visually impaired prospective applicants will not see such numbers.

Application Forms

Allow candidates to submit their application in a different format than specified, e.g. by telephone, tape or email. Do not reject untidy applications if it could be because of an impairment.

Also, provide candidates with the opportunity to share whether they would require any special needs or provisions.

Selection

Check your selection process, to ensure that it does not disadvantage persons with disabilities, for example when carrying out an assessment or selection test.

Interviewing

Make any reasonable adjustments if you know that a candidate will need certain adjustment to attend or take part in a selection interview. Even if you do not know in advance, be prepared to make any adjustments to accommodate a candidate with a disability upon their arrival.

Examples of adjustments could include:

- using an interview location with an accessible room and toilet
- providing additional travel expenses for persons needing to take a taxi to the interview
- allowing a candidate to bring an assistant, etc.

Ensure that interviews are objective and non-biased. Do not let any ideas about disability influence your view on whether a person can manage the job. Do not make any assumptions about what a person can or cannot do. It is important to ask all applicants the same questions. In addition, realize that you are often not allowed to ask disability-related questions or ask for medical information, but need to focus on a candidate's ability to perform the tasks required.

The following chart gives an example of questions that can and cannot be asked during an interview.

Questions You Can Ask	Questions You Cannot Ask
General Questions Tell me about yourself. What are your greatest strengths and weaknesses? Tell me about your interests. What do you see yourself doing in 5 years?	General Questions Tell me about your disability. Describe any physical or mental problems or disabilities you have. Have you ever received Worker's Compensation, SSDI, or SSI? Are you taking prescribed drugs? Have you ever been hospitalized? How many days were you absent from work for illness last year?
Questions About Performing Essential Functions Are you able to perform the essential functions of this position with or without reasonable accommodation? (Note: This question should be answered with a yes or a no response. The applicant is not required to disclose if an accommodation is needed.)	Questions About Performing Essential Functions Do you have any disabilities, impairments, or illnesses which may affect your performance in this position?

Questions You Can Ask	Questions You Cannot Ask
Questions About Specific Duties This position requires traveling from one local school to another. Can you do that? This position involves doing X and Y at Z speed. Can you do X and Y at this speed? This position involves taking information over the phone and entering it into a computer. Can you do that? This position requires moving construction materials weighing 15 pounds to various parts of a work site. Can you do that? This position requires reading to children. Can you do that?	Questions About Specific Duties How do you teach a class when you are Deaf? How can someone with your disability drive a truck? How can you manage playground duty when you can't see? How can you clear trails, dig a ditch, pull weeds, or mow lawns with your handicap? What kinds of help will we have to give you so that you can do these tasks?
Questions About Accommodations If an applicant volunteers that he/she can perform the task with an accommodation, then you may ask: What accommodation will you need to perform this task? However, please note the advisory paragraph above against asking this questions.	Questions About Accommodations To do this job you will obviously need accommodations. Which ones will you need?

Figure 5: Questions you can and can't ask¹².

Assessment testing

If your selection procedure requires a test, ensure that the test does not have any bias which is not needed. Ensure that you only test what is really necessary for the position.

In some cases, it might be necessary to make a reasonable accommodation to allow a candidate to take a test.

23. HOW TO DEVELOP AN INCLUSIVE WORKPLACE¹³

Once a person with a disability is appointed as a new colleague, it might be necessary to make a few adaptations to ensure that the staff member can work to the best of his/her abilities.

The most important is not to make any assumptions regarding the persons and their disability. Always ask the person in question what they would prefer.

Reasonable Accommodation

It might be necessary to make a few adaptations specific to the type of disability that your new staff member has. This will help them to work better. Reasonable means that it should not be an unnecessary financial burden on your organization. There might be a little cost involved, or no cost at all, but any cost incurred will always be in proportion to the work a candidate can deliver.

Some examples of adjustments are:

- Changing the furniture or other things in the office to enable someone to move around easy.
- Providing a tape recorder for a blind person to take notes.
- Providing a mobile phone to a deaf person so that he can communicate by text or SMS.
- Allowing for an escort or assistant for someone with a visual or mobility impairment.
- Providing extra on-the-job support for someone with a learning disability during the induction period.
- Altering work hours.

Office Environment

To ensure that anyone can come and use the office, even guests, it would be good to make the office environment accessible. This can be done using an accessibility audit. Some examples of things to think about include:

- Are the offices on the ground floor, or is there access to offices or meetings room that are not on the ground floor?
- Are toilets accessible?
- Can people move around in the office? Is the furniture in the way? Are the doors large enough? Are there any loose rugs that people can trip on?

Staff

Make clear to all people working in the office that persons with disabilities have the same rights to equal participation and fair treatment. Ensure that there is no discrimination, and enforce disciplinary procedures if staff members do discriminate against disabled people.

Information

Check that all information is accessible to everyone. For example, provide written information in different formats for use by blind or visually impaired people, such as braille, large print, or electronically to be used by a screen reader. When writing documents, try not to make them too long or complex. This will make it easier for people with learning disabilities to understand, as well as people who have another mother tongue, such as minority language groups.

¹³ Adapted from: VSO. (2006). A Handbook on Mainstreaming Disability.

24. HOW TO CHECK HOW INCLUSIVE YOUR ORGANIZATION IS¹⁴

The Disability Inclusion Score Card (DISC) is a tool which can provide insight in the current situation of whether an organization is inclusive to persons with different disabilities. It can help find the strengths and opportunities for change in terms of making the organization disability inclusive. This DISC is developed specifically for use by NGOs.

The checklist is intended to be used as guided assessment. The assessment can be carried out multiple times (e.g. at baseline, 6 months and 1 year) to measure change over time. The full version of the tool in Excel format can be requested from Light for the World at info@lightfortheworld.nl.

¹⁴ Adapted from: Mission East & Light for the World. (2016).

Name of organisation	
Who were present	
Name of facilitator	
Date of assessment [Baseline]	
Date of assessment [Progress]	
Date of assessment [Final]	

Checklist					Level 1	Level 2	Level 3	Level 4	Score
Domain 1: Governance									
Are the strategic and operational documents disability inclusive? Are the vision and mission supportive to work on inclusion, and does the organisation have a written policy on inclusion?	Disability or inclusion of persons with disabilities is not included in our strategy documents, or in our sectoral policies.	Inclusion of persons from marginalised groups is mentioned in the strategy documents and sectoral policies, but not specifically worked out.	Inclusion of persons with disabilities from a rights-based perspective is mentioned in the strategy documents and worked out in some policies.	Inclusion of persons with disabilities from a rights-based perspective is a crosscutting issue in our organisation and worked out in all our strategy documents and sectoral policies.					
Is there a mandate from the director/higher management to promote and monitor the inclusion of persons with disabilities in the programme?	Promotion and monitoring mandate from director/higher management on disability inclusion either non-existent or unclear.	Promotion and monitoring mandate from director/higher management on disability inclusion exists but is either not clearly linked to inclusion policy, or is not easily actionable.	Coherent inclusion promotion and monitoring strategy has been developed and is linked to the policy; strategy is mostly known but doesn't drive day-to-day behavior.	Clear, coherent medium-term to long-term inclusion strategy on disability that is both actionable and linked to overall policy; strategy is universally known throughout the organization and consistently helps drive day-to-day behavior at all levels of the organization.					

Domain 2: Programme Management Practices					
Is monitoring data collected on disability?	Disability data is not collected in any programme.	In less than half of the programmes disability data is collected.	Disability data is collected in all programmes.	Disability data is collected in all programmes, and is disaggregated by type of disability.	
Are project, monitoring and evaluation formats disability inclusive?	Disability is not mentioned in planning, monitoring and evaluation formats.	Disability is mentioned in some planning, monitoring and evaluation formats.	Disability is mentioned in majority of planning, monitoring and evaluation formats.	Disability is included in all relevant planning, monitoring and evaluation formats, including the annual report of the organisation.	
Do persons with disabilities participate in all Planning, Monitoring and Evaluation phases?	Persons with disabilities are not involved in the design, planning, monitoring and evaluation of programmes.	In less than half of the programmes persons with disabilities are consulted in the design, planning, monitoring and evaluation.	In more than half of the programmes persons with disabilities are consulted in the design, planning, monitoring and evaluation.	Persons with disabilities are involved in the design, planning, monitoring and evaluation of all programmes.	
Are staff encouraged to work on the inclusion of person with disabilities?	Staff are not encouraged to work on the inclusion of persons with disabilities.	It has been mentioned once or twice to work on the inclusion of persons with disabilities.	Staff are sometimes encouraged/reminded to work on the inclusion of persons with disabilities.	Staff members are regularly encouraged to actively work on the inclusion of persons with disabilities.	
What is the percentage of beneficiaries with disabilities that is participating in regular projects?	The number of beneficiaries with a disability in regular programmes is negligible.	1-3% of the beneficiaries in our regular programmes are persons with disabilities.	4-5% of the beneficiaries in our regular programmes are persons with disabilities.	6% or more of the beneficiaries in the regular programmes are persons with disabilities.	

Domain 3: Human Resources					
Is the human resource policy disability inclusive?	No human-resource diversity policy available in the organisation. No actions taken to employ persons with disabilities.	Diversity policy available in the organisation, but disability is not mentioned there.	Disability is mentioned in human-resource diversity policy.	Disability is mentioned in human-resource diversity policy and affirmative actions (for example, placing job announcements in disability networks) are taken to employ persons with disabilities.	
In how far does your organisation use affirmative action to enable persons with disabilities to work as employees, board members, consultants and volunteers?	No affirmative actions to enable persons with disabilities for employment are in place.	Some affirmative actions to enable persons with disabilities for employment are in place.	Affirmative actions to enable persons with disabilities for employment are in place, but not yet always followed.	Affirmative actions to enable persons with disabilities for employment are in place, functional and with support system well established.	
Are persons with disabilities working in the organisation?	No staff, board members or volunteers with a disability in the organisation.	At least 1% of staff, board and volunteers consist of persons with disabilities.	At least 2% of staff, board and volunteers consist of persons with disabilities.	At least 5% of staff, board and volunteers consist of persons with disabilities.	
Are persons with disabilities employed in decision-making positions at program/project level and field level? If so, in how far does it show a proportional representation?	No representation of persons with disabilities in decision-making positions.	Some representation of persons with disabilities but not yet on decision making positions.	There is a representation on management level in decision-making position, but not yet proportional.	A proportional representation of persons with disabilities can be seen on all levels.	
Is disability orientation to staff organized?	No orientation is so far given to staff of the organisation on the rights of persons with disabilities and inclusion in regular programmes.	Some staff received a one-off orientation on the rights of persons with disabilities and inclusion in regular programmes.	Majority of staff received a one-off orientation on the rights of persons with disabilities and inclusion in regular programmes.	Staff regularly receives orientation on the rights of persons with disabilities and on inclusion in regular programmes.	

Does your organisation/ personnel have disability expertise and/or does the organisation have access to/ make use of external disability expertise?	No disabilities expertise/ focal person within the organisation. No external support requested at all.	Disability expertise exists within the organisation, but is limited. Only a few people within the organisation are aware of this expertise. Available expertise is rarely used. Occasionally external support is requested.	Disability expertise exists within the organisation. Many people in the organisation are aware of this expertise and they frequently use it. Regular external support is requested.	Disability expertise exists within organization; many partner organizations are aware of such expertise; it is regularly used within the organization and also extended to other partners on request. Whenever needed external support is requested.
Domain 4: Financial Resources				
What budget is allocated for inclusion? (i.e. reasonable accommodation, training & awareness raising, capacity building on inclusion)	No budget is allocated for inclusion of persons with disabilities in our programmes.	0-1% of budget is allocated for inclusion of persons with disabilities in our programmes.	2% of budget is allocated for inclusion of persons with disabilities in our programmes.	3-7% of budget is allocated/ available for inclusion of people with disabilities in our programmes or projects.
Domain 5: Accessibility				
Is the office accessible?	The organisation's office building and meeting rooms are not accessible to persons with disabilities.	The meeting rooms and toilets are accessible to persons with disabilities. The workspaces are not accessible.	The meeting rooms, toilets and part of the workspaces are accessible for persons with disabilities.	The whole office, including all workspaces, meeting rooms and toilets, are accessible to persons with disabilities.
Are events/community meetings accessible?	Accessibility is not taken into account when events are organised by the organisation. Only by change a small proportion of the events are somewhat accessible to persons with disabilities.	Accessibility is sometimes taken into account when events are organised by the organisation, with up to 50% of the events being accessible to persons with disabilities.	Accessibility is taken into account when events are organised. The majority are accessible to persons with disabilities.	All events organised by our organisation are accessible to persons with disabilities.

Are project activities accessible to persons with disabilities? Are activities held in accessible locations to the maximum extent feasible? Are adaptations implemented to make activity locations accessible? Has project staff been educated in barrier free approaches? Are accessible transport options available to the project location to the maximum extent possible?	No project activities are conducted with accessibility in consideration; project staffs are not aware of barrier free approach in project planning. No consideration on safe and accessible transportation. Few project activities are conducted with accessibility in consideration; few project staffs have knowledge on barrier free approach in project planning. Little consideration on accessible transportation.	Few project activities are conducted with accessibility in consideration; few project staffs have knowledge on barrier free approach in project planning. Little consideration on accessible transportation.	Most project activities are conducted with accessibility in consideration; at least 50% of project staffs have knowledge on barrier free approach in project planning. Due consideration on accessible transportation.	All project activities are conducted with accessibility in consideration; All project staffs have knowledge on barrier free approach in project planning; when needed, reasonable adaptations are done to make activity location accessible. Consideration on accessible transportation is automatic and part of program.	
Is the website and information accessible?	The website and other information sources are not accessible.	The website is tested for accessibility and is partly accessible. Newsletters and information are made accessible on demand.	The website is tested for accessibility and is fairly accessible. The option of getting newsletters and information in an accessible format is actively communicated.	Website is fully accessible and newsletters/brochures are available in accessible formats. Key information is available in easy read format.	
In how far are staff members trained to use, arrange for and produce materials and communications in alternative formats as applicable?	None of the staff members are trained to use, arrange for and produce materials and communications in alternative formats as applicable	Sensitization to staff members are given to use, arrange for and produce materials and communications in alternative formats as applicable	Some staff members are trained to use, arrange for and produce materials and communications in alternative formats as applicable with external support	Staff members are trained to independently use, arrange for and produce materials and communications in alternative formats as applicable	
Is sign language interpretation available?	No accommodation is made for people in need of sign language interpretation.	Sign language interpretation is sometimes available.	Sign language interpretation is available on demand.	Sign language interpretation is always provided as an option.	

Domain 6: External Relations					
Does your organisation collaborate with DPOs, disability service providers and/or (inter)national networks on disability inclusion?	There is no collaboration with disabled people's organisations, disability service providers (including government) and (inter)national networks on disability inclusion.	In less than half of the programmes collaboration takes place with disabled people's organisations, disability service providers (including government) or (inter)national networks on disability inclusion.	In more than half of the programmes collaboration takes place with disabled people's organisations, disability service providers (including government) and (inter)national networks on disability inclusion.	All programmes collaborate actively with disabled people's organisations, disability service providers (including government) and (inter)national networks on disability inclusion.	
Are rights of persons with disabilities part of advocacy?	The rights of persons with disabilities are not included in the organisation's existing lobbying, advocacy or networking activities.	The rights of persons with disabilities are included in some of the organisation's existing lobbying, advocacy or networking activities.	The rights of persons with disabilities are included in the majority of the existing lobbying, advocacy or networking activities.	The rights of persons with disabilities are included in all existing lobbying, advocacy or networking activities of the organisation.	
Does your organisation address disability in the promotion and fundraising efforts?	Persons with disabilities are not mentioned in promotion, fundraising and communication materials.	Persons with disabilities are hardly mentioned or specifically mentioned as a charitable target group in promotion, fundraising and communication materials.	Persons with disabilities are sometimes mentioned in promotion, fundraising and communication materials, and where mentioned or pictured are depicted positively and equitably.	Persons with disabilities are proportionally and positively represented in promotion, communication and fundraising materials (i.e. people with disabilities are seen in pictures, case studies, reports etc.)	
Is disability orientation with local partners/community groups organized?	Inclusion of persons with disabilities is not discussed with local partner organisations.	Inclusion of persons with disabilities is discussed with local partner organisations.	The organisation is offering orientation on the rights of persons with disabilities and on inclusion of persons with disabilities to local partner organisations	The organisation is systematically offering orientation on the rights of persons with disabilities and on inclusion of persons with disabilities to their local partner organisations.	

25. CONSIDERATIONS IN MAKING PROJECT PARTICIPATION CRITERIA DISABILITY SENSITIVE

- Ban explicit discriminatory criteria such as candidate should be fit to work, or able to learn, or a child should be able to walk to school. Some criteria may not look discriminating, but in the end they are excluding people with disability unintendedly.
- To prevent problems with enrolling persons with disabilities in programmes, it is suggested that a clause be added to the selection criteria that states that people with disabilities (and caretakers of disabled people) get priority to participate in such projects and that selection criteria will be used more flexibly to ensure equitable participation of people with a disability. We do not suggest that having a disability (or a disabled family member) should automatically lead to enrolment in any kind of development programme, as some people with disabilities are actually economically comfortable. However, when enrolling beneficiaries economic status should not be the only criteria; but social status, level of participation in the community, position in the family/household and the resilience of person with a disability (or the caretaker of the person with a disability) should also be considered. One should also take the extra (health) expenses into account that people with disabilities often have to make.
- Choose your unit of intervention. Is the unit of intervention the household or individual? Approaches that engage the whole household while keeping marginalized individuals, including people with disabilities, at the centre of the intervention, are likely to be more empowering than those that are focused on the household. Household-focused programs tend to engage the primary breadwinner, not the most marginalized, and can make intra-household inequalities worse. It is important to consider the relationship between the person with disability and other household members, including their particular context.

26. HOW TO BUDGET FOR INCLUSION¹⁵

Objective

To earmark disability inclusion & to include disability related costs in the budget.

Expected results:

- Monitoring and evaluation of disability inclusion in the projects
- Activities and efforts required for disability inclusion are planned
- Provide a proof that disability is really included.

The related costs are considered in the budget.

In general:

Budgeting is the financial expression of the required means for implementing an activity. That covers both administrative costs and operational costs.

Disability inclusion in budgeting means:

- To measure the costs to reduce or remove the barriers to inclusion;
- To measure the costs of the additional required measures that will allow persons with disabilities to equally participate in and benefit from the projects;
- To measure the costs of the disability specific activities (when a project has a disability component).

What to do:

You can define specific budget items that are required for inclusion for administrative costs and for operational costs. You can also allocate a percentage of your budget.

Budget items for inclusion – Administrative Costs

- Awareness of the staff and managers on disability.
- Workplace adaptations permitting the recruitment of persons with disabilities (e.g. accessible IT and software).

Budget items for inclusion – Operational Costs

- Awareness on disability – to reduce social and institutional barriers among different stakeholders involved in the project.
- Adaptation of buildings built during the completion of the project. Surveys show that the cost impact for including disability concerns in the construction of new buildings is 1.12% on average, ranging from 0.1% for public building to 3% for individual homes.
- Adaptation of means of communication. This can for instance be the use of specific services, like sign language interpreters.
- Specific expertise on disability (for disability analysis for instance; or for developing inclusive policies).
- Specific surveys linking disability and the sector area.

Allocating a percentage

Another recommended option is to allocate a percentage of your budget towards disability. The actual spending will depend on the type of activities. Generally, this will be anywhere from 2%-7% of the total budget.

¹⁵ Adapted from: CBM. Tool: Budgeting the inclusion of a disability perspective. Retrieved from:

<http://www.inclusive-development.org/cbmtools/part3/1/Budgetingtheinclusionofadisabilityperspective.pdf>

27. HOW TO MAKE EMERGENCY INFORMATION AND SERVICES ACCESSIBLE FOR DEAF PEOPLE WHO USE SIGN LANGUAGE¹⁶

Emergency Information

Information is essential if individuals are to make decisions about the risk to their own health and safety or that of their family, the risk to their property, and the actions they should take, including if, when and where to evacuate. Governments and non-governments frequently use radio as a medium of mass communication in emergencies. This medium is not accessible to deaf individuals, and therefore other methods of communications must be used.

Emergency information can be made available for persons who are deaf by:

- Interpret into national sign language and/or use open captions any media broadcasts on television
- If sending public alerts to individuals (e.g. by phone calls) use SMS/text messages or instant messages
- Use Social Media such as Facebook, Twitter, and YouTube to disseminate emergency information
- Radio stations disseminating information should also publish this information on their website
- Provide deaf communities with information about who to contact in case they cannot access information.

Communication with emergency workers

Emergency and humanitarian aid workers are often the first people to interact with members of the public in emergency situations.

Where possible, provide emergency workers with information in Easy Language or symbols to use to communicate.

Train emergency workers on deaf awareness, so that they:

- Can recognize that an individual may be deaf if he/she does not respond to verbal questions or commands
- Can communicate in a basic way with deaf individuals, and use visual methods to gain attention
- Understand the difference in communicating with deaf and hard of hearing persons
- Recognize that deaf forms of communication, for example through signs and deaf accents, are normal and not the result of intoxication, distress or injury
- Understand that deaf persons may not be fluent in the national language
- Recognize that deaf persons may be extra stressed in emergency situations as they have difficulty communicating
- Understand that deaf people who cannot use their hands due to e.g. injury, may be further distressed as they are no able to communicate.

Information in emergency centres

Make emergency sites accessible by:

- Where televisions are turned on in the centre, turn on the open captions
- Contact and make available professional interpreters as soon as possible
- Any information announced orally should also be available as written information
- Make written information available in Easy Language
- Inform deaf people where they can receive written/signed information
- Use telecommunications to share information, e.g. by text messages.

¹⁶ Adapted from: WFD Board & WASLI Board. (2015). Communication during natural disasters and other mass emergencies for deaf people who use sign language.

28. HOW TO DESIGN ACCESSIBLE SHELTERS¹⁷

1. Site access

Clear the site and the access to the site from rubble and debris. Try to use flat sites with minimum level changes for better mobility.

Ensure flat, uniform surfaces with drainage in place.

Consider where the entrance is placed. Sometimes rotating the plan a bit can mean avoiding the need to provide stairs or ramps.



Figure 6: Accessible Site Plan Design.³⁵

2. Pathway to the shelter

There is a pathway to the shelter which is the most direct route. The ground is firm, non-slippery, and has no obstacles. The pathway should be 120cm wide for a wheelchair to circulate. Where it cannot be avoided, the pathway can be reduced to a minimum of 90cm. There are no hazards above the head at least 220cm above the ground.

3. Accessible entrance

Provide a ramp for entrance if there is a difference in

ground level between the inside and the outside of the shelter. This can be made from wood or concrete.

A ramp should have a maximum slope of 1:10, minimum 90cm wide and is made of a non-slip surface. There are handrails at 70 and 90 cm height.

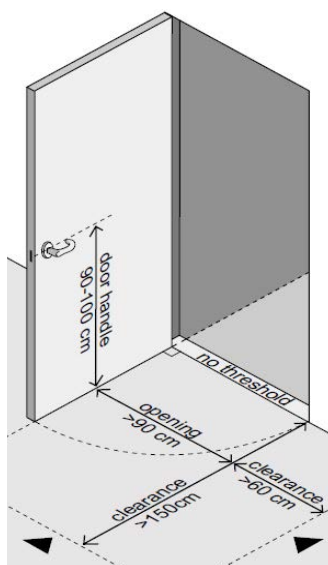


Figure 8: Entrance requirements.³⁶

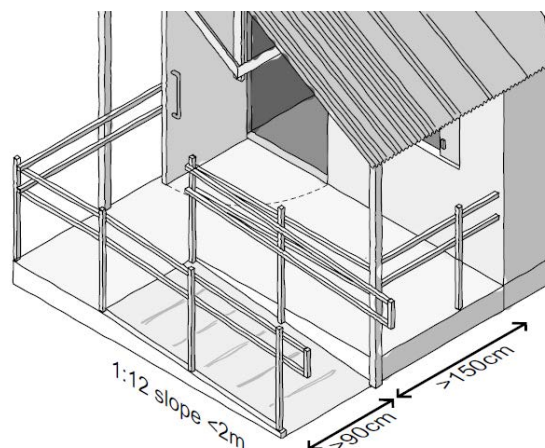


Figure 7: Slope for wheelchairs.³⁶

Make openings at least 90cm with no thresholds or barriers on the ground.

Use non-reflective materials and a contrasting colour at the entrance to make it easier to identify for persons with visual disabilities (i.e. contrast the colour of the door with the colour of the wall).

¹⁷ Adapted from: International Federation of Red Cross and Red Crescent Societies. (2015).

All under one roof: disability-inclusive shelter and settlements in emergencies, and CBM.

Inclusive post-disaster reconstruction: building back safe and accessible for all.

Inside the shelter

Provide doors and windows which are light and easy to open and close with accessible handles. Lever handles/vertical handles are preferable.

Provide lighting inside and outside the shelter with accessible light switches.

Consider (natural) methods of ventilation and thermal control, for example by using shade nets and placing openings away from the sun. This is particularly relevant for persons who spend a significant amount of time indoors.

Provide work spaces at a comfortable height. Place equipment that is used often in strategic places with enough space to move around them.

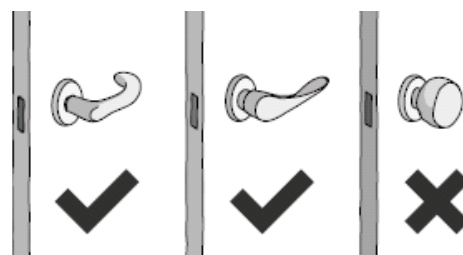


Figure 9: Types of doorhandles.³⁶

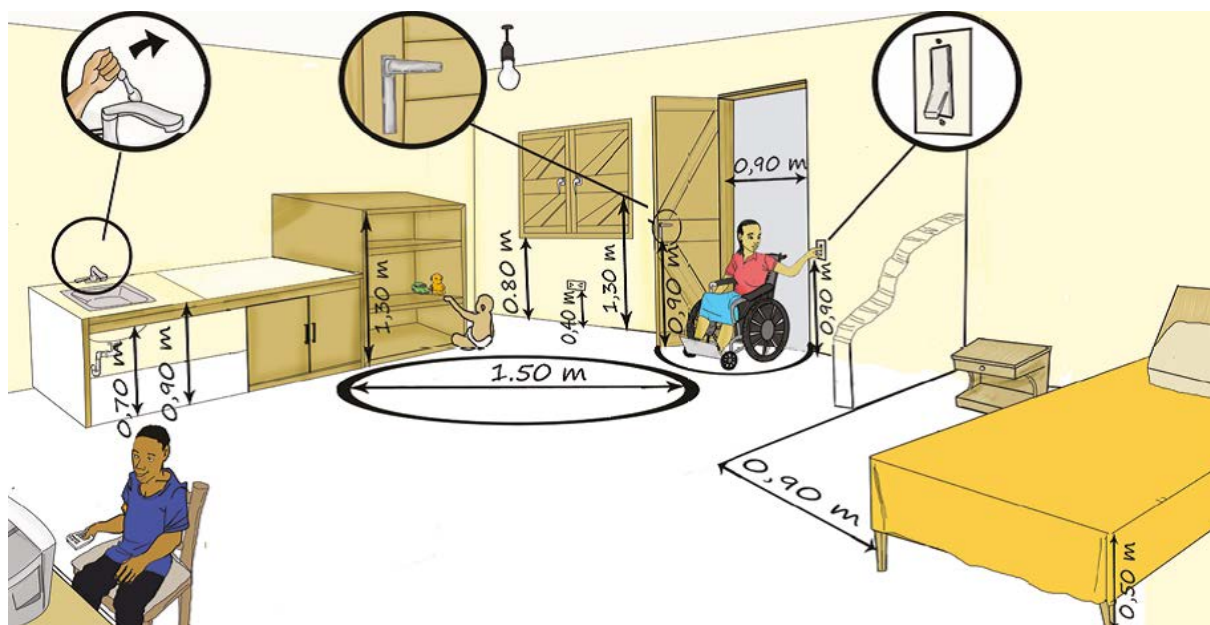


Figure 10: Accessibility requirements in the home.³⁵

29. HOW TO DEVELOP BARRIER FREE LATRINES¹⁸

Asian - style latrine

Persons with disabilities may have difficulty squatting down or standing up again. This may be easier if rails are placed on either side of the latrine. The height of these rails should be 550 to 650 millimetres. There should be no steps into these toilets and no steps up to the latrine.

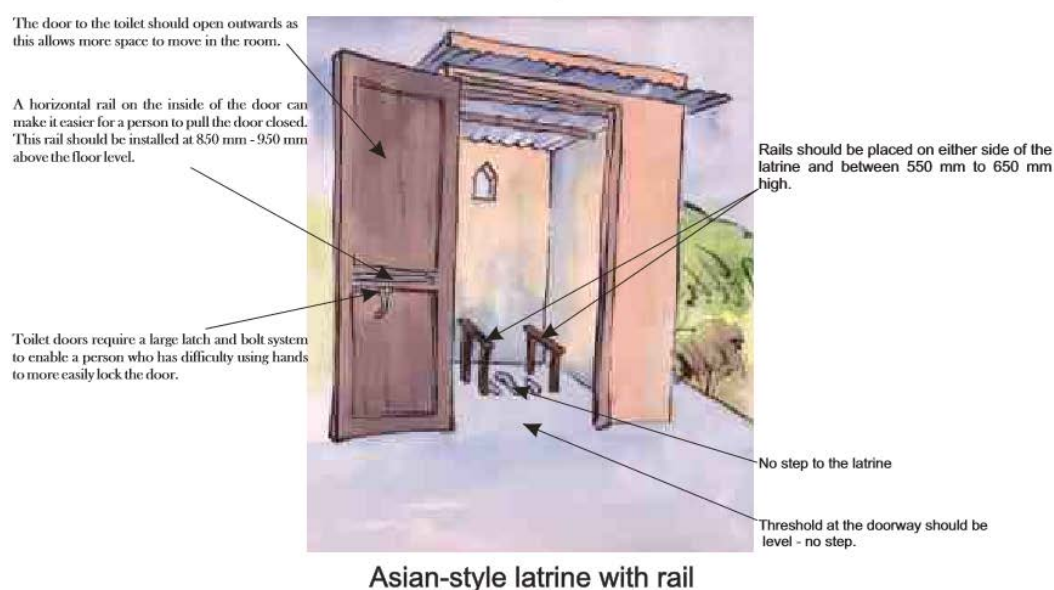


Figure 11: Asian style latrine with rail ³⁷.

Accessible toilet

There should be at least one toilet accessible for persons with disabilities. This should be a Western style toilet if water and plumbing is available for flushing. Where flushing is not possible, an adapted form of the Western style toilet can be used. In this adapted form, the plumbing will be the same as in the Asian style latrine.

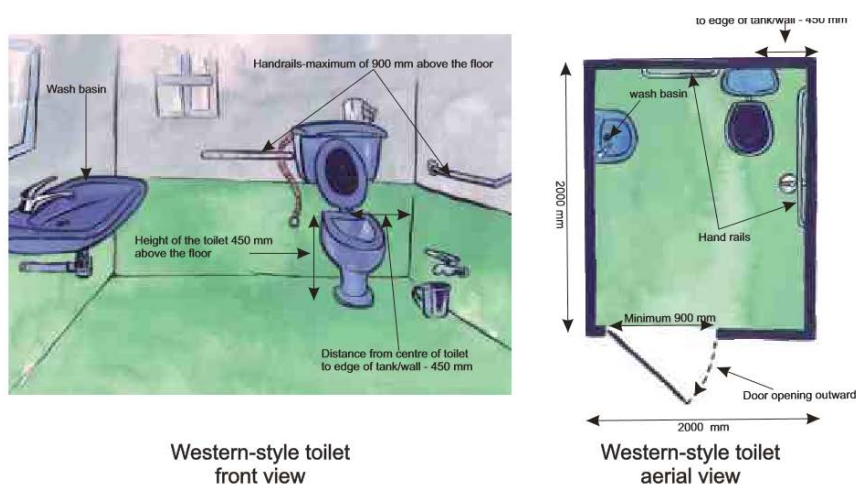
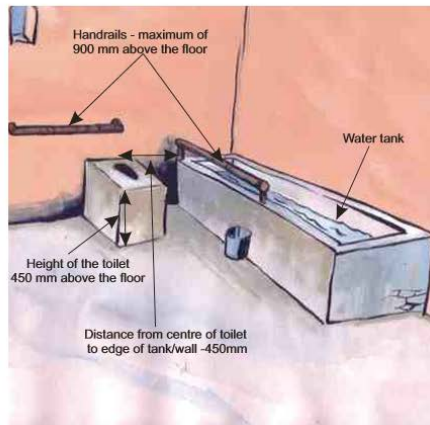
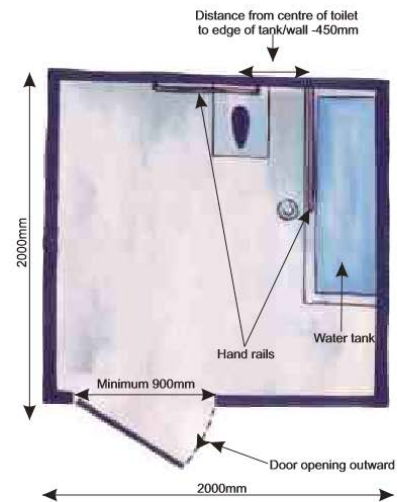


Figure 12: Western style toilet³⁷.

¹⁸ Taken from: Handicap International Nepal. (2009). Guidelines for Creating Barrier-free Emergency Shelters.



Adapted form of Western-style toilet
(front view)



Adapted form of Western-style toilet
(aerial view)

Figure 13: Adapted form of Western style toilet³⁷.

Transferring from a wheelchair onto a toilet

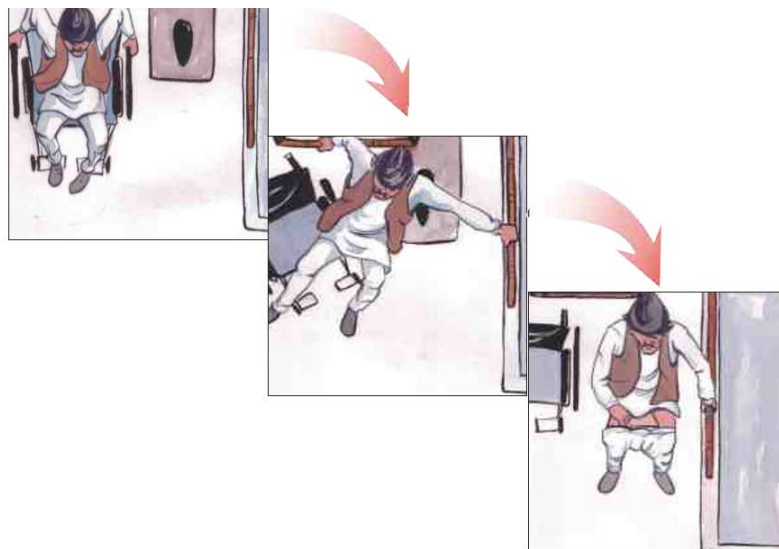


Figure 14: Transferring from a wheelchair onto a toilet sideways³⁷

30. HOW TO DEVELOP ACCESSIBLE WATER PUMPS¹⁹

In flood-affected areas, water pumps should be raised off the ground to protect the water source from being contaminated by the flood waters. This means that steps and ramps will be required so that all people can use the water pump.

In areas not affected by floods, it is also important to build water pumps that can be accessed by all people. This may mean installing a low ramp and removing the lip from one side of the pump apron.

If the water pump is placed near the toilet area, it must not be near the soak-away and septic tank. Sphere Guidelines recommend that the soak-away and septic tank is at least 30 metres from the groundwater source and the bottom of any latrine is 1500 millimetres above the water table.

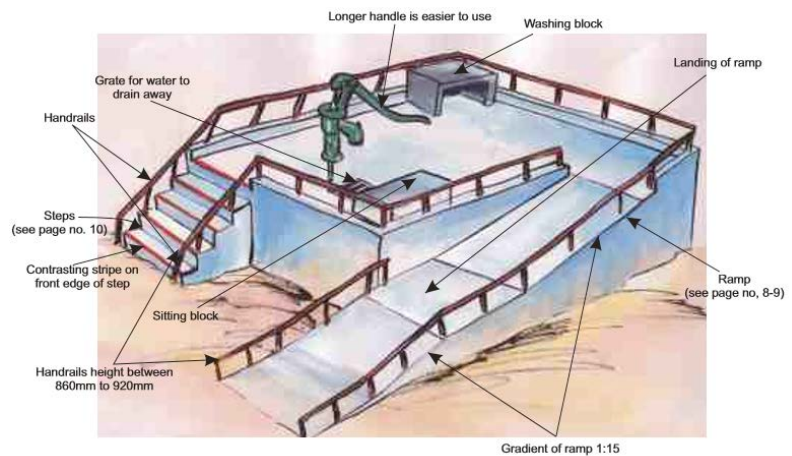


Figure 15: Raised water pump³⁷



Figure 16: Accessible water pump³⁷

¹⁹ Taken from: Handicap International Nepal. (2009). Guidelines for Creating Barrier-free Emergency Shelters.

31. HOW TO ASSESS HEALTH NEEDS OF OLDER PEOPLE AND PEOPLE WITH DISABILITIES²⁰

A needs assessment should identify gaps in:

- The structure of the health system: what is available and is it accessible?
- Service delivery: are the needs of older people and people with disabilities covered?
- The quality of health services: do they have trained staff, good hygiene, and friendly services?
- What is the health status of older people and persons with disabilities, and the major health problems affecting morbidity and mortality.

Include a gender analysis in your assessment to understand whether men and women can equally access health services.

- Type, number and location of health facilities (health posts, clinics, health centres, referral hospitals), and services actually available at each level (e.g. PHC, laboratory exams, surgery, X-ray). Map public and private health facilities, as well as those managed by international NGOs.
- Partners involved in the health sector including the various levels of health authorities, local and international NGOs and private providers.
- Number, gender and qualifications of health staff in each PHC facility (community health workers, home based carers, nurses, medical assistants, medical doctors). Are staff receiving a regular salary? (This helps to assess the motivation of the health staff, and the level of functioning of the services).
- Are there any community-based health activities? Do they target older people and/or persons with disabilities? Who is performing them? Volunteers? Do they receive any incentives? What is the proportion of male and female community health workers?
- Is there any mental health support available (psychological support, mental health services) and does it include older people and persons with disabilities? Which staff are involved (their category and level of training)?
- Is the community involved in the health services? What parts of the process are they involved in, e.g. planning, design, monitoring, management?
- Are staff trained in geriatrics or older people's health needs and health care? Is geriatric care part of the national curriculum for medical doctors and nurses? Are staff trained in rehabilitation and disabilities?
- What are the existing protocols and guidelines in use at health facility level (e.g. for the management and treatment of chronic diseases and communicable diseases)?
- Do people have to pay for health services? What is the cost of consultations, laboratory exams, essential drugs, hospitalisation?
- When hospitalised, do patients receive food or do they have to bring their food with them? Do they have to be accompanied by a helper in order to receive proper care?
- Are essential drugs available? Is the supply regular? Where do the drugs come from (local market, national warehouse)? Is there any quality control of the drugs?
- Are essential drugs for chronic diseases available?
- Which data are routinely collected in the health facilities? Are they disaggregated?
- Any available data about people's health status before the crisis. Identify pre-existing health problems affecting the population prior to the crisis.

²⁰ Adapted from: HelpAge International. (2012). Health Interventions for Older People in Emergencies.

How to find the information?

There are many different sources of health information. It is useful to cross reference the information by using several sources. In general, you will need to:

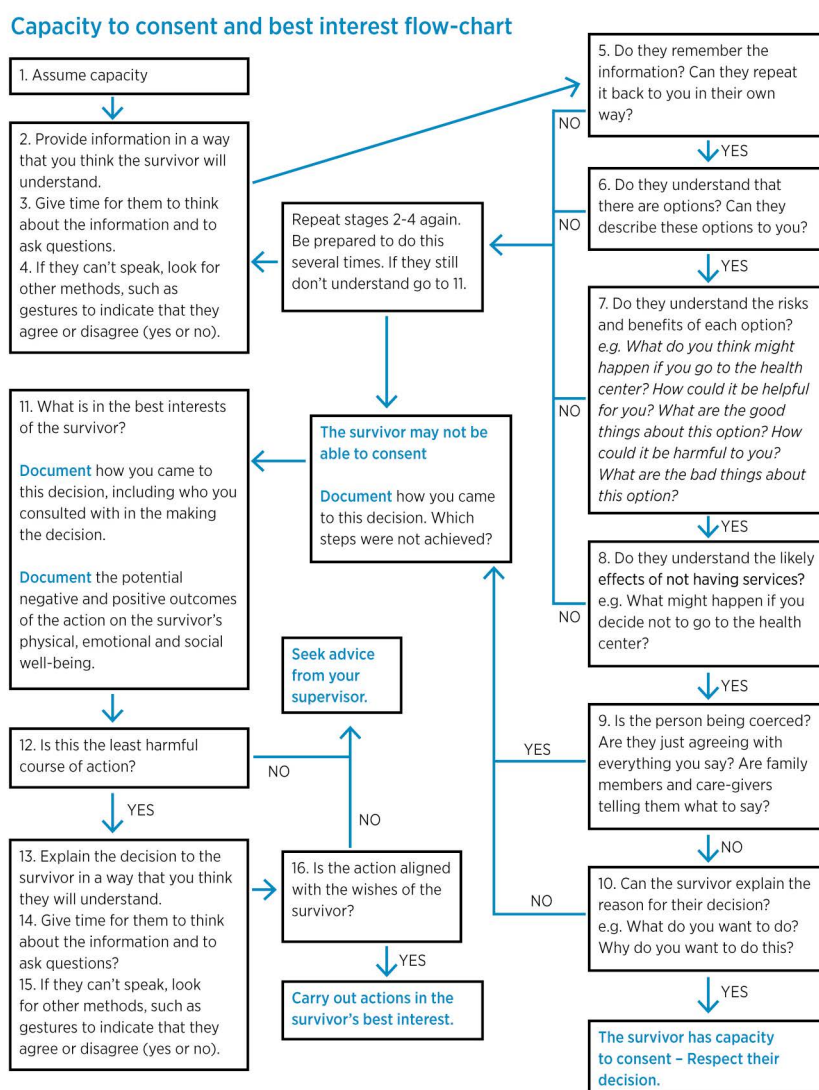
- Meet officials at central and decentralised levels of the Ministry of Health to collect information about the structure of the health system, staff training, national protocols and guidelines on health financing, the national drug service and management of diseases.
- Meet with international and national agencies and NGOs (including the private sector and religious institutions), cluster leads (UNICEF and WHO) and OCHA. These sources are especially useful in cases where the authorities are not impartial (in conflict situations for example) or not available.
- Carry out field visits to get to know the health facilities and the communities, as well as the partners involved. It is important to at least visit the referral hospitals and several health facilities of each type (private, public, health posts, health centres). Meet with their managers (hospital medical director, head of centre) and talk to different members of staff (pharmacist, laboratory technician, medical doctor or health assistant, community based health workers).
- Meet the relevant community representatives, disabled peoples organisations and older people, as well as with the local or international organisations working in the area.

Ensure that persons with disabilities and older people participate in the health needs assessment, for example through focus group discussions, to include their opinion.

32. HOW TO DETERMINE CAPACITY TO CONSENT FOR SURVIVORS WITH DISABILITIES²¹

Persons with disabilities have the same right to make their own decisions as anyone else. In some cases, a person may not have the capacity to make their own decisions, and someone else will speak for them. As a service provider, it is important to ensure that any decisions that are made reflect the rights, will and preferences of the individual.

The below flow chart will help you go through the informed consent process to determine whether they have capacity to consent, whether a family member or care giver should provide consent, or whether you as service provider should take action on their behalf.



²¹ Adapted from: Women's Refugee Commission. (2015). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A toolkit for GBV practitioners.

PART 3 - RESOURCE LISTING

1. INTERNATIONAL DOCUMENTS ON DISABILITY

United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol. (2006). Available at: https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=_en

2. DISABILITY INCLUSION

A Handbook on Mainstreaming Disability. (2006).
VSO.

Available at: http://www.asksource.info/pdf/33903_vsomainstreamingdisability_2006.pdf

Code of practice on managing disability in the workplace. (2002).
ILO

Available at: <http://www.ilo.org/public/english/standards/relm/gb/docs/gb282/pdf/tmemdw-2.pdf>

Count me In: include people with disabilities in development projects. (2013).

Paulien Bruijn, Barbara Regeer, Huib Cornielje, Roelie Wolting, Saskia van Veen and Niala Maharaj. LIGHT FOR THE WORLD.

Available at: <http://www.lightfortheworld.nl/docs/default-source/capacity-building/count-me-in---include-people-with-disabilities-in-development-projects.pdf?sfvrsn=18>

Disability Inclusive Development Toolkit. (2015).
Kathy Al Ju'beh. CBM.

Available at: <http://www.cbm.org/article/downloads/54741/CBM-DID-TOOLKIT-accessible.pdf>

Inclusion Made Easy. A quick program guide to disability in development. (2012).
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Travelling together: how to include disabled people on the main road of development. (2010).
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Make Development Inclusive: How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC. (2009).
CBM.

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Inclusion works! Lessons learned on the inclusion of people with disabilities in a food security project for ultra poor women in Bangladesh. (2014).

Paulien Bruijn & Judith Mulder-Baart. LIGHT FOR THE WORLD.

Available at: <http://www.lightfortheworld.nl/docs/default-source/capacity-building/inclusion-works.pdf?sfvrsn=10>

4. LOCAL GOVERNANCE

Inclusive Local Development: how to implement a disability approach at local level. (2009).

Eric Plantier-Royon. Handicap International.

Available at: http://www.hiproweb.org/uploads/tx_hidrtdocs/DLIGbBd.pdf

5. MONITORING AND EVALUATION

Checklist for inclusion: a manual on including people with disabilities in international development programmes. (2004).

USAID.

Available at:

https://www.usaid.gov/sites/default/files/documents/1868/disinclusion_checklist.pdf

Disability Sensitive Indicators for the Education Sector.

CBM.

Available at: <http://www.inclusive-development.org/cbmttools/part3/4/Educationsector/DisabilitysensitiveindicatorsEducationsector.pdf>

Disability Sensitive Indicators for the Health and rehabilitation Sector.

CBM.

Available at: <http://www.inclusive-development.org/cbmttools/part3/4/Healthsector/DisabilitysensitiveindicatorsHealthsector.pdf>

Disability Sensitive Indicators HIV&AIDS.

CBM.

Available at: <http://www.inclusive-development.org/cbmttools/part3/4/HIVAIDS/DisabilitysensitiveindicatorsHIVAIDS.pdf>

Disability Sensitive Indicators for the Water & Sanitation Sector.

CBM.

Available at: <http://www.inclusive-development.org/cbmttools/part3/4/WaterandSanitation/DisabilitysensitiveindicatorsWaterandSanitationsector.pdf>

Disability Sensitive Indicators for the Urban Development Sector.

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Developing Participatory Rural Appraisal Approaches with Disabled People. (2005).

Steve Harknett. DDSP.

Available at: <http://readcambodia.org/Publications/index/1/page:5>

6. ACCESSIBILITY AND COMMUNICATION

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Uganda National Action on Physical Disability and Ministry of Gender, Labour and Social Development.

Available at: <http://unapd.org/accessibility-standards/>

Inclusion. Creating an Inclusive Environment: A Handbook for the Inclusion of People with Disabilities in National and Community Service Programs. (2004)

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Access for All: helping to make participatory processes accessible for everyone. (2000).

Save the Children.

Available at: http://www.savethechildren.org.uk/sites/default/files/docs/access_for_all_1.pdf

How to build an accessible environment in developing countries. (2008). Manual #1 – Introduction & Accessibility Standards.

Handicap International.

Available at: http://www.handicap-international.org.uk/Resources/Handicap%20International/PDF%20Documents/HI%20Associations/AccessibleEnvironmentDev1_2008.pdf

Accessibility: how to design and promote an environment accessible for all. (2009).

Handicap International.

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Communicating with people with a learning disability.

Mencap.

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Conduct an accessibility audit in low and middle income countries. (2014).

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PART 4 – TRAINER/FACILITATOR’S GUIDE

This section provides information and tips for persons who will be facilitating trainings on disability inclusion. In order to be able to deliver meaningful training events, there are three key things to think about:

1. The trainee: how do people learn?
2. The trainer: what makes an effective trainer?
3. The training: how to organise an inclusive training?

Take some time, together with other trainers and facilitators, to read through this guide and reflect on the content. This will help to deliver great training programmes on disability inclusion!

1. THE TRAINEE: HOW DO PEOPLE LEARN?²²

1.1 INTRODUCTION

A training is a way to improve a person's ability to do something. However, very often it is found that participants in a training have not improved at the end of the training. There are many reasons why this may happen. One of the reasons is the training may be designed poorly, because the trainer may make incorrect assumptions about how people learn.

There are three theories which help us understand how people learn new things. These are:

1. Experiential learning
2. Brain based learning
3. Learner-centred learning

What is learning? Learning is defined as:

“a process that brings together cognitive, emotional and environmental influences and experiences for acquiring, enhancing or making changes in one's knowledge, skills, values and world views” ^{17,18}.

This means: learning is a process that changes the way in which people understand the world, what they find important and what they can do. How this process takes place is explained by the three theories.

²² This paragraph is primarily based on course material of MDF Training & Consultancy on Learning Theories.

1.2 EXPERIENTIAL LEARNING

Experiential learning is a theory about how people learn new things in an everyday situation. It explains how people learn in a natural setting, as opposed to learning in a classroom with a teacher or trainer.

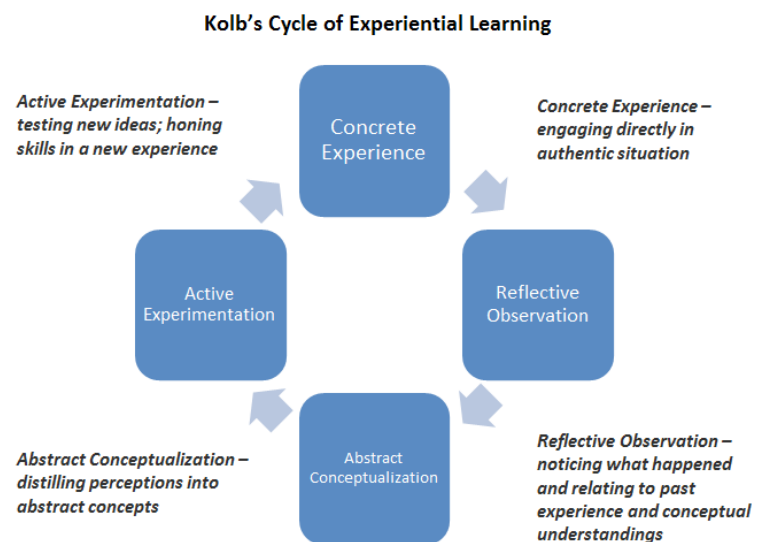
The experiential learning cycle

This theory was developed by Mr. David Kolb, an American educational theorist. He says that a learner has to go through all steps of the experiential learning cycle in order to learn from an experience.

Think of something new that you have learned recently. This could be an action: for example learning how to use a new smartphone or how to ride a bicycle. It could also be a new insight: for example learning something new about a topic you are already familiar with. There is a good chance that you learned it while applying the “experiential learning cycle” unconsciously.

The experiential learning cycle says, that for learning to be effective, one has to go actively through all steps and one should possess all four abilities. These four steps are:

- **Concrete experience:** you carry out a particular action and see the effect of it
- **Reflective observation:** you notice what happened and reflect on what the effect was of the action.
- **Abstract conceptualisation:** you understand the general principle or draw a general lesson from it.
- **Active experimentation:** you try out the new idea or apply the general concept. The application of the idea will provide you with a new experience to start the cycle all over again¹⁹.

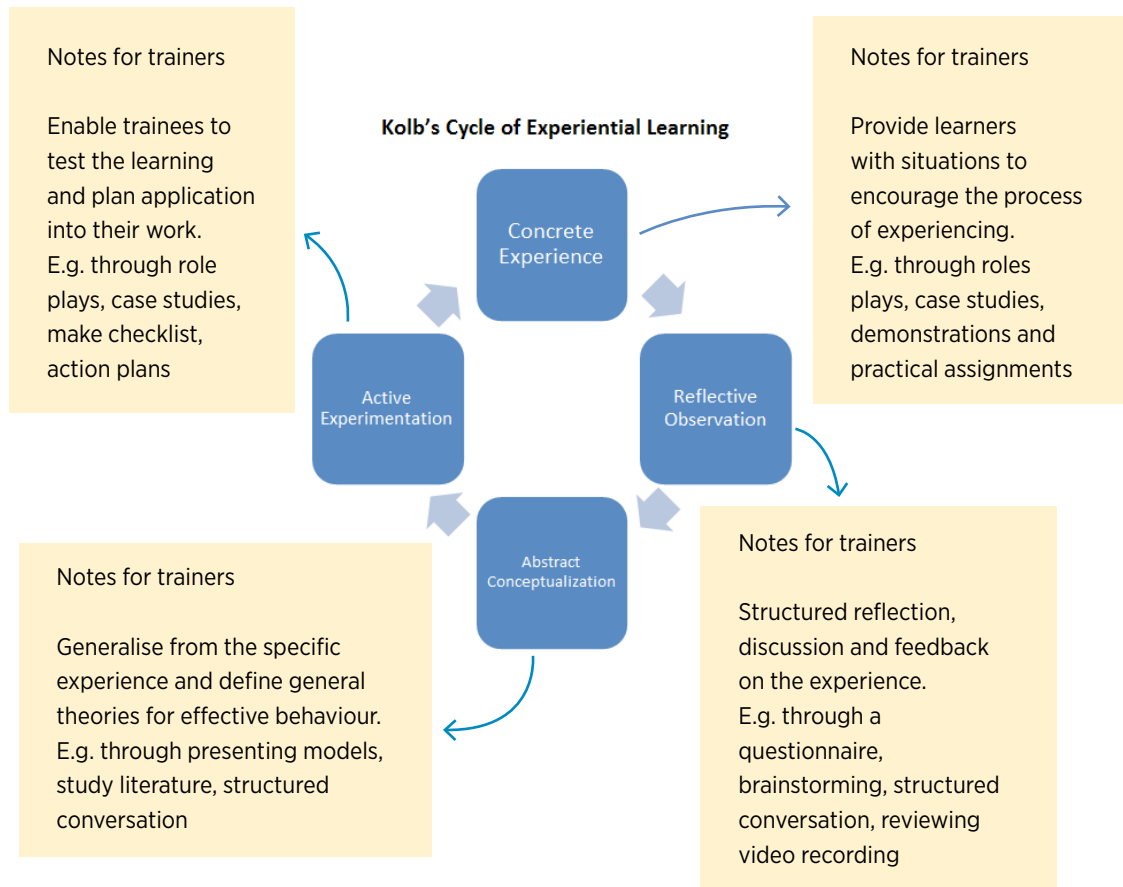


Are these steps also applied in trainings? Often, trainings are set up the same way. First, the topic or concept is introduced through readings, lectures and theory. Then usually, but not always, there is an assignment or experience through exercises or hands-on work. Lastly, there may be time for questions or reflection. How the concept will be applied in real life is often not discussed or practiced during a training. This means that participants do not think about how what they have learned will fit into their daily life and experiences.

With the training set-up as above, participants often complain that the training is boring and that they do not know how to apply the topic to real life situations. To avoid boredom trainers try to use creative training techniques. Creative training techniques are very important, but these will not help if the course is not designed to go through all steps of the learning cycle²⁰. Following the experiential learning cycle means that trainers should ensure that participants undergo all steps for the learning cycle actively. This will make the difference between good and bad courses, and between successful and unsuccessful trainings.

Training and the learning cycle

So in order to ensure that the training is effective and participants learn from it, the trainer should make sure that all the steps in the learning cycle are addressed during the training. Below we explain how you can do this.



Step 1: Start at the top of the cycle with the first step (**Concrete Experiencing**). Create a situation so that participants feel the desired experience or recall a real life experience related to the topic.

Step 2: Provide a moment for reflection, discussion or feedback. Trainees share reactions and observations and think and reflect about the experience (**Reflective Observation**).

Step 3: Take the reflection and apply it to a general principle or lesson. This can be done by linking existing knowledge about the topic with the experience of the participants. This existing knowledge can be brought in either by participants or the trainer, who might present this through a brief presentation or facilitate the discussion to clarify the points and help to relate them to potential application (**Abstract Conceptualisation**).

Step 4: Then help the participants to plan how they will apply what they have learned to help them to do their work more effectively (**Active Experimentation**) and when possible organise a real life application which again provides new input for another loop.

When training programmes are organised and designed according to the experiential learning cycle, they become much more “true to life”. Participants will feel that their experience and expertise matter and are of value in the

training event. As a trainer, this may mean you need to change the way you work from a traditional lecturer – the person explaining the knowledge – to a facilitator who helps people learn.

Someone's learning can also start at any other step than the first one. The most important thing is that participants should actively go through all four. The trainer may decide to start at a different place in the learning cycle²¹. Another reason to sometimes start at another place is because people have different learning styles. Some people might prefer one step of the cycle over the other, as that helps them to learn best. This is what we call a personal learning style²².

Learning styles according to Kolb

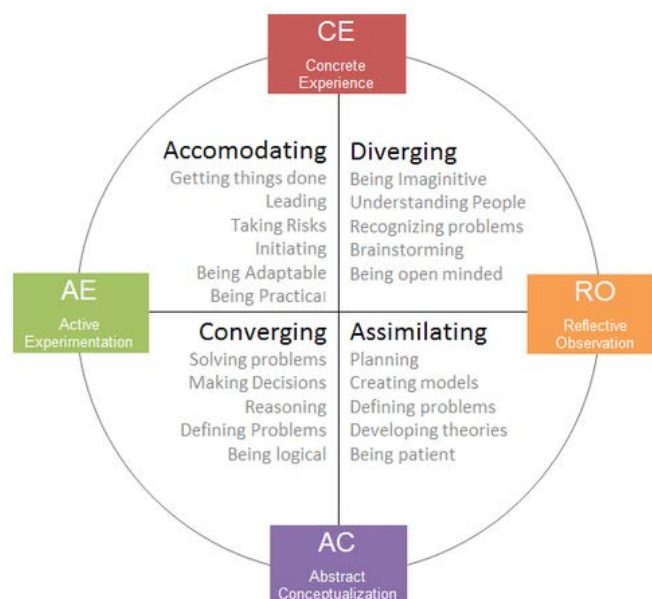
When you learn something new, two things happen. First is the way you explore or approach a new experience. For example, a new smartphone. Some people like to explore something new by feeling. They start to push the buttons on their new phone. They want a concrete experience. Other people like to explore the theory first and will first read the users instructions for their phone. This is called abstract conceptualization.

Second, after someone has explored the new information, they have to apply it. Some people immediately start using their smart phone and trying things out. This is called active experimentation. Other people like to reflect on new information before trying it themselves. They will first watch how other people use their smartphone before applying it themselves. We call this reflective observation.

If you bring these two things onto an axis, you will get a graph that represents the four learning styles. These are:

- **Diverging (the reflector).** Person sees a concrete experience and reflects upon it.
- **Assimilating (the theorist).** Person will easily define a concept on the basis of his or her reflections
- **Converging (the pragmatist).** Person takes the essence of the theory starts applying it
- **Accommodating (the activist).** Person works according to trial and error²⁰.

When participants in a training resist what you are teaching them, it may be that it is because the teaching does not fit with their learning style. Providing them the information in a style that comes naturally to them, may make it easier to accept it. In the table below we present some qualities and pitfalls for each learning style, and typical questions that people may ask that fits with their learning style.



Learning style	Preferred step	Quality	Pitfall	Discourse
Diverging / Reflector	Reflective observation	They are imaginative and are good at coming up with ideas and seeing things from different perspectives.	Little action, and more thinking than acting	Why do you do it like that? How do you do it? What I find striking is..
Assimilating / Theorist	Abstract conceptualisation	They are capable of creating theoretical models by means of inductive reasoning	Less oriented towards people and practical application	I think... Do you have an article or book about it? Is it always the case?
Converging / Pragmatist	Active experimentation	They are good at making practical applications of ideas and using deductive reasoning to solve problems	More attracted to technical tasks and problems Reluctant in dealing with emotions or interpersonal issues	How can I use this in real life? Do you have an example? Can we speed up things a little?
Accommodating/ Activist	Concrete experience	They are good at actively engaging with the world and taking action. They act on their 'gut' instinct rather than on logic and do not avoid risks.	Inpatient. Vocally present. Distracted.	How nice, let's do it! Let's try it out. I think you just have to....

Learning styles can be influenced by the environment. In school a person has been trained mainly to adopt the learning style of diverging and assimilating, but working in a business it is more important to adopt the learning style of converging and accommodating. On the other hand, one might also choose a job in correspondence with one's learning style.

When working with groups it is not very common to come across people with the same dominant learning style.

Tip: Ensure that **all steps of the learning cycle** are covered. Also, **vary with the first step of the learning cycle** in the training sessions in order to tailor to the different learning styles of people. Start sometimes with concrete experience, other times with reflective observation, and so on. This will also help you as a trainer to avoid the pitfall of organising the course according to your own preferred learning style.

Learning styles according to Fleming and Mills

There are also other ways to categorize different learning styles. For example, Fleming and Mills use the VARK (Visual, Auditory, Read/write and Kinaesthetic) model. They say that there are four types of learners. Visual learners have a preference for seeing as they think in pictures. Auditory learners best learn through listening and participating in discussions. Read and write learners are best helped with PowerPoint presentations with words, documents and taking notes. Kinaesthetic or tactile learners prefer to learn via experience-moving, touching and doing²³.

Tip: As a trainer you need to prepare your training in such way that the used training techniques are supportive to the learning styles of the participants. Vary in the type of training activities you use and **activating different senses** to keep participants engaged. Using different senses will also benefit persons with sensory disabilities a lot in being successfully included in the training. But look into individual needs and **adjust the use of the styles**. For example, with visuals give audio sub-titling for persons with a visual impairment, with a kinaesthetic style make sure that persons with a physical impairment can participate, etc.

The text below summarizes the four learning styles, and provides some ideas of how to support people with these different learning styles.



Visual learners:

tend to be vocal, fast talkers, enthusiastic learners with a tendency to interrupt. They often use words and phrases that evoke visual images and love to learn by seeing and visualising.

Strategies: use demonstrations and visually pleasing materials, colour coding, graphs, diagrams, mind maps that can engage and help to visualise content in a variety of methods.

Auditory learners:

tend to speak more slowly and are natural listeners. They often think in a linear manner with excellent ability to recall discussions – prefer to have things explained and discussed verbally. They learn by listening and verbalising and enjoy debate.

Strategies: provide opportunities for discussions and for verbal introduction of ideas and concepts. Try to ensure that sessions are planned and delivered in an organised, logical manner with a clear direction and verbal summary of information at key points.



Read-write learners:

prefer for information to be displayed in writing, such as lists of ideas. They emphasise text-based input and output. They enjoy reading and writing in all forms and tend to prefer quiet self-study. This learner type is often associated with more traditional teaching methods.

Strategies: provide reading and text based materials that participants can pre-read or use as a reference. Include exercises to research and process written materials, including diagrams, checklists, and charts. Try to identify read-write learners as they can be a great resource in group work that requires use and analysis of texts.

**Kinaesthetic learners:**

tend to be natural doers, are active and prefer to learn by doing: problem-solving, discovery, trial and error, using all their senses to engage in learning.

Strategies: include practical participatory problem solving exercises, hands on demonstrations, use of case studies, role plays and group work.

1.3 BRAIN BASED LEARNING

Another theory about how people learn is called brain based learning²⁴. This theory is based on how the structure and function of the brain works.

For trainers a very important question is how to best link up with the natural functioning of the brain in order for learning to be understood and practiced. Understanding how the brain learns will enable trainers to take this into account when designing and implementing training courses.

The underlying concept

The underlying concept of brain based learning is that “Learning is the formation of strong and extensive neural networks.”

The human brain has many nerve cells called neurons. They receive information from other cells. They also process signals and send them to other cells. When a nerve cell is stimulated by new information and experiences, it grows a branch. This is called a dendrite. Dendrites are the major receptive surface of the nerve cell and form the neural networks in our brain. Information is passed on from one cell to the other through neural networks which exist of tiny gaps called synapses or through axons, a direct connection between dendrites. Chemicals called neurotransmitters cause signals to flow from one neuron to the other. This electrochemical process between cells is the basis of all human behaviour. Every time we speak, move, or think, electrical and chemical communication is taking place between tens of thousands of neurons^{25,26}.

A pattern of cells communicating to each other only remains coded shortly in our memory. However in (constant) use, you strengthen this network and it might become a more permanent pattern. Frequently used, a neural network sprouts new axons, dendrites and synapses, and it is extended; with impoverishment, you lose axons and decrease networks²⁵. This is called the plasticity of the neurons. Throughout life, the brain constantly “re-constructs” itself in order to cope with ongoing changes in our environment²⁴.

The above has practical implications for trainers. A first one is linked to motivation to learn and a second to the process of learning.

Information flow through neurons

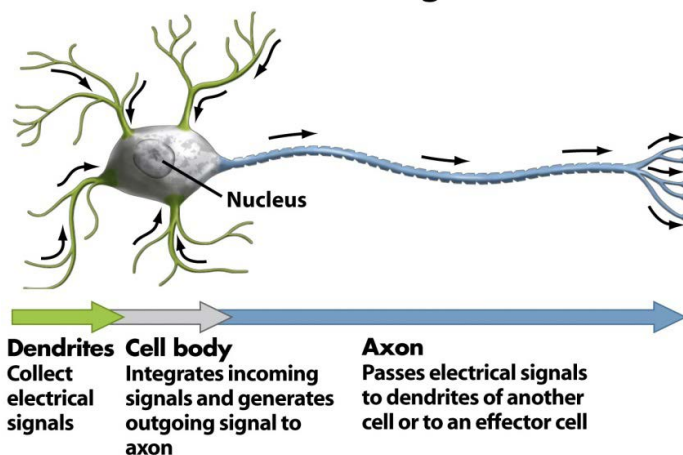


Figure 45-2b Biological Science, 2/e
© 2005 Pearson Prentice Hall, Inc.

Motivation to learn and 'mind-set'

The way in which people see the ability to develop their own skills and abilities is ones 'mind-set'. A first implication of the plasticity of the brains is that humans have a huge capacity to develop qualities, skills and intelligence.

Researchers estimate that between 40% and 80% of people's capacities is genetically determined. However, this does not mean that everybody will develop his or her talents. This depends partly on the environment and people's 'mind-set' about their ability to develop²⁷.

Mind-set is a simple idea discovered by Stanford University psychologist Carol Dweck. Carol Dweck showed that mind-set will to a very high extend determine how people will develop themselves and be successful or not. She distinguishes between a fixed mind-set and a growth mind-set.

In a fixed mind-set, people believe their basic qualities, like their intelligence or talent, are simply fixed traits. They also believe that talent alone creates success, without taking any effort to develop it.

In a growth mind-set, people believe that their most basic abilities can be developed through dedication and hard work—brains and talent are just the starting point.

People may not be aware which mind-set they use, but this can be seen by their behaviour. It is most evident in how people react to failure. If you have a fixed mind-set, then you will be afraid of failure because it means that your basic abilities are not good. People with a growth mind-set do not mind failure. They see it as an opportunity to learn and improve their performance. They say "Practice makes perfect."

Teaching a growth mind-set creates motivation and productivity. Making people aware of the fact that the brain can develop will

help them to shift from a fixed mind-set to a growth mind-set. The mind-set of a participant in the training can also positively be influenced by the mind-set of the trainer²⁸.

Tip: As a trainer it is useful to check what your own mind-set is. A trainee will unconsciously pick up whatever you think about them, which influences their motivation to learn. In addition to this, the mind-set of trainees is can be strongly influenced by the way you provide feedback. Trainees perform better when they are praised for their effort (and not on their intelligence). Giving feedback in such a way will encourage perseverance²⁸.

Brain based learning principles

"Don't use it and you will lose it". This is the second implication of the plasticity of the brains. The ambition of each trainer should be to make neural networks as extensive and strong as possible. There are six brain-based learning principle which explain how trainings can be designed to make neural networks strong²⁷.

These six principles can be used by the trainer as a checklist to verify whether all opportunities are used to make new insights stick. It is a trainer's job to assure that the brain is stimulated as much as possible so that the participants can adopt the learning most effectively.

Principle 1: Use emotion

Learning and remembering is easier when emotions are involved. A trainer should make the learning new and exciting. Emotions release neurotransmitters which pass on signals from one neuron to another. This then makes neural networks stronger.

People learn best when the challenge is big and the stress is not too high (but also not too low). When the stress is too high, there is a physiological response to the threat. People also feel helpless and tired. This prevents using reflective, creative and complex thinking. 29.

Tip: As a trainer, avoid real stress but provide unexpectedness and trigger the curiosity of your trainees so that new and strong neural networks are created.

Principle 2: Assure repetition

Repetition and practice are crucial to create new and strong neural networks. This is similar to small paths in mountains or through pastures that become visible by their frequent use by animals or people. These turn into small lanes and finally become a road due to intensive use. The brain works in the same way. Every time neurons communicate they become more connected. Remember: spreading the same message over time is more effective than presenting everything at the same moment. Give the brain some time to let it sink in, otherwise it gets overloaded.

Repetition could also be provided by giving the good example as a trainer. The neurons that communicate with each other when a person does something, also communicate when a person sees somebody else doing the same thing. The action of the other person is mirrored in your brain. A very well-known example of mirror neurons at work is that when someone yawns, it makes you yawn as well.

For new complex learning, it is important to keep on using it in an active way for at least 6 weeks in order to make the learning stick. This can be rather a challenge (but not impossible) for a trainer when the training lasts only for a week or less and the contacts with trainees afterwards are few. It does however highlight the importance of follow-up.

Tip: Assure that participants repeat a new message a few times during the day or the week. Hereby it is important to not 'just' repeat exactly the same words but to use variation in the way the message is recalled.

Principle 3: Make it sensory rich

One image says more than a thousand words... Images often are better remembered than words, especially faces. To process information brains use different locations. By offering information through different senses, several neural networks are activated at the same time. Thereby more 'entry points' are created for the information, more possibilities to add on to the information and more possibilities to recall the learning afterwards.

Tip: A training is more effective if the delivery mode of training is not only PowerPoints with texts. It means that images, play, drawings, stories, music and films should also be used, whenever possible.

Principle 4: Focus

A trainer should make a course as outcome and context oriented as possible. Giving attention to something will make the neural network grow. The better people focus the better people learn, understand and recall. The more attention the brain gives to an experience the better the experience can be processed and remembered.

A trainer needs to use examples that are closely linked to the context of the participants of the training. Then it will be easier for them to imagine or visualise how they might use the insight in their situation. For example: basic facilitation skills are quite generic. But if a trainer uses examples from a commercial and corporate context while the trainees are civil servants or employees of NGOs it will be harder for them to recognise the usefulness of the skills or imagine themselves using the skills. It is also useful to realise that at first instance the context (the physical space, emotions, dress code) is unconsciously linked to (the content of) a new learning. This provides an opportunity for the trainer to make use of the 'extra' association to recall the learning.

In order to focus, it can be very helpful for the participants of the training to think about how they are going to use the new insights or to visualise the outcome. They should imagine themselves using the new skill, attitude or knowledge. In top sports, visualisation has been used already for a long time. Looking at a role model can also be very helpful. Therefore setting a good example as a trainer will also help to make things as real and concrete as possible.

Tip: As a trainer, increase focus by creating personal learning objectives of training participants and having context specific examples, as well as using visualisation and role modelling.

Principle 5: Encourage creation instead of consumption

The brain likes to create rather than consume. The brain is formed to order information itself and to recognise meaningful patterns. Giving meaning to something triggers extra neurotransmitters which again reinforces the neural networks. In addition, it permits training participants to use their own existing associations based on former experiences and knowledge which will again help to make new insights sink in better.

Tip: Trainers should enable and encourage trainees to discover things themselves, exchange experience and work actively. This does not imply that a certain amount of time for knowledge transfer (sending) is not effective. This might be very useful to provide basic knowledge to get started.

Principle 6: Build on existing knowledge

It is important to link new knowledge to already existing knowledge. The brain always builds on already existing experiences and associations. Making this link between new and old experiences explicit will make new learnings easier to recall. In some cases old and new insights might be conflicting. In such a case it is more difficult to make new things stick.

Tip: It is important to take time to examine the 'old' information people have and compare it with the 'new' learning. Differences need to become explicit to dissolve the incoherence. Especially when it comes to disability, this is of vital importance. This is because in the old way of thinking, people often have negative associations of persons with disabilities. New ways of thinking will not replace this association if the difference between the old and new way of thinking is not discussed openly.

Summary

Designing and conducting effective trainings cannot be done without making use of the knowledge how brains learn. We can conclude that learning is about forming strong and extensive neural networks. This means that trainers should make sure that participants are motivated, have fun and that insights endure. This can be stimulated by:

- Increasing motivation to learn by influencing the mind-set of trainees. This is done by creating awareness of the fact that brains can develop, and giving growth-oriented feedback.
- Using the six brain-based learning principles as a practical tool to plan and verify the attractiveness and 'sticking factor' of a training. Remember: using all six, will fix!

1.4 LEARNER-CENTRED LEARNING

The learner-centred learning theory is about self-directed learning and informal adult education³⁰. In teacher-centred education, teachers are responsible for making decisions about what will be learned, how and when. The theory of learner-centred education says that learners are aware of their abilities and experiences, but need others in order to engage in the learning process. This means that^{31,32}:

1. Learning is a process that lasts throughout the entire life span of most people, and never stops.
2. For optimal transfer of learning, the learner must be actively involved in the learning experience, not a passive recipient of information.
3. Each learner is responsible for his or her own learning.
4. The learning process has an affective (emotional) as well as an intellectual component.
5. Adults learn by doing: they want to be actively involved. If an adult learner can perform the task him or herself, the learner should be given the opportunity to do it, even if it takes longer than with professional help.
6. Problems and examples must be realistic and relevant to the learners.
7. Adults relate their learning to what they already know. As a trainer, it is wise to learn something about the backgrounds of the learners and to provide examples that they can understand in their own frames of reference.
8. An informal environment works best. Trying to intimidate adults causes resentment and tension, and these inhibit learning.
9. Variety stimulates. It is good idea to try to appeal to all five of the learners' senses, particularly to those aspects identified by neurolinguistic programming: the visual, the kinaesthetic, and the auditory. A change of pace and a variety of learning techniques help to mitigate boredom and fatigue.
10. Learning flourishes in a win- win, non-judgmental environment. The norms of a training setting can be violated by tests and grading procedures. Checking up on learning objectives is far more effective.

Tip: The training facilitator is a **change agent**. The trainer's role is to present information or skills or to create an environment in which exploration can take place. The participants' role is to take what is offered and apply it in a way that is relevant and best for them. The trainers' responsibility is to facilitate. The participants' responsibility is to learn.

1.5 Synthesis

These are three different theories on how people learn, and combining the best of all three in your work gives the highest chance of a successful training.

The experiential learning theory focuses on the process of learning. The different steps of the experiential learning cycle can be used as a framework to design the training.

The brain-based theory helps you enhance your skills and attitude as a trainer. It shows that the setting in which a person learns is important to make sure that training objectives are met. The learner-centred theory also says that learning is an ongoing process, and happens best in an informal and safe setting, avoiding the classroom idea or other intimidating environments.

The brain-based learning theory helps improve a trainers' presentation skills. It also gives tips on how to be a role model and how, why and when to use (creative) training techniques. It also provides arguments for trainers to base their attitude on a growth mind-set.

Both the learner-centred theory and the brain-based theory say that:

- Motivation is essential for people to learn.
- Learning is emotional. Involving emotions will help people learn better.
- A variety of training techniques should be used to involve the different senses that people have.
- Feedback is important. Effort should be praised and judgement should be avoided.

All three theories say that the learner needs to be **actively involved** in the learning process. Also, there needs to be a link between the topic and the experience of the participant, and the subject needs to be relevant to the participant.

2. THE TRAINER: WHAT MAKES AN EFFECTIVE TRAINER?²³

2.1 PERSONAL REQUIREMENTS

What a trainer is like personally is very important in making the training he or she gives effective. It is therefore important to pay attention to the trainer as a person who interacts with others. The trainer should strive to be a person who generates enrichment rather than a person who extracts nourishment from others. Trainers should focus on giving training participants opportunities to grow as individuals. A training can then serve as an event where counselling, personal growth, consciousness raising, value clarification, sensory awareness, and other experiences is possible. In addition to the training content, the intent is to help participants to experience themselves and others in a meaningful way.

Four characteristics of a successful trainer:

- **Ability to feel empathy** for another person. Of course, we never can fully experience someone else's situation, but it is crucial that a trainer tries to see things from another person's perspective.
- **Ability of acceptance**, allowing that another person is different, has a different set of values and goals, and behaves differently.
- **Being authentic**. Authentic people are aware of what they are doing and feeling and are able to communicate these to others.
- **Being flexible**. A healthy and mature person is flexible. He should not be dogmatic or authoritarian. A good trainer should be able to adjust to another person.

Tip: If trainers have these personal attributes, then just being around the trainers makes participants feel good. This can be easily observed during training programmes, for example during the coffee or tea breaks or lunches.

²³ Adapted from Facilitator Effectiveness. Taken and adapted from Pfeiffer, J.W., & Ballew, A.C. (1988). Presentation and evaluation skills in human resource development (UATT Series, Vol. 7) San Diego, CA: Pfeiffer & Company. And adapted from MDF (2015). Inventory of trainers competencies.

2.2 PROFESSIONAL REQUIREMENTS

Trainers also need to have a strong professional basis. The following qualities are important.

Conceptual knowledge

It is important that the trainer masters the content of the training, however they do not always need to be subject specialists. In addition he or she has a solid understanding about individual people, groups, and facilitating techniques.

- Learning theories. Trainers need to be able to understand how and why people (want to) learn.
- Group dynamics. A thorough knowledge of group interaction and dynamics is required to be able to understand how groups develop and how members relate to one another.
- Facilitation techniques. Knowledge of when and how to use techniques such as structured experiences and assignments, brainstorm and feedback instruments, verbal and nonverbal interventions.

Skills

Key skills are grouped in four categories:

- Facilitation skills: ability to facilitate learning processes by using the learning cycle, identifying learning objectives, applying different facilitation styles to accommodate learning styles, manage group dynamics and stimulate collaboration, ability to create an inclusive and accessible learning environment where all feel welcome and appreciated
- Communication skills: ability to listen, to express (verbally and non-verbally), use the language of the participants as much as possible (if needed with an interpreter), to observe, to respond to people, to intervene artfully in the group process.
- Presentation skills: ability to present in a way that participants are able to follow, but yet learn something new, to present information in a precise way with plain language.
- Organizing skills: ability to reserve and take time to thoroughly prepare the training, ability to manage time during the training, arrange logistics around venue, food and training materials. When unexpected things happen the trainer is responsible for the learning process and the participants, and needs to be able to take action.

Tip: Training is all about understanding and interacting with people. Increase your conceptual knowledge and train your skills as a trainer so that you can take the participants and their needs and expectations into consideration.

2.3 SUPPORTING QUALITIES

It is important that a trainer knows the material that they are training other people on. However, in order to make sure that the training goes well, the training also needs to have several other qualities to support the participants to learn the best that they can³³. There are four key qualities a trainer should have in order to support their work as trainer:

- **Emotional stimulation.** A trainer should be expressive and take care of the emotions that are in the group. This includes personal attention for the emotions of the trainees.
- **Caring** is evidenced by the development of specific, warm personal relationships with group members. These relationships are characterized by understanding and genuineness.
- **Meaning attribution** is achieved by the trainer providing explanation to participants about why things happen or are what they are, how it can be done, and what is needed. As a functional skill, it means giving meaning to experience.
- **Executive functions** are the skills needed to manage the training. This includes qualities such as stopping the action and asking participants in a group to process the experience, or suggesting roles and procedures for participants to follow.

In the table below a number of behaviours of trainers per function are listed.

Supporting Qualities of the Trainer

Emotional stimulation	Caring	Meaning attribution	Executive function
Challenging Catalysing interaction Energizing Releasing emotion	Accepting Understanding Supporting Modelling warmth	Reflecting Interpreting Explaining Labelling Linking	Gatekeeping Setting standards Directing discussions Arranging logistics

Tip: In general trainers tend to focus a lot on the executive functions of the training and the content, but trainers should give **equal importance to the soft side of the training process** (emotional stimulation and caring) to be effective.

2.4 PERSONS WITH DISABILITIES AS (CO-) TRAINERS

During trainings on the rights and needs of persons with disabilities it is important that one of the trainers is a person with a disability. There are a number of reasons:

- **In-depth experience.** Persons with a disabilities have sometimes lifelong experiences of living with a disability, and can draw on a tremendous amount of personal examples of exclusive (and inclusive) behaviour. This varies from stigmatizing, building inaccessible buildings, to not being invited for meetings. This makes the reflection process for participants more effective.
- **Role model.** Persons with disabilities as trainers are a statement in itself. Most participants would not expect that, but it brings immediately in practice what disability inclusion is about: equal opportunities for everyone, so that a trainer can also have a disability indeed. This is a powerful message and helps participants of the training to visualise that persons with disabilities can be included.
- **Challenging current thinking and values.** Exclusion is caused by inequality, which in turn is the result of negative perceptions and values towards disability. Most of these perceptions are unconscious but do need to be made explicit to be addressed. It is easier accepted of trainers with a disability to bring these discussions to the table. And it is vital that this is done, because otherwise the incoherence between the old and new thinking on disability continues, which means that new thinking will not be completely embraced.
- **Nothing about us without us.** In the disability movement the phrase “nothing about us, without us” is common. It means that persons with disabilities should be talked with and be part of decision-making processes, instead of being talked about. Because when persons with disabilities are being talked about, they are still excluded and are not able to influence discussions. Persons with disabilities as (co-)trainers can give meaning in discussions and reflections and highlight the values of inclusion, dignity and respect. For participants with a disability it is also assuring to know that their needs and ideas are being welcomed.

However, being just a person with a disability is not enough. The personal and professional requirements of a trainer also apply to trainers with a disability!

Having a trainer with a disability is the ideal. However, it is not always possible. Also, it is important to be aware of tokenism and other issues that might undermine the training or the trainer.

Tip: When a training is facilitated by a team of two trainers, of which one has a disability, sufficient **face-to-face time** is needed for the trainer team to work together on common curriculum, become familiar with each other, assess understanding of disability rights and training styles, as well as clarify roles and responsibilities.

2.5 ASSESSING AND DEVELOPING TRAINER COMPETENCIES

Below is a table which can help to assess the competencies of the trainer²⁴. It measures both personal and professional requirements. It is intended to be used as a self-assessment. The assessment measures two things. First it asks how well a trainer performs on a certain competency. Then it also asks how satisfying the competency is for the trainer – that is how much the trainers loves to do the task. The assessment is not related to specific training content, as the content can change per training.

Trainers competencies	Performance				Satisfaction			
	Excel- lent	Good	Aver- age	Poor	Love to do	Nice to do	Rather not	Not at all
1. Assessment of training needs								
Does organisational analysis to determine performance gap								
Does task analysis to determine performance gap								
Identifies what (training and/or other activities) should be done to bridge the analysed performance discrepancies								
Identifies training needs and target group of training								
Identifies individual learning needs								
Has constructive contact with the client in analysing training needs								
2. Development of training curriculum								
Develops training objectives based on training needs assessment								
Writes training proposal based on training needs assessment								
Makes a realistic design based on the vision of the management and the learning interest of the targeted staff								
Develops training sessions following the experiential learning cycle								
Discusses with the client the training objectives and design								

²⁴ MDF. (2015). Inventory of trainers competencies.

Trainers competencies	Performance				Satisfaction			
	Excel- lent	Good	Aver- age	Poor	Love to do	Nice to do	Rather not	Not at all
3. Preparation skills, methods and materials								
Clear and structured trainers' notes are prepared								
Is able to handle the required logistics well								
The content is geared towards the audience								
Uses a variety of (VARK) techniques								
Involves participants experiences								
Uses training material that is appropriate for the group								
Handouts are prepared and adequate								
Arranges training room well, and ensures accessibility								
Prepares an evaluation								
4. General communication skills								
Listens actively								
Speaks audible and well-articulated								
Uses appropriate body language and space/distances								
Maintains eye or tactile contact with the audience								
Holds the attention of the audience								
Honours the time planning								
Asks open and focused questions								
Responds appropriately to questions								
5. Use of visual aids								
Writes clearly (readable, large enough, use of colours)								
Uses a variety of clear and appealing visual aids								
Attaches relevant meanings to colours and shapes								
Is clear on ownership and reasons for moving cards in a workshop setting								
Provides audio description with visuals.								

Trainers competencies	Performance				Satisfaction			
	Excel- lent	Good	Aver- age	Poor	Love to do	Nice to do	Rather not	Not at all
6. Lecturing (content) related skills								
Introduces the subject properly								
Explains objectives of the training clearly								
Explains relation with other course content clearly								
Explains content clearly								
Can relate own experiences to the subject								
Checks understanding								
Gives clear instructions for assignments								
Checks whether content is understood								
Achieves the set objectives								
Takes sufficient time for translation and checks on quality								
7. Facilitating discussions								
Sets objectives of the discussion								
Encourages questions								
Acknowledges answers								
Asks relevant questions								
Distinguishes facts from opinions								
Summarises and concludes								
Is able to cut sidetracks and whispering								
Remains focussed on the main issue								
Handles silence during discussions								
Encourages participation & brainstorming in beginning								
Manages differences and consensus building								

Trainers competencies	Performance				Satisfaction			
	Excel- lent	Good	Aver- age	Poor	Love to do	Nice to do	Rather not	Not at all
8. Relation with the group								
Builds rapport with the group								
Creates a relaxed atmosphere								
Shows enthusiasm and enjoyment								
Shows interest in ideas and opinions expressed								
Handles cultural differences appropriately								
Demonstrates gender awareness								
Demonstrates disability awareness								
Handles other people's emotions well								
Handles concerns of participants								
Shows interest in others feelings and interests								
Conveys others feeling verbally								
Deals effectively with complains								
Handles conflicts appropriately								
Shows self-confidence and appropriate assertiveness								
Can express doubts and lack of knowledge								
9. Self-management								
Acknowledges own limitations								
Uses intuition								
Handles own emotions								
Evaluates own training skills								
Learns from mistakes								
Accepts critical feedback								
Offers constructive feedback								
Asks timely for assistance								
Says "no" if appropriate								
Learns and uses new knowledge								

Trainers competencies	Performance				Satisfaction			
	Excel- lent	Good	Aver- age	Poor	Love to do	Nice to do	Rather not	Not at all
10. Flexibility								
Handles fast changing situations								
Handles feelings of insecurity								
Modifies course according groups ability/wishes								
11. Evaluation								
Carries out systematic evaluation of the training of course content, the curriculum and you effectiveness as a trainer								
Write reports of training for the client								
12. Follow up								
Provides follow up opportunities in discussion with the client								

Based on the self-assessment above, the trainer can plot his or her competencies by using the next table. In the table a description is given with recommendations what to do with those competencies.

Trainers competencies		Performance			
		Excellent	Good	Average	Poor
Satisfaction	Love to use	All skills mentioned in this area are skills that come naturally. They are a part of your personality; foster them. Tip: Use them especially in difficult circumstances.		For skills in this area it will not be difficult to motivate yourself to work on these. Tip: You can schedule the development of these skills even when you are very busy with other issues.	
	Nice to use	These are skills that are part of your routine. Tip: Maintain them, they can come in handy.		These skills provide a challenge for you. Tip: You will have to set time and energy to develop these competencies and make a deliberate attempt to work on them.	
	Rather not use	The skills mentioned in this area provide a potential conflict with yourself. You possess the skills, but actually do not enjoy using them. This means there is a burn out risk. You are doing work; using skills that do not give you pleasure. This provides extra strain and stress. Tip: Team up with a co-trainer with those skills.		Skills that end up in this area, are still necessary skills for a trainer, but you will have great difficulties motivating yourself to acquire them. Tip: Team up with a co-trainer with those skills, and follow coaching to master these skills.	
	Use not at all				

Tip: A systematic self-assessment provides a good basis for developing a plan and taking action to improve the trainer's competencies. It is even more effective to discuss the self-assessment **with experienced trainers or a coach** and consult them prior to making a plan of action.

3. THE TRAINING: HOW TO ORGANISE AN INCLUSIVE TRAINING?

3.1 TRAINING PLANNING METHODS

Knowing how people learn and what makes a great trainer is not enough to make a great training. The following methods²⁵ help to think through how to organise and give structure to a training:

1. The Jane Vella 8 step design process
2. The Robert Chambers 21 questions
3. The MDF 6 steps planning

Method 1: Jane Vella 8 step design process

The Jane Vella 8 step design process uses 8 key questions to find information:

1. **Who?** Who is going to be trained?
2. **Why?** Who are the people to be trained? What is the current situation that needs to change?
3. **So that?** What is the anticipated change? What will be different after people have been trained?

Only after the first three questions have been answered sufficiently, continue with the remaining five questions.

4. **When?** When is the training taking place and for how long?
5. **Where?** Where does the training place, in which location?
6. **What?** What is the content of the training?
7. **What for?** What will the trained people be able to do differently? How is follow-up ensured?
8. **How?** What training techniques are being used to stimulate learning and reflection during the training?

When all the key information is available the practical planning can start.

Method 2: Robert Chambers 21 questions

The 21 questions to ask promote reflection on the role of the trainer.

1. Why? What is the purpose of the training? Who determines this? What experience, sharing, analysis, learning or other end is sought?
2. How does it fit? How does this training fit into the longer term process of learning and change? If there is no such long term processes should you undertake it at all? Or should you negotiate with the sponsors/organisers for greater commitment? Is there strategic value in continuing?
3. Who and how many? Who will the people be? How should they be selected and against what criteria? How many should/or will there be?
4. What expectations? What will they expect? How can you find out? How will you manage conflicting expectations?
5. How participatory? What sort of process? How participatory can and should it be? How much can participants do themselves? Where is the voice of women and men, and if appropriate girls and boys with disabilities in the process? Have you planned to ensure processes are fully inclusive?

²⁵ The methods of Jane Vella and Robert Chambers have been described by Kathy Al Ju'beh in CBM Disability Inclusive Development Toolkit, Chapter 4 on Inclusive facilitation and training (Jan 2015). <http://www.cbm.org/Publications-252011.php>.

The 6 steps planning process comes from MDF's course material: The six steps of the training cycle.

6. What is your part? What is your role, contribution: trainer, facilitator, co-learner? What dynamic (positive or negative) might you bring to the event?
7. Who else? Who else could, should or will help, take part or co-facilitate? What role have people with disabilities played/will play in the process?
8. Where? What venue should be sought, against what criteria? Have you ensured it is fully accessible, conducive to learning and appropriate in terms of costs/supporting local development?
9. When? When should it be? How long should it take? What should the timetable be for preparation? Are there adequate breaks?
10. Finance? What will it cost and who and how will it be paid for? What allowances, if any will participants expect and receive? And who will pay for these? Has there been adequate provision of reasonable accommodation and other accessibility requirements? Are the costs barriers or incentives – in line with real commitment to disability inclusion?
11. Programme? With whom, where, when and how should the programme be planned? Who should be consulted? Have women and men with disabilities been meaningfully involved? Is it strategic to involve community, government, donors?
12. Languages? What languages will be used? Who may be marginalised by language? What can be done about it? Are interpreters, sign language interpreters needed? Are easy read, or supported assistance/ diversified support required?
13. Who? – but not a facilitator and not a participant – will handle travel and logistics? Are extra staff/volunteers needed? Who will provide this?
14. Materials and equipment? What will be needed – materials, equipment, transport, reasonable accommodation, alternative formats etc.?
15. Participants' preparation? What should be sent to participants in advance? What should they do in advance?
16. Local liaisons? Do arrangements need to be made with a local partner/ administration, local communities, DPOs, or other organisations? Who should make these? Are practical exposure visits required/desirable/ appropriate?
17. Outputs? What outputs will there be? A written record, a report? A video? Notes? If so, who will be responsible and what will be the later value, circulations and use of the output(s)? Who will own and use these outputs? Will they be available in accessible formats?
18. Follow up? What follow up can and should there be? With participants? With their organisations? Locally with administration? Communities and organisations? Head offices? And/or others?
19. Your preparation? What do you need to do to prepare? When and how can you do this? What help do you need?
20. Flexibility? what is best left unplanned? Have you over planned? Have you left spaces for creativity and participation and ownership by participants/partners?
21. What is missing from this list? What else should you be thinking about and preparing for? Ask a colleague who is not involved

The 21 questions may feel a bit overwhelming, but in preparing training programmes, these questions will need to be answered explicitly or indirectly.

Method 3: The six steps of the training cycle

This methods organises the planning of the training in six steps, and gives a checklist per step.

Step 1: Situation analysis. The purpose of a situation analysis is to assess the need for training. This can be at individual level as well as at organizational level. A situation analysis allows to assess whether the training programme is feasible with regards to availability of resources (human, financial and material) and logistics.

Checklist:

- Collect background information:
 - What are the most important difficulties that people encounter?
 - What are people able to do, what not?

- Discussions with staff (individuals/groups, all levels) and other people engaged in (similar) training programmes (Ministry, NGO'S)
- Reports (Ministry, NGO's, donor organisations, etc.)
- Observation of people (individuals/groups, all levels), and of work situation
- Determine whether training is the solution. Is training the most appropriate answer to the problem? If so, why?

Step 2: Design of the training. Consider the principles of adult learning and pay attention to training techniques.

Checklist:

- Consider the need for a training contract
- Choose the trainers
- Clearly identify the group(s) of participants to be trained and define entrance criteria
- Define the overall training objective
- Plan for learning assessment and evaluation
- Decide on the contents of the course (curriculum)
- Formulate learner objectives for each session
- Establish measures to ensure that participants with different needs can participate
- Design detailed sessions, indicating the training methods
- Consider a pre-test or questionnaire to ascertain the level of existing knowledge.
- Plan the date and length of the course
- Establish the budget
- Develop a logistics plan for training
- Investigate collaboration (exchange of resources, materials, trainers, curriculum, recognition of the course, certificate)

Step 3: Preparation. Ample time must be allowed for this stage as preparation is a very time-consuming process! This is often underestimated, but is essential for an inclusive and quality training.

Checklist:

- Use local sources and resources to the maximum
- Plan the timetable (including evaluation)
- Decide on suitable teaching methods (Knowledge/Skills/Attitude)
- Prepare lesson plans
- Prepare checklists of sub-tasks
- Order teaching materials
- Prepare training materials (visual aids, readers, handouts, etc.)
- Translate teaching materials if necessary, also provide in accessible format
- Take measures to ensure that persons with different needs are taken into account, for example for persons with disabilities that could imply that the venue is accessible for wheelchair users, training materials are made available in braille, or a sign language interpreter is contacted
- Prepare training logistics (venue, tea breaks, audio-visual equipment)
- Consider certificates
- Consider payment/incentives/per diem's (depending on local situation)

Step 4: Implementation. The actual implementation of the training should be in line with the training objectives. During the training the trainers need to be focused on what participants will be able to transfer to their daily work and life after the training ends.

Checklist:

- Conduct the training event according to the objectives
- Ensure that all persons feel welcomed and can participate equally.

- Explain objectives and set-up of course to participants
- Check expectations of participants and indicate boundaries of the course
- Propose participants to keep a learning logbook
- Ask participants to produce an individual action plan for post-course action within a realistic time frame (commitment/good basis for follow-up)
- Adapt sessions, lessons, topics to monitoring and assessment results (be flexible within your limits)
- Administer a post-test to assess participants' performance, if appropriate
- Evaluation of the lessons by participants (module, mid-course, end of course)
- Self-assessment by the trainer during and at end of training event (feedback, checklist, colleague, observer)

Step 5: Evaluation. Evaluation is the quality control part of training. It provides feedback on the trainer's performance, the quality of the design and the delivery of training activities. Evaluation is necessary to improve the trainer's performance, participants' learning and the training itself. Evaluation should be done at the end of the training, but also be done at the end of the day.

Checklist:

- Practice self-evaluation during and after each session, day or training event (feedback, checklist, colleague, observer)
- Ask participants to make a written and/or verbal evaluation of the session or course (module, mid-course, end of course)
- Administer a post-test to assess participants if appropriate
- On completion of the training the participants' progress can be observed during their daily work.
- Discuss trainees' progress with participants/trainers/supervisors/target group
- Write an evaluation report

The outcome of evaluation should show whether the objectives have been achieved and if not, why not. Conclusions could then be drawn if the training programme needs to be modified and recommendations be given how the training programme should be changed.

Step 6: Follow-up. It is important to establish a personal action plan for post-course follow-up action within a realistic time frame.

The purpose of follow-up is:

- to observe the progress of trainees in their daily work environment
- to monitor whether trainees apply the skills they have acquired during the training
- to determine additional training needs
- give relevant feedback
- discuss with trainees/colleagues/supervisors and target group of trainee.
- determine additional training needs (and restart training cycle).

Tip: All three methods to plan a training can work and it depends on personal preferences which methods appeals most to the trainer. The first method of **Jane Vella** is very concise with only 8 basic questions and is very appropriate for **short training programmes**. However, when all questions are answered, the actual planning still needs to take place. The same counts for the method of **Robert Chambers** with his 21 questions. Taking his more extensive list will be most useful in preparing **longer training programmes** of a few days. The **six steps of the training cycle** method is practical in defining chronological steps of planning. That method is good to follow when there is already a **fairly good understanding of what the training should look like**.

3.2 KEY POINTS IN CREATING AN INCLUSIVE LEARNING ENVIRONMENT

Under the how-to pages a short checklist has been provided to help people to make meetings accessible and inclusive. However, a more comprehensive checklist is needed for a training on disability inclusion, because a trainer who provides training on disability awareness and disability inclusion needs to provide an example of inclusive training itself. During a training on disability inclusion, it is highly likely that persons with disabilities will also participate in your sessions. In order to ensure that they, too, can fully benefit from and participate in the training, it is important to be sensitive to the different needs and abilities of your participants. This is not just of benefit for people with impairments! People who cannot read may benefit from oral explanations which you provide for people with visual impairments. People who are sick, old or pregnant may benefit from ramps and other provisions for persons with mobility impairments.

Checklist²⁶:

1. Meetings, presentations and discussions

- Good diversity and representation of people with disability requires sufficient time to make preparations;
- Consult participants before the event to understand everyone's needs;
- Create an open, honest and enabling atmosphere where everyone can express themselves, and for people to repeat and get used to different styles of communication, accents etc. Then people will feel more inclined to share their accessibility needs and feel comfortable when communicating;
- Provide preparation time and support for participants to develop their presentations or arguments;
- Provide information and training on accessible communication;
- Provide a range of communication formats so that everyone gets a chance to communicate in some way. For example, if you have a picture, explain what can be seen. Such as: "this is a picture of a woman with sunglasses on – she is blind.";
- Many people have negative ideas about disability. The trainer needs to demonstrate how talking about disability and persons with disability can be respectful. It is important to lead by example and also correct disrespectful talk from the beginning in a neutral way.
- Think about the speed, clarity, volume of your speech, etc.;
- Employ qualified sign language interpreters and language interpreters, rather than relying on participants to interpret for each other. Arrange backup interpreters to be available in case of emergencies or during long events;
- Provide interpreters with papers, data, etc. well in advance so they are prepared;
- Provide accessible travel arrangements; people can only participate in a meeting or event if they can actually get to it;
- Think about physical environments, accessible meeting facilities and accommodation:
 - Make sure that the training room set up allows space for wheelchair access.
 - Check if wheelchair users are able to enter the room and make use of the bathroom.
 - Make sure tables etc. are not too close together, so that the persons are able to move around.
 - Make sure rooms are signed, have sufficient light, space for wheelchair users, and diminish background noise;
- Provide participants with information regarding emergency, evacuation routes and meeting points of the venue;
- Think about timetabling, regular breaks, working days to suit all participants;
- Put plenty of time and effort into planning and organisation before the event – there are lots of little things which can help, or hinder, people's participation and communication.

²⁶ Adapted from: CBM. (2015). Disability Inclusive Development Toolkit

2. Simple language

- Keep documents brief and make sure that the content is well organised;
- Avoid jargon and too many long words;
- Use short, simple sentences because:
 - not everyone speaks your language as their first language
 - not everyone reads, speaks, write or understands things in the same way
 - not everyone is able to or wants to pay attention for a long time
 - it takes longer to read and is harder to browse through a Braille document;
- Sign language is a language in its own right, with regional and local differences, as with spoken languages.
Remember:
 - sign language interpreters need breaks and to be situated in places with maximum visibility, those using sign language interpreters also need good lighting but not with direct sun light
 - make sure there are two sign language interpreters for long meetings and that deaf participants have approved those being employed as meeting standards
 - make sure presenters give sufficient time for sign language interpreters to complete translation and to swap between interpreters on long sessions;
- Don't forget about 'body language' and facial expressions – they are simple but can convey a lot;
- Remember when working cross culturally to be mindful that there is very diverse understanding and acceptance of different gestures/expressions.

3. Written documents

- Consult potential users before producing documents;
- Consider: print size, weight, font, contrast, case, colour, paragraph style, margins, line spacing, shading, paper quality;
- Provide: Braille versions, audiotaped versions, language translations as requested;
- If your presentation will be viewed via projector:
 - ensure that the type size is large enough to read easily, the type should be larger than on printed handouts
 - make sure there is high contrast between the background and the text, the contrast often needs to be more pronounced than on printed material
 - use simple slide transitions or avoid animation-like effects altogether
 - don't overcrowd slides with text. Three to seven bullet points per slide is a good guide
 - make sure video captions and audio transcription are available
 - use Alt Text to explain pictures, images, graphics, graphs, tables and flowcharts, so that a screen reader can access them.

4. Planning and financing

For documents you will need to budget for the following potential requirements:

- Braille
- Audio cassette
- Large print
- Easy read versions
- Language translations
- Usual production costs (proof-reading, design or typesetting, printing).

For meetings you will also need to budget for:

- Sign and other language interpretation
- Personal assistants who may assist participants with disabilities
- Facilities, equipment, modification and accessibility adjustments to the venue
- Support staff to help with logistics and documentation.

Tip: Refer to this checklist regularly in order to become fully familiar with it, and integrate the pointers for an inclusive learning environment in your work routine as a trainer.

3.3 USE SIMULATION EXERCISES AND ASSESSMENT TOOLS

Simulation exercises: if yes, how?²⁷

In some trainings on disability, trainers want to use simulation exercises. Simulation exercises are used to demonstrate “what it is like to have a disability”. Participants in a training are asked to use a wheelchair, or are blindfolded, and are then asked how they feel.

These exercises need to be prepared with caution. What happens is that a non-disabled individual can experience an instant impairment. They then feel disoriented and awkward. The result is that they get a negative view of disability, with disability being something that will make you “less whole” or “unfulfilled.” Also, sometimes people will make jokes and act funny during such an exercise. This can be offensive for people with a disability, as for them the experience of disability is real and not a joke. In addition, experiencing a situation is not the same as experiencing the impairment. It may be too easy to draw conclusions that may be damaging or disrespectful.

For this reason, simulation exercises are **not recommended** when these are not accompanied by a very skilled trainer. In case a simulation exercise is felt necessary it is important that the following options are considered by the trainer:

- The exercise is done together with a person with a disability and a discussion is held not on the feeling of being physically limited, but on how society responds to that. For example: going to the open market together with a person in a wheelchair, and discussing with the other participants of the training how other people on the streets that they met were responding.
- Another technique would be to give real life examples of discriminatory events, and then asking participants regarding their feelings on the subject and how they think they would react. For example, someone not being able to take a college entrance exam because the exam is on the second floor and there is not lift or ramp to go upstairs. Participants can then be asked what they think would be a good solution to the discrimination.
- A third option is not to simulate the impairment but to adapt the environment. In Cambodia the Seeing in the Dark exhibition hall of Krousar Thmey in Siem Reap, which provides a completely dark environment where visually impaired persons guide the sighted people. The advantage is that people have a complete experience which does not need to restrict their own physical abilities, and that persons with a visual impairment are valued for their ability.

Burgstahler and Doe (2004)²⁸ propose the following **guidelines for carefully designed simulations**:

1. State objectives clearly.

Make it clear to participants at the beginning of the activity what they will do and what they are expected to learn. “Unless the simulation is prefaced with a clear discussion of why we are doing this and what we hope to learn and is followed by a conscientious debriefing about critical thinking processes and values, norms and social change, the simulation has merely served as recreation”³⁴.

2. Ensure voluntary participation

Allowing people to decline participation eliminates reluctant or resentful participation, maximizes positive outcomes, and creates a sense of safety and trust. Those who choose not to participate may learn just as much from observing

²⁷ Adapted from: Gillespie-Sells, K. & Campbell, J. (1991). Disability Equality Training: trainers guide. Central Council for Education and Training in Social Work. Retrieved from: <http://disability-studies.leeds.ac.uk/files/library/Campbell-dis-equality-training.pdf>

²⁸ Taken entirely from Burgstahler and Doe with adapted examples. Burgstahler, S., & Doe, T. (2004). Disability-related simulations: If, when, and how to use them. *Review of Disability Studies*, 1(2), 4-17.

the experiences of others and critiquing the simulation activity.

3. Illustrate challenges and solutions related to both the environment and the individual

Avoid focusing exclusively on challenges imposed on individuals by a disability, and avoid comparing one disability experience to another in ways that devalue people. In particular, avoid activities that lead to conclusions such as “this disability is far worse than that one,” or “I could never live with X, but I could handle Y.” Use concrete examples to illustrate both barriers and strategies for overcoming barriers for people with disabilities. Some strategies should highlight solutions employed by an individual (e.g. the use of a braille stylus to make notes); others can show solutions implemented by other individuals (e.g. making training material available in braille print). Make sure that when participants learn about the disability experience, they also learn how people with disabilities cope with inaccessible environments and negative societal attitudes through advocacy, technology and interpersonal skills.

4. Demonstrate the value of Universal Design

Simulations and debriefing discussions should examine the way in which a well-designed environment or activity can maximize access for everyone and minimize the need for individual accommodations. A simulation can be used as an opportunity to share information about how disability rights legislation (e.g. CRPD and the Disability Law), accessible design of technology and facilities (e.g. accessible buildings), and inclusive social practices empower people and ensure equal opportunity (e.g. in the invitation letter asking participants to a training to inform the organisers about their needs to be able to participate fully, “we are happy to accommodate”).

5. Include persons with disabilities in planning and delivery of the simulation

People with disabilities need to be consulted when developing simulations and, when possible, involve them in the delivery, debriefing, and evaluation of simulation activities. By interacting with people with disabilities, learners may realize some of their own assumptions about people with disabilities are not based in reality and that people with disabilities are more similar than they are dissimilar to people without disabilities. By hearing from someone who has experience in being disabled, being discriminated against, and developing coping mechanisms, the learner may be able to understand some of challenges faced by people with disabilities and, more importantly, how these challenges may be successfully addressed. While a training activity involving a person with a disability is not as valuable as long-term contact, it can initiate a consciousness shift for people previously unfamiliar with disability issues. However, when a person with a disability participates in a training activity, it should be made clear that one person cannot represent the views and experiences of all people with the same type of disability, and certainly cannot represent people with all types of disabilities.

6. Support positive attitude change

Even though it can be awkward, participants should be encouraged to bring up personal beliefs or assumptions, even if negative, without fear of negative repercussions. Such disclosures can help all participants learn what underlying thoughts often inform discriminatory or exclusionary practices. Personal disclosure of changed attitudes provides a good role model to participants. Even for leaders who themselves have disabilities, it is useful to explain how their previous attitudes might have been dis-empowering. Some may be able to share their changed attitudes about people with types of disabilities other than their own. Trainers should point out that with changes to legislation, knowledge, and design, new perceptions about disability could emerge. Learners should leave with both knowledge and attitudes that support the rights of people with disabilities to participate in society.

7. Debrief thoroughly and reflectively acknowledge discomfort

An important part of successful simulation activities is a full and meaningful debriefing to disengage participants from what is sometimes an emotional experience, as well as to sort out what was learned. During debriefing, participants can discuss what they felt and experienced and then reframe new knowledge and attitudes within the context of intended outcomes, perhaps replacing old attitudes and understandings with new. Trainers should acknowledge that learning about disability and difference can be uncomfortable. Allowing for written responses as well as discussion in small groups and with a larger group may ensure that each person has a chance to reflect on what happened in the

simulation, and on what was learned from it.

Tip: Only work with simulation exercises if these **seven guidelines can be followed completely**. Then the likelihood that a simulation exercise is prone to lead to discomfort and ridicule of persons with disabilities, is minimized.

Assessment tools: guided assessment for quality assurance

Under the how-to pages an accessibility audit and disability inclusion score card are introduced. Both are forms of assessments that need to be guided by a trainer in order to ensure that the result of the assessment is productive for the learning objective of training participants.

As assessment exercises tend to trigger competitive behaviour by participants a self-assessment may not produce the anticipated results. In fact an assessment is not an end in itself, it is rather a snapshot of a situation at a particular moment in time. An assessment does not tell why things are the way they are, nor does it show any progress over time if it is only done once, and thirdly it does not automatically lead to action as people may not feel committed to take action based on the results.

The role of the trainer is therefore essential in using the assessment as a means for awareness raising and to collect facts and opinions for a discussion that has to take place immediately after the assessment is done.

The following guidelines are proposed:

1. Explain the purpose of the assessments

Explain that the purpose is to develop a plan of action on what can be done to promote inclusion. To that end it is necessary to identify barriers for inclusion as well as good practices of inclusion. Because, if you do not know which barriers to address, it becomes pretty difficult to promote inclusion. Besides, for people to take action it is easier to become motivated by things that have proved to be successful in the past.

2. Make the scoring participatory and interactive

Include as many people as possible to help determine the scoring. Especially with the four levels that are described in the disability inclusion score card it is tempting to score high. Be honest and try to collect evidence to demonstrate the scores.

3. Celebrate the successes

Once the scoring is done, reflect on the scores. Point out what areas could be improved, but first of all celebrate the successes. Highlight the strengths and analyse what has led to good scores. Was it intentionally done? Who did take the initiative? Are these practices or strategies that can be used to promote inclusion in other areas as well?

4. Make a plan of action

Inclusion is a process, and an organization cannot be fully inclusive from the start. Prioritize actions that are urgent, with a high impact and relatively easy to achieve. Discuss and identify who are the people responsible to take the actions forward and define a timeline.

5. Repeat the assessment.

Do the assessment again after some time (for example 6 months or 1 year). This will help to assess the progress that has been made, but also where there are still hurdles to take.

Tip: **Celebrate successes and appreciate effort.** Motivated people make change much easier.

3.4 IS THE LEARNING APPLIED?

At the end of the day, what is a good measure to see if the training has been successful or not? Success can be measured in many ways, but most important is the fundamental question: is the learning applied? Is the learning applied by participants of the training in their daily work? Have the participants of the training been able to develop their knowledge further on disability inclusion, and have they refined their skills to be able to embrace and practice disability inclusion in their work and organisation?

To assess if the learning has been applied it will often not be possible to trace back all the participants of a training. However, during the training disabled peoples organisations should already be introduced that work in the same geographical area or on the same topic. Creating such a linkage will increase the likelihood that participants of the training will meet more persons with disabilities in their daily work and therefore need to use their disability inclusion skills and knowledge.

Tip: Create linkages between training participants and DPOs during the training.

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