On the Road to Disability Inclusion

INTEGRATING PEOPLE WITH DISABILITIES THROUGHOUT THE PROGRAM CYCLE

FACILITATOR GUIDE

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INTRODUCTION

TRAVEL PLANS

In 2010 World Vision UK published *Traveling together: how to include disabled people on the main road of development*, a training guide for development organizations wishing to become inclusive but not knowing where to start. *Traveling together* has since become an essential training for World Vision staff around the world and has been implemented by numerous outside organizations.

This supplement to the *Traveling together* disability inclusion training curriculum is designed to offer hands-on, practical approaches to including people with disabilities throughout the program life cycle. This training was designed with United States Government grants in mind, but the principles of inclusion are the same across a range of donors and it is imperative to include people with disabilities in all programs, no matter the funding source.

The sessions included here present concrete reasons for including people with disabilities that are driven by donor requirements and the Sustainable Development Goals. Practical sessions follow, which promote inclusion of people with disabilities in four phases of the program cycle: pre-design, design, implementation, and monitoring and evaluation (M&E). Each practical session includes a checklist for inclusion, which can be used as a desk guide during the program lifecycle.

The final session of the *Traveling together* curriculum encourages participants to set aside the excuses that keep development organizations from becoming inclusive and get on the road to making a change. *On the Road to Disability Inclusion* is the logical next step, offering the tools that development professionals need to design, implement, and monitor inclusive programs. Let's go!

GET EQUIPPED

This course should be conducted by individuals who have thorough knowledge of disability and development in order to guide the conversations and respond to specific or challenging questions on disability and inclusion. Ideally, the training would be conducted by local leaders with disabilities so they can provide concrete examples from their lived experience and provide local context.

You may choose to implement this curriculum as an additional day of training when running the *Traveling together* course or as a stand-alone training. If it is being used as a stand-alone training, you should consider the level of understanding participants will have regarding disability inclusion and the issues surrounding working with people with disabilities in development programs.

If no prior training has been provided or if understanding is low, some pre-reading or introductory sessions should be added. One option for pre-reading is to ask participants to take the online United States Agency for International Development (USAID) training on disability inclusion. It is available at: https://www.usaidallnet.gov/partner-learning/drg/2/. This is a free hour-long online training on the principles of disability inclusive development.

Another option for sensitizing participants is to use some sessions from the *Traveling together* curriculum followed by the sessions in this supplement. Trainers should be creative in their approach to ensure participants' foundational understanding of disability prior to facilitating the how-to sessions on inclusion. If this foundational understanding is not laid, then you risk participants reverting to out dated models of disability engagement such as strict charity or medical models.

Once you have identified the sessions you will use, please review the GET EQUIPPED section of the *Traveling together* training manual. This section provides valuable information regarding how to ensure that your training is inclusive for people with all kinds of disabilities. It also provides practical tips on how to prepare for group work and how to arrange the training space.

For sessions within this supplemental guide, you will need to prepare the following materials:

Supplies:

- Flip charts and markers
- Masking tape for sticking charts to the wall
- Notecards or post-it notes
- Scissors

Reference materials:

- *Traveling together* handbook
- United Nations Convention on the Rights of People with Disability (UNCRPD
- USAID disability policy (if applicable)
- Sustainable Development Goals
- Case studies of successful disability inclusion within your organization's programming

Due to the volume of handouts for this training curriculum, it is essential to prepare a training pack for each participant. The training pack should be arranged in a binder or folder with fasteners so that papers can be held together in order. Prior to the training, one set of training pack materials should be printed for each participant and collated into the binder or folder in the order they are printed in this manual. Once the training is complete, this pack will become the participant's desk guide. Contents of the training pack appear at the end of this training manual on pages 27-50.

TIMETABLE

The timetable presented in this supplemental guide is notional. If you choose to use some of the *Traveling together* curriculum, you may want to adjust the timing; however, be aware that these sessions rely on participant discussion and input. This curriculum is not about imparting knowledge, rather it is about stimulating thinking. Be sure to allow enough time for participants to develop an understanding of how to use the tools provided in each session.

SESSION 1 9.00-9.20
Introductions
Overview
This session will outline the purpose of the day, provide participants with the context, and ensure everyone is familiar with each other.

SESSION 2 9.20-10.00
Icebreaker or
Review of Day
This brief session can either introduce participants to fundamental concepts of disability inclusion or review the *Traveling together* training outcomes, depending on the set up of the course.

SESSION 3 10.00-10.15
Why Disability Inclusion?
This session provides an overview of some of the international and national laws that require disability inclusion in international development programs as well as common donor requirements.

Break 10.15-10.30

SESSION 4 10.30-11.30
Pre-Design
This session aims to get participants thinking about disability inclusion as they explore funding opportunities and program approaches.

SESSION 5 11.30-12.30
Design
If designs, proposals, budgets, and M&E frameworks are disability inclusive, organizations can set themselves up for successful disability inclusion throughout implementation. Participants will analyze a sample request for applications and proposal to practice disability inclusion in the design phase.

Lunch 12.30-1.30

SESSION 6 1.30-2.45
Implementation
Programs can be more or less empowering for people with disability (PWD) depending on whether activities reinforce, accommodate, or transform

stereotypes. In this session, participants will examine activities to determine whether they break down barriers to disability inclusion or reinforce them.

Break 2.45-3.00

SESSION 7 3.00-4.00
Monitoring and
Evaluation
As the adage says, you manage what you measure. The aim of this session is to provide tools for measuring disability inclusion through disaggregated data and start a discussion about how your organization can better measure, evaluate, and increase the knowledge base on disability inclusion.

SESSION 8 4.00-4.30
Review and Wrap-Up
In this final session participants have the opportunity to reflect and provide feedback on what they have learned and how they will take that forward into their daily work.

TRAINING ACTIVITIES

INTRODUCTION

At the start of the day, introduce yourself and explain how the course will be run. Mention:

Participants should already have a foundational understanding of disability inclusion principles. This should particularly include a basic understanding of the social model of disability inclusion, which focuses on societal barriers and not people with disabilities as the problem.

This course is designed as a supplement to the *Traveling together* training curriculum developed by World Vision in 2010. That course challenges participants to be intentional about including people with disabilities into their programming; this course show participants how to do just that.

Activities in this training will focus on identifying and removing attitudinal, environmental, and institutional barriers that block inclusion.

This course is designed as an inclusive workshop, so there will be plenty of time for breaks and reflection, as well as participation, during the many activities.

If using interpreters (sign language or spoken) explain how they will be used to ensure good communication.

Provide a brief overview of the course structure. Explain that this course is meant to provide concrete actions that each participant can take throughout the design and implementation of a program to ensure that people with disabilities are included every step of the way. The course is divided between pre-design, design, implementation, and monitoring and evaluation phases, with each session accompanied by a checklist for inclusion.

Given the number of resources provided in the Participant Training Pack, facilitators should provide an overview of the course materials. The training pack is arranged in agenda order. Inclusion checklists are followed by the activity materials that will be used in each session. By using the resources provided here during design, implementation, and monitoring of programs, taking action can lead to lasting change!

ICEBREAKER

TIME

40 Minutes

MATERIALS

Traveling together activity 3: The Wall.

Flip chart paper and markers.

Half-sheets of paper to build the wall.

Tape.

If running this training as a stand-alone course, the icebreaker activity should be taken from *Traveling together* Activity 3: The Wall. The wall is an activity in which participants explore the societal barriers faced by people with disabilities. The activity exposes common mechanisms of social exclusion that some participants may not initially consider as problematic roadblocks for people with disabilities. The exercise can be found on page 21 of the *Traveling together* guide with attendant handouts on page 55.

MOTIVE

Although participants should have some basic understanding of disability when joining this training, including The Wall activity as an icebreaker allows participants to first consider the barriers that need to be broken down through and within their own programs. This activity sets the stage for discussion of how program design, implementation, and monitoring and evaluation can either dismantle or reinforce these barriers.

REVIEW OF DAY 1

If this course is run consecutively with *Traveling together*, session 2 can be used as a review of the first day. Stimulate conversation with one or more of the following questions:

> What was your biggest takeaway from yesterday's training?
>
> What previously held assumptions were challenged by the training sessions and activities?
>
> What sessions made the biggest impact on your view of disability and your work?

Remind participants about the key points from *Traveling together*, including:

> Traditionally, working with people with disabilities has employed a charity or medical model, which are based on the premise that disability is a problem within the individual. In the social model, which is a more inclusive approach, society's barriers to participation are the problem.
>
> Barriers to participation for people with disabilities can be environmental, attitudinal, or institutional. Environmental barriers can include lack of physically-accessible public spaces or lack of adapted communication mechanisms for those with sensory limitations. Attitudinal barriers include stigma and prejudice towards people with disabilities. Institutional barriers can include outdated or poorly implemented laws and policies.
>
> Often development programs are oblivious to disability and therefore complicit in creating or entrenching these barriers.
>
> There are many excuses that we tell ourselves for not including people with disabilities, such as the claim that it is expensive, that we need to address the needs of "normal" people first, or that there aren't any people with disabilities in our community. We must see beyond these excuses to make lasting change.

MOTIVE

By calling participants' attention back to the *Traveling together* sessions, you can emphasize the personal transformation needed to sustain change for disability inclusion. It allows participants to reengage in the topic after an evening of relaxation and prepares them to move beyond the excuses to doing the hard work of disability inclusion.

WHY DISABILITY INCLUSION?

International development programs seek to end poverty, inequality, and injustice and increase education, health, and job opportunities around the world. Organizations cannot achieve these goals if they exclude an average of 15 percent of the target population from projects, namely people with disabilities. There are also other reasons to include people with disabilities in international development projects. These include:

International and National Laws: 160 countries have signed and ratified the United Nations Convention on the Rights of Persons with Disabilities[1], which mandates the rights of individuals with disabilities in virtually all aspects of life. This obligates ratifying countries to ensure that men, women and children with disabilities are not discriminated against and can access the same services as their peers. In order for development activities to be consistent with local laws, organizations must include people with disabilities in programs.

Sustainable Development Goals[2] (SDG): People with disabilities are specifically mentioned within several of the SDG goals: Goal 4 on Education; Goal 8 on Economic Growth; Goal 10 on Social, Economic and Political Inclusion; Goal 11 on Accessible Cities, Resources and Transportation; and, Goal 17 on Data Collection and Monitoring. In order to achieve these goals, people with disabilities must be systematically included in all international development and humanitarian response projects.

Donor Policy and Requirements: Increasingly, both governmental donors and foundations are looking to support programs for people with disabilities. This includes providing funding for disability-specific projects as well as requiring that disability is mainstreamed throughout general programming. Knowledge on how to design, implement, monitor, and evaluate programs that are inclusive of people with disabilities is essential in order to be competitive and compliant with donor requirements.

US Agency for International Development (USAID) and Disability
In 1997, USAID published the USAID Disability Policy Paper to clarify its commitment to the inclusion of people with disabilities in program activities. This commitment includes integrating disability inclusion into the design and implementation of mainstream USAID programming to advocate for and outreach to people with disabilities.

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[1] United Nations (2006) The Convention on the Rights of Persons with Disabilities and its Optional Protocol (A/RES/611/106). Retrieved from: http://www.un.org/disabilities/convention/conventionfull.shtml

[2] United Nations (2015) Sustainable Development Goals. Retrieved from: http://www.un.org/sustainabledevelopment/sustainable-development-goals/#

USAID developed two policy directives to further institutionalize its commitment:

> *AAPD 04-17 Supporting USAID's Disability Policy in Contracts, Grants and Cooperative Agreements* requires agreement officers to include a provision supporting USAID's disability policy in all solicitations and in the resulting awards for contracts, grants, and cooperative agreements.[3]

> *AAPD 05-07 Supporting USAID's Standard for Accessibility for the Disabled in Contracts, Grants and Cooperative Agreements* mandates the use of accessible standards in all USAID financed construction or reconstruction efforts.[4]

Furthermore, disability is mentioned as an essential component, or as a cross-cutting element, in many of the agency's key internal guidance documents and strategies.

USAID Disability Inclusion

Increasingly, USAID is placing requirements in its solicitation for funding compelling applications to include people with disabilities throughout the program. The InterAction Disability Working Group's *White Paper on Inclusion of Disability in USAID Solicitations for Funding* captures those trends and provides recommendations for USAID to improve disability inclusive development. The full text can be seen at:
http://www.perkins.org/sites/default/files/perkins-school-usaid-study-white-paper.pdf

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Australian Department of Foreign Affairs and Trade (DFAT)
DFAT has published several strategic plans on disability including the most recent document, *Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia's aid program* prioritizing support for CRPD implementation, accessible infrastructure and water and sanitation (WASH) programs, inclusive education, and inclusive humanitarian assistance.[5]

European Commission (EC)
The EC developed a European Disability Strategy 2010-2020 which highlights eight priority areas of funding: accessibility, participation, equality, employment, education and training, social protection, health and external action.[6]

UK Department of International Development (DFID)
DFID recently released its *Disability Framework 2015* which outlines organizational capacity and staffing, promotes disability related research, and asks funding recipients to disaggregate data by disability using the Washington Group on Statistics questions on functionality.[7]

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[3] USAID AAPD 04-17 https://www.usaid.gov/work-usaid/archived-aapds-cibs/aapd04-17

[4] USAID AAPD 05-07 https://www.usaid.gov/work-usaid/archived-aapds-cibs/aapd05-07

[5] Australian Government, Department of Foreign Affairs and Trade (DFAT) (2015) Development for All 2015-2010: Strategy for Strengthening Disability-Inclusive Development in Australia's Aid Program. Retrieved from: http://dfat.gov.au/about-us/publications/Pages/development-for-all-2015-2020.aspx

[6] European Commission (2010) European Disability Strategy 2010-2020 Retrieved from: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:en:PDF

[7] Department for International Development (2014) *Disability Framework: Leaving No One Behind.* Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382338/Disability-Framework-2014.pdf

METHOD
1. Ask participants to brainstorm one-word answers to the question, "Why disability inclusion?" As they shout out answers, write them on a flip chart or white board.
2. Once you have completed the brain storming activity, fill in their knowledge with the information above regarding donor compliance.
3. In addition to compliance issues, including people with disabilities in development programs is important because sectoral challenges are different for people with disabilities. Ask participants to turn in their training pack to the page titled "Why Disability Inclusion?". This sheet provides some key facts about disability by sector and can be referenced when considering how people with disabilities are affected in the sectors where we work.
4. Introduce the following sessions by indicating that unless people with disabilities participate in each phase of the program cycle, we cannot fully comply with the international conventions, local laws, and donor requirements or reach our development goals.

MOTIVE
Many participants may feel a moral imperative to include people with disabilities but may not understand that they also are formally required to reach people with disabilities as a core part of the work they do. This brief introduction of the international and national laws and guidelines as well as donor requirements will provide a compliance framework on which to build practical inclusion skills.

DISABILITY INCLUSION IN PRE-DESIGN

TIME

1 Hour

MATERIALS

Disability Inclusion in Pre-Design handout on page 5

The goal of including people with disabilities in the pre-design phase is to obtain a better understanding of challenges facing individuals with disabilities in a respective context in order to prevent or reduce potential barriers to project participation.

The pre-design phase includes obtaining and analyzing information to design a future project. During pre-award assessments, it is important to gain an understanding of the cultural context as it relates to disability and gaps within services to be addressed in the proposed funding opportunity. The information gathering pre-design phase should include examining the environmental, attitudinal, and institutional barriers faced by people with disabilities and determining solutions to ensure individuals can participate fully and effectively in the project regardless of the type and severity of their disability.

A separate disability assessment is not needed. Rather, staff should include disability questions within their pre-design approach to assess how the thematic context within the country impacts individuals with disabilities. In order to obtain this information, staff should take a multi-disciplinary approach that integrates information from a variety of local stakeholders including Disabled People's Organizations (DPO). It is essential that people with disabilities be included in interviews, focus groups, and other information gathering, assessment, and design meetings.

METHOD

1. Break the participants into small groups of 4-6 people each and ask participants to turn the page to the page in their Training Pack to Disability Inclusion in the Pre-Design Phase. Explain that people with disabilities should be considered long before a design is written so that their needs can be met through a variety of program interventions. By answering the questions in this checklist, program designers can ensure people with disabilities are a part of the process.

2. Tell each group that they will be working on a proposal either for a water, sanitation, and hygiene (WASH) project in the fictitious country of Camladesh or a maternal, newborn, and child health (MNCH) project in Zimalawi. Ask them to work in their small groups to discuss the following three questions:

   a. How do you plan to obtain the information needed for the disability analysis?
   b. What challenges do you anticipate you will encounter in obtaining this information? How will you resolve these anticipated challenges?
   c. What additional resources will you need to obtain the information? What additional tools do you need from your organization or country office to successfully implement the analysis?

3. Allow teams to discuss for approximately 20 minutes, then ask one member of each team to report back. Facilitate a wider group discussion on including people with disabilities in the pre-design phase.

MOTIVE

This activity is meant to get participants thinking about the information that is needed to better understand the situation of people with disabilities even before design begins. If you have not laid the groundwork for inclusion, incorporating people with disabilities into program designs and proposals can be overwhelming when tight deadlines and sector emphasis may crowd out the prioritization of cross-cutting themes such as disability. The more staff can understand disability issues prior to a particular funding opportunity, the easier it is to include people with disabilities at design time.

DISABILITY INCLUSION IN DESIGN

It is essential to design a project that is inclusive of people with disabilities and include relevant language in the proposal and budget to ensure funding for accommodations and activities to address the specific needs of people with disabilities. Disability inclusion should be written into all designs and proposals, no matter the funding or donor requirements.

It is important to highlight the inclusion of people with disabilities in designs and proposal for two primary reasons: 1) to ensure the people with disabilities are proactively part of the project and 2) to demonstrate to donors the organization's commitment to inclusion. Trying to retrofit an active project to incorporate disability can be more challenging and can needlessly increase the cost.

People with disabilities should not only be included as program participants but also as stakeholders, key staff, and volunteers. To ensure that reasonable accommodations are made for both staff and participants with disabilities, budget should be considered. Budgeting for inclusion within the project design stage does not need to be a costly addition. It is estimated that only 3-5 percent of a project's budget needs to be allocated for disability-related expenses in order to ensure full inclusion. The most effective way to include people with disabilities is to ensure they are included in the design of the project from the beginning and participate as staff, stakeholders, and advisors as well as beneficiaries.

Furthermore, if you invite external groups to participate in design workshops or proposal development, people with disabilities and DPOs should be included.

> **UNIVERSAL DESIGN**
>
> Universal design (UD) 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. The UD principles listed below can help program designers ensure that programs are accessible to not only PWD but people with a variety of characteristics:
>
> Equitable Use
> Flexibility in Use
> Simple and Intuitive
> Perceptible Information
> Tolerance for Error
> Low Physical Effort
> Size and Space for Approach and Use
>
> More on Universal Design can be found at:
> https://www.ncsu.edu/ncsu/design/cud/

METHOD
1. Ask groups to imagine that they have finished the pre-proposal assessment and that they have developed an understanding of the situation of people with disabilities in their context. They can now turn to the findings listed in the situation documents on the next page of their training pack. Those assigned to the WASH project should review the situation document for Camladesh, those assigned to the MNCH project should look at the Zimalawi situation document. Instruct participants to discuss in their groups any facts that stand out to them. Give them about 10 minutes to review and discuss.
2. With participants remaining in the small groups, ask them to turn to the handout for the proposal phase. Give participants time to review the checklist, mentioning key points such as the need for budgetary considerations, including PWD in the proposal development process, and M&E frameworks. Give participants a chance to ask questions about the checklist.
3. Participants should open to the request for applications (RFA). Explain that in their small group scenarios, the funding opportunity has been made public and they are holding the RFA. It is their job as a team to ensure that the activities listed in the approach are disability-inclusive. They can use the proposal checklist as well as the situation document to suggest changes to the proposal. Give groups about 20 minutes to discuss.
4. Ask each group to report how they would change the approach to ensure people with disabilities are included. Remind participants about the importance of budgeting for accommodations and universal design. Point out that in a later session they will address monitoring and evaluation (M&E); however, many proposals require sample monitoring plans or indicators. Encourage participants to use the M&E checklist at the time of proposal writing to ensure that their M&E framework will be set up for success.

MOTIVE
While the RFAs presented as examples are fictitious, much of the content is pulled from real US government funding opportunities. By looking at these examples, participants can practice critical thinking about disability inclusion from the time a design is written. Including people with disabilities as a prioritized group in the design ensures donor support for inclusive implementation.

DISABILITY INCLUSION IN IMPLEMENTATION

It may seem that if you have done your homework in pre-design and design that people with disabilities would naturally be included in the implementation of programs. However, even when people with disabilities are included in a program, your activities can be more or less empowering, depending on whether programs reinforce, accommodate, or transform stereotypes.

Well-intentioned development practitioners can inadvertently reinforce negative stereotypes of people with disabilities. This happens when programs create, exacerbate, or exploit inequality. Programs that might <u>reinforce</u> <u>stereotypes or inequality</u> could include those that separate people with disabilities, force them to "advertise" their disability, or include them in program activities to a lesser extent than participants without disabilities. Such programming can actually cause harm.

Other programs accommodate stereotypes or traditional roles of people with disabilities. <u>Accommodating programs</u> allow people with disabilities to participate but don't actively seek to reduce inequality or break down barriers. Instead, people with disabilities are provided temporary programmatic means to leap over barriers that remain firmly entrenched after program closeout. These programs don't necessarily cause harm but also do not transform communities to be more inclusive. Programs that are reinforcing or accommodating often arise when the design team makes assumptions about the interests or capability of people with disabilities without first seeking their input.

<u>Transforming programs</u> are those that seek to break down barriers and change negative stereotypes about people with disabilities to influence long-term community change. Transformational programs include participation of people with disabilities in a broad range of activities, including dialog about the planning and monitoring of program interventions. A key to transformational programs can be including people with disabilities as program staff.

Critical Point for Trainers

Comparing approaches to disability inclusive development with gender inclusion can be helpful but not always relevant. As many of the participants may be familiar with gender inclusion, it is often helpful to make a comparison. However, approaches to gender and disabilities are not interchangeable. There are needs, such as accommodation and accessibility, which may apply to individuals with disabilities but not for a gender inclusive program. Gender comparison can be used as long as the participants also receive information on how the two approaches may differ.

> **An example of Reinforcing, Accommodating, and Transforming Programs:**
>
> A WASH project is being implemented in a rural village where people traditionally believed that disability is caused by a curse and that eating or drinking after a person with disability will cause you to also become disabled.
>
> A **reinforcing program** creates a separate water point that is disability accessible and labels it for people with disabilities only. While people with disabilities can obtain clean water, the designation could further perpetuate the stereotypes and possibly harm those with disability.
>
> An **accommodating program** makes all the water points disability accessible but might not raise awareness about the traditional superstition being false, thereby making water points available to people with disabilities without addressing the stereotype.
>
> A **transforming program** installs disability accessible water points while also conducting community conversations – which include people with disabilities – about safe drinking water and dispelling the myth of disability as communicable.

METHOD
1. Introduce the idea of reinforcing, accommodating, and transforming programs and provide some examples.
2. Disseminate the Continuum of Approaches handout and the example program sheets. Ask groups to review each scenario and determine whether they think the program is reinforcing, accommodating, or transforming. Give groups approximately 15 minutes to discuss. During this time, place the words Reinforcing, Accommodating, and Transforming on the wall.
3. Once teams have discussed and agreed, ask one member of each team to post their examples on the wall under the appropriate heading. Each group should be assigned a different colored papers for their examples so they can clearly identify their group's response during the discussions sessions.
4. After all the teams have posted their examples, facilitate a discussion of the results. Why did teams choose reinforcing, accommodating, or transforming? Did everyone always agree? Why or why not? If there is time, review the projects that were placed under reinforcing or accommodating and discuss how they could be modified to become more transformative.
5. Ask participants to turn to the project implementation handout. Explain that by using this checklist throughout implementation, program staff can not only ensure that people with disabilities are included in programs but also that the programs themselves are transforming.

MOTIVE
A little information can sometimes be a dangerous thing. It isn't enough to just include people with disabilities in your programs. You must also ensure that their inclusion is positive and has a transformative effect on their communities so that they don't face renewed stigmatization once the program ends. Considering whether interventions are reinforcing, accommodating, or transforming can help program staff strengthen their work with people with disabilities. Applying the program implementation checklist periodically through the implementation phase will help programs be nimble and move along the continuum of approaches to transformative inclusion.

ACTIVITY SHEETS

The activity cards below correspond with the Reinforcing/Accommodating/Transforming activity. Print one set of activity cards for each small group. Cut the cards apart so that participants can work together to determine whether they reinforce, accommodate, or transform stereotypes and perceptions of PWDs. Participants will place each card under the appropriate category agreed by their group. Do not allow groups to see the correct answers until after the activity is complete. Correct answers are:

A = Accommodating/Transforming
B = Reinforcing/Accommodating
C = Transforming
D = Reinforcing
E = Transforming disability/Reinforcing gender
F = Reinforcing
H = Accommodating
I = Reinforcing
J = Transforming research component but reinforcing/accommodating other components
K = Reinforcing
L = Reinforcing
M = Accommodating physical disabilities, no action for other disabilities

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A. Membership in Business Activities

A business association activity realized that the business associations to which it provided technical assistance averaged fewer than 2% of members who have a disability. To reach businesses of people with disabilities, the activity began working with Disabled Persons Organizations (DPOs) to increase participation.

B. Computer Training Education

An NGO wanted to improve access of young students with disabilities to higher education programs in computer training to improve future employment opportunities. A separate classroom was designated for people with disabilities where they could receive courses on computer programming and other relevant issues. Graduates of the training received certificates stating that they finished the computer training course for people with disabilities.

C. SME Loan Criteria

A SME development activity had a high rejection rate for people with disabilities because they were viewed as a "bad credit risk" due to a lack of collateral and credit history. The program modified its requirements to allow for business owners with disabilities to offset their lack of credit history with a more extensive reference check and review of financial management skills. They also expanded their types of acceptable loan collateral to include not only automobiles but to also include household appliances and other assets which people with disabilities often owned. The change resulted in more people with disabilities receiving business loans.

D. Institutions and Orphanages

It was determined that the infrastructure of the largest rural live-in institution for people with disabilities had poor sewage systems, was falling apart and was overcrowded. To resolve the issue, USAID decided to build a newer more modern facility where people with disabilities could receive better care.

E. Housing Services

The LGS program provided new houses for families to replace informal structures. People with disabilities were encouraged to apply for new housing on an equal basis as people without disabilities. In addition, announcements of the new housing opportunity were distributed to DPOs to encourage increased participation. The program allowed for men with disabilities who were heads-of-household to sign their housing loans, but women with disabilities who were heads-of-household were required to have their spouses co-sign the loan.

F. Election Monitoring

A local NGO was working on election monitoring for the upcoming presidential elections and decided to have people with disabilities be included for the first time. Separate training sessions were developed through Disabled Persons Organizations in order to learn to be monitors as well as specific guidelines for participation stating the people with disabilities should only serve as monitor for two hours within the morning so they do not become overly tired.

G. Primary Education

A NGO developed an inclusive education program where children with disabilities would attend local schools where they received strong resistance from both the government and the community. As a first step, they worked with the general community, parent organizations, and religious leaders to build awareness of disability and provided research on how inclusive education benefits all children and not just those with disabilities.

H. Political Party Building

In a program to address citizen involvement in political parties, it was decided that people with disabilities should be included in local forums and other venues that would help shape the political parties' platforms. All forums and meetings were held at an accessible venue and all materials were provided in both hard copies and electronic format for people who are blind.

I. Polio Prevention

In an effort to reduce the cases of polio, an awareness raising program was developed. In this awareness campaign, people who have disabilities as a result of polio went to schools and public forums urging people to receive vaccinations so that they do not end up disabled like them. People with disabilities were paid for their time providing for an additional source of income.

J. Secondary Education Programs

In a research program related to a project that addresses the need to increase the number of students in secondary education programs, it was established that children with disabilities rarely attend secondary education schools. The reason for the lack of matriculation was that the majority of special education schools only provide basic education. In an attempt to improve participation of children with disabilities in secondary education, new special schools for high school students with disabilities were established.

K. Small Enterprise

In order to improve employment opportunities for people with disabilities, a program was established that allows people with disabilities to sell phone cards (a very popular business within the country which tends to yield profits). The program will seek out 400 amputees and 100 other people with disabilities to train them on selling phone cards and provide them with discounted rates so they can be more competitive. Furthermore, in order to help build awareness and break down stigma, all of the phone card sellers who are disabled will wear special uniforms and their stalls or places of business will identify that they are disabled vendors.

L. Higher Education

A Disabled Persons Organization asks a local university to become more inclusive of university students with disabilities. University administrators confer among themselves to decide what programs are most the most appropriate fit for students with disabilities. They decide to allow deaf students to enroll in the graphic design department because this can lead to jobs that will not require much interaction or communication for the deaf students. They ask for professors to allow deaf students to hire and bring sign language interpreters with them. They announce that they are continuing to review which other programs may be suitable for students with other types of disabilities.

M. Maternal Health and Nutrition

An International NGO is conducting a maternal health and nutrition program. They realize that women with disabilities are not attending their trainings nor are participating in the programs. They reach out to a local organization for women with physical disabilities to receive their input and see how to they might include women with disabilities in the future. The organization stated that the primary reason for not participating in past training was due to the fact that the training venues were not accessible. The International NGO commits to conduct future trainings in a facility that has ramps and accessible bathrooms.

DISABILITY INCLUSION IN MONITORING AND EVALUATION

TIME

1 Hour

MATERIALS

Disability Inclusion in Monitoring and Evaluation handout on page 20

Disability Inclusive M&E: The Washington Group Questions handout on page 22

In order to assess the extent to which people with disabilities are being included within a project, it's important to collect and disaggregate data by disability. Disaggregating by disability can be challenging due to different definitions and cultural understanding of disability, and because many people with disabilities are hesitant to self-identify for fear of associated stigmas and discrimination. Moreover, many disabilities are non-apparent, so it is not always possible to know if someone has a disability solely by looking at them. Even people with disabilities may not always know or identify themselves as being a person with a disability because people with "invisible" disabilities sometimes experience the effects of their disability for many years before diagnosis.

Because of this, it is best practice to ask questions related to functionality rather than using questions that include the word "disability." [8] Even this approach is imperfect because people with undiagnosed disabilities may not realize that their experience with certain tasks differs from most other people. However, this technique of using functionality questions has still proven to be significantly more successful in collecting reliable data than other approaches.

During the evaluation of the project, it is equally important to meet with DPOs and other individuals with disabilities and include them in broader focus group discussions. It is important to ensure that these meetings are accessible for people with a range of disabilities: if the meetings are inaccessible, people with disabilities will not be able to fully share their feedback.

During focus groups or individual meetings evaluators should not only focus on whether people with disabilities had

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Washington Group Questions on Functionality

- Do you have difficulty seeing, even if wearing glasses?
- Do you have difficulty hearing, even if using a hearing aid?
- Do you have difficulty walking or climbing steps?
- Do you have difficulty remembering or concentrating?
- Because of a physical, mental or emotional health condition, do you have difficulty communicating?
- Using your usual language, do you have difficulty communicating (for example understanding or being understood by others)?

Response categories:
No difficulty; Some difficulty; A lot of difficulty; Cannot do at all

A respondent is coded as having a disability if they mark at least one domain as a lot of difficulty or cannot do it at all.

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[8] For more information on using functionality questions, please visit Washington Group on Disability Statistics at: http://www.cdc.gov/nchs/washington_group.htm

adequate accessibility to program activities. Evaluators should also consider whether the project transformed community attitudes and behavior towards disability for other participants as a result of being in an inclusive program. In addition, evaluators can determine whether the program design, staffing, M&E and physical infrastructure was effectively inclusive.

Finally, success stories, challenges, and lessons learned should be captured and shared with colleagues in order to encourage inclusive programming. Tools and resources that may have been developed throughout the life of the project related to disability inclusive development should also be shared broadly to further promote inclusion and potentially avoid duplication of efforts.

METHOD

1. Introduce the Washington Group questions and emphasize the need to use functionality questions rather than asking people to self-identify as having a disability. Ask participants to turn to the Washington Group questions and scoring sheet in their training pack. Ask participants if they have questions regarding the Washington Group questions.
2. Ask participants to turn to the M&E handout and give individuals 5 minutes to review it.
3. In small groups, facilitate a moderated discussion regarding the opportunities and limitations of monitoring and evaluation within your organization. Discussion questions include:
   a. What concerns or questions do you have about using the Washington Group functionality questions? What would need to be adapted in the data collection process to accommodate this new approach?
   b. Do you feel you have the capacity to develop disability specific indicators or would you need support? What type of support would be helpful?
   c. What do you see as the advantages and the challenges related to including a disability component in the project evaluation? What type of support do you need to make your project evaluations inclusive?
   d. What are some ways that best practices and challenges could be shared related to inclusion of people with disabilities in the project cycle?
   e. Are there current platforms (task groups, communities of practice, access to disability advisors) that could be used to coordinate approaches and avoid duplication of efforts? If not, what type of exchange platforms could be used in the future?
   f. What are possible venues outside of your organization that could be used to share successes and lessons learned?
   g. What concerns do you have related to the inclusion of people with disabilities in the project cycle? What are the opportunities? What elements of this approach are you most excited about?
4. Ask participants to return to the large group. Using flip charts and makers list out action items your organization can undertake to ensure that program M&E is inclusive of people with disabilities. Where possible, ask participants to volunteer to move forward with an action item.

MOTIVE

Without proper disability inclusion in the monitoring and evaluation of programs, effectiveness of interventions cannot be measured. By presenting the Washington Group Questions, participants gain a tool for identifying people with disabilities and can begin integrating disability inclusion into the M&E systems set up for programs across a range of sectors.

REVIEW AND WRAP-UP

TIME

30 Minutes

MATERIALS

Flip charts and markers

Post-it notes

At the conclusion of a training course, participants can be enthusiastic but at the same time unsure as to how or where to first begin implementing the concepts they learn in the training room. This wrap-up session allows participants to review what they learned, map action items for how they can carry what they have learned into their own work, and provide feedback on the training and facilitation. We can always keep learning!

METHOD

1.   Review the main concepts presented during the training on this day. They should include:

>   Including people with disabilities is not just a moral imperative, it is also a requirement to be compliant with international and national laws, support the Sustainable Development Goals, and adhere to donor requirements.

>   People with disabilities should be included throughout the program life cycle including participating in the pre-design and design workshops and writing.

>   Including people with disabilities in program activities requires diversifying staff to include people with disabilities, disability inclusive M&E planning, and budgeting for accommodations.

>   Disability inclusive programs can be implemented in such a way as to reinforce or break down barriers to participation. Program staff should think critically about whether their program activities are reinforcing, accommodating, or transforming.

>   Disaggregating data by ability should begin by identifying people with disabilities through using questions regarding functionality such as the Washington Group questions.

2.   Facilitate a discussion of these main points and how they might affect each participant's daily work. Ask participants to write down 3 things they can do immediately encourage disability inclusion in their organization. Ask people to share their commitment as they are comfortable.

3.   Once reflections are complete, distribute a stack of post-it notes to each table. Tell participants that you would like some very simple feedback

before they leave the training today. Ask participants to use one post-it note to finish each sentence below:

> The most important thing that I take away from this training is_____.
> The one question I have left unanswered is _____.
> The one change I would make to this training better is _____.

4. As people are writing their answers, set up three flip charts labeled "Most Important Take Away," "Unanswered Questions," and "Suggested Training Changes." Ask participants to stick their post-it notes on these flip charts on their way out of the room. Don't forget to encourage participants to take their training materials and use them as desk guides when designing, implementing, and monitoring future programs!

MOTIVE

Asking participants to make commitments to concrete action will ensure that they can operationalize what they learn in this training in their own jobs. By seeking their feedback, the training delivery and curriculum can be continuously updated to improve outcomes and reach greater disability inclusion.

PARTICIPANT TRAINING PACK

On the Road to Disability Inclusion

INTEGRATING PEOPLE WITH DISABILITIES THROUGHOUT THE PROGRAM CYCLE

PARTICIPANT TRAINING PACK

TIMETABLE

SESSION 1 9.00-9.20
Introductions
Overview
This session will outline the purpose of the day, provide participants with the context, and ensure everyone is familiar with each other.

SESSION 2 9.20-10.00
Icebreaker or
Review of Day
This brief session can either introduce participants to fundamental concepts of disability inclusion or review the *Traveling together* training outcomes, depending on the set up of the course.

SESSION 3 10.00-10.15
Why Disability Inclusion?
This session provides an overview of some of the international and national laws that require disability inclusion in international development programs as well as common donor requirements.

Break 10.15-10.30

SESSION 4 10.30-11.30
Pre-Design Phase
This session aims to get participants thinking about disability inclusion as they explore funding opportunities and program approaches.

SESSION 5 11.30-12.30
Design Phase
If designs, proposals, budgets, and M&E frameworks are disability inclusive, organizations can set themselves up for successful disability inclusion throughout implementation. Participants will analyze a sample request for applications and proposal to practice disability inclusion in the design phase.

Lunch 12.30-1.30

SESSION 6 1.30-2.45
Implementation Phase
Programs can be more or less empowering for people with disability (PWD) depending on whether activities reinforce, accommodate, or transform

stereotypes. In this session, participants will examine activities to determine whether they break down barriers to disability inclusion or reinforce them.

Break 2.45-3.00

SESSION 7 3.00-4.00
Monitoring and
Evaluation
As the adage says, you manage what you measure. The aim of this session is to provide tools for measuring disability inclusion through disaggregated data and start a discussion about how your organization can better measure, evaluate, and increase the knowledge base on disability inclusion.

SESSION 8 4.00-4.30
Review and Wrap-Up
In this final session participants have the opportunity to reflect and provide feedback on what they have learned and how they will take that forward into their daily work.

WHY DISABILITY INCLUSION?

The prevalence of disability among all populations is a key factor in the importance of disability inclusion. Disability cuts across race, ethnicity, gender, sexual orientation, age, and religion, and it knows no national boundaries. Disability impacts every sector of international development and humanitarian aid. 15 percent of the world population are people with disabilities, and they confront profound marginalization, exclusion, and inequity everywhere they live.[9]

The conditions of poverty increase the risk of disability, and disability increases the risk of poverty or further entrenches it. Thus, people with disabilities are over represented among the poorest citizens of the world.[10] Disability is referenced 11 times in the Sustainable Development Goals (SDGs). "Vulnerable populations" is referenced another six times in the SDGs. The SDGs cannot be met without proactive disability inclusion.[11]

Education

- In some countries, having a disability more than doubles the chance of never enrolling in school. Administrators may refuse to enroll students with disabilities, schools may be inaccessible, or students may lack equipment they need, such as wheelchairs.[12]
- In some places, disability has more impact on exclusion from school than gender or geographical location.[13]
- Even when children with disabilities attend school, an inaccessible curriculum may mean they do not have the same access to their education as do their classmates. Teachers may not know how to accommodate the needs of students with dyslexia or attention deficit disorder, books may not be available in braille, and teachers may not know sign language for deaf students.[14]

Poverty

- People with disabilities confront discrimination in employment, limited access to transport, and limited access to credit or banking services and other resources.[15]
- These factors lead to high unemployment rates and, for the few who obtain jobs, significantly lower pay.[16]

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[9] World Health Organization and World Bank *(2011) World Report on Disability*, Retrieved from
http://www.who.int/disabilities/world_report/2011/report/en/

[10] *ibid*

[11] United Nations (2015) *Sustainable Development Goals and Disability,* Retrieved from:
http://www.un.org/disabilities/default.asp?id=1618

[12] International Disability and Development Consortium (2012) *Teachers for All: Inclusive Education for Children with Disabilities* (2012, Retrieved from the UNICEF website at http://www.unicef.org/disabilities/files/IDDC_Paper-Teachers_for_all.pdf

[13] *ibid*

[14] *ibid*

[15] World Health Organization and World Bank *(2011) World Report on Disability*, Retrieved from
http://www.who.int/disabilities/world_report/2011/report/en/

[16] *ibid*

- People with disabilities often have a higher cost of living due to the need for assistive devices, medical care, personal assistance, and other disability-related needs. This means people with disabilities are effectively poorer than people without disability with the same level of income.[17]

Disaster and Emergency Situations

- Lack of planning can lead to abandoning people with disabilities during an evacuation. People with disabilities also frequently lose their usual supports during emergencies, which can leave them more vulnerable when first responders neglect their care needs.[18]
- Not only are shelters and refugee camps often inaccessible, but some workers turn away people with disabilities because they assume their needs are "too complex"[19]
- Long-term recovery and reconstruction efforts often ignore the needs of people with disabilities. This can lead to recreating, or even introducing, barriers that make rebuilt cities inaccessible for people with disabilities.[20]

Water, Sanitation and Hygiene (WASH)

- Inaccessible toilets can force people with disabilities to crawl on the floor to reach them or defecate in the open.[21]
- Long distances to reach water sources, combined with inaccessible water points, can make it harder for people with disabilities to independently access clean, safe water.[22]
- UNICEF cites inaccessible WASH in school and at home as a major contributing factor to why children with disabilities drop out of school.[23]
- In 2014, World Vision released a report on the importance of accessible WASH facilities and stated that "A full day of school without access to WASH facilities is not only unsafe to a child's health, but for a girl who is menstruating, it is impossible."[24]

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[17] *ibid*

[18] United Nations Division for Social Policy and Development (2016) *Disability Inclusive Disaster Risk Reduction and Emergency Situations*, Retrieved from:https://www.un.org/development/desa/disabilities/issues/disability-inclusive-disaster-risk-reduction-and-emergency-situations.html

[19] *ibid*

[20] *ibid*

[21] WaterAid (20122) *What the Global Report on Disability Means for the WASH Sector* Retrieved from file:///C:/Users/USICD/Downloads/report__what_the_global_report_on_disability_means_for_the_wash_sector.pdf

[22] WaterAid (2013) *Mainstreaming disability and ageing in water, sanitation and hygiene programmes: A mapping study carried out for WaterAid* Retrieved from http://www.wateraid.org/~/media/Publications/Mainstreaming-disability-and-ageing-in-water-sanitation-and-hygiene-programmes.pdf

[23] UNICEF (2013). *The big picture.* Retrieved from http://www.unicef.org/wash/index_bigpicture.html.

[24] World Vision (2014) *Casting the net further: Disability inclusive WASH* Retrieved from: http://www.wvi.org/sites/default/files/Full%20Disability%20Inclusive%20WASH%20Report.FINAL_.pdf

Health

- Inaccessible transportation systems can keep people with disabilities from reaching clinics and hospitals.[25]
- Inaccessible information and communication makes it harder for people with disabilities to learn how to protect their health.[26]
- People with disabilities are disproportionately targeted for domestic violence and for violent crimes.[27]

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[25] World Health Organization and World Bank *(2011) World Report on Disability*, Retrieved from http://www.who.int/disabilities/world_report/2011/report/en/

[26] ibid

[27] World Health Organization (2016)*: Disabilities and Rehabilitation Violence Against Adults and Children with Disabilities* Retrieved from http://www.who.int/disabilities/violence/en/

DISABILITY INCLUSION IN PRE-DESIGN

Goal: To obtain a better understanding of challenges facing individuals with disabilities in a respective country in order to prevent or reduce potential barriers to project participation.

Why It Is Important: The pre-proposal phase is when staff and others obtain and analyze information to build and design the future project. During pre-proposal trips and pre-award assessments, it is important to gain a realistic understanding of the current situation in the country for example, the cultural context as it relates to disability and gaps within services to be addressed in the proposed funding opportunity. Furthermore, often environmental, attitudinal and organizational barriers needlessly limit the participation of individuals with disabilities in many mainstream projects. As with gender, it is crucial to understand potential inequalities and how the project might impact people with disabilities differently than their non-disabled peers. The information gathering pre-proposal phase should include examining these barriers and determining solutions to ensure that individuals can participate fully and effectively in the project regardless of the type and severity of their disability.

A separate disability assessment is not needed. Rather, World Vision staff should include disability questions within their current pre-proposal approach to assess how the thematic context within the country impacts individuals with disabilities. In order to obtain this information, staff should conduct a multi-disciplinary approach that integrates information and comments from a variety of local stakeholders including DPOs. It is essential that people with disabilities be included in interviews, focus groups, and other information gathering, assessment, and design meetings. It would also be helpful to conduct a desk review of available information on the specific topic that might also provide information on programs already being conducted within the country.

Checklist for Inclusion: Below is a list of questions to address and integrate into a pre-proposal analysis.

General Questions for Pre-Proposal Assessment
- What is the current situation of individuals with disabilities as it relates to the proposal topic?[28]
- What are the potential accessibility barriers for people with disabilities attempting to access services?
- What other challenges or barriers do people with disabilities confront when attempting to access services?
- How is disability typically viewed within the country? What cultural beliefs or stigmas might hinder people with disabilities' access and participation?
- Will there be any resistance, either from the disability community or from individuals without disabilities, to having people with disabilities mainstreamed into the project? If so, what advance programming or awareness-raising is needed to facilitate the acceptance of people with disabilities as participants and beneficiaries?
- What is the general education level or literacy level of individuals with disabilities within the country?

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[28] Note that local disability statistics have historically been viewed as unreliable due to varying definitions of disability, poorly trained enumerators and issues with hesitating to self-identify. Therefore, if looking for statistics related to disability within the country it may be better to use the World Health Organization of 15% of any given population.

☐ Will additional training sessions be needed for individuals with disabilities on the subject matter to ensure they have the same baseline knowledge?

☐ Is there a national law mandating sector inclusion or services within the country? Has the country signed and/or ratified the UN Convention on the Rights of Persons with Disabilities?

☐ Is there a disability advisor or someone assigned to address disability issues within the field office that could be an additional resource?

☐ What has the organization done already related to this topic and ensuring that people with disabilities are included?

Determining Potential Project Resources

☐ Have there been any government projects that have either mainstreamed or specifically addressed disability issues as it relates to the proposed project? If so, what is the general populations' view on the success of such programs?

☐ What, if anything, are Disabled Person Organizations (DPOs) doing or have done in the past related to this topic?

☐ Who are the other stakeholders working on this topic within country?

☐ What is the role for DPOs or other stakeholders as partners or resources within the proposed project?

☐ Is additional technical assistance needed to support mainstreaming individuals with disabilities into the program? Are there any international or U.S. based DPOs who can serve as an additional resource if needed? Are there technical experts available who can support the project as staff or consultants?

Accessibility Issues

☐ Is there accessible transportation that people with disabilities can use to participate in future events or activities?

☐ What accessible venues are there within the country and what is the cost for rental? Will additional costs need to be budgeted to allow for accessible training venues versus non accessible venues?

☐ Are there braille printing resources within the country that could be used to develop accessible materials?

☐ Are there sign language interpreters available to attend public training, activities or events? Does a process for certifying or otherwise ensuring the good quality of sign language interpreters exist? If so, are any working sign language interpreters certified?

Additional Resources:

- USAID Disability Assessment Tool. Retrieved from:
  https://www.usaid.gov/sites/default/files/documents/1868/disassessment_guide.pdf
- USAID (2010) "Guide on How to Integrate Disability Into Gender Assessments and Analyses" Retrieved from:
  https://www.usaid.gov/sites/default/files/Guide_How_Integrate_Disability_Gender_Assessments_2010.pdf
- CBM "Make Development Inclusive: How to Include the Perspectives of Persons with Disabilities in the Project Cycle Management Guidelines of the European Commission" Retrieved from:

http://www.cbm.org/article/downloads/54741/Make_Development_Inclusive_A_Practical_Guide_PCM.pdf
- CBM (2012) "Inclusion Made Easy: A quick program guide to disability in development" Retrieved from: http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_complete_guide.pdf

Resources for finding local DPOs:

- **Disabled Persons International (DPI)-** http://www.dpi.org/dpi-members.html
- **International Disability Alliance (IDA)-** http://www.internationaldisabilityalliance.org/en/about-us/ida-members-organizations
- **United States International Council on Disabilities** http://www.usicd.org

SITUATION OF PEOPLE WITH DISABILITIES CAMLADESH

The government estimates that 4.8% of the country's population are of people with disabilities, but the World Health Organization (WHO) estimates the ratio to be closer to 15%, or 700,000 individuals with disabilities. There could be a higher incidence due to conflict in the late 80s that resulted in many citizens being injured by landmines.

The government of Camladesh has ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) and has established some local anti-discrimination laws. Most advocates feel there is a gap between policy and practice.

The vast majority of children with disabilities are not attending schools. There is one school for the blind and one school for the deaf in the country. Though there have been some efforts to pilot inclusive education programs, only 3 schools have been a part of this program. As a result, the majority of people with disabilities are not literate.

Most health care services are not equipped to support people with disabilities. Hospital are not physically accessible and sign language interpreters are not available. Most health guides and information is not available in alternative formats or in easy-read language.

The International Labor Organization (ILO) estimates that only 5% of people with disabilities are employed. There are limited cases where people are self-employed as people with disabilities are often impoverished and find it difficult to gain access to credit.

The Camladesh disability community, in particular the Camladesh Federation of Disabled People (CFDP) is very active and has several projects to build awareness on disability issues. In the past, CFDP received a grant from AusAid to build their operational capacity. They have since successfully managed several small project (between $50,000-100,000 USD) including one project on the rights of women with disabilities supported by USAID.

85% of people in Camladesh practice Buddhism. They believe in karma and believe that disability is caused by the person doing bad deeds in a past life. Many people like to donate to charities working with people with disabilities or provide money to beggars with disabilities on the street. They do not regard people with disabilities as peers or equals.

The majority of public building and public transport are not accessible.

SITUATION OF PEOPLE WITH DISABILITIES IN ZIMALAWI

The government estimates that 7.3% of the country's population are people with disabilities, but the World Health Organization (WHO) estimates the ratio to be closer to 15%, or 455,000 individuals with disabilities.

The government of Zimalawi has ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) and has established some anti-discrimination laws. Most advocates feel that national policy is not yet fully consistent with the CRPD and also say there is a gap between policy and practice.

The vast majority of children with disabilities are not attending schools. There is one school for the blind and one school for the deaf in the country. However, they do not teach sign language at this school and instruct children orally hoping they will learn on their own to lip-read. Though there have been some efforts to pilot inclusive education programs by NGOs, only 3 schools have been a part of this program. As a result, the majority of people with disabilities are not literate.

Most health care services are not equipped to support people with disabilities. Hospital are not physically accessible and sign language interpreters are not available. Most health guides and information are not available in alternative formats or in easy-read language.

The International Labor Organization (ILO) estimates that only 3% of people with disabilities are employed. There are limited cases where people are self-employed as people with disabilities are often impoverished and find it difficult to gain access to credit.

The Zimalawi disability community, in particular the Zimalawi Federation of Disabled People (ZFDP) would like to be more engaged in advocacy efforts but have received very little training and have limited background knowledge in this area. Their activities currently focus on celebrating the International Day of Persons with Disability by organizing parades and placing flowers at the "heroes statue." They will need basic capacity building in organizational management and administration.

Within Zimbalawi, disability is viewed as a "curse." Because of this belief, many people with severe disabilities are hidden by their families to reduce family shame or disgrace, or because families fear harassment or violence.

The majority of public building and public transport are not accessible.

DISABILITY INCLUSION IN DESIGN

Goal: To design a project that is inclusive of people with disabilities and draft relevant language in the proposal for funding.

Why It Is Important: The proposal outlines the goals, objectives and strategies that will be used upon implementation. It articulates the project design and often serves as the basis for the project's contract used during implementation. It is important to highlight the inclusion of people with disabilities in the proposal for two primary reasons: 1) to ensure the people with disabilities are proactively part of the project design and 2) to demonstrate to donors the organization's commitment to inclusion. Trying to retrofit an active project to incorporate disability at a later stage can be more challenging and can needlessly increase the cost. However, budgeting for inclusion within the project design stage does not need to be a costly addition to a project. For example, it is estimated that only 3-5% of a project's budget needs to be allocated for disability-related expenses in order to ensure full inclusion. The most effective way to include people with disabilities is to ensure they are included in the design of the project from the beginning. During the proposal development phase, one may want to visit the information provided in the Monitoring and Evaluation section as it includes helpful suggestions for collecting data and on disability indicators that may also be helpful to include as part of the proposal. Furthermore, if World Vision is bringing in external groups to support the writing and the development of the proposal, people with disabilities and DPOs should be included within this opportunity.

Checklist for Inclusion: Below is a list of questions to address and use as part of the proposal phase.

Technical Approach

- ☐ Does the background section of the proposal demonstrate how this project will address the current situation of individuals with disabilities within the project?
- ☐ Does the proposal show how individuals with disabilities will be included as a cross-cutting theme throughout the various components of the project?
- ☐ If needed, is there a separate section on inclusive development, to highlight the general approach to inclusion (similar to how it might be done with gender)?
- ☐ Does the language within the proposal follow the guidelines for person first language and represent individuals with disabilities in an empowering and positive manner?
- ☐ If there are specialized programs specific to individuals with disabilities are they mentioned within the technical approach and work plan?
- ☐ Are disability-specific indicators provided? Does the Monitoring and Evaluation plan address how data will be disaggregated by disability as well as gender?

Budget

- ☐ Is there a line item for accessibility, such as alternative formats and sign language?
- ☐ If planning to hire or utilize individuals who have physical disabilities as staff or consultants, is there a budget line for a personal care attendant to travel and provide support, if needed? Or, a budget line for a sign language interpreter to travel with staff or consultants who are deaf?
- ☐ Does the budget address any additional technical assistance from DPOs or technical experts to serve as consultants to support the project? Is there a need to exclusively hire someone to support the disability-related components of the project?

☐ Are there funds to utilize accessible venues or hire accessible transport to ensure full participation of individuals with disabilities?

Partner and Resource Organizations:

☐ Does the project clearly indicate how local DPOs and the local disability community will be engaged throughout the project?
☐ Does the project take into account having a disability organization (U.S. based and/or local depending on capacity and project needs) as a partner organization or resource partner?
☐ If needed, has additional disability short-term technical assistance (STTA) been identified and highlighted?
☐ Does the proposal address how the capacity of local groups will be built and increased to ensure sustainability?

Additional Resources:

- USAID (2007) "Language and Disability" Retrieved from: http://pdf.usaid.gov/pdf_docs/PNADN699.pdf
- Syracuse University (2012) "An Introductory Guide to Disability Language and Empowerment" Retrieved from: http://sudcc.syr.edu/LanguageGuide

PREVENTING TEEN PREGNANCY AND POOR REPRODUCTIVE OUTCOMES AMONG ADOLESCENT GIRLS IN ZIMALAWI USAID

FUNDER: USAID
TOTAL FUNDING AVAILABLE: $24,000,000
SUBMISSION REQUIREMENT: 20 PAGE LIMIT

TYPE OF FUNDING: COOPERATIVE AGREEMENT
LIFE OF ACTIVITY: 5 YEARS

Key Personnel requirements	The management plan must specify the composition and organizational context of the entire implementation team and specify clear lines of supervision, accountability, decision–making and responsibility among staff. The applicant shall indicate the names of each proposed Key Personnel candidate along with a position description and brief statement of why the proposed individual is particularly suited to the position in the Technical Application, and include CVs for each Key Personnel in the Annex. Under M&E Specialists it states that they should have experience in evaluating programs for gender and disability inclusiveness.
Program Purpose	To address cultural barriers and social norms that contribute to poor reproductive health outcomes among adolescents in Zimalawi.
Program Objectives	1) engaging and shifting attitudes of traditional and faith leaders; 2) promoting men's positive engagement and support; and 3) strengthening capacity of service providers for increased access of quality maternal newborn and child health (MNCH) services. Technical areas of focus include: reproductive health, gender based violence, community engagement
Geographic focus	National project for Zimalawi
Partnership requirements	Public and private sectors, non-governmental organizations (NGO), and other USAID partners
Program Activities	**Activity 1**: Engage faith leaders **Activity 2**: Engage families and communities especially those groups that work with mention on fatherhood and family involvement **Activity 3**: Train health workers on gender and GBV The following guiding principles are specific to this Request for Applications (RFA): • Principle 1: Respond to cultural, socio-economic and religious realities and opportunities among the target population. • Principle 2: Promote gender equity and women's empowerment. • Principle 3: Promote inclusiveness of marginalized groups including people with disabilities. • Principle 4: Foster partnerships with the private sector. • Principle 5: Applying worldwide practices

	• Principle 6: Build on and strengthen Zimalawi structures and institutions
Gender Requirements	In Zimalwai, women's ability to access quality health care is constrained by a combination of factors including low status accorded to women, cultural and traditional practices, low literacy levels, poverty, and lack of access to and control of economic resources. Gender inequalities affect women's ability to access quality reproductive health services. The Technical Application shall contain a strategy for addressing gender considerations.
Disability Requirements	The Recipient must make a reasonable effort to accommodate needs of persons with disabilities (PWDs) in all aspects of the project. The recipient's interventions must address various forms of disability (visual, hearing, mobility, etc.).
M&E Considerations	Demographics by Sex, Disability, and Age of Household Head (demographic indicators)

PROPOSED PROJECT RESPONSE

Primary approaches to challenging social norms within this initiative will include engagement of influential community members, group workshops and discussions and community-level behavior change and communication strategies that aim at deconstructing hierarchical gender norms and constructing new concepts of masculinity and femininity.

Outcome 1. Faith Leaders: This project directly emphasizes links between culture and behavior change through work with local community influencers who remain key authoritative and trusted figures for communities and have the ability to influence the thoughts and actions of their community. The project will engage faith leaders in an interactive training, after which they will be invited to reinforce the learning through taking action for positive change in their congregations and communities.

Outcome 2. Families and Communities: Men's groups that promote engaged fatherhood and positive masculinities will be formed to complement the work with traditional and faith leaders. Men will go through contextually appropriate curriculum that allows safe and constructive spaces for critical reflection on issues of MNCH, gender equality, and GBV. Additionally, the project will establish a community support mechanism in the form of groups to promote support and solidarity among women in addressing health seeking behaviors an gender barriers in accessing health services.

Outcome 3. Uptake of Services: The initiative will integrate gender and GBV in the training curriculum of village health workers.

INTEGRATED NUTRITION, HYGIENE, AND SANITATION. CAMLADESH USAID

FUNDER: USAID
TOTAL FUNDING: $16,000,000
SUBMISSION REQUIREMENT: 20 PAGE LIMIT

TYPE OF FUNDING: COOPERATIVE AGREEMENT
LIFE OF ACTIVITY: 5 YEARS

Key Personnel requirements	The management plan must specify the composition and organizational context of the implementation team and specify clear lines of supervision, accountability, decision–making and responsibility. The applicant shall indicate the names of each proposed Key Personnel candidate along with a position description and brief statement of why the proposed individual is particularly suited to the position. Under M&E Specialists it states that they should have experience in evaluating programs for gender and disability inclusiveness.
Program Purpose	Goal: Improve the nutritional status of mothers and children in Camladesh.
Program Objectives	1. To increase household-level practice of key Essential Nutrition Actions 2. To increase use of improved sanitation facilities; 3. To improve hygiene behaviors; 4. To increase capacity of private and public sector partners to promote healthy behaviors. Technical areas of focus include: Nutrition for women, Breastfeeding (complementary), Sanitation
Geographic focus	3 provinces in Camladesh
Partnership requirements	Public and private sectors, non-governmental organizations (NGO), and other USAID partners
Program Activities	**Activity 1**: Promotion of improved nutrition, hygiene, and sanitation related behaviors by new mothers (and infant caregivers), community volunteers, and government staff through a variety of innovative approaches including use of incentives for behavior change and vouchers for household latrine improvement **Activity 2**: Resources and technical assistance supporting private sector water supply, sanitation and hygiene (WASH), and nutrition related product marketing **Activity 3**: Resources and technical assistance to support targeted WASH and nutrition-related Behavior Change Communication (BCC) and capacity improvements. The following guiding principles are specific to this Request for Applications (RFA): • Principle 1: Respond to cultural, socio-economic and religious realities and opportunities among the target population. • Principle 2: Promote gender equity and women's empowerment.

	• Principle 3: Promote inclusiveness of vulnerable groups including people with disabilities. • Principle 4: Foster partnerships with the private sector. • Principle 5: Applying worldwide practices • Principle 6: Build on and strengthen Camladeshian structures and institutions
Gender Requirements	Project interventions will have a greater impact on improving the health and nutrition status of women and children if prevention education and behavior change activities also include men as they do play a role in decisions about resource allocation and using health facilities. Additionally, increasing women's access to income, education and other resources (e.g., food) will have a strong positive impact on the health and nutritional status of the family as well as place women in a better position to address domestic violence, educate their daughters and increase their own educational levels. Mobilization efforts to foster women-led community development in the nutrition/sanitation/hygiene area will be a key intervention. The project should specifically address how it will engage women with disabilities. While income generation is not a primary focus of the project, activities and approaches should be designed to establish linkages, which take advantage of opportunities to increase women's access to and use of resources to improve their health and nutrition status and that of their children.
Disability Requirements	The Recipient must make a reasonable effort to accommodate needs of persons with disabilities (PWDs) in all aspects of the project. The recipients' s interventions must address various forms of disability (visual, hearing, mobility, etc.). The project must include disability specific indicators.
M&E Considerations	• Household Demographics by Sex, Disability, and Age of Household Head (demographic indicators) • Production by Crop and Sex for Treatment Group (agricultural indicators)

PROPOSED PROJECT RESPONSE

Community-based Platforms to improve maternal, newborn, and child health are now widely recognized as important strategies to deliver promotive and preventative nutrition, sanitation, and hygiene interventions. The project will support, train, mentor, and supervise existing community-based groups to increase demand and utilization of key nutrition, sanitation, and hygiene knowledge, and positive parenting behaviors and practices. These platforms primarily target different members of the household so that messages can be mutually reinforced at the household level, while each will impact respective population groups that influence adoption of critical behaviors.

Social Behavior Change Communication. The project's SBCC approach has been designed to create coherent synergized behavior change communication content across the project life. Content will focus on sociocultural factors such as poor parenting skills, gender inequality, influence of the elderly, cultural food taboo beliefs, and engrained sanitation and hygiene habits that underlie and therefore drive, nutrition, sanitation, hygiene, and caregiving behavior. The project will use household level counseling, peer-to-peer Positive Deviance learning, as well as media and technology solutions to deliver messages. To promote sustainability and local ownership the project will also roll out counseling, interpersonal

communication, and other skills training to local government and community volunteers. The target audiences will be pregnant women and families with children under two, while particular effort will be made to ensure that SBCC messages address men and grandparents as decision makers of how a family's money is spent and the use of nutrition and WASH services.

Conditional Cash Transfers. This project will utilize both CCTs and incentives to promote adoption of essential nutrition actions in the home; promote use of improved sanitation facilities; and promote adoption of key hygiene behaviors of households, especially fathers supporting mothers. CCTs and other incentives will also be used to increase the motivation of community health volunteers to provide high-quality and comprehensive services, while incentivizing women and caregivers of children to adopt the key program-promoted behaviors.

Product Marketing and Private Sector Financing. Product marketing for nutrition, sanitation and hygiene behavior change will apply value chain and social marketing tools strategically to improve sales of products to support the project's objectives. This will include microfinance loans to support the promotion and scale up of improved WASH products; strengthening the business approach of existing local suppliers by providing training and consulting as necessary; and catalyzing local suppliers and the distribution network for additional products to be scaled up.

Various products will also be marketed, including ceramic water filters and chlorine tablets. Over $3 million in funding for loans at discounted interest rates will be provided. Community borrowers will repay the loan funds within the 5-year project, and repaid funds will be retained for the purpose of continuing to fund microloans for similar projects after the grant ends.

DISABILITY INCLUSION IN IMPLEMENTATION

Goal: To ensure that people with disabilities are actively participating throughout all aspects of the project during implementation.

Why It Is Important: Project implementation is the phase when the actual services are provided and the work is performed. This is the stage when individuals with disabilities benefit from service delivery and/or training. It is essential to monitor their inclusion throughout the entire implementation phase. For example, it would be important to know if accommodations and accessible venues are being provided as needed to ensure full participation. It is also important to note that just being present does not necessarily mean that people with disabilities are fully engaged with the content or that their voices are being heard and integrated into the project. Thus it is important to create an environment where people with disabilities are empowered to actively participate in all project activities. At a minimum, program staff and implementing partners should be adequately trained, together with the local disability community, in disability awareness and inclusion to carry out their program responsibilities. It is important to foster an environment of diversity and acceptance that promotes an environment that empowers individuals with disability throughout all aspects of implementation. Consistent with good project management, there should be continuous monitoring throughout the implementation phase to ensure that people with disabilities are being appropriately included in the project.

Checklist for Inclusion: Below is a list of questions to address and use as part of the implementation phase.

- ☐ Are people with disabilities well represented and are disability issues related to the project's sector specifically addressed in the start-up workshop?
- ☐ Has targeted outreach taken place to ensure diversity within the program beneficiaries? Have DPOs been consulted about additional ways to outreach to ensure people with disabilities are included?
- ☐ Does the project work plan include disability as a mainstreamed issue or have disability specific activities?
- ☐ Does the logical framework integrate disability issues?
- ☐ Have your organization staff received training on disability awareness and the importance of inclusion?
- ☐ If working with partner organizations, have they received training on inclusion and are the aspects of that programming also including people with disabilities in an empowering manner?
- ☐ Are the voices of people with disabilities being heard in meetings and in decision-making?
- ☐ Is there a balance in representation and leadership between youth and older adults with disabilities, or between men and women with disabilities? Is there representation from indigenous populations with disabilities? Or among racial, ethnic, cultural, or linguistic minorities with disabilities?
- ☐ Do children have some way to make their perspectives and voices heard by adults? Are girls and boys with disabilities equally represented in services?
- ☐ Is the budget providing sufficient support or are additional resources needed? For example, were enough funds put aside for sign language interpreters or other accommodations?

- Are project facilitators taking the time to communicate with people with disabilities to ensure they understand each person's individual needs, even if these needs might vary from other people with similar disabilities?
- Are other project resources suitable for promoting the inclusion of people with disabilities in the project (participation strategies, venues, schedules, experts in disability)? If not, how can additional resource be added to support the project?
- Have there been any unanticipated challenges or barriers to inclusion of people with disabilities? What steps have been taken to reduce these barriers?
- Has the project had any adverse effect on people with disabilities? How have those issues been addressed to ensure that the project does not cause harm or reinforce negative stigma or discrimination?
- Has there been a disability awareness raising component of the project? What was the results of these interventions?

CONTINUUM OF APPROACHES TO DISABILITY INCLUSION

Reinforcing	Accommodating	Transforming

Reinforcing: Programs that *create, exacerbate or exploit* inequalities of people with disabilities or establish additional barriers for inclusion.

These can reinforce negative stereotypes and stigmas faced by people with disabilities and as a result can be harmful.

Example: A program helped local governments privatize their sanitation services. The company that won the bid hired only people with disabilities as street sweepers and people without disabilities served as garbage truck drivers and managers.

Accommodating: Programs that allow for participation of people with disabilities but *maintain existing or traditional roles and perceptions* of people with disabilities.

While this approach is not necessarily harmful and may allow for opportunities that people with disabilities have not have access to before, it does not seek to reduce inequalities or address broader systemic factors that perpetuate inequalities.

Example: The legal clinic program was unable to convince law school legal clinics to take cases where people with disabilities have received violent treatment or related discrimination cases, so it established a separate disability law clinic at a Disabled Persons Organization (DPO). The clinic was under the supervision of a practicing attorney but also had law student volunteers.

Transforming: Programs that seek to actively change negative stereotypes and *create positive, inclusive programs and promote equality* of people with disabilities.

This approach attempts to promote equality of people with disabilities while reducing barriers, challenging negatives stigmas and addressing the systemic causes of underlying inequalities.

Example: The municipal strategic planning process was proceeding with no participation of people with disabilities. The project decided to conduct a disability awareness raising seminar for both people with and without disabilities before the start of the planning process in target municipalities. This created a public space for the voices of people with disabilities and challenged norms that had blocked people with disabilities' participation in public policy.

DISABILITY INCLUSION IN MONITORING AND EVALUATION

Goal: To ensure monitoring includes collecting data on the participation of people with disabilities and the project evaluation includes reviewing inclusive components of the programs.

Why It Is Important: In order to assess the extent to which people with disabilities are being included within the project, it's important to collect and disaggregate data by disability where feasible. Disaggregating by disability, however, can be challenging due to different definitions and cultural understanding of disability, and because many people with disabilities are hesitant to self-identify for fear of associated stigmas and discrimination. Moreover, many disabilities are non-apparent, so it is not always possible to know if someone has or does not have a disability solely by looking at them. Even people with disabilities may not always know, or identify themselves as being a person with a disability, because people with "invisible" disabilities sometimes experience the effects of their disability for many years before diagnosis. Because of these issues, it is best practice to ask questions related to functionality rather than using questions that include the word "disability." [29] Even this approach is imperfect because people with undiagnosed disabilities may not realize that their experience with certain tasks differs from most other people. However, this technique of using functionality questions has proven to be significantly more successful than other approaches in collecting reliable data.

During the evaluation phase of the project, it is also important to meet with DPOs and other individuals with disabilities to see if their accommodation needs were adequately addressed to facilitate their participation. This can be done through focus groups or individual meetings. It would also be helpful to assess behavior change and shift of perceptions on disability for other participants as a result of being in an inclusive program. Disability specific indicators should also be developed for the different sectors and used for the projects.[30]

Finally, success stories and challenges should be captured and shared with other World Vision colleagues and offices in order to encourage inclusive programming and to learn from potential challenges. Tools and resources that may have been developed throughout the life of the project related to disability inclusive development should also be shared broadly to further promote inclusion and potentially avoid duplication of efforts.

Checklist for Inclusion: Below is a list of questions to address and use as part of the project monitoring and evaluation phase.

Collecting Data:

- ☐ Have people with disabilities been identified using the Washington Group's functionality questions? If so, is subsequent data disaggregated by disability?

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[29] For more information on using functionality questions, please visit Washington Group on Disability Statistics at: http://www.cdc.gov/nchs/washington_group.htm

[30] Unfortunately, as disability-inclusive development is relatively a new field, there are no standard indicators to be used for the different sectors. These will need to be developed by World Vision and tried within field.

- Have the Monitoring and Evaluation (M&E) specialists, or others collecting data, received training on disability awareness?
- Are *all* indicators developed in a way that is gender and disability sensitive?
- Are there specific indicators developed related to disability and inclusion?
- Are there any indicators related to behavior change or changes in perceptions on disability as a result of awareness campaigns or having the project be inclusive?

Evaluation:

- Have DPOs and disability leaders been involved in the design and scope of the project evaluation?
- Are the venues and facilities that are being used for evaluation accessible to people with disabilities? Is sign language and/or the provision of evaluation materials in alternative formats been made available upon request?
- Are separate methods of evaluation needed (e.g. separate focus groups or meetings) to ensure that people with disabilities are comfortable and have a space to openly share their thoughts on the project?
- Does the evaluation report address challenges, opportunities, and possible issues related to disability inclusive development in a way that is empowering to people with disabilities?
- How will the results of the evaluation be shared with different stakeholders including donors, DPOs, and host government officials?
- Have disability-specific case studies, success stories, or challenges been captured and appropriately disseminated?
- If determining additional future programming needs, have the needs of people with disabilities been included? Have DPOs contributed to ideas for future or follow-on projects?

Additional Resources:

- CBM (2012) "Inclusion Made Easy: A quick program guide to disability in development" Retrieved from: http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_complete_guide.pdf

- Washington Group on Disability Statistics: http://www.cdc.gov/nchs/washington_group.htm The Washington Group developed 6 questions for identifying whether an interviewee has a disability. Meant to be used in national level census data, the Washington Group questions can be used to identify people with disabilities in projects as well.

DISABILITY INCLUSIVE M&E: THE WASHINGTON GROUP QUESTIONS

Because of a Health problem:
1) Do you have difficulty seeing even if wearing glasses?
2) Do you have difficulty hearing even if using a hearing aid?
3) Do you have difficulty walking or climbing stairs?
4) Do you have difficulty remembering or concentrating?
5) Do you have difficulty with (self-care such as) washing all over or dressing?
6) Using your usual language, do you have difficulty communicating (for example understanding or being understood by others)?

Response categories:
No difficulty; Some difficulty; A lot of difficulty; Cannot do at all

A respondent is coded as having a disability if they mark at least one domain as a lot of difficulty or cannot do it at all.

For more on the Washington Group on Disability Statistics:
http://www.cdc.gov/nchs/washington_group/