Inclusive Training Manual for Mainstreaming Disability in the BERHAN Project

Final Version

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1. INTRODUCTION

1.1 Background

According to the report of the World Health Organization, roughly, 1 billion people, which is about 15% of the world's population, live worldwide with some form of disability, (WHO, 2020). This figure makes persons with disability the world's largest minority facing a multitude of social, political, and economic challenges. To this end, global efforts are underway to ensure the overall welfare and equal participation of persons with disabilities in various social, political, and economic undertakings. Attempts were done to explicitly include the issue of disability in various conventions and declarations at global, continental, and national levels. Conventions such as the 'Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993); 'The Covenant on Economic, Social and Cultural Rights'; 'African Charter on Human and Peoples' Rights'; and the 'United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)' are some of the notable examples in this regard. Indeed, explicit acknowledgment is given that sustainable development is only possible where the marginalized groups of the society, including persons with disabilities, are effectively integrated and taken part in the overall social, political, cultural, and economic endeavours of a country.

In Ethiopia, efforts have been underway to effectively mainstream the issue of disability in the overall development interventions of the country. To its credit, the country is a signatory of the various international conventions, including the 'Rights of Persons with Disabilities' and ratified many of these conventions. Apparently, effective mainstreaming of the disability issue requires consideration of the rights and specific needs of persons with disabilities at all levels of the planning, implementation and M&E process of any program and project implementation activities. While awareness and recognition of disability-inclusive development agenda is believed to be an ideal turning point to bring about the necessary paradigm shift in the societal conception of disability, yet, concrete steps need to be taken on the ground to effectively mainstream the issue in the overall program and project implementations at various levels. In this regard, far beyond the roles undertaken by the state actors, international and local development partners need to take substantive steps to tackle the systemic discrimination of persons with disabilities (PwDs), and ensure effective inclusion of PwDs at all levels of their program/project implementation. This, in turn, requires equipping the program implementers with adequate knowledge and skill which enable them mainstream the issue of disability in their day-to-day activities. This training manual is, therefore, prepared to train the implementers of the BERHAN project so as to equip them with the necessary knowledge and skills to mainstream disability in the day-to-day activities of the project.

1.2 About the BERHAN Project

With the support of the Austrian Development Agency (ADA), CARE Ethiopia is implementing BERHAN project in collaboration with CARE Austria. This initiative is a 42-month long program running from March 2020 until August 2023. BERHAN aims to support women, girls, men, and boys and peoples with disability in rural communities of Este and Fogera Woredas in South Gondar zone, where rates of Female Genital Cutting (FGC) and Early Marriage (EM) are high, and government Sexual and Reproductive Health (SRH) capacity/accountability is low. The project implements an inclusive, holistic package of evidence based, and community-led interventions to address the drivers of FGC and EM while improving inclusive SRH service delivery and rights. To this end, the project has started its implementation in the two intervention woredas in collaboration with the various stakeholders at the federal, regional, woreda, kebele and community levels.

The BERHAN project employs several tools and approaches to execute project activities at community level. These include Village Saving and Loan Association (VSLA), Social Analysis and Action (SAA), and implementation of Community Score Care (CSC). The major stakeholders of the project include Women, Youth and Children affairs, labor and social affairs, justice offices, health offices, education offices, and administration offices at kebele, woreda, and Zone levels. The key project beneficiaries, on the other hand, include community members, gate keepers, adolescent girls and boys, women/girls with FGC complications, health care professionals, and teachers. By engaging all these stakeholders, the BERHAN project is expected to play a major role in reducing FGC and EM in the intervention woredas and kebeles.

1.3 Rationale of Disability Mainstreaming into the BERHAN Project

Persons with disabilities, particularly in the context of developing countries, are largely excluded from the economic, political, cultural and social services including health and education. Over the last few decades, approach to disability mainstreaming has changed from a medical intervention to a social and human-rights-based approach that give due attention to the removal of various barriers the persons with disabilities face in a society. This has to be well reflected in the various programs and projects that aimed at empowering persons with disabilities and their organizations at the grassroots level.

Having an inclusive society where everybody can have equal opportunity to participate and contribute is not only considered as a human right issue, but also duly recognized as the right pathway for poverty reduction and economic development in a country. This requires not only reflecting the disability issue in the various national policies and strategies; but also mainstreaming the same into the various programs and projects implemented at various levels.

In Ethiopia, persons with disabilities are among the poorest segment of society whereby 95% of all persons with disabilities were reported to live in poverty with many depend on family support and begging for their livelihoods (ILO-Irish Aid joint program fact sheet, 2013). A vast majority

of people with disabilities live in rural areas where access to basic services is limited. Furthermore, their right to health, education, livelihood and employment and to equal participation in society is severely restricted due to persistent negative attitudes, stereotypes and misconceptions about disability and inaccessible infrastructure. This underscores the need for a huge uplift of the attitudinal economic, societal, and cultural barriers; and the remaining task seems mammoth.

In light of this, mainstreaming disability into the BERHAN project enables not only the effective integration of peoples with disabilities in the project intervention areas, but also empowers them to effectively contribute to the decision making process that impacts their livelihood activities. Such an effort will also help to ensure transparency and accountability of the duty bearers with respect to the legitimate rights the persons with disabilities may claim during the implementation of the project. In this regard, provision of training on disability mainstreaming to the implementers of BERHAN project is believed to be a good entry point for effective implementation of disability inclusive project activities. The Training Need Assessment (TNA) which was conducted prior to this manual preparation has also revealed the existence of knowledge and skills gaps in mainstreaming disability into the implementation of the BERHAN project on the basis of that finding this training manual is prepared.

1.4 Objective of the Training Manual

The overall objective of this training manual is to facilitate the mainstreaming of the issues of persons with disabilities into the BERHAN project implementation and ensure that persons with disabilities participate and benefit from the project interventions. The specific objectives of this training manual includes:

- To familiarize the staffs and implementers of the BERHAN project with basic concepts of disability mainstreaming,
- To acquaint the staffs and implementers of the BERHAN project with the necessary knowledge and skills vis-à-vis mainstreaming disability into the activities of the project, and
- To build the overall capacity of the BERHAN project staffs and government counterpart implementers on disability inclusive project implementation.

1.5 Suggested Methods and Strategies during the Training Facilitation

The training on 'disability mainstreaming into the BERHAN project' is expected to be delivered in a disability friendly environment. Before the commencement of the actual training, a checklist that measures the knowledge of the trainees will be distributed to every training attendant. The tool will be self-administered and shouldn't take in excess of 20 minutes. The same procedure should be followed to measure the result of the training right after the completion of the training sessions. Furthermore, setting ground rules, clarify training objectives, employ a combination of appropriate training methods that include brainstorming, role-play, group discussions, question and answers will be part of the methods to facilitate this training.

Setting Ground Rules:

Ground rules will be set by:

1. Asking the participants to suggest a ground rules for the session, give emphasis to the suggestions of persons with disability as well.
2. Suggest additional rules if there remains important rules. These might include:
    - ✓ Maintain discipline,
    - ✓ Be punctual,
    - ✓ Respect for others views and opinions. Ridicule is not accepted!
    - ✓ Be attentive to what others are saying,
    - ✓ Only one person speaks at a time,
    - ✓ Maintain confidentiality,
    - ✓ Remind the team to support peers with disability, and
    - ✓ Peer support for participants with disability

MODULE ONE: BASIC CONCEPTS

Objectives:	⇒ Define disability and its underlying concepts ⇒ Discuss disability, impairment and its underlying concepts ⇒ Discuss their relationships
Key Terms	⇒ Concepts, causes, and consequences of disability and impairment.
Duration	1:00hr (For group discussions take extra 15 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Group discussions, Group exercises, Question, and Answer, Case studies
Material required	⇒ Flip chart, Markers, Stickers, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Session 1: Disability and Impairment and their Relationship

Steps to facilitate this session

Step 1) In most instances the degree of awareness about disability may vary among the training participants. Therefore, using piece of cards prepared before the training, ask participants to take 1-2 minutes to write down their prior understanding of '*disability*'. Collect the cards, place them in a convenient place.

Step 2) Explain to the participants about the following terms in text Box 1, such as definitions of impairment, disability, and persons with disabilities. Discuss the terms by using examples so that it is possible to enhance the participants' understanding of the difference and the relationship between disability and impairment. Explain to the participants the meaning of disability and impairment by taking its diverse origins, types, manifestations, and effects.

FACILITATOR'S NOTE- 1.1

Basic concepts

Disability

⇒ Disability is the name for the social consequences of having an impairment. People with impairments are disabled by society, and hence, disability is a social construct that can be changed and removed. Disability is created by physical, organizational and attitudinal barriers and these can be changed and eliminated.

⇒ Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning.

⇒ CRPD defines disability as '... an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others'.

Impairment

⇒ Impairment is an individual's physical, sensory or cognitive difference (for example, being blind, experiencing bipolar, having M.S. or a learning difficulty).

⇒ An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action.

People with disability

⇒ Article 1 of the CRPD states that 'Persons with disabilities include 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'.

Box 1: Definition of disability, impairment, and people with disability

Source: CRPD (2006); Inclusion London (2015)

Step 3) Later to the discussion on the basics of disability, describe to the participants about key facts on disability so that the participants can be able to sensitize the extent of disability and how important it is in our daily life. Use the information provided in Facilitator's note and other sources.

FACILITATOR'S NOTE-1.2

- Over a billion people, about 15% of the world's population, have some form of disability.
- 1 in 5 people, 20% of the population of the poorest people in developing countries have a disability.
- 80% of people with disabilities live in developing countries.
- Children with a disability are much less likely to attend school than children without disability. The gap in primary school attendance rates between disabled and non-disabled children ranges from 10% in India to 60% in Indonesia.
- In many low- and middle-income countries, only 5% – 15% of people who require assistive devices/technology receive them.
- Only 20% of women with disabilities in low-income countries are employed compared with 58% of men with disabilities.
- People with disabilities are at greater risk of violence: up to 4 – 10 times the rate of violence against people without disabilities.

Box 2: Key facts about disability.

Source: CBM (2017) & World report on disability (2011)

Step 4) After the presentation on disability, ask the training participants to review and refine their previous understanding based on the concept explained. By doing this, it is possible to rigorously make sure that the trainees get the proper understanding of disability.

Step 5) Perhaps some stories are explaining different experiences from a Disability perspective. Explain to trainees how important to understand the experiences or stories of persons with disabilities (PWDs) in shaping our interactions at the family and society level. The story presented in Boxes 4 and 5 below can be taken as an example. Prepare the stories in a piece of paper and dispatch to the participants to exercise case analysis and invite the participants to make a reflection on the findings of their analysis.

Exercise 1: Case analysis

At the age of 10 years old, following an accident, I was left unable to see.

My name is Masho Kidanemariam. I want to tell you my story and about the lives of blind children in Ethiopia. Thankfully, unlike so many blind children in Ethiopia, my story has a happy ending. Today I am Executive Director of Special Educational Needs Ethiopia (SENEthiopia). It wasn't an easy journey but it made me passionate about helping others who have been less fortunate.

Following my diagnosis, I faced an uncertain future. Unless I could get a place at one of the only 'blind schools' in the country, it was likely that I would end up begging to survive. Thankfully after a year of waiting, I was finally offered a residential place at the Mekele Blind School. When I joined the school, I lived with other blind children who came from different parts of the region. I felt so lucky. I loved learning and I'd been given another chance.

Sadly, very few children in Ethiopia who have special educational needs are able to access appropriate learning. Just 1% of these children are able to attend a specialist school as I did. The rest are often abandoned by their families and communities. Left to fend for themselves. With the support of my new friends, I was able to adapt to the unfamiliar school environment. So many of my peers were a long way from home. The little ones, some as young as five years old, found it particularly hard.

Our school only had enough beds in its cramped leaky dormitories for students up to grade 8. Aged just 14 years old I had to leave the safety of the school and move to a single rented room in the town. It was hard. I had to learn to cook, clean and find my way around. I lived with a few of my friends and received a small monthly allowance but it was only enough to cover rent and one meal a day. Despite this, I was still top of my class and was awarded a grant to study law at Mekele University in 2009. I completed law school with distinction and was a medalist during the graduation.

After some years practicing law, I decided it was time to return to my first passion. I want to change how people think and advocate for those who have little or no voice of their own. Without support, blind children in Ethiopia have little chance to show their ability

Box 3: Story explaining how important to understand disability in our day-to-day life.

Source: Ethiopiaid, 2019

Exercise 1: Case analysis

My name is Eti. I am fourteen years old and I live in Bangladesh.

From when I was six years old, I have had rheumatoid arthritis in my body. All my joints were swelling. I had serious pain; no-one could touch my legs or joints because they were so painful. We tried treatment in different places but all was in vain. My life changed from that time. For the next year I was just staying at home.

I was supposed to be in school. My parents tried to enroll me but no school would accept me. They said I needed to go to a special school for children with a disability. That school was far away from home, so it was not possible for me to go there. Staying home was my only option. At that time, I was very sad. I felt that everybody else had the opportunity to get an education but it was not possible for me. I cried at my home.

Then I came into contact with the local organisation GUK and they wanted to know my story. They provided me with therapy and a wheelchair, so it is easier for me to get around. They also said that they would try to admit me into the school. At first the school still said it was not possible for me to enroll in school because of my mobility problem. But the GUK people talked with them and convinced them, and that very day they had to admit me.

When I was admitted into primary school there was no ramp. But as I continued, they built a ramp and it was easier for me to access the classroom. Now that I am in high school there is no ramp in the school. My friends carry me with the wheelchair to get onto the landing. My favorite subject is English.

At the moment, I am facing a problem with my education. My primary school was near my home, and it was easy for me to go to school. But now my school is a little bit far away, my parents or my friends have to push me in my wheelchair. If they are not available then I have to take a rickshaw. But this is not always possible, so now I miss my school more than before. I feel bad about this as everybody else is able to attend school but I am not always going.

I am an active member of a Local Ambassador Group. I like the group because once every month we gather together. We also talk about many topics, especially our rights, and I like this very much. If any of the group members or other people with disabilities face problems, we go together to solve the problem. For example, if someone is having trouble getting loans or other services provided by the government through the social service department, we go to the officials to discuss

Box 4: Story explaining how important to understand disability in our day-to-day life.

Source: CBM (2017)

Relationship between disability and impairment

Disability and Impairment are related but different concepts. Before explaining the differences and the relationship between the two terms, invite participants to spend 2-3 minutes in pairs discussing the difference and the relationship between '*disability*' and '*impairment*'. Participants should use examples to describe the differences and the relationship between '*disability*' and '*impairment*'. After discussing and agreeing on the differences and the relationship, one among the pair needs to come forward and present to the rest of the trainees. Then, ask other training participants if they have any questions about what they shared.

Organize the training participants into groups consisting of 3-5 members and instruct them to write down on a separate flip chart the difference between disability and impairment based on the following chart. Finally, the result of the group exercise will be shared among themselves.

Chart: Group exercise to differentiate disability and impairment

Type	Characteristics	Examples
Disability		
Impairment		

Session 2: Models in understanding Disability

Objectives	⇒ Understand approaches and models of disability
Key Terms	⇒ Disability, approaches, models
Duration	30 min (For group discussions, take extra 10 minutes for persons with disability)
Training Methods	⇒ Group exercise, Question, and Answer
Material required	⇒ Flip chart, Markers, Stickers, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Steps to facilitate this session

Step 1) There are many models of disability in the literature. However, scholars ranged them from 'charity' to 'human right'. Before discussing models of disability, ask participants if they have prior knowledge about the models and the implications in day-to-day activities and overall policymaking.

Key questions for brainstorming

1) What are the two broad approaches of look at disability?
2) What are models of disability?

Step 2) After discussing the models of disability to the participants. Ask participants to choose and assign their views according to which model of disability they belong to. To facilitate the process, use a marker and a separate flip chart for each model.

FACILITATOR'S NOTE-1.4 Models of disability

Models of disability

Charity model: focuses on the individual and tends to view people with disabilities as victims, or objects of pity, their impairment being their main identifier. They are seen as recipients and beneficiaries of services. This approach sees disabled people as passive, tragic or suffering and requiring care. It assumes that it is the community and society's responsibility to arrange all services for these vulnerable people.

Medical model: also focuses on the individual and sees disability as a health condition, an impairment located in the individual. It assumes that by addressing the medical ailment this will resolve the problem. In this approach a person with disability is primarily defined as a patient, in terms of their diagnosis requiring medical intervention. Disability is seen as a disease or defect that is at odds with the norm and that needs to be fixed or cured. Disability is seen as a medical problem that resides in the individual. It is a defect in or failure of a bodily system and as such is inherently abnormal and pathological. The goals of intervention are cure, amelioration of the physical condition to the greatest extent possible, and rehabilitation (i.e., the adjustment of the person with the disability to the condition and to the environment).

Social model: focuses on the individual and tends to view people with disabilities as victims, or objects of pity, their impairment being their main identifier. They are seen as recipients and beneficiaries of services. This approach sees disabled people as passive, tragic or suffering and requiring care. It assumes that it is the community and society's responsibility to arrange all services for these vulnerable people. Disability is a situation, caused by social conditions, which requires for its elimination, (a) that no one aspect such as incomes, mobility or institutions is treated in isolation, (b) that disabled people should, with the advice and help of others, assume control over their own lives, and (c) that professionals, experts and others who seek to help must be committed to promoting such control by disabled people. and

Human rights model: is based on the social model and shares the same premise that it is society that needs to change. This approach focuses on equity and rights and looks to include all people equally within society: women and men, girls and boys regardless of background or any type of characteristic. It is founded on the principle that human rights for all human beings are an inalienable right and that all rights are applicable and indivisible. It takes the CRPD as its main reference point and prioritizes ensuring that duty bearers at all levels meet their responsibilities. This approach sees people with disabilities as the central actors in their own lives as decision makers, citizens and rights holders. As with the social model, it seeks to transform unjust systems and practice.

Box 5: Approach and models of disability

Source: CBM (2017) Box 6: models of disability

Source: CBM (2017); Retief & Letšosa1 (2018)

Session 3: Myths and Facts about Disability

Objectives	⇒ Differentiate myths and facts about disability
Key Terms	⇒ Disability, Myths, Facts
Duration	30 min (For group discussions take extra 10 minutes for persons with disability)
Training Methods	⇒ Group exercise, Question, and Answer
Material required	⇒ Flip chart, Markers, Stickers, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Step 1) There are common myths and misconceptions regarding the causes of impairment in the community. The myths are incorrect assumptions, which are most often stimulated by fear, lack of understanding, and prejudices. These misconceptions regarding the causes of disability create barriers for people with disability to participate in social, economic, political settings. The myths are also quite contextual and different from place to place, community to community, and time to time. Hence, by discussing the myths, it is important to explain to the participants that people with disability are no exception except for the barriers that they face because of people's misunderstandings and misinformation about disability.

Key questions for group exercise

1) Mention some myths about the causes of disability in your locality?
2) Why do people associate myths with disability and how it can be changed?

Step 2) Explain to the participants some examples of myths and their associated factors as indicated below.

Example 1: Myths and facts about disabilities

Myths	Facts
People with disabilities are brave and courageous.	Adjusting to a disability requires adapting to a lifestyle, not bravery and courage.
All persons who use wheelchairs are chronically ill or sickly.	The association between wheelchair use and illness may have evolved through hospitals using wheelchairs to transport sick people. A person may use a wheelchair for a variety of reasons, none of which may have anything to do with lingering illness.
Wheelchair use is confining; people who use wheelchairs are "wheelchair-bound."	A wheelchair, like a bicycle or an automobile, is a personal assistive device that enables someone to get around.
All persons with hearing disabilities can read lips.	Lip-reading skills vary among people who use them and are never entirely reliable.
People who are blind acquire a "sixth sense."	Although most people who are blind develop their remaining senses more fully, they do not have a "sixth sense."
People with disabilities are more	In the past, grouping people with disabilities in separate schools

Myths	Facts
comfortable with "their own kind.	and institutions reinforced this misconception. Today, many people with disabilities take advantage of new opportunities to join mainstream society.
People without disability are obligated to "take care of" people with disabilities.	Anyone may offer assistance, but most people with disabilities prefer to be responsible for themselves.
Curious children should never ask people about their disabilities.	Many children have a natural, uninhibited curiosity and may ask questions that some adults consider embarrassing. But scolding curious children may make them think having a disability is "wrong" or "bad." Most people with disabilities won't mind answering a child's question.
The lives of people with disabilities are totally different than the lives of people without disabilities.	People with disabilities go to school, get married, work, have families, do laundry, grocery shop, laugh, cry, pay taxes, get angry, have prejudices, vote, plan and dream like everyone else.
It is all right for people without disabilities to park in accessible parking spaces, if only for a few minutes.	Because accessible parking spaces are designed and situated to meet the needs of people who have disabilities, these spaces should only be used by people who need them.
Most people with disabilities cannot have sexual relationships.	Anyone can have a sexual relationship by adapting the sexual activity. People with disabilities can have children naturally or through adoption. People with disabilities, like other people, are sexual beings.
People with disabilities always need help.	Many people with disabilities are independent and capable of giving help. If you would like to help someone with a disability, ask if he or she needs it before you act.
There is nothing one person can do to help eliminate the barriers confronting people with disabilities.	Everyone can contribute to change. You can help remove barriers by: ⇒ Understanding the need for accessible parking and leaving it for those who need it ⇒ Encouraging participation of people with disabilities in community activities by using accessible meeting and event sites ⇒ Understanding children's curiosity about disabilities and people who have them ⇒ Advocating a barrier-free environment ⇒ Speaking up when negative words or phrases are used about disability ⇒ Writing producers and editors a note of support when they portray someone with a disability as a "regular person" in the media ⇒ Accepting people with disabilities as individuals capable of the same needs and feelings as yourself, and hiring qualified disabled persons whenever possible

Source: Easterseals (2

Example 2: Misconceptions about disability

Myth 1: Disability and other conditions like Epilepsy are caused by evil spirits	Fact: This is false - read about causes in conditions and impairments sections
Myth 2: Learning difficulties and mental health conditions can be caused by a curse or a wrong doing in the family or witchcraft.	Fact: This is false - most disabilities are either congenital or acquired through disease, injury or other health conditions. Associating disability with a wrong doing in the family or curse stigmatizes the whole family and may result in the exclusion of the person with disability.
Myth 3: Disability conditions can be cured by witchdoctors.	Fact: There is no scientific evidence to support this and the process may subject the person with disability to more harm.
Myth 4: You can catch a disability by touching a person with a disability.	Fact: This is false - disability conditions are not contagious. If this was true all the family members of the person with a disability would have the disability as well.
Myth 5: Touching a disabled person brings bad luck	Fact: This is false - people with disabilities are just like all other human beings.
Myth 6: Concoctions made from the body parts of people with albinism make you rich.	Fact: This is false - people with albinism do not possess special powers or super humanism.
Myth 7: People with disabilities are still not recognized as fully human	Fact: The UN Convention on the Rights of Persons with Disabilities (CRPD) sets out what human rights mean in the context of disability.

Sources: Kenya Disability Resource (2017)

Session 4: Causes, Identification and Assessment of disability

Objectives	⇒ Discuss the causes and consequences of disability
Key Terms	⇒ Causes, identification and assessment of, disability
Duration	30 min ((Take extra 10 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Question, and Answer
Material required	⇒ Flip chart, Markers, Stickers, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Steps to facilitate this session

Step 1: There are many causes for an increase in the number of people with disabilities. The cause may be also associated with the political, economical, and socio-cultural conditions of the society. The causes could be prenatal, perinatal and postnatal causes. Conflict, accidents, deseases, etc.are be among the postnatal causes. Perinatal causes are causes during birth and shortly after birth. Hence, mothers are advised to give birth in health centers. Prenatal causes on the other hand are causes before birth or during pregnancy. Hence follow up during pregnancy is highly needed to prevent the onset of disability. Participants should be well informed that most disabilities can be prevented and even if it is beyond prevention people have some sort of

disability that is not the end of the story. They can be supported and become productive citizens. Moreover, disabilities which are sensory, physical, etc are not contagious and people should not avoid contact with people with disability. Within this context, ask participants to discuss in pairs the causes of disability by taking their local condition and let them avoid their misconceptions.

Step 2: Explain the identification and assessment of disability based on theoretical literature and empirical evidence and allow participants to make their reflections by comparing their prior understanding against what is presented to them.
Identification is also the process we suspect the existence of disability by having a look at the potential signs of disability. These signs are visible and parents are the first ideal people to identify the disability. Examples of identification for hearing loss are asking for repetitions, unable to respond when called behind, etc. Assessment is therefore the next step to identification to confirm the disability by team of professionals. In the case of deafness mentioned above audiometric assessment, speech assessment, etc can be mentioned here.

Session 5: Community Based Rehabilitation Responsive Strategies

Objectives	⇒ Understand community rehabilitation and the processes, measures, and outcomes
Key Terms	⇒ Rehabilitation, Process, Measures, and Outcomes
Duration	20 min ((Take extra 5 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Question, and Answer
Material required	⇒ Flip chart, Markers, Stickers, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Steps to facilitate this session

Step 1) Start this session with brainstorming and discussion about the basics of the rehabilitation process. Then you can elaborate the discussion by taking different examples of community-level rehabilitation responsive strategies worldwide in general and that of in Ethiopia in particular.

The key question for brainstorming:

1) What is rehabilitation?
2) What are the strategies for the rehabilitation process?
3) What are the measures and the outcomes of rehabilitation?

Facilitator's Note 1.6: Basic Concepts of Rehabilitation

Definition of Rehabilitation

⇒ Rehabilitation is a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments.

Rehabilitation measures

⇒ Rehabilitation measures target body functions and structures, activities and participation, environmental factors, and personal factors. They contribute to a person achieving and maintaining optimal functioning in interaction with their environment.

⇒ Rehabilitation measures are broadly divided into three categories: (1) rehabilitation medicine, (2) therapy, (3) assistive technologies.

Rehabilitation outcomes

⇒ Rehabilitation outcomes are the benefits and changes in the functioning of an individual over time that are attribute able to a single measure or set of measures.

Rehabilitation process

Rehabilitation involves identification of a person's problems and needs, relating the problems to relevant factors of the person and the environment, defining rehabilitation goals, planning and implementing the measures, and assessing the effects.

Source: World report on disability (2011).

MODULE TWO: TYPES OF DISABILITY

Objectives	• Identify the types of disability within each category; • Identify the unique characteristics of each type of disability; and • Identify special considerations and accommodations for each type of disability.
Key Terms	Types of disability
Duration	8:00hrs ((Take extra 2 hrs for persons with disability)
Suggested Training Methods	• Brainstorming for identifying the broader categories of disability • Participatory lecture and PowerPoint presentations on the types of disabilities
Resources	⇒ PowerPoint Presentation (softcopy), Flip chart/flipchart stand, Marker pens, Stick stuff, Computer/laptop, LCD Projector, and Handouts. ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Types of Disability

To facilitate this session

Let the trainees brainstorm on the different types of disability which are caused by the aforementioned causes.

Table 1: Types of Disabilities and their descriptions

S/N.	Types of Disabilities	Sub-Categories	Definitions
1	Visual impairment	Blind Partial sighted	Visual impairment refers to uncorrectable vision loss resulting from disease, trauma, congenital, or degenerative conditions. Visually impaired individuals do not respond to refractive corrective lenses, medication, or surgery. Medical professionals define visually impaired individuals as having one of three disabilities, including a visual acuity of less than 20/60, a central field defect, a peripheral field defect, and reduced peak contrast sensitivity. Visually impaired individuals are either partially sighted, low vision, legally blind, or totally blind.
2	Hearing impairment	Deaf Hard-of-hearing	When we say hearing impairment, what comes to our mind is usually total deafness. However, hearing impairment is not deafness alone. Pasonella and Care (1981) defined hearing impairment as a generic term including a continuum of hearing loss from mild to profound, which includes the sub-classifications of **hard-of-hearing** and **deaf**. Hard-of-hearing is a term to describe persons with enough residual hearing, to use hearing (usually with a hearing aid) as a primary modality for the acquisition of language and in communication with others. Deaf is a term used to describe persons whose sense of hearing is non-functional for ordinary use in communication, with or without a hearing aid.
3	Intellectual disability	Mild Moderate Severe Profound	Intellectual disability, also known as general learning disability and mental retardation (MR), is a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem-solving) and in adaptive behavior which covers a range of every day, social and practical skills. Intellectual disabilities refer to a broad range of disorders affecting the ability to comprehend processed information. Intellectual disabilities, commonly known as cognitive disabilities and mental retardation, can manifest in any age group. Intellectual disabilities may impose limitations on an individual's ability to walk, talk, and take care of themselves. Some intellectually disabled individuals need assistance with dressing and feeding themselves. Intellectually disabled individuals may find it difficult to adapt to social situations as they grow older.

S/N.	*Types of Disabilities*	*Sub-Categories*	*Definitions*
4	Physical disabilities and chronic health problems	Motor impairment	Motor impairment is a disability affecting the ability to control muscle movement, which often limits mobility. Examples include cerebral palsy, arthritis, paralysis, limb loss, and reduced function of one or more limbs. The impact of these conditions on learning, development, and participation will vary from child to child. Many children with a motor impairment will also experience difficulties in social interaction with other children (and adults), with attention as well as with their cognitive and language development. This highlights the need for comprehensive collaboration between education, health, and social sectors when support services are organized by teachers, schools, and education authorities.
		Mobility impairment	Mobility may be impaired by a number of conditions. Some are permanent; others are of a temporary nature. These include cerebral palsy, arthritis, muscular dystrophy, multiple sclerosis (MS), and juvenile Parkinson's disease. Injuries may also temporarily or permanently affect mobility.
		Cerebral palsy	Cerebral palsy is caused by an injury to the parts of the brain that control movement during the early stages of development. In most cases, this injury occurs during pregnancy. However, it can sometimes occur during birth and from brain injuries in early infancy (such as lack of oxygen from the near-drowning, meningitis, head injury, or being shaken). It is estimated that 2 children out of every 1,000 have cerebral palsy.
		Epilepsy	Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. A person who has two or more seizures is considered to have epilepsy. A seizure happens when a brief, strong surge of electrical activity affects part or all of the brain. Seizures can last from a few seconds to a few minutes. They can have many symptoms, from convulsions and loss of consciousness to some that are not always recognized as seizures by the person experiencing them or by health care professionals: blank staring, lip-smacking, or jerking movements of arms and legs. This may look very scary – which is why "witchcraft" is associated with this condition in many cultures and traditions.
5	Learning disabilities	Developmental learning disabilities	Learning disability is a general term for a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and

S/N.	Types of Disabilities	Sub-Categories	Definitions
			social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other disabilityping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (Such as cultural differences or insufficient inappropriate instruction), they are not the result of those conditions or influences. Terminology is sometimes confusing because the terms "learning disability" and "learning disorder" are often used interchangeably in the literature and share an acronym (LD). A learning disorder is often described in the literature as a group of "disorders," and both learning disorder and learning disability require a difference between academic ability and performance. These shared factors add to the confusion. Learning disability is a medical and academic term, while learning disorder is a mental health term. Developmental disabilities, or birth defects impeding the growth and development of a single or multiple parts of the human body, impact the brain, spinal cord, and nervous system. Individuals with developmental disabilities may exhibit behavioral problems, convulsions, inability to move, and communication difficulties. Some common developmental disabilities include intellectual and development disorders, autistic spectrum disorders, metabolic disorders, sensory-related disabilities, and degenerative disorders.
		Specific types of learning disabilities	In addition to the broad definitions of a learning disability found in IDEA and recognized by experts, there are specific learning disabilities whose names may be familiar to you. Some of the more well-known are: ✓ Dyslexia: problems with reading, spelling, and writing (including transposing letters and pronunciation difficulties). ✓ Aphasia: difficulties in processing information; more specifically, a limited ability to use or comprehend words, often as the result of a brain injury or stroke. Someone with mild aphasia might have difficulty remembering the names of people or objects; more severe aphasia might impair a person's ability to speak or understand language at all. ✓ Dyscalculia: difficulties in calculating numbers or grasping mathematical concepts, such as algebra or geometric equations. ✓ Dysgraphia: difficulties with handwriting (including illegible writing, inappropriately sized or spaced letters,

S/N.	Types of Disabilities	Sub-Categories	Definitions
			or spelling problems). ✓ Dyspraxia: difficulties with motor tasks, such as large movements (walking) or small movements (picking up a pencil or drawing). ✓ Auditory processing disorder: difficulties in understanding (processing) sounds; a child physically hears the word but can't understand its meaning or usage. A child with this problem might have trouble understanding spoken directions or following a conversation, or be easily distracted by noise. ✓ Visual processing problems: difficulties in understanding visual input; a child has no sight impairment but has difficulties in understanding and using visual information. A child with this problem might have trouble judging physical distance (including appropriate social distances—for example, the child might physically crowd others), differentiating between similar letters or objects, or understanding spatial relationships. • Short- and long-term memory problems: difficulties in creating or retrieving memories (for example, trouble remembering facts, phone numbers, or assignments, difficulty following instructions).
6	Language and communication disorder	Language disorder Speech disorder	Communication disorders could be non-verbal and verbal. For the purpose of this training, communication disorder includes **speech disorder** and **language disorder**. Speech Disorders: Any imperfection in the production of sounds of language caused by problems such as inadequate muscle coordination, faulty articulation, poor voice quality, or organic defects results in speech disorder. The most accepted definition emphasizes that the condition, to be so identified, must interfere with communication, call attention to the speaker, or cause the person anxiety or maladjustment. Ysseledyuke and Algozine [1995] gave a more elaborate definition as follows: "Speech disorders are problems with producing speech sounds (articulation), controlling sounds that are produced (voice), and controlling the rate and rhythm of speech (fluency). Language Disorders: Language disorders are problems with using proper forms of language (phonology, morphology, and syntax), using the content of language (semantics), and using the functions of language (pragmatics) (Ysseledyke & Algozine, 1995). Accordingly, language form refers to the utterance or sentence structure of what is said – phonology, morphology, and syntax. Language content refers to meanings of words and sentences, including abstract concepts-semantics and language function and

S/N.	Types of Disabilities	Sub-Categories	Definitions
			it refers to the context in which language can be used and the purpose of communication-or pragmatics. Problems can be receptive (related to hearing, listening to, or receiving language) and expressive (related to producing or language).
7	Emotional and behavioral disorder	Externalizing behavior	Emotional and behavioral disorders can be classified as **externalizing** and **internalizing** behavior problems. Externalizing behaviors which include aggressive, acting-out, disruptive, defiant, oppositional, and hyperactive behaviors are easy to identify. In contrast to externalizing problems, the domain of internalizing problems includes over-controlled and inner-directed characteristics and is generally thought of as consisting of emotional rather than behavioral problems. Internalizing behaviors are difficult to recognize. Various behavioral, social, and emotional problems of children and adolescents have been discussed most frequently in terms of their place within the two broad dimensions of externalizing and internalizing psychopathology or disorders. Not all childhood behavioral or emotional problems fit neatly within this model, however. Some disorders are considered to be mixed disorders.
		Internalizing behavior	
		Attention Deficit Hyperactivity Disorder (ADHD)	ADHD is a developmental disorder characterized by age-inappropriate symptoms of inattention, motor restlessness, and impulsive behavior which are evident before the age of 7, involve academic and social problems, and are frequently accompanied by other disorders.
		Conduct Disorder (CD)	Characterized by persistent antisocial behavior that seriously impairs the youngster's functioning in everyday life or results in adults' concluding that the youngster in unmanageable. Repetitive, persistent pattern of behavior violating basic rights of others or age-appropriate social norms or rules, including aggression toward people and animals, destruction of property, deceitfulness or theft, and serious violation of family or school rules. Onset may be in childhood or adolescence, and severity may range from mild to severe.
		Oppositional Defiant Disorder (ODD)	ODD is a recurrent pattern of defiant, disobedient, oppositional, negative, and hostile behavior toward adults.
		Substance Abuse	A substance is abused when it is deliberately used to induce physiological or psychological effects (or both) for other than therapeutic purposes and when its use contributes to greater health risks, disruption of psychological functioning, adverse social consequences, or some combination of these.
		Depression	An illness that involves the body, mood, and thoughts, that

S/N.	Types of Disabilities	Sub-Categories	Definitions
			affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things.
8	Multiple Disabilities		Multiple disability is a disability category in which an individual has two or more disabling conditions that affect learning or other important life functions. It is a concomitant impairment which causes such severe educational needs that they cannot be accommodated in special educational needs programs solely for one of the impairments. Students with multiple disabilities are more severely impaired than their peers with single disabilities. For example, a student with blindness and intellectual disabilities would likely demonstrate severe problems as opposed to those with only intellectual disability. A student with serious emotional disturbance and physical disabilities would tend to show more severe problems than a student with only physical disability. Some examples of multiple disabilities are: Intellectual disability-blindness; Intellectual disability-deafness; Intellectual disability-orthopedic impairments; and Sensory disabilities-orthopedic impairment.

Discuss the potential; signs for each disability type mentioned in the table.

MODULE THREE: LEGAL FRAMEWORKS AND POLICY ISSUES IN DISABILITY

Objectives	⇒ Understand the various policy and legal frameworks in disability at global and national levels.
Key Terms	⇒ Policy, Legal frameworks, disability
Duration	⇒ 1:30hrs ((Take extra 20 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Question, and Answer
Material required	⇒ Flip chart, Markers, Stickers, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Session 1: Understanding the Global Policy and Legal frameworks in Disability

Steps to facilitate this session

Step 1) Start this session with brainstorming and discussion about the major global policy and legal frameworks on disability.

Proposed duration: 1:00 hrs

The key question for brainstorming:

1. What do you know about the global policy issues and legal frameworks in disability?

N.B. Note to facilitator: Ask your note taker/co-facilitator to write-down every points mentioned by training participants.

Step 2) Prepare ahead a brief summary of the major global policy and legal frameworks on disability, and present in a PowerPoint.

Proposed duration: 0:30 hrs

FACILITATOR'S NOTE-3.1

International Legal frameworks and policy issues in disability

The UN started enacting resolutions starting from 1950s that included the "disability" under the umbrella of "Social rehabilitation of the physically disabilityped". The UN added two[1] other resolutions in 1970s that shifted the disability inclusion issue from a "caring" to a "rights-based". The former resolution enacted during 1971 in its article 1, begun by stating that persons with disability enjoy the same human rights as all other human beings. The second declaration released during 1975 further emphasizes, persons with disabilities have the same civil and political rights as other human beings.

Many including west African countries (Burkina Faso, Mali, Niger, Sierra Leone, Senegal and Togo) signed treaty among themselves, endorsed in their constitution, and ratified the disability issue and gave a definition to the disability inclusion as the interaction between an inaccessible environment and the person with disability (Mandrilly-John, 2010).

The UN-SDPD and the UN-DESA through the module 7 of the CRPD declared the convention on the rights of persons with disabilities sets out the legal obligations of state parties to promote and protect the rights of persons with disabilities. For the convention to make a difference in the lives of persons with disabilities and their families, care-givers and communities, state parties must implement it.

Despite intergovernmental treaties, UN policies, resolutions, and obligations due to states membership to the UN, literatures revealed as the issue of disability was in a plain condition. The issue is more worse than others when measured in light of sexual and reproductive health (SRH). Different researches documented that persons with disabilities have historically been denied their SRH rights. The multiple and intersecting forms of discrimination that women with disabilities often experience, many of which increase their vulnerability to different forms of violence, including gender based violence (Rimal et.al. 2020).

The above evidences with variations among UN member states showed that the legal and policy issues towards disability are in a good shape. The policies and legal frameworks enacted by every state (177 UN member states) should implemented can help persons with disability to access and exercise many things that persons without disability are accessing.

Hence, the global experience tells that the challenge remains with the commitment towards implementation that emanated from the attitude of implementers. Some of the implementation challenges are also related with inadequate capturing of the participation of the persons with disability themselves that to some extent has an impact on the policies as well as the legal frameworks.

Session 2: Understanding the Local Policy and Legal frameworks in Disability

Steps to facilitate this session

Step 1) Divide the participants into four groups and provide them 20 minutes to discuss about the national legal frameworks and policy issues in disability. The key question for the discussion is:

1. What do you know about the local/national policy issues and legal frameworks in disability?

Proposed duration: 1:20 hrs

Step 2) Allow participants to present the group works on the national legal frameworks and policy issues in disability (10 minutes each).

Proposed duration: 0:40 hrs

Article 4(1) c of the convention on the rights of persons with disabilities obliges states parties to 'take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes'. This is widely understood as the mainstreaming clause of the convention, and should be read together with article 19 (c) of the convention which obliges states parties to ensure that 'community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs'.

FACILITATOR'S NOTE-3.2

Local Legal frameworks and policy issues in disability

Disability perspective mainstreamed in key national laws and policies is highly essential as it concerns equal opportunities in skills development, training and employment. What is more, laws specifically dealing with persons with disabilities have been transformed to reflect a rights-based approach over the last few decades (ILO-Irish Aid joint program case study, 2011). The briefing note (UNICEF and MoLSA 2021) indicated that the disability inclusion is slowly but surely gaining policy traction in Ethiopia. The country ratified the UNCRPD in 2010, enacting an ambitious plan through its GTP implementation between 2010-15 to mainstream disability issues in all fields of society by 2021 and through the NSPP[1] that calls for the expansion of services for peoples with disability.

Article 41 (5) of the Ethiopian constitution sets out the state's responsibility for the provision of necessary rehabilitation and support services for people with disabilities. However, the issue of disability and its mainstreaming into the development agenda of the country were a very gradual process in the Ethiopian context. Disability in poverty reduction and sustainable program (PRSP[1]) were only appeared under the headings like "safety nets", "vulnerable groups" or "special measures" attesting that they were not part of the broader poverty reduction program/policy (VSO, 2006).

Despite laws and policy issues are there to include persons with disability, actual empowerment of persons with disabilities does not seem to be adequately addressed. Himanen and Butterworth 2020, in their COWASH learning note affirmed that successful inclusion of persons with disabilities requires effective ownership of the issue by themselves (persons with disabilities). *"Persons with disabilities are the best experts in inclusion and accessibility. Including issue that didn't have the ownership of the persons with disability would not be as successful as it could be with the ownership of themselves"*.

In spite of the laws and the policies, the practice tell a lot about what actually is in Ethiopia in relation with disability inclusion. Communication barriers, limited access to information, unavailability of sign language interpreters in various public facilities, and non-tailored nature of media based information dissemination to the persons with different types of disabilities are some of the practical challenges to effectively exercise their rights as stipulated in various policies and strategies at national level.

MODULE FOUR: METHODS AND STRATEGIES FOR DISABILITY MAINSTREAMING

Session 1: Definition of inclusion/disability mainstreaming

Objectives	⇒ Define inclusion/disability mainstreaming
Key Terms	⇒ Disability, inclusion, mainstreaming
Duration	30min ((Take extra 10 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Question, and Answer
Material required	⇒ Flip chart/flipchart stand, Marker pens, Meta cards, Stick stuff, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Steps to facilitate this tool

Step 1) Provide participants 2-3 minutes to share their understanding of disability mainstreaming.

Key questions

1) How do you understand the term inclusion and mainstreaming?
2) How do you differentiate between inclusion and mainstreaming?
3) How do you understand by CRPD? And
4) How do you make disabled people feel more included?

FACILITATOR'S NOTE-4.1 Defining Basic Concept s of mainstreaming

Inclusion
Inclusion is the process whereby every person (irrespective of disability, age, gender, religion, sexual preferences race, marital status, health status, ethnic or social origin, culture, belief, dress, language, birth or nationality) can access and participate fully in all aspects of an activity or service in the same way as any other member of the community.

Mainstreaming
Mainstreaming means include/incorporate into the mainstream. It is a systematic consideration of the differences between the different conditions, situations and needs of disadvantaged groups in all policies and programmes at the point of planning, implementation, monitoring and evaluation.

Mainstreaming Vs Inclusion
Mainstreaming is a process towards the achievement of set objectives and is continuous while inclusion is the achievement of those objectives or the end product. The essence of inclusion is based on the premise that all persons with disabilities have a right to be included in naturally occurring settings and activities on an equal basis with their non-disabled peers.

Disability Mainstreaming
Disability mainstreaming is a strategy for making the concerns and experiences of persons with disabilities an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres so that persons with disability benefit equally.

Box 1: Basics of rehabilitation
Source: Africa Disability Alliance (2015).

Session 2: Importance of inclusion/disability mainstreaming

Objectives	⇒ Discuss the importance of disability mainstreaming; ⇒ Explain the role of stakeholders in disability mainstreaming
Key Terms	⇒ Disability, importance, stockholder, mainstreaming
Duration	30 min ((Take extra 10 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Question, and Answer
Material required	⇒ Flip chart/flipchart stand, Marker pens, Meta cards, Stick stuff, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Steps to facilitate this tool

Step 1) Under this section allow participants to understand the objective and purpose of the BERHAN project, the importance of disability mainstreaming into the project, and identify the key roles of different stakeholders in disability mainstreaming.

Discussion points

1) What is the ultimate goal of disability inclusion?
2) What are the key actors/stakeholders in disability mainstreaming?
3) How do you perceive the role of civil society in disability inclusive interventions?
4) How to build alliance among key actors for successful disability inclusion?

Session 3: Approaches (Twin-track approach and others) in disability mainstreaming

Objectives	⇒ Explain disability mainstreaming approaches
Key Terms	⇒ Disability, Twin-track, mainstreaming
Duration	30min ((Take extra 10 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Question, and Answer
Material required	⇒ Flip chart/flipchart stand, Marker pens, Meta cards, Stick stuff, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Steps to facilitate this tool

Discussion points

1) What is the disability mainstreaming approaches?
2) What is the right based model and Twin-track approach of disability?

FACILITATOR'S NOTE-4.2 Approaches to disability

1) ***Human Right-based model (HRBA):*** At the heart of the HRBA is the recognition that all persons are active subjects with legal claims and not merely people in need and passive recipients of aid. Seen from this perspective, development cooperation contributes to the development of the capacities of "duty-bearers", i.e. States and their institutions acting with delegated authority, to meet their obligations and of "rights-holders" to claim their rights.

2) ***Twin-track approach of disability:*** Applying a twin-track approach means ensuring women, men, boys and girls with all types of impairments, being hearing or visual impairment, physical impairments or cognitive impairment, as well as intellectual or learning disabilities have full access to relief operations and protection by removing barriers and facilitating access. At the same time, humanitarian actors have to provide specific solutions and individualized support for adults and children, particularly those who may have higher support needs, always with the principle of informed consent, choice and autonomy of the person. Here, collaboration with and referral to disabled peoples' organizations and disability-specific organizations is essential.

MODULE FIVE: TECHNICAL ISSUES IN DISABILITY

Objectives	⇒ Acquire specific skills and approaches to identification; ⇒ Apply models, techniques, and skills of conducting an assessment of broader scope ultimately for disability mainstreaming; ⇒ Apply different models and approaches to undertaking intervention into disability mainstreaming; ⇒ Acquire the skills of promoting accessibility and reasonable accommodation for persons with disabilities; ⇒ Demonstrate the skills and techniques of applying universal design for addressing disability mainstreaming; and ⇒ Understanding the use of adaptive/assistive technology for addressing disability mainstreaming.
Key Terms	⇒ Identification; assessment; intervention; accessibility, reasonable accommodation; universal design; and adaptive/assisting technology
Duration	1:00hr ((Take extra 15 minutes for persons with disability)
Training Methods	⇒ Participatory lecture and PowerPoint presentations, brainstorming, plenary/group discussions and presentation, group exercises, question and answer, Demonstration, recap
Material required	werPoint (softcopy), flip chart/flipchart stand, marker pens, stick ff, computer/laptop, LCD Projector, handouts Sign language erpreter, Braille, Slate & Stylus, etc. as needed.

Session 1: Identification

Objectives	*Introduce approaches to identification*
	Introduce tools of identification
Duration	*30 min* (Take extra 10 minutes for persons with disability)
Method	*Lecture: PowerPoint presentation*
	Reflection
Resource	*Computer/laptop*
	LCD projector
	PowerPoint Presentation Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Steps to facilitate this session

Step 1) *Introduce the trainees to what identification is in disability mainstreaming. Set a conceptual framework of assessment in disability mainstreaming based on the provided notes.*

FACILITATOR'S NOTE-4.1 Conceptual framework

A conceptual framework suggested for disability assessment is based on the CRDP. The issue of disability assessment mechanisms and determining eligibility for benefits is intrinsically linked to that of the chosen definition of disability. The CRDP does not provide a legal definition of disability, but the preamble of the Convention states:

- ☞ *disability is an evolving concept and … disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others*, confirmed by article 1:
- ☞ *Persons with disabilities include 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*
- The CRDP does not provide either specific guidance for developing disability assessment mechanisms or for determining eligibility. However, a number of the Convention principles, related to the purpose of these mechanisms, to the assessment of disability, and to the process themselves, enable to steer action
- Moreover, by ratifying the Convention, the States Parties commit to ensuring access to all services intended for the public on an equal basis with others and to:

☞ Take all appropriate steps to ensure that reasonable accommodation is provided. (art.5.3);

☞ Ensure persons with disabilities have access to a range of in-home, residential, and other community support services, including personal assistance necessary to support living and inclusion in the community and to prevent isolation or segregation from the community. (art.19.b);

☞ Ensure access to appropriate and affordable services, devices, and other assistance for disability-related needs. (art.28. 2a);

☞ Ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses. (art. 28.2.c);

☞ Provide early and comprehensive information, services, and support to children with disabilities and their families. (art. 23.3);

☞ Facilitate the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost. (art. 20.3); and

☞ Facilitate the access by persons with disabilities to quality mobility aids, devices, assistive technologies, and forms of live assistance and intermediaries, including by making them available at affordable cost. (art. 20.b).

In line with the principles and vision of the CRDP, disability assessment mechanisms must concentrate on participation restriction and on support needs of the disabled person more than on her/his impairment or functional limitations. This implies also that these mechanisms take the environment into account, most often overlooked in assessments.

- *Participation of disabled persons:* The Convention is quite explicit that the choices and preferences of disabled persons must be respected on an equal basis with others. This applies to different aspects of assessment mechanisms, in particular to the designing of the mechanisms themselves as stated in article 4.3:
    - *States Parties shall closely consult with and actively involve persons with disabilities [...] and their representative organizations",* and to the assessment of the person's support needs as well.

Step 2) *Ask questions and allow trainees to brainstorm on what disability assessment mechanisms do mean and then give them time to reflect on the question posed below.*

FACILITATOR'S NOTE-4.2 Disability Assessment Mechanism

A number of factors must be taken into account in the understanding and analysis of disability assessment mechanisms and determining eligibility. This includes the different steps and elements taken into account in the procedure framed by each mechanism.
The disability assessment and eligibility to benefits mechanism vary considerably according to their aims, their functions, their status- public or private- and finally according to their centralization

Aims of assessment mechanisms

May aim at ensuring that services are provided only and exclusively to those who meet tightly specified criteria of eligibility as part of a rationing process of scarce resources; or
Conversely, may aim at identifying the needs of the person and target the best match between needs and services, and
May also restrict access to a given type of service, such as access to mainstream school for instance by referring the disabled child to special

Functions of assessment mechanisms

- The functions of assessment mechanisms and referring may relate to:
    - ✓ The definition of a status: "disability certificate" giving direct access to benefits or services, tax exemption, etc.,
    - ✓ Entitlement to specific support,
    - ✓ Assessment of functional capacity giving access to education, employment
    - ✓ Assessment of support needs,
    - ✓ Referral and orientation to services
- ***Public or private status:***

Assessment mechanisms may be public, when they apply to measures linked with devices funded by public funds, such as social protection benefits, or private when they apply to access to services provided and funded by non-State actors, which is often the case in the middle- and low-income

Models of functioning:

- Basically, there are two patterns of mechanisms, often combined in reality:
    I. A structure based on the principle of the "one-stop-shop" ensures both the assessment of the person's needs and access to all compensation devices and benefits provided by the different ministries
    II. Each sector develops its own assessment mechanism on the basis of which it gives access to specific types of compensation devices and benefits

Emphasis:
The implementation of the CRPD implies revisiting the types of services and benefits intended to support the participation of disabled persons. In many countries, this implies therefore to overhaul procedures and mechanisms of disability assessment and revising their purposes and their components. The task is particularly complex when the legal framework includes several disability assessment mechanisms, based on different definitions of disability, each of them taking different dimensions of disability into account, and combined with the crucial issue of resources.

FACILITATOR'S NOTE-4.3 Disability Assessment Mechanism

Guidance Templates:

- The templates are intended for all stakeholders and as such for representatives of authorities responsible for disability assessment with a view to an inclusive approach. These templates are meant to be a guidance tool to collect appropriate information to identify the one or several dimensions taken into account in a process of allocation of benefits (financial or in-kind) within a given system
- Based on a progressive logic, the templates are built according to the following structure:
    1. steps to collect appropriate information linked to the existing procedures; and
    2. analysis of the mechanisms in the studied system and of their consistency with the rights of disabled persons as stated in the CRPD

Templates

Template 1: Assessment and Decision Processes for Granting a Status of a Disabled Person

- The first template is meant to identify if in the studied system there exists a legal status of a disabled person, as a precondition for the allocation of one (or several) benefit(s) (financial, social, in-kind, ...). The template includes a series of questions organized in 6 sections meant to describe the existing procedure:
    1. legal frame defining the status of a disabled person
    2. accessibility of the procedure
    3. actual assessment mechanism
    4. decision-making process
    5. information centralization and management
    6. practical implementation of assessment procedures

Template 2: Sectorial Assessment of Social participation

- The second template is meant to analyze a sectorial approach of assessment mechanisms that another (access to employment, to education, etc.). The template is composed of a series of questions organized into 5 sections:
    1. legal frame of the assessment procedure
    2. accessibility of the assessment procedure for allocating the benefit
    3. assessment mechanisms for the allocation of the benefit
    4. decision-making process
    5. centralization and management of information

- This template is complementary to template1 when the allocation of benefits is not based only on the status of a disabled person, but when the latter is a legal prerequisite giving access to a sectorial process according to the age of the person and the difficulties, she/he meets in her/his full social participation on an equal basis with the other members of the community

FACILITATOR'S NOTE-4.3 Disability Assessment Mechanism

- This template will be useful also when the current system does not provide for granting a status of a disabled person but only for sectorial assessment and benefits allocation mechanisms
- When describing the system, the user has to identify the benefits relying on decisions based on the results of an assessment. If the assessment is multidimensional, and if it includes the assessment of participation restrictions and environmental obstacles, the decision-making process should allow for a more efficient allocation of benefits,
- Conversely, an assessment limited to the only impairments and functional limitations of the persons bears the risk to end up in a uniform allocation system based on a categorization of the disabled population

Template 3: Process of Assessment by benefits

- Templates 3 and 4 are optional. They propose complementary analyses to users who wish to get into a more detailed examination of the system
- Experience shows that some users of the templates and in particular representatives of disabled people engage more easily in the analysis starting from allocated benefits
- Template 3 provides the following steps
  1. Identifying the population of reference to be examined
     a. General population of disabled persons
     b. Population identified in terms of impairments: sensory, motor, cognitive
     c. Population identified by age
     d. Population identified according to a geographic criterium

  2. Identifying existing benefits such as:
     a. Human assistance
     b. Assistive devices
     c. Adaptation for a given activity
     d. Adaptation of the physical environment
     e. Financial benefit
     f. Tax advantage
     g. Legal advantage
     h. Access to public or private services

FACILITATOR'S NOTE-4.3 Disability Assessment Mechanism

3. Describing the 3 following steps of the process:
    a. ***Demand***: identifying the basic eligibility criteria to the demand and the authorities in charge of determining the admissibility of the demand
    b. ***Assessment***: Who performs the assessment? Content of the assessment. In this section, it is the extent of the assessed dimensions which is investigated, as well as the multidisciplinary nature of the assessment process
    c. ***Decision-making***: What are the dimensions taken into account to decide upon the allocation of the benefit? What is the authority taking a decision
4. ***Estimated Impact of Benefits on the Participation of Disabled persons***

    This template is intended to initiate discussion on the impact of benefits on the level of social participation of a group of disabled persons. The first step is to identify the target group of persons that one intends to enquire, according to:
    - Impairments (sensory, cognitive,..)
    - Socio-demographic variables (sex, age,..)
    - Geographical location

- The persons of the target group are invited to express their perception of the impact of a given benefit on their performance in daily life activities and social roles and to rate this perception on a scale
- The scale and its levels are detailed in the report. This template allows self-reporting or can be used in an interview, provided that it has been made accessible to all disabled respondents

Step 3): *Demonstrate guidance templates based on the notes illustrated below.*

Emphasis – Testing of the templates in middle- and low-income countries:
Through the professional missions of two members of the research team, successive drafts of the templates in progress have been tested by potential users (DPOs, policymakers, civil servants of social affairs administrations) in the 7 middle- and low-income countries selected for the study.

Session 2: Intervention

Objectives	*Introduce the types of intervention*
	Demonstrate outcome categories and sub-categories of intervention
Duration	1:00hr ((Take extra 15 minutes for persons with disability)
Method	*Lecture: PowerPoint presentation*
	Group discussion and demonstration
Resource	*Computer/laptop*
	LCD projector
	PowerPoint Presentation
	Flipchart, Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Step 1): *Form the trainees into groups and let them discuss the types and outcome categories of intervention with persons with disabilities for 15 minutes. Let each group demonstrate the types and categories of intervention on a flipchart and then present. Allot 5 minutes for each group to present their demonstration*

Step 2): *Introduce the types and outcome categories of intervention based on the notes provided below and in comparison, to what each group demonstrated.*

FACILITATOR'S NOTE-4.4 Types of Intervention

- As indicated in sustainable development goals (SDG) guidelines to generate an inclusive and global dialogue, implementing the SDGs must be in line with and build upon existing international and national commitments and mechanisms
- The WHO's community-based rehabilitation (CBR) recognizes CBR as a comprehensive and multisectoral strategy to equalize opportunities and include people with disabilities in all aspects of community life
- Therefore, the CBR will serve as a guiding framework for the intervention and outcome categories as listed below in order to realize the full inclusion and empowerment of persons with disabilities
- "Advocacy and Governance" has also been added as one of the components as strong advocacy may be required to prevent and/or address abuse, neglect, and exploitation that people with intellectual and/or developmental disabilities may experience
- People with disabilities may need the support of advocates to become effective self-advocates. The included interventions cover all main strategies to reduce the disability-related outcome

Outcome Categories:

The five main outcome categories are as mentioned below and they are plotted against the WHO's CBR indicators, as indicated in table 3:

1. Health
2. Education
3. Livelihood
4. Social
5. Empowerment

Intervention Categories:

The six main intervention categories, as demonstrated in table 3 below, are:

1. Health
2. Education
3. Livelihood
4. Social
5. Empowerment
6. Advocacy and Governance

Table 2: Outcome categories and subcategories

Outcome Categories	Outcome WHO's Community-Based Rehabilitation (CBR) Indicators	Outcome WHO's Community-Based Rehabilitation (CBR) Indicators
Health component	Mental health and cognitive development	Men, women, boys, and girls with a disability equally access mental health services and engage in activities needed to achieve the highest attainable standard of mental health services
	Access to health services	Men, women, boys, and girls with disability have access to health services equally and engage in activities needed to achieve the highest attainable standard of health
		Percentage of people with disabilities and their families that have access to medical care
		Men, women, boys, and girls with disability feel they are respected and treated with dignity when receiving health services
	Immunization	Percentage of people with disabilities who receive full immunization as recommended for their country by WHO
	Health check-up	Men, women, boys, and girls with disability know how to achieve good levels of health and participate in activities contributing to their health
		Percentage of children with disability who receive the recommended health check-ups
	Rehabilitation services	Men, women, boys, and girls with disability engage in planning and carrying out rehabilitation activities with the required services
	Access to assistive devices	Men, women, boys, and girls with disability have access to, use, and know-how to maintain appropriate assistive products in their daily life
Nutrition	Morbidity and mortality	Men, women, boys, and girls with disability access and benefit from quality medical services appropriate to their life stage needs and priorities
Education	Enrolment to primary, secondary, and tertiary Education	Policies and resources are conducive to education for people with disabilities and ensure smooth transitions through different stages of learning
		Children with disability participate in and complete quality primary education in an enabling and supportive environment
		Men, women, boys, and girls with disability have resources and support to enroll and complete quality secondary and higher education in an enabling and supportive environment
		Youth with disability experience post-school options on an equal basis with their peers
	Attendance	Men, women, boys, and girls with disability have resources and support to enroll and complete quality secondary and higher education in an enabling and supportive environment
	Education in mainstream education facilities/ inclusive education	Percentage of people with disabilities who acquire education in mainstream education facilities
	Social and life skill	Men, women, boys, and girls with disability make use of youth or

Outcome Categories	Outcome WHO's Community-Based Rehabilitation (CBR) Indicators	Outcome WHO's Community-Based Rehabilitation (CBR) Indicators
	development	adult-centered learning opportunities to improve their life skills and living conditions
	Learning and achievement	Men, women, boys, and girls with disability experience equal opportunities to participate in learning opportunities that meet their needs and respect their rights
	Access to educational services	Children and youth with disability participate in a variety of non-formal learning opportunities based on their needs and desires
		Children with disability actively participate in early childhood development activities and play, either in a formal or informal environment
Livelihood	Employment in the formal and informal sector	Men and women with disability have paid and decent work in the formal and informal sector on equal bases with others
		Women and men with disability earn income through their own chosen economic activities
		Youth and adults with a disability acquire marketable skills on an equal basis with others through a range of inclusive training opportunities
Access to job market	Control over own money	Women and men have control over the money they earn
	Access to financial services such as grants and loans	Men and women with disability have access to grants, loans, and other financial services on an equal basis with others
		Men and women with disability participate in local saving and credit schemes
	Poverty and out-of-pocket payment	Percentage of people with disabilities who are covered by social protection programs
	Access to social protection programs	Men and women with disability access formal and informal social protection measures they need
	Participation in the development of inclusive policies	Inclusive policies, practices, and appropriate resources, defined with people with disabilities enable equal participation of women and men with disability in livelihood (training, finance, work opportunities, and social protection)
Social	Stigma and discrimination	Communities have increased awareness about disability, with a reduction in stigma and discrimination towards people with disabilities
	Safety	Men, women, boys, and girls with disability feel safe in their families and community
	Participation in mainstream recreational, leisure and sports activity	Men, women, boys, and girls with disability participate in inclusive or specific recreation, leisure, and sports activities
	Legal rights	All people with disabilities (PwD) are recognized as equal citizens with legal capacity
	Access to justice	PwD access and use formal and informal mechanisms of justice
	Participation in	Men, women, boys, and girls with disability participate in artistic,

Outcome Categories	Outcome WHO's Community-Based Rehabilitation (CBR) Indicators	Outcome WHO's Community-Based Rehabilitation (CBR) Indicators
	cultural and religious activity	cultural, or religious events in and outside their homes as they choose
	Interpersonal interaction and relationships	Men, women, boys, and girls with a disability experience the support of the community and their families to socialize and form age-appropriate and respectful relationships
		Percentage of people with disabilities who feel respected in their decisions regarding personal relationships
	Social identity and responsibilities	Men, women, boys, and girls with disability feel valued as community members and have a variety of social identities, roles, and responsibilities
Environment	Informed choices	PwD make informed choices and decisions
	Positions in public institutions and Judiciary	Men and women with disability participate in political processes on an equal basis with others
	Voting rights	Men and women with disability participate in political processes on an equal basis with others
	Representation at the community level	PwD actively engage in and benefit from self-help groups in the local communities, if they choose (inclusive or specific)
		Self-help groups come together to form federations to harness collective energy and influence positive change
		Men and women with different kinds of disabilities living in different situations (rural or urban areas, poor or rich, refugees) feel they are adequately represented by DPO
	Advocacy	Men, women, boys, and girls with disability effectively use communication skills and resources (including supportive decision-making) to facilitate interactions and influence Change
		Men, women, boys, and girls with disability play a catalyzing role in mobilizing key community stakeholders to create an enabling environment

Table 3: Intervention subcategories

CBR Pillar (Intervention)	Component (Intervention Subcategory)	Examples
Health Promotion	Promotion	Parent/family training and education, support health promotion campaigns and health care provider training
	Prevention	Avoidance of war; improvement of the educational, economic, and social status of the least privileged groups; identification of types of impairment and their causes within defined geographical areas; introduction of specific intervention measures through better nutritional practices; improvement of health services, early detection, and diagnosis; prenatal and postnatal care; proper health care instruction, including patient and physician education; family planning; legislation and regulations; modification of lifestyles; selective placement services, education regarding environmental hazards; and the fostering of better informed and strengthened families and communities
	Medical care	Periodic health screening, evaluation of traumatic injuries, access to early treatment
	Rehabilitation	Training in self-care activities, including mobility, communication, and daily living skills, with special provisions as needed, for example, for the hearing impaired, the visually impaired and the mentally retarded, vocational rehabilitation services (including vocational guidance), vocational training, cognitive behavior therapy, cognitive stimulation, rehabilitation and training, activity therapy centers, supportive therapy, stress-management interventions/psychosocial support, trauma-informed therapy, acceptance and commitment therapy, interpersonal therapy, modification of the environment, trauma-informed therapies.
	Assistive devices	Provision of appliances (ortheses, prostheses, hearing aids, etc.), devices such as day calendars with symbol pictures for people with cognitive impairment, communication boards, and speech synthesizers for people with speech impairment
Education	Early child development	Speech and language therapist, physiotherapy, gait training, occupational therapy
		Inclusive social services and child protection
	Nonformal	Community-based-sports programs, faith-based schools, home-based learning, playgroups
		Inclusive early childhood education
	Primary	Provision of learning material and special equipment (Braille, audio cassettes, sign language, etc.)
	Secondary and higher	Recruitment and training of specialized teachers
		Resource rooms

CBR Pillar (Intervention)	Component (Intervention Subcategory)	Examples
		Bypass intervention
	Life-long learning	Explicit social skills interventions, adult literacy programs, continuing education, life, and survival skills
Livelihood	Skills development	Training opportunities for jobs, home-based training, vocational training, training in mainstream institutions, and community-based training
	Self-employment	Income generation program
	Waged employment	Realistic quota legislation in jobs and participation in labor-intensive public works programs
	Financial services	Access to credit, health insurance coverage
	Social protection	International legislation like the universal declaration of human rights, social insurance schemes, birth registration, social assistance intervention, referral services
Social	Relationship, marriage, and family	Family planning accessible to the disabled, media campaigns, and religious leaders
	Personal assistance	Accommodation support, home modifications, self-help groups, and disabled
		People Organizations (DPOs)
	Culture, religion, and arts	Promoting the use of art for social change like positive portrayal, silent theatres, complementary therapy in the form of art, and music
		Inclusive art education, diversity training, encouraging inclusion in mainstream cultural programs, working with spiritual and religious leaders, and groups
	Sports, recreation, and leisure	Provision of adapted sports equipment, organization of inclusive sports events, linking people with disabilities to mainstream recreation and sporting clubs/associations, positive media coverage of disability recreation, using recreation and sport to raise awareness about inclusion, advocate alongside disabled people's organizations and appropriate training
	Access to justice	Legal awareness, identification of available resources like local leaders, DPO's, legal centers, legal aid
		Promoting legal rights and empowerment, inheritance right, community, or legal aid center
Empowerment	Social mobilization	Find about the community
		Building trust and credibility within the community
		Raise awareness in the community
		Motivate the community to participate
		Bringing stakeholder together
		Capacity building

CBR Pillar (Intervention)	Component (Intervention Subcategory)	Examples
		Celebrating achievements
	Political participation	Reservation of position in public and political institution
		Development of political awareness
		Access to the political process
		Disability awareness within the political system
	Language and communication	Speech and language therapy, deaf clubs, stroke clubs, self-advocacy, interventions removing communication barriers
	Self-help groups and Disabled People's Organizations	Creating joint resources like training material, community directories, advocating rights of persons with disability, partnership with existing self-help groups
Advocacy and Governance		National prevention programs against certain illnesses (polio, leprosy)
		Establishment/reinforcement of a Special Education Service in the Ministry of Education
		Establishment/reinforcement of medical rehabilitation centers
		Legislative reforms: elimination of all forms of discrimination
		Mandating healthy behavior as childhood immunization/seat belts etc.
		Raising awareness on human rights through media
		Appropriate budgetary allocation

Session 3: Accessibility and Reasonable Accommodation

Objectives	*Pose a question to the trainees on concepts of accessibility and reasonable accommodation, let them brainstorm, and give them time to reflect back*
	Discuss the concepts of accessibility and reasonable accommodation based on the notes provided below.
Duration	*40 min* ((Take extra 10 minutes for persons with disability)
Method	*Lecture: PowerPoint presentation*
	Question and answer/brainstorming and reflection
Resource	*Computer/laptop*
	LCD projector
	PowerPoint Presentation, Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Step 1): *Pose a question to the trainees on concepts of accessibility and reasonable accommodation, let them brainstorm, and give them time to reflect back.*

1. What do accessibility and reasonable accommodation mean for you?

Step 2): *Discuss the concepts of accessibility and reasonable accommodation based on the notes provided below.*

Notes on Accessibility and Reasonable Accommodation

- **Accessibility**
  - Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, including persons with disabilities.
  - The UNCRPD defines accessibility as:
    - *access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.*
  - Making your environment accessible is crucial to inclusion and you will learn more about it throughout this guide.
- **Reasonable Accommodation**
  - Necessary and appropriate modification and adjustment not imposing a disproportionate or undue burden, where needed in a particular case, to ensure that persons with disabilities enjoy or exercise, on an equal basis with others, all human rights and fundamental freedoms.
  - Reasonable accommodations are designed specifically for an individual and what he or she requires in a specific learning, work, or other situation.
  - According to the UNCRPD, reasonable accommodation "means 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 other of all human rights and fundamental freedoms."
  - In training situations, reasonable accommodations are actions taken or tools and devices provided to address the specific needs of the trainee. For example, you may need to provide a special desk so that a wheelchair user can participate, or extra tutoring for a student with an intellectual disability so they can move forward with their class.
- *Tips for Administrators and Instructors*
  - Both administrators and instructors need to understand these basic concepts related to inclusion. Administrators need to look at the accessibility of the facility, consider the budget, and how much can be allocated to addressing physical barriers, making curriculum adjustments, reasonable accommodation, and training on inclusion.
  - It is important to remember that community resources, such as disabled persons' organizations, non-governmental organizations, business and trade unions, and other members of civil society could assist you.

- *As an administrator, you may need to*:
  - Provide regular training to instructors and staff of the training facility
  - Involve qualified persons with disabilities in the training to model inclusion
  - Include trainees with disabilities as participants
  - Design a special training program for them and their families to address issues such as low confidence or doubt on the part of persons with disabilities, or over-protectiveness, concern, and shame of some family members. Also sensitize influential persons in the community, such as employers

Session 4: Universal Design

Objectives	*Build the trainees' understanding of the concepts of universal design*
	Demonstrate to the trainees the process, principles, and application of universal design
	Provide the trainees with the illustrations of universal design research (UDR), including a few sample rules for the UDR
	Introduce the trainees to the practical guidelines for implementing UDR
Duration	1:00hr ((Take extra 15 minutes for persons with disability)
Method	*Lecture: PowerPoint presentation*
	Question and answer/brainstorming and reflection
Resource	*Computer/laptop*
	LCD projector
	PowerPoint Presentation ,Sign language interpreter, Braille, Slate & Stylus, etc. as needed.,

Activities for Facilitators of the Training

Universal design is the sixth session in the fifth module of this training. Five main activities will be carried out in this session:

- ***Activity – 1***: *Build the trainees' understanding of the concepts of disability and universal design: definitions and contexts based on the notes provided below.*
- ***Activity – 2***: *Demonstrate to the trainees the process, principles, and application of universal design based on the notes provided below.*
- ***Activity – 3***: *Provide the trainees with the illustrations of universal design research (UDR), including a few sample rules for the UDR. Also, support the illustration with an example of a case study on UDR based on the notes provided below.*
- ***Activity – 4*: *Introduce the trainees to the practical guidelines for implementing UDR based on the notes provided below.***

Steps to be followed by facilitators:

- *Step – 1: Introduce the four objectives of this specific session*
- *Step – 2: Introduce the four activities of this specific session*
- *Step – 3: Elaborate on the training method of this specific session*
- *Step – 4: Execute each activity step by step*

Step 1): *Build the trainees' understanding of the concepts of disability and universal design: definitions and contexts based on the notes provided below*

Notes on the concepts of universal design

- Historical Background:
  - Historically, definitions of disability have focused on differences between "normal" persons and those who lack a usual range of abilities. After World War II, such concepts coalesced into a medical model of disability.
  - In this model, disability is viewed as a problem caused by disease, trauma, or other health condition requiring medical care. The problem of disability belongs to the disabled individual, who has responsibility for complying with curative efforts, striving to overcome the disability, and adjusting to it.
  - During the disability rights movement of the 1970s and 1980s, persons with disabilities asserted that the major source of their functional limitations was not derived from themselves and their disabilities, but from the failure of physical and social environments to accept and accommodate them.
    - They emphasized that they are persons first and individuals with disabilities second, they have many abilities, and they are more disabled by environments than by their sensory, physical, or cognitive limitations.
    - In 2001, the World Health Organization published the International Classification of Functioning, Disability, and Health (ICF). This model synthesizes the medical, social, and environmental perspectives into a biopsychosocial approach.
    - Disability is defined functionally as an "umbrella term for impairments, activity limitations or participation restrictions." The ICF explicitly acknowledges that disability involves "… a dynamic interaction between health conditions (diseases, disorders, injuries, traumas, etc.) and contextual factors," particularly environmental factors that "interact with all the components of functioning and disability."
    - Rather than being seen as an all-or-nothing phenomenon, disability is seen as a continuum, and as an experience that all people may have at some time in their lives.
    - The concept of Universal Design (UD) has been then defined as "the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design".
    - A classic example of UD is the inclusion of a requirement for curb cuts in building codes. Before curb cuts were the norm, people in wheelchairs had little access to public spaces. Now, wheelchair access to such places as public buildings, recreational facilities, or parks is at least theoretically possible throughout the United States.
    - Furthermore, curb cuts make traveling through traffic areas more convenient for many non-disabled persons, such as those riding bicycles, pushing strollers, or pulling wheeled luggage.
    - Concepts of UD are now used in a wide variety of contexts. When applied to education, UD for Learning provides for a flexible system through which a curriculum can be accessible and useful to a classroom with students of widely divergent abilities and backgrounds. In health care, UD has been applied to diverse topics, including general health care, medical devices, and diabetes self-management education.

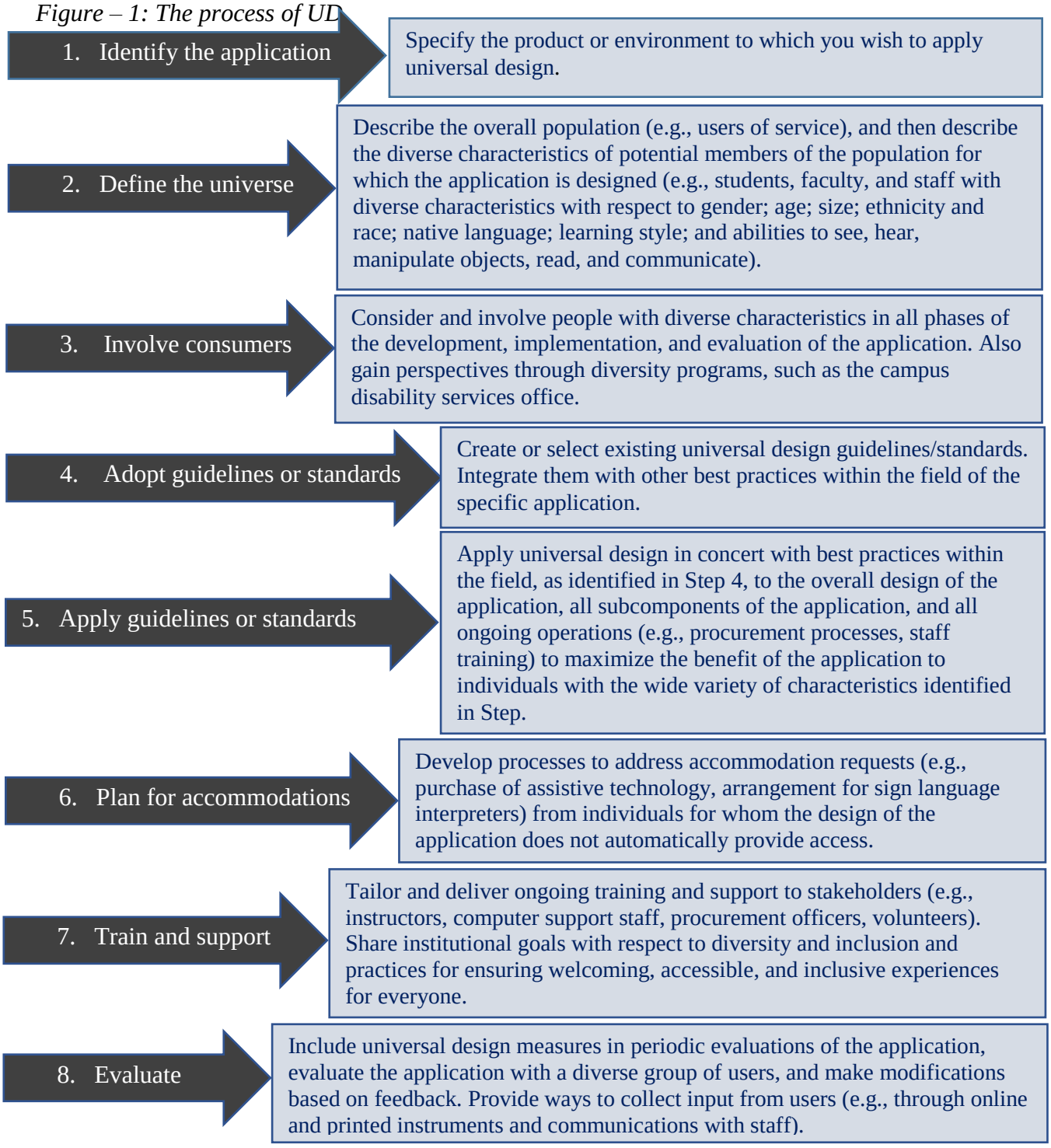
Step 2: *Demonstrate to the trainees the process, principles, and application of universal design based on the notes provided below.*

Notes on Universal Design: Process, Principles, and Applications

- **Universal design:**
  - Allows for designing products and physical structures that are usable to the greatest extent possible to everyone. The main aim is to ensure that these are usable and safe for people of different abilities e.g., pregnant women, wheelchair users, the blind, the deaf, elderly, and so on.
  - The universal design promotes accessibility. A product or physical structure is designed for use by everyone and allows choice by end-users.
  - ✓ It emphasizes a human rights-based approach to processes and designs, where end-users fully participate in the design of a product or physical structure.
  - ✓ It promotes the right of access by everyone to products and structures.
  - Designing any product or environment involves the consideration of many factors, including aesthetics, engineering options, environmental issues, safety concerns, industry standards, and cost. Typically, designers consider the average user. In contrast, universal design (UD), according to the Center for Universal Design, is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.
  - When UD principles are applied, products and environments meet the needs of potential users with a wide variety of characteristics. Disability is just one of many characteristics that an individual might possess. For example, one person could be Hispanic, six feet tall, male, thirty years old, an excellent reader, primarily a visual learner, and deaf. All of these characteristics, including his deafness, should be considered when developing a product or environment he, as well as individuals with many other characteristics, might use.
  - UD can be applied to any product or environment.
  - ✓ For example, a typical service counter in a place of business is not accessible to everyone, including those of short stature, those who use wheelchairs, and those who cannot stand for extended periods of time. Applying UD principles might result in the design of a counter that has multiple heights—the standard height designed for individuals within the average range of height and who use the counter while standing up and a shorter height for those who are shorter than average, use a wheelchair for mobility or prefer to interact with service staff from a seated position.
  - Making a product or an environment accessible to people with disabilities often benefits others.
  - ✓ For example, automatic door openers benefit individuals using walkers and wheelchairs but also benefit people carrying groceries and holding babies, as well as elderly citizens. Sidewalk curb cuts, designed to make sidewalks and streets accessible to those using wheelchairs, are often used by kids on skateboards, parents with baby strollers, and delivery staff with carts. When television displays in airports and restaurants are captioned, programming is accessible not only to people who are deaf but also to others who cannot hear the audio in noisy areas. UD is a goal that puts a high value on both diversity and inclusiveness. It is also a process. The following paragraphs summarize the process, principles, and applications of UD.

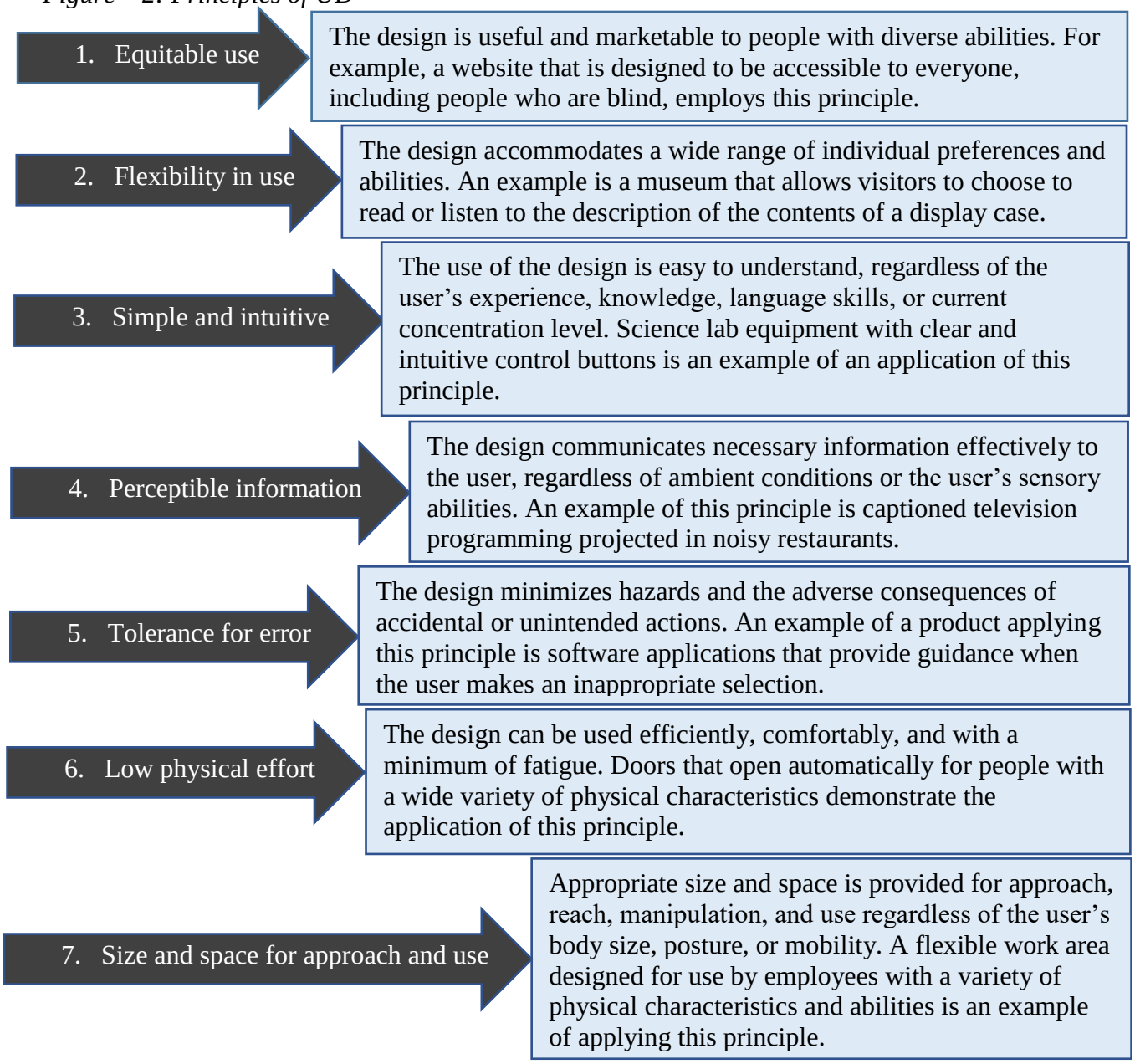
- **The Process of Universal Design**
  - The process of UD requires a macro view of the application being considered as well as a micro view of subparts of the application. UD can be applied to a variety of applications. The following list suggests a process that can be used to apply UD.
  - The process of the universal design has been demonstrated in figure 1.

Figure – 1: The process of UD



- **Universal Design Principles**
  - At the Center for Universal Design (CUD) at North Carolina State University, a group of architects, product designers, engineers, and environmental design researchers established seven principles of UD to provide guidance in the design of products and environments. Following are the CUD principles of UD, each followed with an example of its application:

Figure – 2: Principles of UD



- **Applications of Universal Design**
  - UD can be applied to any product or environment, such as curriculum, instruction, career services offices, multimedia, tutoring and learning centers, conference exhibits, museums, microwave ovens, computer labs, worksites, and web pages. DO-IT (Disabilities, Opportunities, Internetworking, and Technology) produces publications and video presentations that promote UD in a variety of environments.
  - Listed below are some of DO-IT's resources. Videos can be viewed freely online or purchased from DO-IT. Publications are provided in an accessible and camera-ready format and may be duplicated for presentations, mailings, and other noncommercial purposes.

Step 3): *Provide the trainees with the illustrations of universal design research (UDR), including a few sample rules for the UDR. Also, support the illustration with an example of a case study on UDR based on the notes provided below.*

Notes on UDR

- UDR
  - We propose UDR—defined as the design of research so that all people can be included as potential participants, to the greatest extent possible, without the need for adaptation or specialized design—as a new model for research.
  - UDR is a simple idea, with potentially system-wide, complex implications for researchers and health care providers.
- **Few Sample-Rules for UDR**
  - In the formative work, Crossing the Quality Chasm: A New Health System for the 21st Century, Plsek suggests "a few simple rules" to guide system change, including:

i. Setting the general direction or goals;
ii. Defining boundaries, prohibitions, or limitations; and
iii. Providing guidelines, resources, and support for implementation.

- Few simple rules for UDR:

i. Plan your research to include all potential participants who meet the inclusion criteria, regardless of their current abilities or disabilities;
ii. Do not create exclusion criteria unless there is a compelling scientific rationale;
iii. Provide multisensory, flexible options for recruitment, research instruments (such as questionnaires), measurements, and responses from participants, with reasonable accommodations that invite and facilitate participation by persons with disabilities; and
iv. When you do not know how to include someone with a disability, consult someone who does (the potential research participant, another person with that disability who is knowledgeable about the range of methods people use for living fully with it, or a professional who works with persons who have that disability).

Step 4: *Introduce the trainees to the practical guidelines for implementing UDR based on the notes provided below.*

Notes on UDR Implementation Guidelines

- Many researchers are unfamiliar with the ways that persons with disabilities access information and perform activities of daily living. Therefore, we offer practical guidelines for implementing the simple rules:
  - Plan multiple options for people to learn about, respond to, and arrive at opportunities to participate in research;
  - Provide multiple means to communicate the information in research instruments and instructions for participants; and
  - Provide multiple means of responding to research instruments and interventions.
- **Example of a Case Study on UDR**
  - A researcher investigating cognitive impairment after adverse cardiac events became concerned about the validity of standard instruments for measuring cognitive impairment.
  - In particular, one instrument requires reproducing a hand-drawn complex figure; another requires following verbal instructions. The population from which the research sample was drawn included many older adults.
  - High rates of visual, hearing, and dexterity impairments led to a correspondingly high potential for false-positive measurements of cognitive impairment.
  - Following simple rules 1 and 2, the researcher decided to include these persons with disabilities in the study.

Emphasis: About DO-IT

DO-IT (Disabilities, Opportunities, Internetworking, and Technology) serves to increase the successful participation of individuals with disabilities in challenging academic programs such as those in science, engineering, mathematics, and technology. Primary funding for DO-IT is provided by the National Science Foundation, the State of Washington, and the U.S. Department of Education. This material is based upon work supported by the National Science Foundation under cooperative agreement No. HRD-0227995. Any opinions, findings, and conclusions, or recommendations expressed in this material are those of the author and do not necessarily reflect the views of the National Science Foundation (NSF).

Session 5: Adaptive/Assistive Technology

Objectives	*Provide background information about the whole essence of and the need for adaptive/assistive technology for disability mainstreaming*
	Enable the trainees to discuss the existing reality of their ecosystem directly in relation to adaptive/assistive technology
	Provide the trainees with evidence base frameworks and contexts on adaptive/assistive technology for disability mainstreaming
	Introduce the trainees to human factors associated with adaptive/assistive technology.
	Give a highlight of engineering consideration directly related to adaptive/assistive technology in disability mainstreaming
	Summarize the session by providing the trainees with key takeaways directly related to adaptive/assistive technology for disability mainstreaming
Duration	4:00hrs ((Take extra 1hr for persons with disability)
Method	*Lecture: PowerPoint presentation*
	Group-based demonstration
Resource	*Computer/laptop*
	LCD projector
	PowerPoint Presentation
	Flipchar,t Sign language interpreter, Braille, Slate & Stylus, etc. as needed,

Activities for Facilitators of the Training

'Adaptive/assistive technology is the seventh session in the fifth module of this training. Nine specific activities will be facilitated with the trainees to complete this session:

- ***Activity – 1***: *Form groups of 4 – 5 trainees each. Let each group draw on a flip chart in designing their own innovative idea for demonstrating the use of adaptive/assistive technology or facility that should accessible by persons with disability. When done, let each group demonstrate their designs to the trainees.*
- ***Activity – 2***: *Provide background information about the whole essence of and the need for adaptive/assistive technology for disability mainstreaming. Focus on explaining how much adaptive/assistive technology is required for disability mainstreaming, and consider the following points in your explanation based on noted provided.*
- ***Activity – 3****: Form the trainees into small groups (consisting of 3 – 5 individuals) and let them discuss, for a maximum of 10 minutes, the existing reality of their ecosystem directly in relation to adaptive/assistive technology. Then let each group present the results of their discussion in a flipchart to the larger audience. This will be followed by your presentation and explanation of the ecosystem of adaptive/assistive technology.*
- ***Activity*** *– 4: Explain the ecosystem of adaptive/assistive technology. In your presentation and explanation, give emphasis to the bulleted notes provided.*
- ***Activity – 5***: *Provide the trainees with evidence-based frameworks and contexts on adaptive/assistive technology for disability mainstreaming. Focus on the specific framework and contexts based on the notes provided.*

- ***Activity – 6***: *Begin with organizing trainees in small groups (consisting of 3 – 5 individuals) and let them discuss, for a maximum of 10 minutes, human factors associated with adaptive/assistive technology. After discussion, allot 5 minutes for each group to present in a flipchart list of human factors resulting from their discussion to the larger audience. Consequent to each group's presentation, provide the trainees with your presentation and explanation of the human factors as illustrated.*
- ***Activity – 7***: *Give a highlight of engineering consideration directly related to adaptive/assistive technology in disability mainstreaming. In your presentation, focus on the following notes provided.*
- ***Activity – 8***: *Provide the trainees with a brief explanation of the development and marketing of adaptive/assistive technology. In your explanation, give emphasis to the following notes.*
- ***Activity – 9***: *Summarize the session by providing the trainees with key takeaways directly related to adaptive/assistive technology for disability mainstreaming.*

Steps to be followed by facilitators:

- *Step – 1: Introduce the six objectives of this specific session*
- *Step – 2: Introduce the nine activities of this specific session*
- *Step – 3: Elaborate on the training method of this specific session*
- *Step – 4: Execute each activity step by step*

Step 1): *Form groups of 4 – 5 trainees each. Let each group draw on a flip chart in designing their own innovative idea for demonstrating the use of adaptive/assistive technology or facility that should accessible by persons with disability. When done, let each group demonstrate their designs to the trainees*

'Figure 1: Difference between Disability and Impairment

Source: *World Vision International Uganda (2008)*

Step 2): *Provide background information about the whole essence of and the need for adaptive/assistive technology for disability mainstreaming. Focus on explaining how much*

adaptive/assistive technology is required for disability mainstreaming, and consider the following points in your explanation based on noted provided below:

Notes on Adaptive/Assistive Technology

- Adaptive/assistive technology in education
  - Ahmad (2015) in his landmark study talks about the gap in inclusive education between developed and developing countries that is created by the (non)availability of good quality customizable assistive technology. He refers to the skewed research on success stories of inclusive education in the developed world, while countries in Asia, Europe, and Africa deal with difficulties in the implementation of inclusive education. The most common difficulties are limited governmental support, ineffective policies and legislation, inadequate funding, insufficient trained teachers and support staff, political instability, and economic crisis; the ineffective and inefficient use of assistive technology is seen to be a major obstacle hindering inclusion.
- Aging and adaptive/assistive technology
  - The growing average age is a medical success story but comes with its own challenges. It demands that society adapts in the areas of public health policy to maximize the functional capacity of older people and increase their social participation.
  - Assistive technology is accompanied by a negative connotation that hinders its use among the older population. Goyal and Dixit (2008) feel that this could be remedied by categorizing assistive technology devices differently.
  - The approach to assistive technology becomes very different when it deals with recreational activities especially among the older population of the country. It can help persons with disabilities to communicate well and participate in the social environment.
  - However, this may not be the case among the aging population due to reasons ranging from hesitation to use devices that are labeled as ‘aids for persons with disabilities or the unwillingness to use assistive aids/appliances at this stage in life. Studies exploring the intention of elderly population to use devices to maintain their independence discuss the sociocultural factors, the financial considerations, considerations of gender in terms of accessibility to assistive technology.
  - Goyal and Dixit (2008) list out the technology interventions in the field of elderly care for the end-users keeping in line with the deliberation and consultations on home design, networking avenues, recreation, and health among others.
  - Having the right assistive technology device may translate to a life with the opportunity to be employed and earn a living. The research on disability and access to jobs has mostly been restricted to the developed world. In the past decade has there been a considerable focus on the economic effects of disability on labor markets, the relationship between disability and poverty.

- Adaptive/assistive technology for sports
  - Wheelchairs are generally accessible in high and middle-income countries. However, access to mobile devices for sports activities is difficult even in high-income countries such as the USA due to lack of funding. The situation is worse for low-income countries. It has been estimated that between 20 – 130 million require access to wheelchairs in developing countries.
  - The 'Paralympian' presents recent events in the field of sports, highlighting sports in the presence of disability in developing countries. Aurthier et al. (2007) highlight in their paper, the process of developing an affordable wheelchair for low-income countries. He designed a sports wheelchair for low-income countries using materials and components that would be easily available in these countries.
  - The fabrication process in the construction was simple enough to be adopted by students with no experience and virtually zero supervision. This shows how the consideration for assistive technology for sports as an activity among persons with disability has been gaining momentum in low to middle-income countries.
  - Not only in physical disability, but there is also evidence of speech modification through the use of assistive technology devices can aid children with dyslexia. There is evidence that Augmentative and Alternative Communication (AAC) devices have been very helpful in catering to the communication needs of children with developmental conditions like Autism. Experts in the field noted that the awareness of different assistive technology for different activities is rising and newer products demonstrate an awareness of user requirements. The overall ecosystem of assistive technology seems to be expanding as the discourse on disability in relation to various activities is swelling.
  - This should be also augmented by briefly describing the levels of recognition given to adaptive/assistive technology by international entities, such as, for example, the World Health Organization.

Step 3)*: Form the trainees into small groups (consisting of 3 – 5 individuals) and let them discuss, for a maximum of 10 minutes, the existing reality of their ecosystem directly in relation to adaptive/assistive technology. Then let each group present the results of their discussion in a flipchart to the larger audience. This will be followed by your presentation and explanation of the ecosystem of adaptive/assistive technology.*

Step 4)*: Explain the ecosystem of adaptive/assistive technology. In your presentation and explanation, give emphasis to the bulleted notes provided below.*

Notes on Ecosystem of Adaptive/Assistive Technology

- The Ecosystem of Adaptive/Assistive Technology:
  - Any solution must be developed within a supportive ecosystem:
    - ✓ First, there must be recognition of the problem and estimation of its size.
    - ✓ Second, assuming the first is in place, policy enablers must have an intention to address it.
    - ✓ Thirdly, there needs to be demand from those who require assistive devices. And finally, there need to be people willing to invest time and effort in developing and marketing the solutions.
- Size of the problem:
  - A fundamental difficulty to developing a robust response on assistive technology lies with an incomplete information base to work from. There is limited data on disability.
- Uncertainties in the prevalence of data
  - WHO estimates that today, about 15% of persons worldwide are living with disabilities of some degree.
  - Further, some experts challenge the Census estimates of 2011, and say that the number should have been closer to 40 million in 2011 and could rise to 60 million in 2021, an estimated 50% increase. They also point to the issue of temporary disability which could affect anywhere between 400,000 – 500,000 people per year. More persistent inquiry at the village level is expected to provide a better mapping of those with disability.
  - Little credible information exists apart from the prevalence data on disability, and even that is commonly accepted to be unreliable.
- The rising of disability
  - The prevalence of disability will continue to increase due to an aging population, increase in chronic health conditions such as diabetes, cardiovascular disease, cancer, and mental health disorders as well as injuries and violence. Data from the Institute of Health Metrics and Evaluation's Global Burden of Disease study shows that the causes of disability have changed dramatically between 2007 and 2017. It is clear that there is a growing share of non-communicable diseases linked to death and disability, partly owing to their increasing incidence, as well as to the overall increase in longevity of both men and women.
  - Data of this kind has implications for any efforts to develop and make assistive technology devices for persons with disability available and accessible. The differential in estimates of disability prevalence by WHO indicates the need to develop more robust estimates for the country. The nature of the distribution across various 'types' of disability provides clues as to the kinds of needs that society has, but these must be further refined if they are to be useful. Finally, the greater prevalence of non-communicable diseases and increasing longevity spell trouble for the public health system; both translate to a higher requirement for assistive technology solutions.

- Data on the requirement for adaptive/assistive devices
  - Experts attest to the lack of data on assistive technology worldwide. Persons with disability are not homogenous, they have different wants and needs. Data is also required on the present state of play on aids and appliances being used by persons with disability. Such data is presently lacking. Much of the data in this space is related to input type data and there is no consolidation of even input data across organizations which are distributing assistive technology devices and individuals who receive them or buy their own devices. This means that any estimation of need is appreciably flawed.

Step 5) *Provide the trainees with evidence base frameworks and contexts on adaptive/assistive technology for disability mainstreaming. Focus on the following specific framework and contexts based on the notes provided below.*

Notes on Framework

- Framework: HAAT Framework
  - Cook and Hussey's Human Activity Assistive Technology (HAAT) model first mooted in 1995, is a widely recognized framework for assistive technology provision. The functional outcome of an assistive technology system is defined as, "someone (person with a disability) doing something (an activity) somewhere (within a context)".
  - The HAAT framework describes the process by which assistive technologies that are the most optimal for a person with disabilities can be selected. The HAAT framework thus highlights the performance of the entire system within which assistive technology is located rather than the isolated evaluation of the human performance. In doing so, the HAAT framework provides the basis of discussion of evidence availability more generally.
  - The HAAT model is one of the earliest models of Assistive Technology in the field of rehabilitation engineering. It is built on Bailey's Human Performance Model used in human factor engineering, incorporating two substantial changes.
    - ✓ First, assistive technology is set as separate and important element having a direct and interdependent relationship with the other three elements i.e., human element, activity element and the context element.
    - ✓ Second, the context occupies a more prominent position as does its association with the other elements. Context is not described simply as the location and physical environment in which an activity occurs. There is an embedded impact of social, cultural and institutional factors as well. There is a "dynamic interaction between initial three factors and the pervasive influence of the context on them, both individually and collectively, with humans identified as a central focus".
  - The HAAT framework considers the following in discussing assistive technology:
    - i. context in which use is to take place;
    - ii. activities for which the assistive technology is to be used;

iii. human factors that determine readiness to utilize assistive technology; and
iv. engineering considerations of the assistive technology.

- Context comprises the social and cultural context as well as institutional context (e.g., infrastructure and legislation); and physical variables. Activities are divided into three broad categories of self-care, productivity, and leisure comprising of communication and access to information, mobility, cognitive activities, daily living, education and employment, and recreational activities. The human factor captures the distinction between a person's abilities, from her/ his skills in using assistive technology, to motivation that the person would require to use the technology.

- *Contexts*

- The design and subsequent success of assistive technology interventions are appreciably affected by the background in which it is deployed. Context comprises of the social and cultural context – both society-wide as well as the user's individual social and cultural context; infrastructure, legislative and assistive technology context; and the local setting namely, location, environment, and physical variables.

- *Cultural context*

- A person's native culture, language, beliefs, institutional restraints, customs must be taken into account as they relate directly to the person, and to the larger community.
- Research on assistive technology generally focuses upon functionality and usability of the devices, yet technology use does not happen in a social vacuum. Personal preferences in the social context tend to dictate how and whether a device is used. Defining culture is complicated but Ripat and Woodgate (2011) define culture in the perspective of disability and assistive technology as, "…culture refers to the beliefs, values, meanings, and actions that shape the lives of a collective of people, influencing the ways people think, live and act. These beliefs, values, and ways of understanding are socially constructed and specific to the culture in which they are found".
- Krishnan, Venugopalan, and others (2009) undertook a study that described how the cultural practice of removing footwear creates a challenge for the visually impaired people as finding their footwear would require touching a lot of shoes, sometimes performed on hands and knees. The project aimed to design a prototypical device that could assist visually impaired individuals to locate their footwear through electronic means. Selection criteria for the technology comprised four important factors:

  - ✓ maximum detection distance;
  - ✓ low maintenance and cost requirement;
  - ✓ low power consumption and minimum size and weight of the device.

- McPherson (2014) talks about the challenges to accessing hearing assistive technology devices in developing countries. Such change can only be achieved over time and with sustained input at the societal and individual levels. He refers to training programs and curriculum for hearing health workers change the attitude of the individuals towards disability. The popularization of online learning along with

the increasing penetration of telecommunications in low and middle-income countries have paved a way for internet-based hearing health modules. This is expected to break the current tendency of dichotomizing hearing devices fitting programs as either 'audiologist test' or 'community-based'.

- *Social context*
  - Similarly, autism is a condition that has impacted the lives of many families around the world and is prevalent in cultures, races, and social classes in more than 80 countries. A substantial discussion on autism across cultures is presented by Grinker's (2007) 'Unstrange Mind' which focuses on his experience as a father raising a girl with autism while discussing the experiences of families living with autism in South Korea, South Africa, and India.
  - Grinkler asks the reader to understand Autism as shaped by culture and historical framework. Bourjarwah and others (2011) discuss how the understanding of people with autism can differ considerably across societies and impact how they are integrated into a community. This is in line with research that has shown that differences in practices and values in societies, cultures, and socio-economic standing, which lead to significant variation in the experience of autism. The study concluded that family structure, linguistic environment, and religion are the most prominent cultural factors in developing South Asian countries in shaping the perceptions and expectations of individuals with autism.
- *Physical context*
  - Determining functional mobility requires asking when, where, how, and for what purpose an individual must move to perform the activities of daily living successfully. Halender (1993) identifies the necessity of addressing the needs of the persons with disabilities nestled within the context from which they operate, before designing any new rehabilitation intervention or technology.
  - A comprehensive approach that addresses the functional status, social and cultural considerations, physical environment, personal physical dimensions, and institutional constraints are expected to maximize the match between the ride and the wheelchair.
  - The purpose of the study was to present formal research about women in disabilities which was descriptive in nature and sensitive to the local cultures. The data provided the preliminary finding that the functionality and quality of life as determined in a society for women is highly relevant to the mobility needs of these women.
  - Pal et al. (2017) discuss the physical environment in reference to fit and usability of assistive technology. The mixed method field study of smartphone adoption by 81 visually impaired people in Bangalore, India proposes a nuanced understanding of usefulness and usage based on need-related social and economic functions. They move away from the reductionist technology acceptance model which only discusses whether technology is adopted or abandoned. Instead, he argues that there is a greater need to focus on human agency within the necessity of adopting certain mainstream devices, for instance, smartphones. They conclude that there is growing irrelevance of frameworks that fail to account for the history of use or the user's trajectory through various technology and write, "Broadening adoption

investigations to include functions of usefulness can help in understanding exactly where technology is working and where we need more effort. What matters in technology adoption then is not whether technology is adopted, but rather how it is — and what that can tell designers and practitioners about the needs of users".

- *Institutional context*
  - Mohammed and Jamil (2015) speak about changes required in the institutional framework of the country to create economic inclusion for all sections of the society. They believe that promoting entrepreneurship among the disabled population is a way to achieve this. Kitching (2014) also highlights the importance of entrepreneurship among persons with disabilities and discusses how this can be achieved through the support of the government.
  - Government support can create favorable conditions and environments for persons with disabilities. Kitching associates a favorable environment to policies related to legislation, infrastructure, legal framework, taxation, regulations, financing, etc.
  - The available evidence on context highlights the importance that social, cultural, physical, or institutional context plays in the design and adoption of assistive technology. Context not only shows how coming in of assistive technology is perceived and accepted in society but the sociocultural standing associated with assistive technology may mean that it may not be made accessible once it has been made available. Experts interviewed highlight the importance of looking at assistive technology from a broader perspective, creating an end-to-end ecosystem with governments focusing on the holistic development of assistive technology.

Step 6): *Begin with organizing trainees in small groups (consisting of 3 – 5 individuals) and let them discuss, for a maximum of 10 minutes, human factors associated with adaptive/assistive technology. After discussion, allot 5 minutes for each group to present in a flipchart list of human factors resulting from their discussion to the larger audience. Consequent to each group's presentation, provide the trainees with your presentation and explanation of the human factors as illustrated below:*

Notes on Human Factors

- Assistive technology enables a person to carry out activities of daily living and supports learning to acquire various skills. The human component of the model encompasses ability as well as skills acquired; some add the notion of motivation to human factors. This section summarizes the evidence available on human factors as they relate to assistive technology.
- Adaptive/assistive technology for development and learning disability:
  - A paradigm shift towards universal and inclusive design is making technology with enabling features available in markets. For example, two systems have been developed at the International Institute of Information Technology, Hyderabad in collaboration with teachers and parents of children with autism – AutVisComm as a communication system developed on tablets, and Autinect as a set of activities developed to teach children with Autism social skills. The two applications have

been designed to act as early interventions to help children with autism gain social skills.

- Sampath et al (2013) talk about the increasing influence of technology to complement traditional therapy. This may be even more effective in autism because of the affinity that individuals with autism have for technology.
- Nagavalli and Juliet (2016) address their research to dyscalculic children with a range of math learning disabilities (verbal, operational, lexical, ideognostic, practognostic). They point out that the treatment of dyscalculia should address all the areas of the disorder with a central focus on educational intervention to improve study skills.
- Nagavalli and Juliet are of the opinion that assistive technology could help children with disabilities to learn independently and perform better in class. They have in their paper, provided an extensive list of assistive devices for dyscalculia divided into broad categories of multimedia and multisensory resources. A number of researchers also propose the use of computer technology and other forms of information technology to enhance and equalize the ability of individuals with disabilities to access education.

- Adaptive/assistive technology and physical disability:
  - Technology opens opportunities that were closed to children with disability in which touch technology with educational applications have simplified the development of skills and education. Singh and Kaur (2015) discuss the use of touch technology to educate students with physical disabilities. They note that the 'app' phenomenon is very helpful in increasing participation and the level of interaction in the lives of persons with disability. The study showcases the development of skills and motivational incentives through the use of e-learning tools embedded in android applications.
  - The availability of evidence on the safety and efficacy of the Wheelchair Skills Program in Canada motivated Cooper and Kirby (2007) to explore its applicability. A large proportion of societies who require such devices do not have access to them – one estimate puts the global number as high as 95% of the estimated 10 million excluding older populations.
  - These reasons demotivate the majority of the population in need of Wheelchair Skills Program to avail them. Simmons et al. (1995) acknowledge the importance of Wheelchair Skills Programs as well and conclude their study 'Wheelchairs as mobility restraints…' with the statement, "Improving wheelchair skills with targeted intervention programs, along with making wheelchairs more 'user friendly' could result in more wheelchair propulsion with resultant improvements in the resident's independence, motivation, freedom of movement and quality of life".
- Adoption of adaptive/assistive technology:
  - Critical analysis of the nature of evidence creates a space for person-centered methodologies dealing with people, environment, and technology against the individualized outcome. Pal and Lakshmanan (2012) elaborately discuss the testimonials of the people wherein they make a direct correlation between the

motivation of a person to avail of assistive devices and her/his access to assistive technology.

- Besides people in direct contact, there was an aspirational effect between the use of assistive technology devices by non-connected peers for persons with disability to start adopting and using assistive technology devices. They also talk about the availability of assistive technology and the skills acquired by its use and make a direct link from skill to increase in status and prestige. Access to assistive technology plays an unusual role in this case – since learning to use a computer is often seen in the same terms as learning engineering. Thus, even if the individual is dissuaded from studying a technical subject at an early stage in life, the later access to technology is often seen as transformative.
- Rogers and Fisk (1991) make an expansive tour on technology usability, adoption, and design from the perspective of the discipline of human factors. The research applies human factor principles for training and design to reduce the difficulty experienced with technology arising from normative age differences in the abilities of people.
- Experts believe that abilities enhanced due to assistive technology implementation have allowed greater access to persons with a disability to everyday activities of daily life, education, employment, leisure, and recreation.
- For example, simple assistive technology to identify a brush with visual cues like tactile strips or different color, support children with visual or cognitive impairments to choose their own brush to begin a morning. And skills on the other hand, can get enhanced with the use of assistive technology right from life skills by accessible instructions, content delivery and access.
- It has improved mobility with aids like smart cane and its variants among persons with visual impairments detecting obstacles though our traffic and moving population on roads and pavement use culture has to be corrected right from childhood.
- The needs of the people are often complex. Assistive technology is an interface between the person and the series of tasks that they would like to complete. This emphasizes the need for a model that is person-centric and supports the relevance of the HAAT framework to gather evidence on human factors.
- McCarthy, Pal, and Cutrell (2013) showcase the adoption and the continued use of screen readers among visually impaired people and discuss the factors that drive early adoption some of which are text to speech voice quality, low prices of market dominated software applications, availability of regional languages, existence of technical support, voice quality and the existence of a community of users.
- The study discusses two theoretical perspectives – first through the applications of the economics of switching behavior, and the second, about novice and expert approaches toward new product adoption. The motivation towards the adoption of technology differs for the novice and the expert. The novice users of screen readers opt for the salient features of the products available, for instance Text-to-Speech (TTS) voice and Job Access with Speech with a Text-to-Speech) JAWS TTS output. Text-to-Speech is a primary output for people with visual impairment and hence its voice quality is sure to act as a motivation for technology adoption for novice.

- The expert screen reader places very little emphasis on the voice quality and more on the fundamental performance factors, for instance application support above all else.
- Ksethri (2004) discusses the costs associated with learning a new program or the sunk costs associated with ceasing to use an already learned program, which plays a relevant role in software switches.
- Innovations in household devices and the average increase in the age of the population means that people are becoming familiar with the use of technology in the performance of activities of daily living. The majority of the older population lack access to information and computer technology, there is hope that accessibility will become less of a barrier in the times to come.
- Where accessibility is the starting point, motivation is a critical piece of the puzzle, particularly when it comes to the adoption and use of technology. Everyday technology may help older people to live independently by supporting the basic activities of daily life. Ability (e.g., spatial ability) has shown to be an important mediator of success in using technology. Specific abilities may be more proximal determinants of successful technology use. The more important thing would be to have better design and training principles to further the effort of technology adoption as the population ages. Anew way forward is by creating a new pool of assistive technology professionals viz., those that are tech-savvy as well as academicians operating in the field of disability.

Activity – 7: *Give a highlight of engineering consideration directly related to adaptive/assistive technology in disability mainstreaming. In your presentation, focus on the following notes provided below*.

Notes on Engineering Considerations

- Types of adaptive/assistive technology:
  - Assistive technologies, also known as extrinsic enablers, provide a basis of improvement of human performance in the presence of disability. This section covers the evidence on development of engineering considerations in assistive technology.
  - Experts stressed that assistive technology does not require esoteric, complicated engineering, rather it is a mind-set that looks for solutions to everyday difficulties encountered by those with challenges. In this vein, one classification describes assistive technology as having three levels:
    - ✓ Low tech: options are easy to use, are of low cost and typically do not use a power source;
    - ✓ Med-tech: easy to operate but usually use a power source; and
    - ✓ High-tech: usually complex and programmable, and include items that require computers and/or electronics, to perform a function. Others introduce another level - No-tech: which is the adaptation of behavior or method to communicate e.g., using gestures instead of speaking.

- Information communication devices:
  - Older people are known to be more prone to illnesses, although the advances in technology, health, and medicine have increased the average age of the person. There is a growing need for information communication technology-based applications that support independent living as the aging population of the country grows. There is enabling technology that can be used in a way that complements and extends the existing service delivery.
  - The communication/education tool was designed using Java programming language. Icons were stored in a database structure implemented using Java programming. The icon-based gallery was found to be effective for AAC users from simple concepts like 'apples' to a relatively complex concept of 'a busy street'. The icon language needs to be supported by intelligent processing that can translate icons to words and phrases that can eventually be used in generating coherent and meaningful sentences.
  - Key design considerations that were applied include:
    - ✓ simplification of the design;
    - ✓ resizing of the diagrams to ensure that they are distinguishable by touch;
    - ✓ decomposition of the diagrams into two parts etc.

Step 8): *Provide the trainees with a brief explanation of the development and marketing of adaptive/assistive technology. In your explanation, give emphasis to the following notes.*

Notes on Development and Marketing of Adaptive/Assistive Technology

- GRID model for technology development:
  - Multiple actors are involved in designing, developing, manufacturing and provisioning of assistive technology. Currently the assistive technology industry is specialized, producing products that mainly serve high-income markets.
  - Some see the focus on low-tech devices as legitimate, maintaining that the present challenge is to ensure that there is greater coverage than a focus on higher end technology devices.
- Key academic players:
  - Key players in research and development of assistive technology are some of the premium academic institutes.
- Accounting for context:
  - For ground-level implementation, the ecosystem for assistive technology must support assessment, selection, product procurement policies, training, maintenance, and support. State-owned schemes must be constantly updated in this regard, and facilitate start-ups to evaluate their products, enhance distribution and support networks for sustainability. This will foster research in the space of assistive technology and development.
  - Not only does assistive technology have to be 'fit-to-purpose' for each user, the user must receive appropriate and adequate training that permits her/ him to make

use of the device. Respondents attest to the need of training for assistive devices post sales.

- To provide assistive technology devices at scale, costs are incurred to identify users, market to them as well as to build capabilities of the provider organization. Further, cost is also incurred on providing the device since many, if not most, users are not able to afford assistive technology; and finally, costs are also implicated in the training required to see that the user is able to use the device effectively.
- The challenge of adapting imported technology to the local conditions of the country and settings is sometimes reiterated by experts. Therefore, while focusing on making assistive technology available, it is important that usability is not overlooked. Some rehabilitation specialists maintain that usability and accessibility are two sides of the same coin.

- Financing adaptive/assistive technology start-ups:
  - In recent years, innovators and venture capitalists have ventured into the assistive technology space alongside the government. Social Alpha is a venture capitalist by Tata Sons and is focused on enabling meaningful impact through science and technology for persons with disability. As venture capitalists and incubators, organizations are always keeping an eye out for up-and-coming innovations in the space of assistive technology and help them by providing resources and a platform. The Assistive Technology Accelerator is an incubator supporting three start-ups that have been very successful in the recent times:
    - ✓ Eye-D,
    - ✓ Innovision and
    - ✓ Inclov.
  - The BIRAC-Social Alpha Quest for Assistive Technologies, supported by Mphasis is a search for the top 10 innovative and entrepreneurial teams in the country that have developed market-ready assistive technology and inclusive solutions. Barrier Break (Digital Accessibility Consulting) was founded on three basic principles:
    - ✓ Technology,
    - ✓ Hiring people with disabilities and a
    - ✓ For-profit model.
- Gaps that remain:
  - Despite the increased role and awareness about disability and the need of assistive technology, certain anomalies remain. Many countries do not have an assistive technology act for persons with disability as of now, unlike the US, where such an act had preceded the disability act. This acted as a spur to manufacturing of assistive technology devices as assistance became available to persons with disability for the exclusive purpose of providing such devices. This is linked to the call to establish standards in the field of assistive technology devices, which would help the startups orient themselves to meet the basic minimum requirement for a good quality assistive device.

Step 9): *Summarize the session by providing the trainees with key takeaways directly related to adaptive/assistive technology for disability mainstreaming.*

Key Takeaways:

- ✓ International conventions entitle persons with disability to adaptive/assistive technology that ensure their full and equal enjoyment of all human rights and fundamental freedoms.
- ✓ The International Classification of Functioning, Disability, and Health defines disability in terms of the challenges that she/he faces as the result of the interaction between their bodily functions and structures, activities and participation in society, and their personal and external environment.
- ✓ Adaptive/assistive technology is defined by WHO as assistive devices and technologies whose primary purpose is to maintain or improve an individual's functioning and independence to facilitate participation and enhance overall wellbeing.
- ✓ Disability prevalence is high and growing. However, there is a striking lack of data on the unmet need for adaptive/assistive technology.

MODULE SIX: FACILITATION SKILLS

Objectives	⇒ Understand facilitation skills to mainstream disability in project goals, objectives and activities
Key Terms	⇒ Facilitation skills, disability mainstreaming, BERHAN project
Duration	2:00hrs ((Take extra 20 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Question, and Answer
Material required	⇒ Flip chart/flipchart stand, Marker pens, Meta cards, Stick stuff, Computer/Laptop, LCD Projector, Handouts, ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Session 1: Facilitate disability inclusion in the project goals and objectives

Steps to facilitate this tool

Step 1) Facilitator will present a brief note on:

- Goal of the BERHAN project
- Objectives of the BERHAN project
- Activities of the BERHAN project
- Defining disability mainstreaming in the context of the BERHAN project

Session 2: Identify the Enablers and Challenges in mainstreaming disability into the BERHAN project

Step 1) Divide participants into groups and ask them to discuss on the different enablers and challenges in mainstreaming disability into the BERHAN project. The discussion points include:

a. What are the enablers and challenges of mainstreaming disability into the BERHAN project goals and objectives?
b. What are the conducive and pitfall environment to which persons with disability facing to exercise their rights?
c. Available organizations (formal and informal) in the project areas that can influence (positively and negatively) the coordination of the disability inclusion of BERHAN project.
d. Locally available opportunities that can be exploited and adapted in order for a better coordination among organizations working on disability inclusion.

Session 3: Identify areas of common grounds with other stakeholders on disability inclusion

Step 1) Divide participants into groups and ask them to discuss on the following issues:

a. What are the opportunities and challenges available to collaborate with organizations working on disability?
b. What are the legal procedures and policies promoting or hindering the collaboration of organizations working on disability towards disability inclusion?
c. What are the available organizations (formal and informal) in the project areas that can influence (positively and negatively) the coordination of the disability inclusion of BERHAN project?
d. What are the locally available opportunities that can be exploited and adapted in order for a better coordination among organizations working on disability inclusion?

Step 2) Allow each group to present their answers to the wider group. Every presentation needs a thorough discussion and a facilitator need to ensure that participants are also taking notes to commit themselves towards incorporating the disability issues into their respective sector office activities.

Session 4: Working with persons with disability

Step 1) Divide participants into groups and ask them to discuss on the following issues:

a) What are the enabling and hindering factors towards working with persons with disability?
b) What are the enablers and encumbers towards working with associations of persons with disability?
c) What are the opportunities and limitations towards developing disability mainstreamed sectoral plan?
d) What are the challenges facing and opportunities lifting up persons with disability in exercising their human rights?

Step 2) Allow each group to present their answers to the wider group.

MODULE SEVEN: POTENTIAL BARRIERS OF DISABILITY MAINSTREAMING

Objectives:	⇒ Discuss different barriers to disability inclusion ⇒ Understand different strategies to identify and address barriers to disability inclusion
Key Terms	⇒ Barriers, disability inclusion
Duration	1:00hr ((Take extra 15 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Group discussions, Group exercises, Question, and Answer, Case studies
Material required	⇒ Flip chart, Markers, Stickers, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Session 1: Identify Barriers to disability inclusion

Step 1) Facilitator will present a brief note on potential barriers to disability inclusion.

Facilitator's Note 8.1: Barriers to disability mainstreaming

Barriers to full social and economic inclusion of persons with disabilities include inaccessible physical environments and transportation, the unavailability of assistive devices and technologies, non-adapted means of communication, gaps in service delivery, and discriminatory prejudice and stigma in society (World Bank, 2021). The social, economic and development inclusion barriers for PwD vary in different contexts. The major and communal barriers include the following.

A. Attitudinal

Attitudinal barriers, which result in stigmatization and discrimination, deny people with disabilities their dignity and potential and are one of the greatest obstacles to achieving equality of opportunity and social integration.

Negative attitudes create a disabling environment across all domains (WHO & World Bank, 2011, pp. 193, 262). They are often expressed through: the inability of non-disabled to see past the impairment; discrimination; fear; bullying; and low expectations of people with disabilities. Attitudes towards people with disabilities in low- and middle-income countries can be more extreme and the degree of stigma and shame can be higher than in high-income contexts (Mont, 2014, p. 24). These attitudes can arise as a result of 'misconceptions, stereotypes and folklore linking disability to punishment for past sins, misfortune or witchcraft' (Groce & Kett, 2014, p. 5). Stigmatizing attitude can be experienced by caregivers and staffs of development stakeholders. Multiple and intersectional discrimination can intensify attitudinal barriers.

B. Environmental

Inaccessible environments create disability by creating barriers to participation and inclusion (WHO & World Bank, 2011; Bruijn et al., 2012). Physical barriers in the natural or built environment 'prevent access and affect opportunities for participation' (Wapling & Downie, 2012; WHO & World Bank, 2011,). Inaccessible communication systems prevent access to information, knowledge and opportunities to participate (Wapling & Downie, 2012; PPUA Penca, 2013; WHO & World Bank, 2011). Lack of services or problems with service delivery also restrict participation of people with disabilities (WHO & World Bank, 2011)

C. Institutional

Institutional barriers include many laws, policies, strategies or practices that discriminate against people with disabilities (Wapling & Downie, 2012; DFID, 2000; WHO & World Bank, 2011; Bruijn et al., 2012,). The Ethiopian constitution, Article 41(5) of the Constitution sets out the State's responsibility for the provision of necessary rehabilitation and support services for people with disabilities. This is also supported by different proclamations including:

- The Rights to Employment for Persons with Disabilities, No. 568/2008,
- Provide special preference in the recruitment, promotion, and deployment, among others, of qualified candidates with disabilities, The Federal Civil Servant Proclamation No. 515/2007
- Provides for accessibility in the design and construction of any building to ensure suitability for physically impaired persons. Building Proclamation, No. 624/2009,
- The country also has endorsed all the UN conventions related to PwDs.

Thus, in Ethiopia, discrimination of PwD may not be intended but systems can indirectly exclude them by not taking their needs into account. The lack of enforcement and political support for policies can also limit the inclusion of people with disabilities).

D. Others barriers

D.1. 'Internalized' barriers

Sometimes internalized barriers can severely affect the participation and functioning of people with disabilities in society (Bruijn et al., 2012). Stigma relating to people with disabilities results in their exclusion from societal interactions, which in turn can result in their 'lack of pro-active behaviour in expressing their opinions and claiming their rights', leading to further exclusion (PPUA Penca, 2013). Low expectations of people with disabilities can undermine their confidence and aspirations.

D.2. Lack of participation

The lack of consultation and involvement of people with disabilities is a barrier to their inclusion in society (WHO & World Bank, 2011; DESA, 2011). Participation of PwD is also imposed for poor economic reasons. Majority of PwD lives under poverty line which limits them to buy movement appliances. Thus moving from place to place is their major problem. Limitation of movement would entail limited social and educational activities.

D.3. Inaccurate concerns over cost/difficulty of disability inclusion

One of the most common reasons given for not including people with disabilities is perceived cost (Coe & Wapling, 2010). Inadequate funding and allocations for implementing policies and plans can prevent the inclusion of people with disabilities (WHO & World Bank, 2011). Other excuses relate to concerns that disability inclusion is too difficult and requires specialist knowledge, or that people with disabilities require special programmes (Bruijn et al., 2012,). Staff may also feel that they are overloaded and 'don't have time for an additional issue' (Bruijn et al., 2012), or that it is an issue that is only relevant in high income countries.

Step 2) Divide participants into groups and ask them to discuss on the following issues:

- What are the different barriers to disability inclusion in the implementation of BERHAN project?
- How can these barriers be addressed?

MODULE EIGHT: MONITORING AND EVALUATION OF THE MAINSTREAMING PROCESSES

Objectives:	⇒ Describe disability inclusive planning, monitoring, and evaluation
Key Terms	⇒ Inclusive planning, Monitoring and Evaluation,
Duration	1:00hr ((Take extra 15 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Group discussions, Group exercises, and Question, and Answer
Material required	⇒ Flip chart, Markers, Stickers, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Session 1: Disability inclusive planning, monitoring and evaluation

Step 1) Facilitator will discuss about disability inclusive planning, monitoring and evaluation.

Facilitator's Note 9.1: Disability Inclusive Planning, M&E

Disability inclusive planning- The issue of Persons with Disabilities shall be considered at all stages of the planning process in any project or program implementation. As presented by Diversity for Social Impact (2021), people with disabilities need to have the same opportunity that everyone else in the society, and this include opportunities in the areas of employment, communication, business, housing, products and services.

Disability inclusive Monitoring and Evaluation: The issue of Persons with Disabilities shall be considered not only in the planning process but also in the subsequent M&E activities. Monitoring is the collection and analysis of information about a particular project or programme, undertaken while the project/programme is ongoing. It is an ongoing assessment of progress through a systematic and continuous collection and analysis of project/program related data aimed at improving project implementation, management and decision-making. Evaluation, on the other hand, is the periodic, retrospective assessment of an organization, project or programme that might be conducted internally or by external independent evaluators. It is an assessment of ongoing or completed project; its design, implementation and results using the quality frame criteria; Relevance, Feasibility, efficiency, effectiveness and impact and sustainability (EU, 2004). For the M&E to be a disability inclusive, all specific targets and activities need vis-à-vis persons with disabilities need to be tracked, reported, and evaluated against the set targets on a regular basis. Generally, the following key issues need to be considered in mainstreaming of disability issues:

- Ensure project planning is disability inclusive **Error! Bookmark not defined.**
- Ensure data collection tools are disability inclusive
- Collect disability-disaggregated data
- Ensure evidences and reports on project indicators are disaggregated by disability
- Disability sensitive and responsive monitoring and evaluation
- Proper documentation and record keeping of disability issues

Step 1) Divide participants into groups and ask them to discuss on how to mainstream the issue of disability in the M&E process on the BERHAN project.

Step 2) Allow each group to present their reflections to the wider group.

Facilitator's Note 9.2: M&E Indicators of the BERHAN Project

Impact: Women and girls in Amhara exercise their sexual and reproductive health rights leading to improved wellbeing

- % of women aged 15-49 who report making their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (CI Indicator 9 & SDG indicator 5.6.1)

Outcome: Increased rejection of and improved response to FGC and EM by community members, service providers and Government authorities in Amhara

- % of community members who think that girls should be married before the age of 18 (contributes to SDG indicator 5.3.1)
- # respondents who report a case of FGC or EM
- % of households who refrain from subjecting their children to FGC or EM although previously planned.
- # action plans against FGC/EM endorsed by members of Social Analysis and Action groups
- % of Unmarried adolescent girls below the age of 18 reporting that they have the confidence to refuse marriage
- % of adolescent girls (15 - 19) who are empowered to seek sexual and reproductive health information and services when they need them
- % of women aged 15-49 participating in IGAs who increased their savings
- % of women aged 15-49 engaging in VSLA who increased their savings
- # of FGC practitioners in targeted Kebeles who reduced or stopped the practice of FGC
- % of women aged 15-49y. participating in VSLA who report they are able to equally participate in household financial decision-making (CI indicator 17)
- % of Unmarried adolescent girls below the age of 18 reporting that they have the confidence to refuse marriage
- % of adolescent girls (15 - 19) who are empowered to seek sexual and reproductive health information and services when they need them
- % of women aged 15-49 participating in IGAs who increased their savings
- % of women aged 15-49 engaging in VSLA who increased their savings
- # of FGC practitioners in targeted Kebeles who reduced or stopped the practice of FGC
- % of women aged 15-49y. participating in VSLA who report they are able to equally participate in household financial decision-making (CI indicator 17)
- # of new/strengthened inclusive accountability spaces in which marginalized citizens can negotiate with service providers and public authorities on issues of SRHR
- # cases of FGC complications referred within the health system
- % of government stakeholders reporting increased capacity to deliver responsive SRH services

MODULE NINE: BUDGETING IN DISABILITY MAINSTREAMING

Objectives:	⇒ Describe disability responsive budgeting and resource allocation in the project design, planning and implementation activities.
Key Terms	⇒ Budgeting, disability inclusive resource allocation
Duration	1:00hr ((Take extra 15 minutes for persons with disability)
Training Methods	⇒ Brainstorming, Group discussions, Group exercises, and Question, and Answer
Material required	⇒ Flip chart, Markers, Stickers, Computer/Laptop, LCD Projector, Handouts ⇒ Sign language interpreter, Braille, Slate & Stylus, etc. as needed.

Session 1: Disability responsive budgeting

Step 1) Facilitator will discuss about what disability responsive budgeting means.

Facilitator's Note 10.1: Disability Responsive Budget Allocation

Disability responsive budgeting refers to the allocation and expenditure of budget to benefit all people in their diversity including persons with and without disabilities. Ensuring equitable budget allocation during the planning phase is a pre-requisite for subsequent implementation of disability inclusive activities and expenditures. In this regard, the activities that are planned to address the issue of persons with disabilities need to be factored and adequate budget should be allocated for the same. Not only allocation of sufficient budget is important but also monitoring the expected outcome of the planned activities aimed at addressing the issue of persons with disabilities and reporting the same is equally crucial. Indeed, meaningful consultation of all stakeholders, including persons with disabilities, has a paramount importance in the overall budget preparation and approval process.

Session 2: Organizational Response to Disability inclusive budgeting

Step 1) Divide participants into groups and ask them to discuss on the following points:

a) Does the issue of persons with disabilities considered in the budget preparation and approval process in your organization?
b) What are the major challenges in allocating budget for the activities targeting disability inclusion?
c) What are the suggested solutions to the above challenges?

Step 2) Allow each group to present their answers to the wider group.

End of the Session

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