Training Toolkit

Inclusive Health

For Disability Inclusion Advisors

Developed within the Every Life Matters programme

For internal use in Light for the World Programmes & partner programmes

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LIGHT FOR THE WORLD

Table of Contents

Part 1. About the training toolkit

1.1 Why this training toolkit?

People with disabilities experience many barriers in accessing health services. To overcome these barriers Light for the World started Every Life Matters, a multi-county initiative to promote inclusion of people with disabilities in sexual & reproductive health and eye care. The program is developed and implemented by Light for the World in collaboration with local partners:

- Ethiopian Centre for Disability and Development (ECDD) in Ethiopia
- Umbrella for People with Disabilities in the Fight Against HIV/AIDS (UPHLS) in Rwanda
- ComuSanas in Mozambique

The program partners with 14 health centers (9 SRH health centers and 5 eye care units/hospitals) across three countries: Mozambique, Ethiopia and Rwanda. The main objectives of the program are to:

- design, test and adapt disability-inclusive interventions in the healthcare system, with the specific focus on SRH and eye care.
- stimulate collaboration between health care providers, disabled peoples organizations and specialized institutions working in the area of health.

Training of the health care centers and their staff is an essential element of promoting inclusive practices. This training toolbox is created for disability inclusion advisors & facilitators that want to build capacity of stakeholders that are involved in promoting inclusive health care.

1.2 How to use this toolkit?

The training toolbox contains different elements:

Part 1: Introduction & how to use the toolkit
with tips and tricks on preparing, designing & facilitating trainings.

Part 2. Training needs & programme outlines for different stakeholders
With the role of the different actors and the knowledge, attittude & skills that are needed to fulfil this role. And template training programmes per stakeholder.

Part 3. Training module library with a detailed description of the training sessions

Part 4. Resources

In this section you will find a range of general training tools, links to background resources, and template participant manual that you can use for your training.

The idea of this training toolbox is that you pick and choose the modules & tools that are relevant for your target audience and that you design your own training programme that meets the needs in the context that you are working on. In the next paragraph you will find more information on how to make a tailor-made training.

1.3 Preparation of the training

To prepare yourself for the training think of the following steps:

- Decide which actor you want to train.
- Define the role of this stakeholder in promoting inclusive health and what skills, attitude and knowledge this actor needs to fulfil this role.
- Develop objectives for the training.
- Design the overall training outline (content blocks, number of days)
- Discuss content and practicalities with the stakeholder that will be trained:
    - content and aim of the training
    - training needs (what specific challenges do they come across?)
    - number of the participants
    - training venue & accessibility
    - specific needs of the participants/facilitators.
- Work out the details for the different sessions based on the training needs of the stakeholder.
- Select and involve trainers and resource persons with different disabilities to facilitate the sessions.
- Prepare presentations, visual materials and participants manuals (You can use the template manual as a basis, you can find the link in part 4.) & make sure they are available in alternative formats if needed.
- After the training: evaluate the training and decide what follow up training will be needed and reflect on what you would do differently next time.

1.4 Inclusion and facilitation tips for trainers

To create a good atmosphere and keep the group energized and active it is important to use interactive exercises and creative methods. In Part 4 you will find the following kind of exercises:

- Introduction exercises
- 4.4 Identity exercises (exercises that help to understand diversity, inclusion and exclusion processes)
- 4.7 Recap Methods
- 4.5 Energizers
- 4.6 Exercises for group formation.

Accessibility of the training venue and inclusion of people with disability throughout the training is very important. In Part 4. You will find the following inclusion tools to help you in this process:

How to set up inclusive meetings – short checklist
This checklist will help you to organize a barrier free training.

Inclusion Round a simple training method that will help to create an inclusive atmosphere right from the start of the training.

1.5 Feedback and questions

This training toolkit is developed by Paulien Bruijn with support of Zina Olshanska & Klaas Aikes and the partners in the field. It is a living document and will be updated regularly. We plan to develop more inclusive health tools within the Every Life Matters programme in 2020 and beyond. So be sure you have the most up to date document.

If you have questions, ideas or suggestions about the content of this toolkit, please contact Klaas Aikes: k.aikes@light-for-the-world.org

Part 2. Training needs & programme outlines for the key health stakeholders

At health center level the following key stakeholders are identified:

- Health center management
- Focal person for disability inclusion
- Health Center Staff/ medical staff
- Health extension/ community workers

This training toolkit focusses on these 4 key health stakeholders. However, when promoting inclusive health it is equally important to engage the following other stakeholders, such as:

- Disabled People's Organizations
- Health Management Committees
- Government agencies
- Community organizations

These stakeholders may need training & orientation as well and will be involved in (planning) meetings. Although the focus of this toolkit is on health providers, the materials in this training toolkit can also be used to work with these other stakeholders.

2.1 Health Center management

Health Center Management	
Role	**Knowledge, Skills & Attitude**
Create a conducive environment for disability inclusion: • Appoint a focal person. • Assess the disability inclusiveness of the health center and it's services and develop an action plan for improvement of disability inclusive practices • Broker partnerships with and involve DPOs, rehabilitation centres and other institutions in mainstreaming disability at health center level • Plan and allocate (minimum) budget for disability inclusion each year (including presentation of this budget to town administration authorities)	• Committed to make the health services disability inclusive • Have a rights-based attitude towards people with disabilities • Understand the (inter) national legislative frameworks for disability inclusion with a specific focus on inclusive health. • Able to assess the inclusiveness of the health center and know what measures to take to promote disability inclusion. • Able to set targets, identify steps and activities that promote inclusion. • Know how to budget for disability inclusion. • Know how to anchor disability inclusion in policies, procedures & HR. • Able and willing to develop partnership with Disabled People Organizations and/or related organizations that work with people with disabilities for involving them in joint monitoring and improvement of health care services.

Example training programme for health center management		
Day 1	Day 2	Day 3
Getting started (M #1)	**Recap of first day** **Disability friendly language** (M #8) **Myth Buster exercise** (M #13)	**Recap of second day** **Responsibility of different stakeholders in promoting inclusive health & how to involve them** (M #10)
Why inclusion of people with disabilities in health? (M #2) **What is disability?** (M #3)	**Inclusive Communication** (M #14, short version)	**Process of making a health center & health services accessible:** **Examples & Good practices** (M #11)
Rights-based approach to disability inclusion (M #4) **National & International Legal frameworks** (M #5)	**Assessing the health center/services** (M #9)	**Action planning** (M #12)
What is disability inclusion? Basic principles of inclusion (M #6) **Barrier analysis with the Inclusive health game** (M #7)	**Assessing the health center/services** (M #9)	**Way forward** **&** **Closure** (M #21)

Detailed information on the different sessions can be found in the Part 3. Training Module Library

2.2 Focal person for disability inclusion

Focal person for disability inclusion in the health center	
Role	**Knowledge, Skills & Attitude**

• Contact person & coordinator of capacity building activities
• Reporting on progress
• Keep the topic of disability inclusion on the agenda of management and staff
• Motivate, update and coach staff in the health centers to serve patients with disabilities
• Coach the health extension workers on disability inclusive communication
• Link to management and make sure budgets and plans for inclusion are agreed upon and implemented
• Oversee data collection:
  ○ Review the work of health extension workers on baseline data collection
  ○ Organize joint monitoring of Disability activities at health centre level (under the guidance of program partner)
• Build up a network with Disabled People Organisations, local government offices and disability specific organisations;
	• Committed to promote inclusion of people with disabilities in the health services
	• Have a rights-based and empowering attitude towards people with disabilities
	• Confident and skilled to communicate with people with different kind of disabilities
	• Able to identify the specific needs of people with disabilities at health center level
	• Able to take measures to overcome these barriers
	• Able to motivate and coach colleagues to provide disability inclusive services
	• Able to network and link up with Disabled People Organisations, Local Government and disability specific organisations.
	• Understand the process of disability inclusion at organisational level and able to strategically support the internal change process
	• Understand the data collection process and able to report on the collected data.

The management of the health center is responsible to appoint a focal person for disability inclusion. The focal person should be someone in a management position, otherwise he or she will not be able to drive the change in the center.

Training programme for focal persons

The focal person will participate in the health management training, in the training of health staff and in the training of health extension workers. In addition to these trainings the focal person will only need orientation on his/her own role in promoting inclusive health services. Especially in relation to datacollection and analysis. This orientation does not need to be done in training setting, but can also be done during monitoring visits/ planning meetings etc.

2.3 Health Center staff/medical staff

Health Center staff/ medical staff	
Role	**Knowledge, Skills & Attitude**
• Provide disability inclusive health services • Direct contact with people with disabilities in the health center • Counselling of people with disabilities on particular services (like family planning, adolescent development etc.) • Referral of patients with disabilities to tertiary health care institutions or local rehabilitation services when needed. Optional: • Develop and deliver targeted health services for some groups of persons with disabilities (deaf people or people with intellectual disabilities) that miss information provided through regular channels.	• Committed to provide health services to people with disabilities. • Have a rights-based and empowering attitude towards people with disabilities • Confident and skilled to communicate with people with different kind of disabilities • Able to identify the specific needs of people with disabilities and able to take measures to overcome these barriers. • Able to refer people with disabilities to tertiary health care services or local rehabilitation services when needed. Optional: • Able to develop and organize targeted sessions for some groups of persons with disabilities (deaf community and/or persons with intellectual impairments)

The training for the health center staff needs to be much more practical and hands-on than the training of the health management. We suggest the following trainings:

- Disability awareness & inclusion training (see example below)
- Sign language training
- If you have a larger programme to promote inclusion of people with disabilities in Sexual Reproductive Rights and Health care you could also train health care professionals to provide **targeted services for specific groups**. For example information about SRHR for people with an intellectual impairment.

Example training programme for Health Center staff/ medical staff		
Day 1	Day 2	Day 3
Getting started (M #1) **Game of Life** (M #16)	**Recap of first day** **Myth buster exercise** (M #13)	**Recap** **Specific modules* like** • **Inclusion in family planning services.** • **Inclusion in health education.** • **Inclusion in antenatal care.** • **Inclusion in eye care** • **Inclusion in NTD programmes** • **Inclusion in data collection in the clinic**
Why inclusion of people with disabilities in health? (M #2) **What is disability?** (M #3)	**Inclusion and communications needs of people with different kind of impairments with a focus on health setting** (M #14)	**Way forward** **&** **Closure** (M #21)
Rightsbased approach to disability (M #4) **Basic Principles of inclusion** (M #6)	**Inclusion needs of people with different kind of impairments with a focus on health setting** (M #14)	
Disability Friendly language (M #8) **Barrier analysis with Inclusive Health Game (**M #7)	**Role play with resource persons/ cases – to practice inclusive communication skills?** (M #15)	

* These specific modules have not yet been developed. In 2020 specific modules for inclusion in eye health and NTD programmes will be developed.

The first day is similar to the training suggested for the health management, with the only exception that that health management has an additional session on legal frameworks.

For the second day you need to involve people with different kind of impairments as resource persons. Ideally you involve trained Disability Inclusion Facilitators (there is another training package available to train DIFs) or otherwise involve resource persons from different Disabled People Organisations in your locality. Make sure there is a good gender balance. The resource persons need to get clear instructions about what is expected of them and need to be able to speak confidently about their inclusion needs and experiences.

2.4 Health Extension workers

Health Extension workers	
Role	**Knowledge, Skills & Attitude**
• Identification & referral of people with disabilities for (Sexual Reproductive/ eye care in NTDs) Health services • Include people with disabilities in the health services that are delivered at community level. • Provide disability inclusive community health education and services: such as SRH, malaria prevention etc. • Inform and involve family members, community members and community leaders when needed. Optional • Baseline data collection on people with disabilities	• Committed to provide health services to people with disabilities at community level. • Have a rights-based and empowering attitude towards people with disabilities • Able to identify people with disabilities in the communities • Confident and skilled to communicate with people with different kind of disabilities. • Able to refer people with disabilities to health services including rehabilitation/ disability specific services & disabled people organisations if needed and available. • Practice inclusive facilitation skills in community health education. • Confident and able to discuss disability inclusion with family members, community members & leaders. Optional: • Know how to use the Washington group questions in identification of people with disabilities in the communities. • Able to collect and record baseline data on disability

Example training programme for Health extension workers		
Day 1	Day 2	Day 3
Getting started (M #1) **Game of Life** (M #16)	**Recap of first day** **Role of Health Extension workers in promoting inclusion of people with disabilities?** (M #17) **Myth buster exercise** (M #13)	**Recap of second day** **Identification of people with disabilities at local level** (M #19)
Why inclusion of people with disabilities in health? (M #2) **What is disability?** (M #3)	**Inclusion and communications needs of people with different kind of impairments with a focus on health setting** (M #14)	**Data collection with Washington Group questions** (M #20)
Rightsbased approach to disability (M #4) **Basic Principles of inclusion** (M #6)	**Inclusion and communications needs of people with different kind of impairments with a focus on health setting** (M #14)	**Way forward** **&** **Closure** (M #21)
Disability Friendly language (M #8)	**Role play on how to communicate with people with disabilities in community setting and how to refer them for health services.** (M #18)	

Part 3. Training Module Library

Module 1: Getting started

Objectives
This is the first introduction session to bring together the participants. The objectives of this session are:

- To get to know each other
- To ensure a common understanding about the expectations and the goals of the training
- To clarify any misconceptions
- To establish preferred communication and inclusion methods for everyone
- To establish an inclusive training environment
- To develop a good group dynamic

Duration: 90 minutes
Suggested activities for this session:

1. Welcome the participants and make sure everyone is well seated – give introduction to the training: 5 minutes
2. Let people introduce themselves with an introduction exercise. See list of introduction exercises for inspiration: 20 minutes
3. Discuss expectations and goals of the training: 20 minutes
4. Discuss ground rules & preferred communication and inclusion methods for everyone: 10 minutes
   See Inclusion round for more tips.
5. Conduct clap for diversity exercise: 30 minutes

   See Clap for diversity description.

Tips for facilitators:

For trainings or workshops of less than one day, the introduction session can be short, with a quick introduction round and explanation about the aim of the training.

For sessions that are longer than one day, it is important to take time to get to know each other, discuss expectations and establish a good group atmosphere.

Handouts for participants: pen & paper, training manual including time schedule and participants list

Preparation by Trainer: For the clap for diversity exercise it is preferred to sit in a circle.

Resources:

- If appropriate, have nametags for participants (depending on how well you think they know each other and how well you are able to memorize the names of the participants)
- Markers & pencils
- Post it notes
- A4 paper
- Flipchart

Module 2: Why inclusion of people with disabilities in health?

Objectives:
At the end of this session, the participants

- understand the importance of inclusion of people with disabilities in health services/ SRH services
- feel urgency to promote inclusion of people with disabilities in SRH/Eye care/ health services
- Understand the impact of exclusion on the life's of people with disabilities

Duration: 60 minutes
Handouts for participants: none

Suggested activities:

1. Why inclusion? Discussion in groups on reasons why inclusion is important (15 minutes)
2. The impact of exclusion: Personal Stories, facts, own experiences of participants (45 minutes)

Preparation by Trainer: preferred room set up: people are sitting in groups of four people around tables that are positioned in half a circle, so they can discuss topics in their table groups and at the same time they are able to engage in plenary discussions.

Content:

1. **Why inclusion**. (15 minutes)

Divide the participants in groups of 4 people and let them discuss why they think inclusion of people with disabilities in health/ SRH/ eye care is important. Let them list down as much reasons and arguments as possible (+_ 7 minutes). Ask group 1 to give three arguments. Write all arguments/ reasons down on a flip chart. Ask group 2 to add three new arguments. Ask group 3 to give three new arguments. Etc. Continue until all arguments have been shared. This is a quick method to get information out. Probably all good reasons for inclusion have been mentioned now. Have a short discussion if the list is complete. Add arguments where needed (you will find some arguments listed below).

2. **Impact of exclusion:**

Ask the participants to share their own experiences in their table groups: Have they come across situations where they could not provide service to a person with a disability? Or have they seen the effects of exclusion of people with disabilities from health services? Ask each group to share the most impactful story from their

group: (25 minutes in total). For this session you can also invite people with disabilities to share their personal experiences with accessing health services and the impact it has had on their life, this will bring the message across in the best possible way! Or search for videos on the web, with stories that relate to your own country/ context.

Close the session with a general discussion about the impact of exclusion and the importance of inclusion. (20 minutes).

Why is it important to actively promote inclusion of people with disabilities in health care (in general)?

- Access to health is a human right (art. 25 UNCRPD)
- There is a strong relation between disability and poverty, with poverty leading to higher prevalence of disability and disability increasing the risk of poverty.
- People with disability are people first and have strengths, capacities and abilities to contribute to the development of their communities. Access to health is an important aspect in this regard.

Facts of exclusion (in general)

- Worldwide people with disabilities have less access to health care services and therefore experience unmet health care needs, the challenges are greater in low-income countries
- People with disabilities report seeking more health care than people without disabilities. In fact they report greater unmet needs of these services.
- People with disabilities are 2x more likely to report that health care providers do not have the adequate skills to meet their needs
- People with disabilities are 3 x more like to be denied healthcare.
- People with disabilities are 4x more likely to being treated badly when seeking health care
- Health promotion and prevention activities seldom target people with disabilities.
- People with disabilities are less likely to be contacted by outreach medical workers

Why is it important to actively promote inclusion of people with disabilities in SRHR specifically?

- Inclusion in sexual and reproductive health services is a right (Art. 25 art. A.)
- Girls and women with disabilities face many barriers in accessing health information and Sexual Reproductive Health Services.
- Persons with disabilities are up to three times more likely than non-disabled persons to be victims of physical and sexual abuse and rape. Persons with intellectual and mental disabilities are the most vulnerable.
- The sterilisation of women and girls with disabilities is up to three times higher than the rate for the general population and forced abortion and contraception are also all too common.
- In many parts of the world, girls and young women with disabilities are often entirely excluded from the education system, or otherwise isolated from their communities at home or in institutions, and are without any access to sexuality education.

Why is it important to actively promote inclusion of people with disabilities in eye care specifically?

- People with a disability such as a physical disability, hearing impairment or intellectual impairment are very dependent on their vision to support their independent living and therefore should be prioritized in eye health programs.
- Eye health staff need to be skilled in responding to the minimum 20% of people with eye conditions whose vision cannot be restored, through supporting access to appropriate mobility, living skills, education, social inclusion, rehabilitation and livelihood opportunities.

Module 3: What is disability? Different types of disability

Objectives:
At the end of the session, participants:

- Can explain the difference between a disability and impairment.
- Understand that disability is the result of a non-inclusive society.
- Can name the different kind of disabilities

Duration: 30 minutes
Handouts for participants:
Preparation by Trainer: prepare slides/ flipcharts with definition
Resources: ppt/ whiteboard or flipcharts to write on

Suggested activities

1. Discussion on what is impairment? What is disability? (30 minutes)

Content

1. **What is disability? What is impairment? What are barriers?**

   Ask the group to sit in pairs and let them write down how they would define what disability is. Let each couple read out their definition.
   Write down the key elements of the different definitions on a flip chart. Have a short group discussion. Explain that it is important to make a distinction between disability and impairment. Present the definition of the UNCRPD on a flipchart (or ppt). And explain that disability= impairment x barriers. Have a short group discussion on this definition. Give some examples to explain. Shortly explain that there are four type of barriers (more info in participants handout).

   Ask the group to mention what types of impairments they know. And discuss what categories can be distinguished. Explain that categorisation differs per country. In some countries the government has defined the different categories.

Key message: What is disability?

Disability and impairment are often used as if they are the same word. But they are different things:

Impairment is the loss of a function of the body.

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

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

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

IMPAIRMENT x BARRIERS = DISABILITY

Thus: the impairment is not a problem in itself, but barriers make it problematic for the person with an impairment to participate in activities like others.

KEY MESSAGES

- Impairment is the loss of a function of the body;
- Disability is not about having a loss of function in the body.
- Disability is about barriers in the environment or the attitude of people, which prevent Persons with Disabilities from doing everyday activities.

Different type of impairments:

- Physical
- Visual
- Hearing
- Speech
- Psycho-social
- Intellectual
- Learning
- Multiple

Four type of barriers:

Attitudes, Communication, Accessibility, Political/institutional barriers

Module 4: Rightsbased approach to disability

Objectives:
At the end of the session, participants:

- Have reflected on their own attitude towards people with disabilities
- Are able to look at people with a disability from a rights-based perspective
- Are able to distinguish the three approaches towards disabilities

Duration: 45 minutes
Handouts for participants:
Preparation by Trainer: prepare slides/ flipcharts with definition
Resources: ppt/ whiteboard or flipcharts to write on

Suggested activities

1. Model exercise

Content

1. Before explaining the different models/approaches. Ask the participants (in pairs) to write down on post-its how people in society look at persons with disabilities. What do they feel and say when they think about people with different kind of disabilities? One remark per card. Put the post-its aside. We will use them after the explanation of the models.

   Explain the rights based approach to disability in comparison to the individualistic models of charity & medical. (with PPT or poster on the wall (or both) Explain that these models are helping us to understand how we look/ perceive people with a disability. There is always a bit of confusion about what is wrong with charity/compassion and what is wrong with medical services. Stress that there is nothing wrong with empathy or rehabilitation services, but that it is about how we reduce people to one particular aspect and that under these individualistic models are reduced as objects. Explain that access to rehabilitation services and health care is also a right. Give some space for discussion.

   After you have explained the different approaches, ask the participants to have a look at their post-its again. Ask the couples to place the cards under the corresponding approach (put three posters on the wall with the different models.) And ask them to explain why they think it should be under that specific model. Close of with a discussion and repeat the key message.

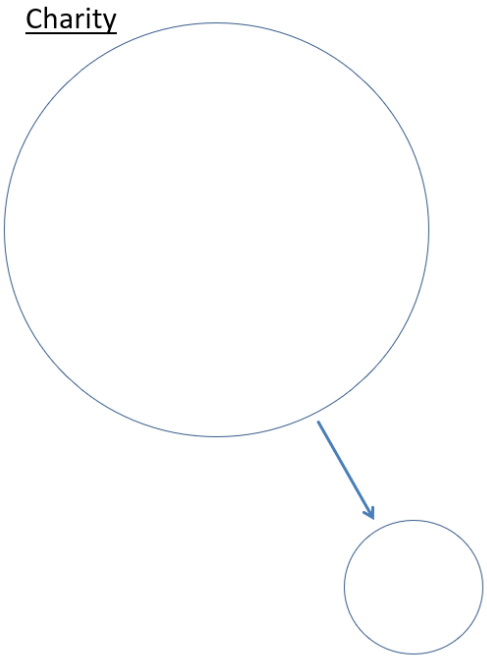
Key message: rightsbased approach[1]

There are three ways disability has been approached in development. The first two models – medical and charity approaches – focus on barriers to participation being with the disabled individual. The third way – the social model – focuses on barriers being with society's view of disabled people.

Individual model: Charity Approach

Activities 'help' disabled person who is 'helpless' and outside 'normal' society

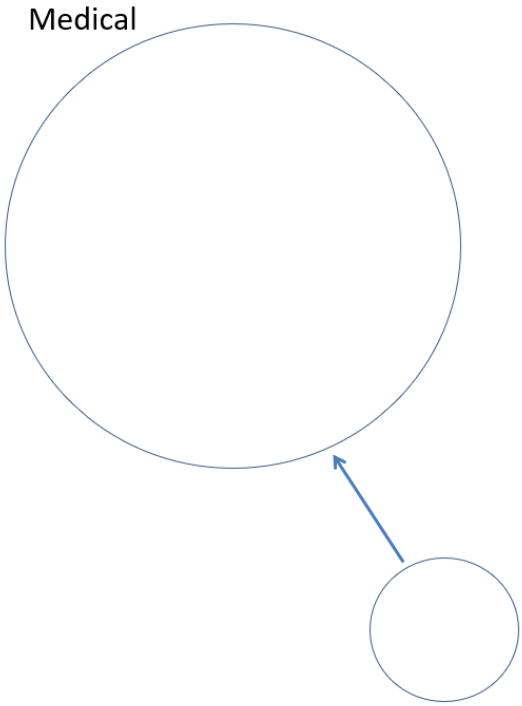
- disability is a problem in the person;
- they are seen as 'unfortunate', 'dependent' or 'helpless';
- they are regarded as people who need pity and charity;
- assumes people with impairments cannot contribute to society or support themselves;
- provides them largely with money or gifts, such as food or clothing;
- disabled people become long-term recipients of welfare and support;
- aid provided by specialist organisations not mainstream development;
- disabled people viewed and kept as separate group.



Individual model: Medical Approach

Activities 'fix' disabled person, who is 'sick', so they can join 'normal' society

- disability is a problem in the person;
- a traditional understanding of disability;
- focuses on a person's impairment as the obstacle;
- seeks to 'cure' or 'improve' individuals to 'fit' them into society;
- defines the disabled person only as a patient with medical needs;
- segregates disabled people from the mainstream;
- offers only medical help, carried out by specialists;
- expensive, tends to benefit relatively few.

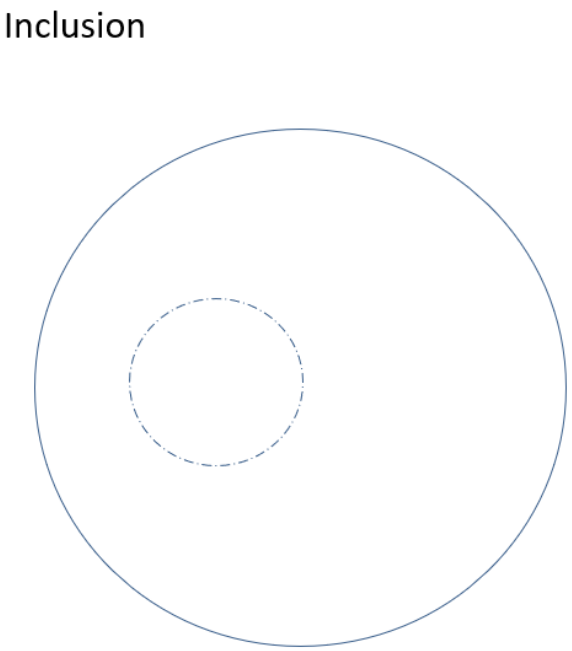


[1] [1] From Travelling together: How to include disabled people on the main road of development, by Sue Coe and Lorraine Wapling. World Vision, UK 2010

Social model: Inclusive Approach

Activities focus on inclusion – disabled people are part of society

• focuses on society, not disabled people, as the problem;
• regards disabled people as part of society, rather than separate;
• disability is seen as diversity
• people are disabled by society denying their rights and opportunities;
• sees disability as the social consequences of impairment;
• disabled people's needs and rights are the same as non-disabled people's – e.g. love, education, employment; health care
• activities focus on identifying and removing attitudinal, communication, physical and institutional barriers that block inclusion.



Module 5: Legal frameworks

Objectives:
At the end of the session, participants:

- Understand the national and international frameworks for disability inclusion with a specific focus on inclusion in health.

Duration: 45 minutes
Handouts for participants:
Preparation by Trainer:
Resources: UNCPRD

Suggested activities

1. Presentation & discussion about UNCRPD & National & International frameworks.

We have not developed a standard session on legal frameworks because this is very context specific. So instead we give some practical tips and suggestions.

Sessions about legal frameworks are often very boring and way too detailed. So try to make it more lively and don't give unnecessary details. Just focus on what the participants really need to know and on the practical implications for their own work. Ask yourself the question what does the Health Center Management really need to know to become more disability inclusive?

Tips for making this exercise more lively:

- Ask the participants to mention what national legal frameworks/ laws/ regulations for people with disabilities they already know.
- Make a multiple choice quiz, instead of a presentation. This is an ideal way to bring a lot of information across in a fun way.
- Use cases related to access to health to explain what legal frameworks tell about inclusion and what regulations are in place.
- First ask the participants what they think is written about Health in the UNCRPD? after that you present what is written in Art 25. (art. 25 is presented below, the easy read version gives a good summary)
- Encourage the participants to ask questions. What do they want to know?

Article 25 UNCRPD easy read version

People with disabilities have the right to good health and access to health services including family planning:

Countries will:

- Make sure people with disabilities have access to the same health services as others.
- Make sure people with disabilities get the health services they need because of their disability.
- Make sure services are near to where people live.
- Make sure health professionals give the same service to people with disabilities as to others.
- Make sure people with disabilities are not discriminated against in health and life insurance.
- Make sure people are not refused care or treatment because they have a disability.

Article 25 of the UNCRPD on health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

(a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

(b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;

(c) Provide these health services as close as possible to people's own communities, including in rural areas;

(d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;

(e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;

(f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Module 6: What is inclusion? Basic principles of inclusion

Objectives:
At the end of the session, participants are able:

- To explain the difference between inclusion, segregation & integration.
- to name the four basic principles of inclusion (ACAP)
- understand the twin-track approach

Duration: 30 minutes
Handouts for participants:
Preparation by Trainer:
Resources: ELM video, projector & sound system

Suggested activities

1. basic principles of inclusion (15 minutes)
2. difference between inclusion, exclusion, segregation & integration (15 minutes)

Content

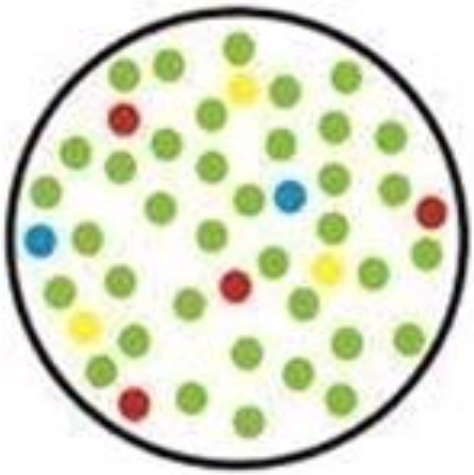
1. Show the ELM video (you can find it in Part 4. Resources) and ask the participants what they learn about inclusion from this video. They will probably say that physical accessibility is important and participation. And that communication is important.

   After the discussion you explain the four basic principles of inclusion (attitude, communication, accessibility and participation) and make links to what the participants just said. And give examples that relate to inclusion in a health setting.

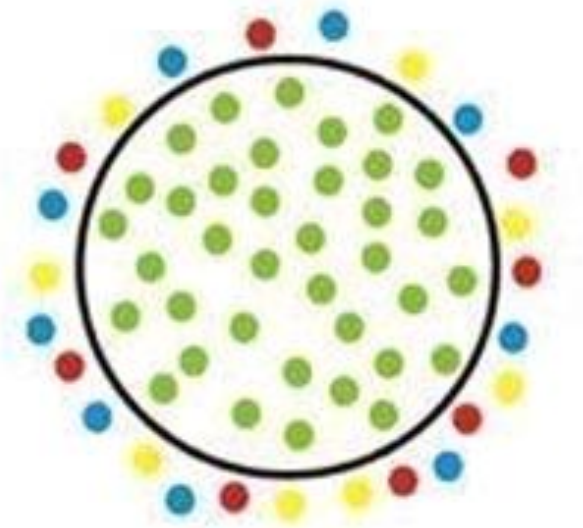
2. Show the four pictures of inclusion, exclusion, segregation & integration and explain what the symbols mean. If you have more time you can give the participants a print of the four pictures and ask them to match them with the titles. They can do this exercise in a small group. The discussion will help people to understand the difference between the different approaches.

   Ask the participants to come up with examples (health related) that explain how an inclusive, exclusive, segregated and integrated approach looks like. If this is too complicated you can first ask them to come with examples from education.

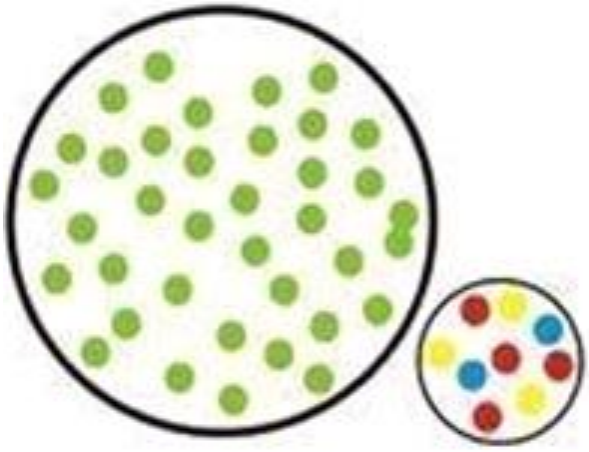
Inclusion



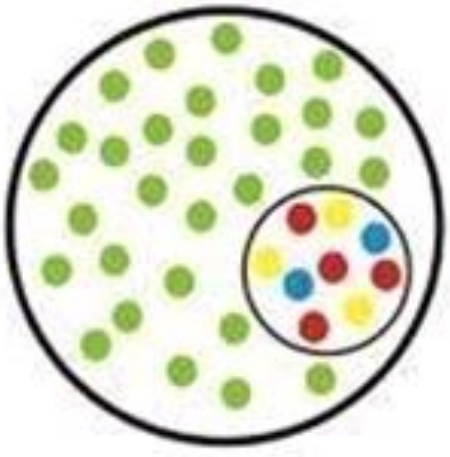
Exclusion



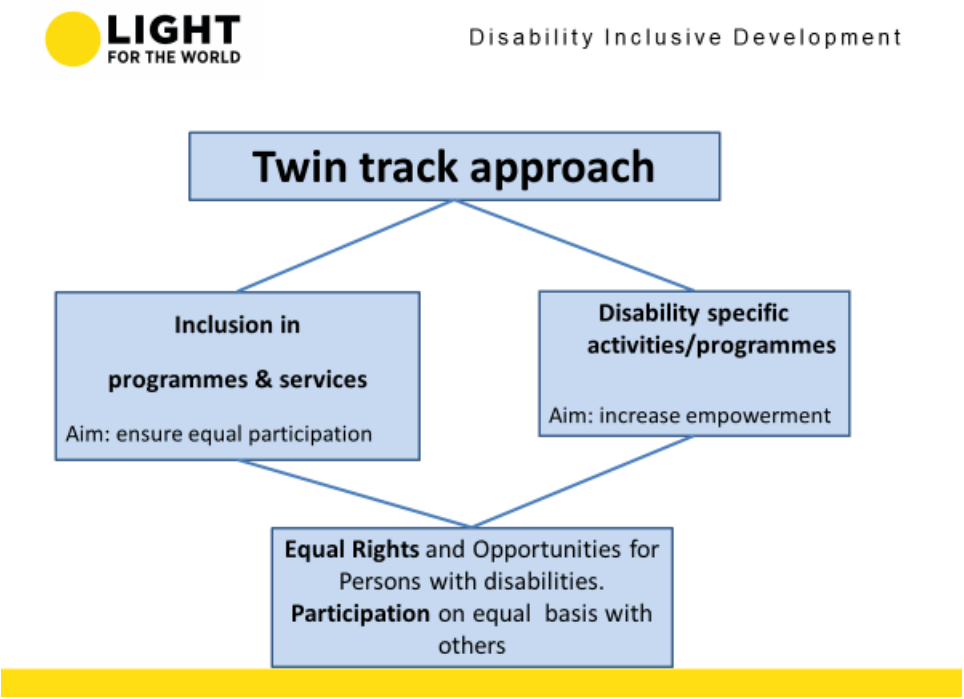
Segregation



Integration



Finish with explaining the twin-track approach: that it is important to make all health services accessible, but that it may still be needed to also organise specific programmes for certain groups of people. These two approaches go hand in hand.



The role of the health center is to open up it's services for people with disabilities and to remove barriers that block equal participation.

Module 7: Barrier analysis with the inclusive health game

Objectives:

At the end of the session, participants are:

- Aware of the different kind of barriers that people with disabilities may come across when accessing health services.
- Have thought of solutions to overcome these barriers.

Duration: 60 minutes
Handouts for participants: Inclusion Game materials
Preparation by Trainer: prepare table groups/ or print out challenges and put them across the room
Resources: download and print the Inclusion Game materials:
https://www.inclusiongame.org/

Suggested activities

Content

1. **Inclusion Game in small groups –** if time you can have a plenary discussion, but you can also do that the next day, during the recap session. See the Inclusion Game materials for a detailed description of the exercise**.**

   Facilitators tip: People usually take quite a lot of time to do this exercise and don't have enough time to finish all the challenges. So you can divide the different challenges amongst the different groups, or pick out 5 or 6 challenges which you think are most important for the group that you are training.

   The game can be done in table groups, but you can also print out the challenges and put them on the wall of your training room. Ask the groups to move around from challenge to challenge. The advantage is that as a facilitator, you have control over time. You can give the groups 5 or 7 minutes per challenge, before you ring the bell for the next round.

Module 8: Disability friendly language

Objectives:
At the end of the session, participants:

- Are motivated to use disability friendly language
- Know which terms are disability friendly and which words are disrespectful
- Know which words to use in their local language.

Duration: 45 minutes
Handouts for participants:
Preparation by Trainer: read the key message section about respectful language to prepare yourself for this exercise. Make a list of respectful language in the most common local languages and at this to the participants handouts.
Resources: post it notes, pens, flip over sheets

Instructions:

- Explain that words are very powerful. They can hurt people or empower people. Explain that it is important to be careful with the words that we use.
- Form small groups of 3-4 participants.
- Each group writes down words that are used to refer to people with different kind of disabilities in their community. Each word is written on a separate post it note. They should write down as many words as they know: positives terms, but also negative or discriminatory language.
- Hang two flip overs on the wall. One flip-over with a smiley face, and one with a sad face.
- Ask one group to read out one of their notes. Discuss with the whole group whether this term is okay to use or whether the words are negative and hurtful to people with disabilities? Stick a positive note on the flip-over with the smiley face, stick the notes with a negative language on the flip over with a sad face.
- If the participants do understand the exercise, the groups can look at their notes again and stick them on the corresponding flip over.
- Invite everyone to stand around the flip-overs and discuss whether every note is put on the right sheet. Have a discussion about the words that are misplaced. Add disability friendly language if these terms are not mentioned yet. Ask participants with a disability how they feel about the negative words. Let them share their own experiences.
- Finish the exercise by highlighting that in the organisation/company only positive disability friendly language should be used. Explain the rules of disability friendly language as explained in the key message on respectful language.

Key message: disability friendly language

Language is a powerful tool for driving prejudice and discrimination. This is particularly so for disability issues. Historically, persons with disabilities have been labelled or called names to emphasize that they are different and do not conform to the societal norms of abilities and beauty. In some countries individuals with disabilities are addressed by their impairments rather than by their given names. By using appropriate language, we can:

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

Disability etiquette

- **Call a person with a disability by his/her name** and refer to a person's disability only when it is related to what you are talking about. For example, don't ask "What's wrong with you?" Don't refer to people in general or generic terms such as "the girl in the wheelchair."
- **Talk directly to the person with a disability** and not to his or her assistant, when you want to talk to the person with a disability.
- **Use person-first language**. Person-first language puts the person before the diagnosis and describes what the person *has* e.g. "a person with diabetes" or "a person with albinism". Don't reduce people to their condition, like "a diabetic" or "an albino". A person is foremost a person and secondly a person with some trait.
- **Ask persons with disabilities** which term they prefer if they have a disability.
- When talking about people without disabilities, it is okay to say "**people without disabilities**." But do not refer to them as "normal" or "healthy." These terms can make persons with disabilities feel as though there is something wrong with them and that they are "abnormal."
- **Avoid the use of Acronyms** like PWD or WWD. It is not nice to reduce people to an acronym.
- **Avoid euphemistic language:** such as people with different abilities.
- Use **respectful language** and avoid disrespectful terminology. (see table below)

Respectful terminology in English

Disability	**Negative Language** 	**Positive language** 
General	Handicapped person, invalid, the impaired, the disabled, PWD, CWD, WWD	Person with a disability
Blind or Visual Impairment	Dumb, Invalid	Blind/Visually Impaired; Person who is blind/visually impaired
Deaf or Hearing Impairment	Invalid, Deaf-and-Dumb, Deaf-Mute	Deaf or Hard-of-hearing; Person who is deaf or hard of hearing
Speech/ Communication Disability	Dumb, "One who talks bad"	Person with a speech / communication disability
Learning Disability	Retarded, Slow, Brain-Damaged, "Special ed"	Learning disability, Cognitive disability, Person with a learning or cognitive disability
Psychosocial Disability	Hyper-sensitive, Psycho, Crazy, Insane, Wacko, Nuts	Person with a Psychosocial disability Users of Mental Health Services
Mobility/Physical Disability	Handicapped, Physically Challenged, "Special," Deformed, Cripple, Gimp, Spastic, Spaz, Wheelchair-bound, Lame	Wheelchair user, Physically disabled, Person with a mobility or physical disability
Emotional Disability	Emotionally disturbed	Emotionally disabled, Person with an emotional disability
Intellectual Disability	Retard, Mentally retarded, "Special ed"	Intellectual disabled/ Person with a cognitive/developmental disability
Short Stature, Little Person	Midget	Someone of short stature
Health Conditions	Victim, Someone "stricken with" a disability (i.e. "someone stricken with cancer" or "an AIDS victim")	Someone "living with" a specific disability (i.e. "someone living with cancer or AIDS")

Module 9: Assessing the health center/services

Objectives:
At the end of the session, the health center management has:

- Assessed the inclusiveness of their health center and it's services
- Have reflected on the outcome of the assessment and know the strong points and areas for improvement.

Duration: 3 hours
Handouts for participants: Disability Inclusion Score Card for Health Services
Preparation by Trainer: familiarise yourself with the tool
Resources: print outs of the DISC and laptop for each group to fill in the scores & comments. The link to the DISC can be found in Part 4. Resources.
Print outs of the 4.9 Accessibility checklist.

Suggested activities

1. Introduction on DISC TOOL (15 minutes)
2. Assessment (2 hour)
3. Analysis & discussion (45 minutes)

Content:

1. I**ntroduction**. You can find a detailed explanation on how to use the tool on the first page of the excel document. There is also a clear explanation for what purposes the tool is designed. The scorecard is a tool to measure the inclusiveness of the health center and shows in which areas improvements could be made. It is therefor an assessment & a planning tool. It clearly shows pathways for improvement. In the Every Life Matters programme the tool was used to collect baseline data. At the end of the programme the tool will be used again to measure the progress that was made during the programme. It is important to stress that the assessment is not an exam! It is very natural that you will have low scores when you are at the beginning of your inclusion journey!

2. **Assessment.** Ideally the Disability Inclusion Score Card for Health Centers is filled in during a meeting where both management & health care staff (at least representatives from different departments) are present. **Involvement of clients with disabilities is also recommended. Because they are in the best position to judge how inclusive the health services are.** Participation in the assessment and planning also increases the feeling of ownership of the staff on the action plan.

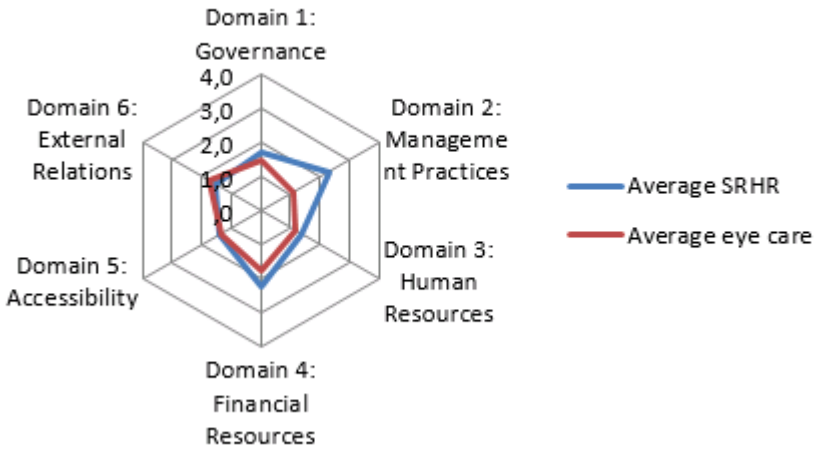
   The way you organise this training session highly depends on the composition of your group. If you have gathered the management teams of different health

centers in one training, you can split up in groups for this exercise: each management team will assess their own health center. If you are training one management team at the time, you can go for the option where you involve the staff of the health center in the assessment.

Go through the checklist per domain. Give a short explanation on the questions: let the groups fill in their scores (and comments) in the excel format and briefly discuss the outcomes in the plenary session. Ask why the groups have given the scores. If a question is not applicable this can be noted under the comments.

There are also questions related to accessibility of the health center. If you give a training at the health center you can do an accessibility audit on the spot. For this exercise you can use the 4.9 Accessibility checklist, but if there are checklists available based on National Standards it is better to you use these. If you cannot do an accessibility audit during the training you can ask the management team to do the audit before or after the training or you can ask a third party to conduct a physical accessibility audit.

3. **Reflection:** If all scores are filled in, ask the groups to have a look at their overall scores in the dashboard of the tool and ask them to define their areas of strengths and the areas of attention. Ask the groups to present their overall score and their areas of strengths and areas of attention to the other groups.



DISC analysis	
Areas of strength	**Areas of attention**

Finish the exercise with a plenary discussion on the tool. What have they learned from this exercise? How do they feel about the assessment? Are there any questions related to the checklist?

Module 10: Responsibility of different stakeholders in promoting inclusive health & how to involve them

Objectives:
At the end of the session, the participants

- Know which internal & external stakeholders are playing an important role in promoting inclusive health
- Are motivated to work together with DPOs, disability specific organisations/ service providers & government bodies on inclusive health provision
- Are clear on the role of the internal stakeholders in promoting inclusion

Duration: 75 minutes
Handouts for participants: handout with roles of different stakeholders (can be part of participants manual
Preparation by Trainer:
Resources: flipcharts& markers or whiteboard/ blackboard

Suggested activities

1. Interactive session on different stakeholders and their role in promoting inclusive health (45 minutes)
2. Mapping of the external stakeholders in own context and how to work together with them (30 minutes)

Content:

1. Interactive session on the role and responsibility of stakeholders in promoting inclusive health.

Start with listing down the following stakeholders on a blackboard or flipchart:

Internal stakeholders:

- Health management
- Health staff
- Health extension workers
- Disability Inclusion Focal Person

External stakeholders

- DPOs
- Disability specific organisations
- Government bodies (specify this for your local context)
- Other?

If you have a big group (15 and more) you can split up in smaller groups and you ask the groups to brainstorm on the role of one or two stakeholders. Each group will present the outcomes in the plenary session. Ask other groups to give feedback. If you have a small group up to10 participants, you can split up in two groups: and give the internal stakeholders to one group and the external stakeholders to the other group. Have a discussion on the outcome and give input and guidance where needed. It is important that the management has a clear and realistic picture of what the roles and responsibilities of the different stakeholders are.

Mapping of the external stakeholders in own context. The second part of this session is meant to make the external stakeholder analysis more context specific**.** Ask the health management to list down the Disabled People Organisations in the working area that they could link up with. Also ask them to identify the government bodies they need to work with to promote inclusion of people with disabilities. Ask the management to think about how they potentially could involve these stakeholders in promoting inclusion in their own health center. (just the general approach, details can be filled in later).

Role of the health center management in promoting inclusive health:
Create a conducive environment for disability inclusion:

- Appoint a focal person.
- Assess the disability inclusiveness of the health center and it's services and develop an action plan for improvement of disability inclusive practices
- Broker partnerships with and involve DPOs, rehabilitation centres and other institutions in mainstreaming disability at health center level
- Plan and allocate (minimum) budget for disability inclusion each year (including presentation of this budget to town administration authorities)

Role of Focal Person:

- Contact person & coordinator of capacity building activities
- Reporting on progress
- Keep the topic of disability inclusion on the agenda of management and staff
- Motivate, update and coach staff in the health centers to serve patients with disabilities
- Coach the health extension workers on disability inclusive communication
- Link to management and make sure budgets and plans for inclusion are agreed upon and implemented
- Oversee data collection:
    - Review the work of health extension workers on baseline data collection
    - Organize joint monitoring of Disability activities at health centre level (under the guidance of program partner)
- Build up a network with Disabled People Organisations, local government offices and disability specific organisations;

Role of Health center staff:

- Provide disability inclusive health services
- Direct contact with people with disabilities in the health center
- Counselling of people with disabilities on particular services (like family planning, adolescent development etc.)
- Referral of patients with disabilities to tertiary health care institutions or local rehabilitation services when needed.
- Optional: Develop and deliver targeted health services for some groups of persons with disabilities (deaf people or people with intellectual disabilities) that miss information provided through regular channels

Role of Health extension workers:

- Identification & referral of people with disabilities for (Sexual Reproductive/ eye care in NTDs) Health services

- Include people with disabilities in the health services that are delivered at community level.
- Provide disability inclusive community health education and services: such as SRH, malaria prevention etc.
- Inform and involve family members, community members and community leaders when needed.
- Optional: Baseline data collection on people with disabilities

Role of DPOs in promoting inclusive health:

- Lobby for inclusion at local government/ health centers
- Bring the barriers that their members face under the attention of management/local leadership.
- Act as resource persons in capacity building of health service providers
- Motivate their members to make use of health services and to report on barriers they come across
- Raise awareness in the communities

Role of disability specific organisations:

- Bring in technical expertise: e.g. training of staff, doing assessments, development of resources
- Use their community network to mobilise people at community level
- Support DPOs in fulfilling their role

Role of local government bodies

- Encourage and promote inclusion of people with disabilities in health in all means possible.
- Support the inclusion process in the clinics.
- Development of inclusive health materials.
- Data collection.
- Provide budget for training, reasonable accommodation and modification of the clinic infrastructures (in case of government health facilities).

Module 11: Process of making a health center & health services disability inclusive

Objectives:
At the end of the session, the participants:

- Are motivated and inspired to make an action plan for their own health center
- Know what process to follow in making their health center and services disability inclusive
- Have access to good practices that were developed in Every Life Matters

Duration: 60 minutes
Handouts for participants: Process of making a health center accessible
Preparation by Trainer: read through the ELM good practice documents (still in development) & make sure you understand the steps of making a health center accessible. Look for good practices in your own context.

Resources: ELM video & good practices

Suggested activities

1. **Good practices & examples** (45 minutes)
2. **Explain the steps of making a health center accessible** (15 minutes)

Content:

1. Good practices & examples

Show the ELM video: https://www.youtube.com/watch?v=kesBPGq7W5k&t=2s
And discuss what the management team learns from this video.
Share other good practices & discuss.

2. Explain the steps of making a health center disability inclusive.

There are no blueprints when it comes to making health services and health organisations inclusive. Each organisation should develop it's own plan based on the local context. The DISC that was filled in during the previous exercise will help the health center management to take steps towards inclusion. It is important to realise that inclusion takes time and that you cannot take all the steps at once. Better develop a realistic plan, than a very ambitious plan that cannot be achieved.

The following elements are however important and will kickstart the inclusion process:

- Appointment of focal person & form a team that can steer the process.
- Networking with local DPOs & involving people with disabilities in the process.
- (Continuous) staff training & encouragement of staff to be inclusive.

- Start data collection and monitor the inclusion process
- Involve the staff in developing and implementing the inclusion plans.
- Hire staff with a disability, this will give the inclusion process a natural boast.
- Create short term wins: e.g. accessibility of the health center, hiring staff with a disability etc.
- Celebrate successes together.

Module 12: Action planning

Objectives:
At the end of the session, the participants:

- Have developed a draft action plan for inclusion in their own health center based on the outcomes of the DISC.
- Have developed a strategy how they will be able to cover the costs of inclusion and how they will include the action plan into their regular planning cycle.
- Have selected a disability inclusion focal person & appointed a team that will drive the change.

Duration: 150 minutes (2,5 hours)
Handouts for participants: Action plan format from DISC
Preparation by Trainer:
Resources: for this exercise, the participants should already have filled in the DISC

Suggested activities

1. **Explanation of the assignment, setting priorities: 30 minutes**
2. **Developing the action plan (per priority area) in groups (45 minutes)**
3. **Presentation & feedback – 60 minutes**

1. Explain the aim of the session. You can start the session by presenting the outcomes of the organizational assessment (spiderweb). Based on the outcome of the DISC the Health Center Management should first decide on 4 or 5 key priority areas for the first year. It depends on the group size and composition how you best facilitate this process. One way to get priorities out is to ask the group what should get priority and list out all the topics that are mentioned. If the list becomes too long, you can bring in a voting system. Give each participant three or four stickers, so they can mark three or four topics that would like to give priority).

2. After prioritization you can split the participant into smaller groups and ask each group to come up with concrete actions for each priority area. Prepare a simple format for the group work:

Action to be taken	By whom?	When?	Inputs needed

3. Ask the groups to present and have a critical discussion after each priority area. Adjust and add where needed.

   When all the groups have presented. Conclude the session with a discussion about the actions that are not mentioned, but should not be forgotten (eg.

appointment of focal person/ steering team etc.). List them all down on a blackboard or flipchart.

Make clear agreements how the action plans will be documented and shared. If a focal person has been appointed, he or she could take the lead in this regard.

Module 13: Myth Buster Exercise

Objectives:
At the end of the session, the participants are:

- Able to buster the myths around people with disabilities especially in relation to Sexual Reproductive Health, eye care & health in general
- Have a rights-based based attitude towards people with disabilities.

Duration: maximum 45 minutes
Handouts for participants:
Preparation by Trainer:

- have a look at the list of myths and select the statements that are most relevant for your myths that are most relevant for your audience.
- Prepare the room for this exercise. You need enough space for all participants to stand/ walk around. Make two fields, with a division line. Write TRUE on a green paper, write FALSE on a red paper and put them on the ground. If possible make a middle line with tape.

Resources: red and green paper, marker, tape, enough space.

Suggested activities/content:

Interactive myth buster exercise (45 min)

1) Prepare the room before you start this exercise. Clear away the tables and chairs and create two fields as mentioned above.
2) Select 6-7 myths/statements from the list that are relevant for your audience. Feel free to add your own context specific statements as well. If this session is taking place on the second day of the programme, you may already have identified attitudinal barriers that need to be addressed, so you can use this exercise to tackle common misconceptions about people with disabilities. The best way to get information about misconceptions is to ask people with disabilities.
3) The game will be a true/false game. Different facts/statements will be presented and the participants will have to decide if the quote is true or false. If they think the statement is true they have to stand in the True field. If they think the statement is false they have to stand in the false field.
4) When people have chosen their answer, ask some people from each field to explain why they have chosen for true or false. Close the group discussion on each statement by explaining the right answer. Make sure you interview different participants. This exercise is a great chance to invite more shy people to speak up as well.
5) If you still have time after discussing all the statements ask the group to come up with their own statements/questions.

statement	True/false - explanation
People with disabilities don't have sex	**False** - People with disabilities are having the same sexual needs as any other person. It is a misconception that people with disabilities are a-sexual. People do often think that people with disabilities do not want or do not need sex. This misconception can lead to lower attention from health experts and can lead to less information providing. For people with disabilities themselves, this can lead to higher risks of STDs and unwanted pregnancies.
People with disabilities are sick and in constant pain	**False** - Disability should not be mistaken for an illness. An impairment is a permanent situation and life goes on. Having a disability does not mean that there is lower quality of life.
People with disabilities can lead a full and productive life	**True** – people with disabilities are very capable and can lead a fulfilling life. Their biggest problem are negative attitudes and barriers in society.
People with a disability have the right to start their own family	**True** – people with disabilities have the right to have children. There is a great misconception that people with disabilities cannot care for their children or that they will pass on disability to their kids. The truth is: every one can have a child with a disability.
People with disabilities are special and should be treated differently	**False** - People with disabilities are not special. Having an impairment is just part of human diversity. People with disabilities do not need a special treatment. Just make sure that barriers are removed. You do not have so set up specific services for people with disabilities.
Medical staff should decide what is in the best interest of people with intellectual impairments.	**False**- people with intellectual disability (all people with disabilities) have the right and are able to decide for themselves. It is important that they receive information in a way that they are able to access and understand it. Do not automatically let the family members decide or decide for a person. There is extra information in the annex on 4.10 Consent – how to deal with this in practice?
It's the responsibility of deaf people to bring a sign language interpreter when they go to the clinic.	**False** – it's the responsibility of the clinic to make sure their services are accessible for everyone. Deaf people also have the right to privacy, so they should not be forced to bring a family member or arrange their own SLI. The clinic has to arrange, but of course in consultation with the person involved.
Access to eye care is extremely important for people with disabilities.	**True -** People with disability such as a physical disability or hearing impairment are very dependent on their vision to support their independent living and therefore should be prioritized in eye health programs.
Add statements that are relevant for your own working context.	

Module 14: Inclusion and communication needs of people with different kind of impairments in health setting

Objectives:
At the end of the session, the participants are:

- Confident and skilled to communicate and interact with people with different kind of disabilities
- Able to identify the specific needs of people with disabilities and able to take measures to overcome these barriers

Duration: 3 hours or more: 30 minutes per impairment type + 30 minutes plenary reflection.
Handouts for participants: Refer to background Materials in participants manual + How to communication poster (you will find them in Part 4. Resources)

Preparation by Trainer:

- Select and instruct resource persons with different kind of impairments (visual, hearing, physical, intellectual, psycho-social impairments) on what is expected from them in the workshop. Also explain who will be the participants and why they receive training.
- Arrange sign language interpreter
- You can include resource persons of other impairments groups based on prevalence in your own context: e.g. multiple impairments like cerebral palsy, epilepsy, Albinism, Leprosy etc.
- If you cannot find a resource person with a psycho-social impairment you can consider to invite a resource person who has experience in working with people with psycho-social impairments (but make sure you don't get a "medical" message, focus should be on inclusion needs)
- If needed the resource person with an intellectual impairment could bring an assistant or you can appoint an assistant to support him or her during the session.

Resources: fee for resource persons, SLI + transport costs
Suggested activities:

Method 1: plenary sessions where people with disabilities explain about their inclusion and communication needs to the whole group

Method 2: café style setup where participants interact with persons with different kind of impairments in small groups.

For both methods you will need 30 minutes for each round.

Method 3: short version for health center managers. Prepare a presentation with the key messages related to inclusive communication. Including Do's and don'ts. Give enough space for the health center management to ask questions. Refer to participants manual for more details.

When you have used method 1 or 2 you should finish with a short plenary discussion:

Ask probing questions like:

- What are the most important lessons that you learned from this session?
- Do you still have questions?

Content:

The content of the sessions is more or less the same for the plenary and the café style set up. However, the café style sessions give people the opportunity to ask questions/ have more personal interaction.

<u>Topics to discuss per type of impairment:</u>

Visual impairments:

- Difference between low vision & blindness
- Orientation & Mobility:
  - how people with disabilities orient themselves with a white cane
  - How to guide blind person (practice with the participants)
  - How to improve physical access for people with visual impairments at health centers.
- Communication:
  - use of braille/ audio
  - do's and don'ts in communication
  - How to make sure people with visual impairments know what medicine to take.
- Personal experiences in accessing health care services (also attitudinal part)
- Space for questions

Hearing impairments:

- Communication:
  - How to communicate with someone who is deaf?
  - Do's and don'ts in communication
  - how to communicate if there is no sign language interpreter (practice by using basic gestures/ writing messages)
  - learn some basic signs
  - importance of visual materials
- Personal experiences in using health care services (also attitudinal part)
- Space for questions

Physical impairments:

- Communication: do's and don'ts
- Accessibility needs, especially in relation to health care setting
- Personal experiences in using health care services (also attitudinal part)
- Space for questions

Intellectual impairments:

- What is intellectual impairment?

- Communication:
    - How to address a person with intellectual impairment?
    - simple language, pictorial information
    - Do’s and don’ts
- Personal experiences in using health services
- Space for questions

Psycho-social impairments:

- What is psycho-social impairment?
- Common misconceptions about people with psycho-social impairments
- Communication:
    - How to address persons with Psycho-social impairments.
    - Do’s and don’ts
- Personal experiences in using health services
- Space for questions

Add other impairment types based on local context

Module 15: Role play to practice inclusive communication skills in health clinic setting

Objectives:
At the end of the session, the participants are:

- Confident and skilled to communicate and interact with people with different kind of disabilities in a health setting.

Duration: 80 minutes

Handouts for participants: same as session 14

Preparation by Trainer:

- Same as session 14. For this exercise you need to involve well trained resource persons with a disability (preferably resource persons with hearing and visual impairments). You can involve resource persons with an intellectual impairment as well, but you have to be sure to create a clear and safe context for them. Explain the aim of the exercise very well.
- Select and develop scenarios that are relevant for your audience and resource persons. You can use the scenarios below as an example.
- Give the resource persons clear instructions on how to play their role and how they can give constructive feedback to the health staff.
- Give the resource persons the space to choose and develop their own scenario, because they should feel comfortable in their role and have fun as well 😉. The more realistic, the better.

Resources: resource persons, SLIs, paper cards, markers, flipchart, resources for role play (see below in blue),communication poster.

Suggested activities:

1. **Roleplay in which health care staff interacts with a resource person with a disability in the health center setting.** (60 minutes)
2. **Plenary discussion** (20 minutes)

Content

1. **Roleplay:**

Position the four resource persons in the different corners of the training room. Make sure the materials that are needed for the roleplay are present.

Divide the participants in 4 small groups: e.g four participants per group. The groups will interact with one resource person per round. There will be 20 minutes for each round. So each group can interact with three different resource persons.

The role play will take place between one resource person and two staff members. The other group members are observers. Give the groups 10 minutes for doing the roleplay. And 10 minutes for giving feedback to each other in the small group. Both observers and resource persons give feedback (Tips and tops!)

2. Plenary discussion:

Conclude the session with a plenary discussion. Let the participants write down on a card what was the most important thing they have learned from this exercise. Ask each participant to share their most important lesson with the whole group. Stick the cards to a flipchart. If you are running out of time you can also do this feedback session as a recap the next day.

Some examples of possible scenarios:

Eye health clinic: deaf person/ or person with intellectual impairment wants to have an eye test because he or she has difficulties seeing (resources needed: vector eye chart available).

SRH services: blind or deaf participant comes for information session about family planning (resources needed: have family planning information materials available.)

Medicine delivery: prescribe medicine to a blind resource person and explain how to use it. (resources needed: two types of medicines to describe.)

Registration: deaf person, person with intellectual impairment (illiterate) comes to register at clinic to get services. (resources needed: registration form).

Consultation process. Deaf person is coming to the doctor with a health issue (resource person can choose which health issue). Doctor needs to find out what the health issue is. Variation tip: You can play this scenario in two ways (one with sign language interpreter and one time without SLI). It's also important for health staff to practice their skills in working with a SLI.

Module 16: Game of Life (SRHR version)

Objectives:

At the end of the session, the participants:

- understand that there are barriers in society that keep persons with disabilities from participating like people that **do not** have a disability.
- Are aware that of the barriers that men and women with disabilities experience in the area of Sexual Reproductive Health and Rights and access to services.

Duration: 60 minutes
Handouts for participants: none
Preparation by Trainer:

- Enough space is needed for four people to stand side-by-side, with the other participants seated around the edges of the room, facing towards the volunteers. Creating a 'corridor' in the middle of the room, enabling you to use the full length of the room for the exercise, is ideal.
- Write also the rules on a flipchart/whiteboard (two steps forward: ++ etc.). Write the different characters on cards (readable for all).

Suggested activities:

1. Explain the exercise **first** before setting up the room.

- What will happen? A 'demonstration' on how choices will be affected by who you are or who you are not? The trainer asks questions and the participants needs to answer according to who they are;
- What do you need? 4 volunteers (preferably two men and two women)
- How do you answer?
  - Two steps forward: ++ (very successful experience)
  - One step forward: + (positive experience)
  - One step back: -/+ (not-so-positive, not-so-successful)
  - Two steps back: - (negative/unsuccessful experience)
- Stress that it is important to answer the question as you are your character.

2. Ask for four volunteers from among the participants (ideally, two men and two women), willing to stand for about 30 minutes to represent the following groups:

- men without a disability;
- men with a disability;
- women without a disability;
- women with a disability

3. **Ask** the volunteers to come in the middle and stick the cards with characters on their body. Explain how you'll be telling a life story, taking the characters on a journey from birth to old age. As you reach each significant life event, you'll ask them to respond as they think their character (or their family) would react. They'll need to take:

- two steps forward for a very positive or very successful experience;
- one step forward for a positive or successful experience;
- one step back for a not-so-positive or not-so-successful experience;
- two steps back for a negative or unsuccessful experience.

Stress again that it is important to answer the question as your character.

4. **Set** the scene for the story. Consider placing the story in the village where the health clinic is based. Describe it in as much detail as you can, eg explaining that income poverty levels are generally quite low – although most families have land and access to safe water.

5. **Start** with the first life event, as if telling a story.

1. Your character is born.
   How does your family feel when they see who you are?
   Make your moves.'

Note to the trainer: what might happen:

- *family is very happy (son without a disability), two steps forward;*
- *quite happy (son with a disability/daughter without a disability), one step forward;*
- *not happy (son with a disability), one step back;*
- *very unhappy (daughter with a disability), two steps back.*

After each life stage and volunteers' responses, allow time for the others to react and comment. If there is a disagreement, the participants should decide by consensus and the volunteer may be asked to change their move. The trainer's role is to assess when to intervene and comment to clarify reasons for decisions and to bring out and discuss any prejudicial points. The specific impairment is not relevant to the main point of this exercise, so try not to focus on this too much.

2. 'Now you are a bit older, and it's time to start thinking about school.
   How likely is it that you will go to school?
   Make your moves.'

3. Now you'd like to get married, or form a relationship.
   How much do you think this will be possible for you?
   Make your moves.'

- You want to have kids (or not). How big is the chance that you are able to make your own choices in this area. Make your moves.

5. You want to access Sexual Reproductive Health Services, how likely is it that you will get the services you need?
Make your moves

6. How big is the chance that you will experience physical or sexual violence in your lifetime.
   Make your moves. Please note: if you <u>do not</u> experience physical or sexual violence you take steps <u>forward</u>, take steps <u>backward</u> if it is very likely that you will experience violence.

6. **Ask** the participants:

- Who is in the best position now? Who is in the worst place?
- Volunteers, how does this make you feel?
- What surprised you?
- What do we learn from this exercise?

7. Repeat the key messages

- The gap between a man without a disability and the woman with a disability is huge;
- Persons with disabilities move backwards because of a reason;
- These reasons are called barriers: barriers hinder persons with disabilities to participate in society.

Module 17: Role of Health Extension workers in promoting inclusion of people with disabilities in Health

Objectives:
At the end of the session, the health extension workers:

- Understand their own role in promoting inclusion of people with disabilities in health

Duration: 30 minutes

Handouts for participants: role of Health extension workers

Preparation by Trainer: adjust the roles of the Health Extension Workers based in promoting Inclusive Health based on the local context.

Resources: flipchart or whiteboard/ paper cards/ markers/ tape

Suggested activities:

1. **Brainstorm in groups (10 minutes)**
2. **Plenary discussion on the role of the health extension workers (20 minutes)**

Content of the session:

1. Let the health extension workers brainstorm in small groups about what their role could be in promoting inclusive health at community level. Let them write each role/activity on a coloured paper.

2. In the plenary session you ask the first group to mention one role and stick it on a flipchart. Ask the second group to mention another role: groups can only bring in new roles. Continue until all possible roles are mentioned. Cluster the different roles where needed.

   When all the roles are listed have a group discussion about these roles. As a facilitator you have to be critical about roles that are beyond the the mandate of the Health Extentions Workers. You can also add roles that have not been mentioned.

   You can also explain that it is important to work together with local organisations of people with disabilities.

Role of Health extension workers:
N.B: adjust to local context!

- Identification & referral of people with disabilities for (Sexual Reproductive/ eye care in NTDs) Health services
- Include people with disabilities in the health services that are delivered at community level.
- Provide disability inclusive community health education and services: such as SRH, malaria prevention etc.
- Inform and involve family members, community members and community leaders when needed.
- Optional: Baseline data collection on people with disabilities

Module 18: Role play to practice inclusive communication skills & referral in community setting

Objectives:
At the end of the session, the health extension workers are:

- Confident and skilled to communicate and interact with people with different kind of disabilities in community setting.
- Are skilled to refer people with disabilities to health services

Duration: 80 minutes

Handouts for participants: same as session 14

Preparation by Trainer:

- Same as session 14. For this exercise you need to involve well trained resource persons with a disability (preferably resource persons with hearing and visual impairments). You can involve resource persons with an intellectual impairment as well, but you have to be sure to create a clear and safe context for them. Explain the aim of the exercise very well.
- Select and develop scenarios that are relevant for your audience and resource persons. You can use the scenarios below as an example.
- Give the resource persons clear instructions on how to play their role and how they can give constructive feedback to the health staff.
- Give the resource persons the space to choose and develop their own scenario, because they should feel comfortable in their role and have fun as well 😉. The more realistic, the better.

Resources: resource persons, SLIs, paper cards, markers, flipchart, resources for role play (see below in blue), communication poster.

Suggested activities:

1. **Roleplay in which health extension workers interact with a resource person with a disability in community setting.** (60 minutes)
2. **Plenary discussion** (20 minutes)

Content

1. **Roleplay:**

Position the four resource persons in the different corners of the training room. Make sure the materials that are needed for the roleplay are present.

Divide the participants in 4 small groups: e.g four participants per group. The groups will interact with one resource person per round. There will be 20 minutes for each round. So each group can interact with three different resource persons.

The role play will take place between one resource person and two staff members. The other group members are observers. Give the groups 10 minutes for doing the roleplay. And 10 minutes for giving feedback to each other in the small group. Both observers and resource persons give feedback (Tips and tops!)

2. Plenary discussion:

Conclude the session with a plenary discussion. Let the participants write down on a card what was the most important thing they have learned from this exercise. Ask each participant to share their most important lesson with the whole group. Stick the cards to a flipchart. If you are running out of time you can also do this feedback session as a recap the next day.

Some examples of possible scenarios:

Referral to SRHR services:
The Health Extension Worker has identified a deaf young adult in the community (male or female) and wants to inform this person about the available SRHR services and also wants to inform him or her when to go there for services. (this exercise can be done with or without SLI)

Referral to maternity clinic
The health extension worker meets a young woman with a physical impairment in the community. She is happily expecting a baby, but she is scared to go to the health clinic for maternity care, because she has had negative experiences with the health care staff in the clinic.

Inclusive community information session: a blind participant comes for community information session about family planning. The health extension worker has to provide information in an inclusive way (resources needed: have family planning information materials available.)

Use of medicine:
A women with a visual impairment went to the clinic for contraceptive pills. She got the pills, but the explanation on how to use the medicines was too short. Once at home she isn't completely sure how to take pills. She does not want her household members that she is using the medicines, that's why she ask the Health Extension Worker to explain how to use the medication. (resources needed: contraceptive pills)

Module 19: How to identify people with disabilities in the community?

Objectives:
At the end of the session, the health extension workers:

- Know what steps to take to identify people with disabilities in the community

Duration: 60 minutes
Handouts for participants: none
Preparation by Trainer: prepare for group work
Resources: flipcharts/ markers

Suggested activities

1. **Group work (30 minutes)**
2. **Presentations & discussion (30 minutes)**

Content:

1. **Group work:** form groups of 4-5 participants (ideally people who work in the same location). Let the groups make an action plan on how they are going to identify people with disabilities in their community. Let them be as specific as possible, so motivate the groups to also mention names of organisations & people they need to involve in this process. Each group writes their action plan on a flip-chart.
2. **Presentation & discussion:**
   Ask the groups to present their plans (just 3 minutes per group) in the plenary session and ask the groups to give feedback to each other. Add where needed.

Tips for identification of people with disabilities in the community:

- Involve local DPOs (organisations of people with disabilities)
- Ask community leaders
- Ask local midwives
- Door-to-door survey (more input in session 20)
- Involve disability specific organisations
- Ask around in the community

Module 20: Data collection in the community - using the washington group questions

NB: this is an optional session and only relevant for staff who is involved in collecting baseline data on people with disabilities in the community

Objectives:
At the end of the session, the health extension workers:

- Know what data they need to collect
- Know why they are collecting the data
- Know how to use the Washington group questions in a community.
- Know how to document the data they have collected.

Duration: 2 hours
Handouts for participants: Washington group set questions in local language + data collection sheets
Preparation by Trainer: Prepare for the field trip and read through the Frequently Asked Questions on the Washington Group website: http://www.washingtongroup-disability.com/frequently-asked-questions/using-the-wg-questions-for-the-first-time/

Suggested activities

1. **Presentation on why data need to be collected – 5 minutes**
2. **Explain how data needs to be collected 15 minutes**
3. **Sketch – 20 minutes**
4. **Field testing – 1 hour**
5. **Feedback round – 20 minutes**

Content:

1. **Presentation on why data need to be collected**
2. **Explain how data needs to be collected :**

Show the format and and explain how they should ask the questions.

Key messages:

- The Washington Group questions focus on 'functioning' and not on disability. It is not a diagnosis or to identify a disease or condition. It is focussing at difficulties that anyone might experience.
- Screening questions, such as 'Do you have a disability?' or introductory statements such as 'The next set of questions are about disability' should not be used, because it will affect the responses. Just don't use the word disability,
- Questions need to be asked exactly as they have been worded. If questions are explained to participants using inappropriate or negative language, this may influence the way participants respond. This includes the response categories. These should be kept as is, and definitely not changed to yes/no responses.
- Enumerators should never skip questions or fill in the answers based merely on their observations (e.g. if they observe that respondent is using a wheelchair): they must ask all the questions to the participant.

3. **Sketch**

   It helps a lot if people can see how they should ask the Washington group questions. So you are going to do a little sketch together with another facilitator who will play the interviewee. Pretend that you are a Health Extension Worker going collect data door to door. Before you start the sketch ask the participants to observe whether you are doing it correctly or not. In the first sketch you can make some obvious mistakes: e.g. mention the term disability or ticking the answers without asking the question to the participant. After the first sketch ask the participants whether it was correct or not and have a short discussion about the mistakes. Do the sketch again, but this time in the correct way. Ask the participants if they still have questions.

4. **Field testing**
   Ideally you also practice the Washington group questions in the community. But this can only be done if you have your training in the community. Participants will work in pairs (link more experienced HEW's with less experiences HEW's.) and each participant will at least fill in the checklist with two persons. As a facilitator you also observe how the pairs are doing the interviews.

5. **Feedback round –** Ask the participants how it went. What was difficult? Any questions? Also share your own observations.

Example - Disability Data Collection Questionnaire Ethiopia

Region _____
Zone_____
Woreda_____
Kebele_____
sex_____
Age_____
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM

3. **Do you have difficulty seeing, even if wearing glasses?**
   a. No - no difficulty
   b. Yes – some difficulty
   c. Yes – a lot of difficulty
   d. Cannot see at all
4. **Do you have difficulty hearing, even if using a hearing aid?**
   a. No- no difficulty
   b. Yes – some difficulty
   c. Yes – a lot of difficulty
   d. Cannot do at all
5. **3. Do you have difficulty walking or climbing steps?**
   a. No- no difficulty
   b. Yes – some difficulty
   c. Yes – a lot of difficulty
   d. Cannot do at all
6. **4. Do you have difficulty remembering or concentrating?**
   a. No – no difficulty
   b. Yes – some difficulty
   c. Yes – a lot of difficulty
   d. Cannot do at all
7. **5. Do you have difficulty (with self-care such as) washing all over or dressing?**
   a. No – no difficulty
   b. Yes – some difficulty
   c. Yes – a lot of difficulty
   d. Cannot do at all
8. **6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?**
   a. No – no difficulty
   b. Yes – some difficulty

c. Yes – a lot of difficulty
d. Cannot do at all

Module 21: way forward & closing

Objectives:
At the end of the session,

- the need for follow up after the training and next steps are identified
- participants share their most important take-away from the training
- have received a certificate of participation
- the participants have filled in the evaluation format

Duration: 1 hour

Handouts for participants: 4.11 Evaluation Format, 4.12 Certificate

Preparation by Trainer: adjust evaluation format & certificate

Suggested activities

1. **Identify needs for follow up/ next steps** (choose your own method)
2. **Ask participants to fill in the evaluation format**
3. **Group exercise to share your most important take-away from the training** (choose your own method)
4. **Hand out of certificates**

Part 4. Resources

4.1 Available training tools/documents

1. **Inclusive Health Game is downloadable at:** https://www.inclusiongame.org/
2. **Disability Inclusion Scorecard:** https://lightfortheworld.sharepoint.com/:x:/s/l-nl-programmes/EecBHJwHKmNGvQ29EpHMCMsBRWV_0tFU_TyWCNAy-b-yeQ?e=cYIk47
3. **Participant manual:** https://lightfortheworld.sharepoint.com/:w:/s/l-nl-programmes/Eck5ujARDjlKvjqEj1Xg5ooB0jS6r5aBWSKnLJ0Y_KnBvQ?e=k3yCLK
4. **Video ELM:** https://www.youtube.com/watch?v=kesBPGq7W5k&t=2s
5. **How to communicate posters:** https://lightfortheworld.sharepoint.com/:u:/s/l-nl-programmes/EfIw-OyeoHZNutVyjFqnfkoBJqUyDAQjAxpX55jRfsYeBA?e=Qw3bwG
   They can also be downloaded here: https://lab.light-for-the-world.org/publications/how-to-communicate-posters/
6. **Resource book on disability inclusion:** https://lab.light-for-the-world.org/publications/resource-book-disability-inclusion/ This is a good background resource for trainers and focal persons.

4.2 Additional external resources

Video on **SRHR challenges girls with disabilities and Menstrual Health**
Video on **SRHR experiences women with disabilities Nigeria**

Video on **Sex Safe and Fun. Teaching people with intellectual disability positive safe sex messages**

Guideline on **Inclusive eye health - CBM**

Video on **analysis of washington group questions** (Interesting for Master trainer & focal persons.)

4.3 Introduction Games

First Impressions

Type: Icebreaker
Level: Low
Space: Usual meeting room
Time: 15 minutes (can vary depending on group size)
Purpose: To help participants get to know each other better
Team size: Open
Needs: Note cards / Post its

Instruction:

- Sit all participants in a circle. Each participant writes one fact about his background, interests or history that people don't know.
- Participants then fold up the cards and put them in the middle of the circle.
- A group leader opens the cards and reads them one at a time.
- Participants write down which person in the circle they believe the card addresses.
- Each person then reveals his/her guess and then the writer reveals him/herself.

Reflection:

- Discuss with the group why they associated certain traits with certain people. ,

Getting to know you

Type: Icebreaker
Level: Low
Space: Usual meeting room
Time: 15 minutes (can vary depending on group size)
Purpose: To learn more about each other
Team size: 4-10 members per group
Needs: Flip chart paper, markers

Instruction:

- Provide each group a large sheet of flip chart paper and markers
- Have them to draw a large flower with a center and an equal number of petals to the number of participants in their group.
- Though discussions within their group, have them find their similarities.
    - They should fill the center of the flower with something they all have in common.

- Each member should ten fill in his or her petal with something about them that is unique – unlike other members in their group.
- Participants should be instructed that they cannot use physical attributes such as hair colour, weight. This encourages them to have more meaningful discussions with their group members.
- Encouraged to be creative in their ideas and drawings.

Reflection:

- Ask the small group to share their flower with everyone
    - They should discuss similarities and differences
    - If it was easy or difficult for them find similarities
- Discuss the importance of talking with others and the value in finding both similarities and differences in another.

4.4 Identity exercises

Just by looking at me[2]

Type: Icebreaker
Level: Low
Space: Usual meeting room
Time: 2-3 minutes per participant + 15 minutes debrief
Purpose: The activity will allow participants to disclose some personal information that they may not have had the opportunity to share yet. To begin to understand the importance of looking beyond appearances, encouraging self-reflection, and allowing for meaningful group dialogue. This also encourages participants to ask meaningful questions and find out more information about their peers.
Team size: 4-10 members per group
Needs: None

Instruction:

- Introduction: When we allow ourselves to judge someone based on their appearances, we miss out on getting to know the real person and important information about them. "Just by looking at me" allows us to disclose a piece of our identity that is not "obvious" to others. You will also be asked to share why certain parts of your identity are important for you to disclose.
- Form a circle with chairs or sitting on the floor if participants are able.
- Ask the participants to say the following prompt: "My name is _____ and I am from _____. One thing you cannot tell just by looking at me is _____. This is important for me to tell you because _____.
- For persons with different learning or remembering capabilities, it will be useful to write this out on a sheet of paper to pass around as a "script".
- Demonstrate the prompt by filling it in and reciting your own to model the exercise.
- Allow persons to share their own after emphasizing listening skills and show respect.
- Things to consider: Participants can choose to disclose high or low risk responses. Be open to anything that participants may want to share, and encourage them to say what is important to them at the time of the activity. Depending on group size, you can have participants share 1-2-3 things, etc.
-

Reflection:

[2] http://www.uh.edu/cdi/diversity_education/resources/activities/pdf/talusandiversityteambuilders.pdf

- What are 1-2 words that describe what this activity was like for you?
- How did you feel when you said your statement?
- How did you decide what to share about yourself?
- Did any of your peers‟ responses surprise you? Why?
- How can you find out meaningful information about your peers in the future? What is the value in that?

I am, but I am not

Type: Icebreaker
Level: Low
Space: Usual meeting room
Time: 5 minutes intro, 10 minutes to write out their sentences; 2 minute each participant to share; 15 minute debrief.
Purpose: The activity engages participants in a process of identifying what they consider to be the most salient, noticeable dimensions of their own identity. It is also a helpful introduction to stereotypes and ways in which people identify the most outstanding stereotypes in their lives.
Team size: 4-10 members per group
Needs: Paper, writing utensils

Instruction:

- Introduction: “Common stereotypes can be very hurtful and difficult for individuals to celebrate their own identities. In this activity we will claim some of our own identities and dispel stereotypes we may believe exist about the group.”
- Participants will be asked to fold their paper in half and re-open it to create 2 columns. On one side, the heading will be “I am”. On the other side, the heading will be “I am not”. Instruct participants to write the word “but” in the middle of the two columns.
- Participants will be asked to write down at least five “I am, but I am not” statements on their paper. Demonstrate one example to the group, such as, “I am Asian, but I am not good at math”. Participants should use this opportunity to introduce their identity and dispel any stereotypes around them.
- Make sure there are no questions, and allow time for everyone to write at least five statements.
- Allow participants to share their own after emphasizing listening skills and respect.
- Things to consider: Addressing stereotypes is always a trigger. The debrief is very important. People may articulate stereotypes in their “but I am not” that might trigger other participants. A helpful way to debrief is to ask the group (or individual) “Where did you learn that stereotype? What was your first message about that stereotype? How is it reinforced for you?” It might also be helpful to ask other participants if they had heard that stereotype before and what their first messages about it were, too. The key is this activity is the process

of examining one's own identity and the stereotypes associated with that identity, then having one's own stereotypes challenged through other's stories and stereotype challenges.

Reflection:

- What are 1-2 words that describe what this activity was like for you?
- How did you choose which identities to share?
- Did anyone in the group surprise you? Why?
- How did you feel to be able to stand up and challenge stereotypes?
- Where did we learn these stereotypes?
- How can we reduce them? What role do we play in doing so?

Step into the circle[3]

Type: Energizer / Icebreaker
Level: Low / Medium
Space: Usual meeting room
Time: 35-40 minutes
Purpose: Allow participants to disclose some personal information that they may not have had the opportunity to share yet, and will show that there is often at least one other person that can relate to you in a shared experience. Take some time for self-exploration and declaration and allow students to get to know who is in the room with them.
Team size: 8-12 members per group
Needs: Question sheet

Instruction:

- Introduction: In this exercise we will demonstrate just how many persons you can make connections with on different levels. It usually isn't every day when we ask our peers specific questions about their different identities, so this exercise will seek to normalize those conversations, and help us get to know who is in the room.
- Form a circle with the entire group.
- Inform the group that they will have the opportunity to step inside of the circle if they can relate to an experience shared.
- Begin reading each statement (see attachment 2) on the sheet, while giving participants a moment to look around the circle after they step inside of it.
- Following the exercise, allow the group to sit down in the circle formation to answer debrief questions.

3 http://www.uh.edu/cdi/diversity_education/resources/activities/pdf/talusandiversityteambuilders.pdf

- Things to consider: keep in mind that this may not be accessible for participants with limited mobility. In these instances and in instances of larger groups (30+), hands can be raised instead of moving.

Reflection:

- What are 1-2 words that describe what this activity was like for you?
- How did it feel to step into the circle and be joined by several others? How did it feel to be alone in the circle?
- Were there times you should have stepped in but did not? Why?
- Were there times it was easy to step in? Why?
- Why did we do this exercise?
- Did it surprise you to see any of your peers in the circle at any point? Why?

Questions for this exercise:

<u>Take a step forward if...</u>

- you are the oldest in your family
- you are the youngest in your family
- you are the middle child
- you are an only child
- you have step siblings
- you have adopted siblings
- you had enough money growing up
- you did not have enough money growing up
- you went to private school
- went to public school
- were home schooled
- you are bilingual or multilingual
- you are bi-racial
- one or both of your parents/guardians are bi-racial
- if you were raised by parent(s)
- if you were raised by a legal guardian(s)
- if you were raised in the public system
- you lived in a house that was owned or being paid for
- you lived in an apartment or rented property
- you are a man
- you are a woman
- You are a first generation college student
- one of your parents attended college
- one of your parents attended graduate school
- you have a visible disability

- you have a non-visible disability
- you identify as Christian
- you identify as Muslim
- you identify as Protestant
- you identify as Catholic
- you identify with a religion that was not stated and wish to state it
- the majority of your friends share the same race/ethnicity as you
- you are usually in the „minority“ group
- you have ever said something that offended someone
- you ever felt offended by someone
- if you feel uneasy in diversity conversations
- you should have stepped forward at some point but felt unsure

Applause to identity

Type: Icebreaker
Level: Medium
Space: Usual meeting room
Time: 30 minutes
Purpose: Allows participants to disclose personal information about their identity. It will show that we all have a lot of things in common, but that we are all unique. This exercise celebrates diversity.
Team size: up to 25
Needs: 3 pieces of paper per participant & pens

Instruction:

- Each participant is given 3 notes.
- On each note they should write down one aspect of their identity: for example: girl, mother, farmer, muslim, university graduate, football player etc. Give a personal example so people understand what they could write down. Everyone writes down three important aspects of their identity that they are also willing to share with the others.
- The facilitator collects and reads out one card at a time (remove same cards beforehand).
- If the participants also identify with that particular identity (whether or not it is what they have written down) they move forward in the circle (or stand up) and the rest of the group gives applause.
- Read out all the cards.

Inclusion tip:

If there are people with visual impairments in the group, make sure you give audio description to what is happening (like, only Mohammed is standing up, or now only Sophia is sitting down). If you have sign language interpretation, make sure the

interpreters can sit down in the middle of the circle. For people with mobility limitations, discuss how to go about it. They can move forward with their wheelchairs, or maybe raise an arm to show they identify.

Reflection:

Have a short discussion on the exercise. What do the participants learn from this exercise? People often come forward with comments like: we have more things in common than we think. Or, our identity is very complex, there are many different facets. You can conclude by saying that disability is also just one aspect of people's identity. They are also women, mother, feminist etc. This exercise clearly explains what intersectionality is.

4.5 Energizers

Ten Second Objects

Type: Energizer
Level: Low / Medium
Space: Usual meeting room
Time: 15 minutes (can vary depending on group size)
Purpose: To warm up the body, encouragement of creativity, physical awareness, coordination in group work
Team size: 4-6 members per group
Needs: Nothing

Instruction:

- Call out the name of an object / situation.
- All the groups have to make the shape of that object out of their own bodies, joining together in different ways.
- Count down slowly from ten to zero, using also your hands and fingers to count down.
- Usually every group will find a different way of forming the object.
- Examples:
    - Imagine you are in a bumpy car that moves from left to right, stops suddenly, then goes on again, et cetera.
    - Act like you are walking or rolling (if in wheelchair) in the sun, you feel the sunlight on your skin and you are feeling very happy while walking or rolling if in wheelchair
    - Imagine you have pulled on clothes that are too tight, and you want to get out of them (but you can't).
    - Imagine you are making coffee and when you want to sip from it, the coffee is way too hot, you almost burn your tongue. How does this look like?

Adaptations:

- Encourage groups to think about using different levels with their body shapes, eg high, medium, low.
- You could make it a rule that after 10 seconds they must be completely frozen in position.

Reflection:

- What did the participants find of this exercise? Did someone had difficulty with one particular exercise? Why?

Knots of people

Type: Energizer
Level: Low / Medium
Space: Usual meeting room
Time: 15 minutes (can vary depending on group size)
Purpose: To warm up the body, encouragement of creativity, physical awareness, coordination in group work
Team size: 8-12 members per group
Needs: Nothing

Instruction:

- Ask every participant to join right hands with another person in the group, but it has to be someone who is NOT standing immediately to the left or right.
- Then ask each person to join left hands with another person in the group, but it has to be someone who is NOT standing immediately to the left or right and someone other than before.
- The groups have to untangle themselves without letting go of hands. They may have to loosen their grips a little to allow for twisting and turning. They may have to step over or under other people if possible.
- The first group to untangle their knot is winner.
- There are four possible solutions to the knot: One larger circle with people facing either direction, two interlocking circles, a figure eight, a circle within a circle.

Reflection:

- What did participants think or feel during the exercise?

Pictionary Messages[4]

Type: Energizer
Level: Low / Medium
Space: Usual meeting room
Time: 25-30 minutes
Purpose: To warm up the body, encouragement of creativity, physical awareness, coordination in group work
Team size: 8-12 members per group
Needs: Activity picture sheet, paper/pen or dry erase board / dry erase marker.

Instruction:

- Introduction: Often messages are misinterpreted, which results in confusion and lost connection. In this exercise, you will have the opportunity to play a fun game and break the ice.
- Divide all participants into two groups. Line up one behind the other.
- Show the participant at the back of the line a single image from the handout. The participant, using his/her finger, must draw the shape on the back of the person in front of them. That person then draws the shape on the back of the person in front of them.
- Once the drawing has made its way to the front of the line, the person at the front must draw the message received into a piece of paper / dry erase board.
- Discuss whether or not the picture was the same as the original picture shown to the person at the back of the line. What happened? What does this say about how we receive messages?
- If you want to continue a few rounds, have the person at the front now move to the back of the line.

Reflection:

- What are 1-2 words that describe what this activity was like for you?
- What was this activity like for you?
- What made it difficult? Did anything make it easy?
- Did any of the images you drew stand out to you? Why did we choose them for this exercise?

4 http://www.uh.edu/cdi/diversity_education/resources/activities/pdf/talusandiversityteambuilders.pdf

Energizer - Inclusive Musical Chair

Type: Energizer
Level: Medium
Space: Usual meeting room
Time: 15 minutes
Purpose: Interactive exercise that shows how inclusion works in practice
Team size: 25
Needs: chairs (one chair less than the number of participants), music, (optional: blindfold/ earplugs/ wheelchair)

Instructions:

- Put chairs in a circle, in such a way that people can walk around.
- Explain that people should take the nearest seat when the music stops.
- The person who does not have a chair to sit on, is out of the game.
- Ask three volunteers who will move out of the room before the exercise starts. If there are people with disabilities amongst the participants, they can be asked to be a volunteer (in that case you don't have to simulate having an impairment). Check beforehand if they are comfortable with this role. If there are no participants with a disability or only people with one type of impairment you need to ask a few volunteers. Make sure you have a blindfold/ earplugs/ wheelchair at hand. **Note:** always explain participants to be cautious with simulation exercises.
- Let the group of participants play one round of the game without people with disabilities.
- With each round a person with a different type of impairment will join the game. Just bring the new participant in and say to the group: this participant wants to join the game as well. Then leave it to the group how they find a solution to make the game inclusive. Observe the process carefully. Are they involving the participant in the solution or is the group imposing their solution to the participant? Do they say it is impossible to include?
- If the group has decided how they want to go about it, start the music again and play a round.
- In the next round you will introduce the next volunteer. Repeat the same process.

Possible solutions are:

- Person who is using a wheelchair is touching a chair instead of sitting on it.
- A person with a visual impairment could be guided by a participant who is already out of the game
- For people who are deaf you could switch off the light when the music stops.

Reflection: Have a short discussion. First ask the volunteers how they felt about the process of inclusion. Were they happy with how they were approached? Were they

involved in the solution? Did they feel included? Did everyone have equal chances to win the game? Than ask people the whole group what lessons they draw from this exercise.
People may say:

- I first thought inclusion was impossible, but it was not difficult to make adjustments
- We needed to change the rules to be inclusive, but we still have fun together.
- We need to involve participants in the solutions.

This exercise explains how we can find simple accessibility solutions that ensure that people with disabilities are able to participate.

Funny loop

Type: Energizer
Level: Medium
Space: Usual meeting room
Time: 15 minutes
Purpose: Perfect energizer to tackle an after lunch dip, but also to learn about cooperation, finding solutions, being inclusive
Team size: up to 15 per group
Needs: a 2 meter long smooth rope, tied as a loop. It will be one meter long when tied.

Instructions:

- Let the participants stand in a circle, while they are holding their hands. If you have a big group, you can form two groups and organise a competition.
- Release the hands of two participants for a second and hang the loop around the arm of one participant. The loop has to travel around the circle, but the participants should hold their hands at all times. That's the only rule. The group is responsible for inclusion of people with disabilities. Let them find their own solutions.

Inclusion tips:
Everyone can participate in this exercise. It may seem impossible for people who are using a wheelchair to go through the loop, but there are always solutions. If people are a bit mobile in their chairs they can go through the loop while sitting in the chair. Let the group search for solutions together. Though, you may want to use a bit bigger loop if you have participants using an electric wheelchair (so they can go through the loop together with their wheelchair. The group has to be very creative if there is a participant with a huge electric wheelchair, for example with oxygen tanks. (in that case the group may want to untie the knot. That is allowed as long as they hold hands at all times). If participants have no arms, the shoulders should be held instead of the hands. Participants who cannot stand for a long time can sit on a chair during the exercise.

Reflection:
Afterwards you can have a short discussion about what the participants have learned from this exercise. Usually these lessons also apply if people start to learn about making their projects disability inclusive. Possible lessons:

- at the beginning it seems difficult, but it gets easier along the way
- people learn from each other
- we have to work together.
- We can find solutions together
- Learning by doing
- There are different strategies possible.
- Everyone needs help

4.6 Exercises for group formation

Here are some creative ways to form small groups for group work:

- **Count off**. Of course you can count off by numbers, but maybe try something fun. If you want four groups, then count off by fruits “Banana, Pine Apple, Mango , Orange” for example.
- **Get in the boat**. Ask the participants to stand up and move around the room. If you shout out a number, for example 3 people have to form groups of 3 people (otherwise they will be eaten by crocodiles). Repeat this exercise with different numbers. End the exercise with the number of people that you need for the group work. Anyone left out can choose a boat that they want to join.
- **Puzzle pieces.** Cut several different pictures or drawings in small pieces. Give every participant a piece randomly. Then have them find the other participants who have the rest of that puzzle’s pieces.
- **Birthday buddies**. Who has their birthday in the same month as you? Ask participants that question, and group them accordingly.

4.7 Recap Methods

Why do a recap?

We advise you to do a recap at the beginning of each training day. In a recap session the participants reflect on what they have learned the previous day. It is also a change for the participants to ask questions about the things that are not yet clear. It enhances the learning of the participants and it will give you as a trainer a good in-sight in the learning process of the participants. You have a chance to repeat the key messages and you can clarify where needed. A recap also functions as an energizer. It will help participants to focus on the training.

There are countless methods to do a recap. We will just mention a few of them in this section:

General recap questions

When you do a recap it is important to use recap questions from all the following categories. Apart from these general questions you can also ask very specific questions related to the topic of the training sessions.

What?
Mention three topics or exercises that we did yesterday.
Most important things we did yesterday?
What happened?

Why?
What surprised and impressed you, and why?
What was most interesting, most important for you, and why?
With what do you agree/ disagree, and why?

So What?
So what did you learn from yesterdays session?
What conclusion can you draw or generalisation can you make?
What do you see if you look at it from a broader perspective?

Now What?
Which lessons or ideas can you apply in your own work?
Which questions do you still have?
What topics still needs discussion?

Recap with pictures

Prepare cards with 6 drawings, as explained below. Put them on a table or on the floor, with the upside down. Ask the participants to stand or sit around in a circle. Spin a marker around to take turns. The person to whom the marker is pointing has to pick one card. Ask the person what he or she sees on the picture. Explain what

question is related to that picture. The person answers the question and spins the marker to give someone else a turn. Continue until all cards are answered.

Electricity plug: what gave you most energy yesterday**?**
Feather: Who would you like to give a compliment?
Question mark: What is still unclear for you?
Smiley: What made you smile yesterday? What was the most funny thing?
Bomb: What shocked you yesterday? What struck you?
Tree: Which idea should grow/ or should be developed further?

Recap session with a ball

Ask the group to stand in a circle. Throw the ball to one participant and ask the first recap question. The participant answers and throws the ball to the next participant. You ask another recap question. Repeat until everyone had a turn or time is up. You can make this session more fun if you also add a funny question: for example what would you bring with you when you would fly to the moon? The participants should ask the funny question to the next participant. (before you ask them the serious recap question).

Participants write down their own recap questions

Give each participant a piece of paper and ask them to write down a recap question. Collect all papers in a box and let the participants, one by one draw a question from the box and let them answer the question before the next person draws a question from the box.

Written reflection

Prepare four flipcharts with a what, why, so what, so that question on it. Ask the participants to write down their reflections on the flipcharts. At the end of the session you can have a look at the flipcharts together and have a plenary concluding session. (this method is not accessible for participants with visual impairments, so if you really want to use this method make sure that the participants who need it have buddy who can read out and write.

Roll the dice

For this exercise you need a couple of dices. Split the participants in small groups and give each group a dice. Write down six recap questions on a flipchart/blackboard. Each participant roles the dice and answers the corresponding question in the small group. So if you throw a three, you have to answer question three. Continue until everyone has answered at least one question. If you have more time, the groups can go for a second or third round.

Hot potato

Write down recap questions on small pieces of paper (there should be a question for each participant). Fold the papers and put them in a pencil case or jar. Ask the participants to sit or stand in the circle. Play some cheerful music. The pencil case is passed on from one participant to the other. When the music stops the participant who holds the pencil case has to pick out one question and answers it. (don't put the questions back). Continue with the game until time is up or everyone had a turn.

Quiz

You can also do a recap with a (multiple choice) quiz. This is more suitable for recap of sessions where a lot of knowledge has been transferred. It is less suitable for reflection purposes.

Speeddating

Prepare the room by placing two rows with chairs facing each other. Ask all the participants to sit down. Ask the first question. The participants need to discuss the question with the person who is sitting opposite of them. After the first question, the people in one row will move one seat. So now new couples are formed. Ask the second question… continue until you have finished your questions. You can close off with a plenary discussion if you like.

4.8 Inclusion Tools

Inclusion Round

A very effective way of making the group responsible for inclusion is to do an inclusion round at the beginning of the training. The inclusion round works as follows:

Explain to the group members that inclusion and equal participation is very important. Give a few examples about the needs people may have to participate. You can think of the following things: some participants may not be able to sit still for a long time and need to walk around every now and then. Some participants may need to go to the washroom very often. Other people need fresh air. There maybe group members who are not fluent in the language that is being used. Someone who is blind may need explanation about pictures and written text etc. Others may feel shy and need some time to feel comfortable. Explain that everyone has needs (not only people with disabilities) and that it is okay to share them with the group, so we can all help each other to feel part of the group.

The facilitator will start by sharing a personal need: for example: "*for me as a facilitator it is important that you are wearing your name tags during the first sessions, because I have trouble remembering your names"*. Or, "*please speak one at a time, because otherwise I cannot hear you well"*. Let all the participants think for a minute what is important for them to feel included and participate effectively and let them share this with the group. Explain that you as a facilitator will do your best to respect these needs in the workshop and ask everyone for their commitment to include all the group members. Also encourage the group members to speak up if they are not able to follow the discussions or are not able to participate in exercises or if they need help. Being clear about your own needs and asking for help is an important aspect of the inclusion process.

How to set up inclusive meetings – short checklist

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

Objective: to organise meetings and events that are accessible to persons with disabilities
Expected result: persons with disabilities can access and participate in meetings and events organised

- Outreach & invitation
- Preparing the venue
- How people will get to the event
- How people will be able to participate in the event

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

Outreach – Invitation

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

Preparing the venue for the meeting

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

How people will get to the event

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

How people will be able to participate in the event

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

4.9 Accessibility checklist

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

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

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

1. Outside

Questions	Finding (Yes/No/NA)
• Are footpaths flat and continuous?	
• Are footpaths wide enough (1500 mm)?	
• Are footpaths non-slippery and kept free of obstacles?	
• Is the building entrance accessible to wheelchair users?	

2. Corridors

Questions	Finding (Yes/No/NA)
• Are the corridors clear of obstructions?	
• Is the width for low traffic corridors at least 1500 mm wide for public corridors?	
• Is the surface level, smooth and non-slip?	
• Is the path of travel easy to identify?	

3. Doors

Questions	Finding (Yes/No/NA)
• Are the door openings at least 800 mm wide?	
• Do users have to pass over thresholds higher than 20 mm?	
• Are the doors easy to open with one hand?	
• Is the doorway space at least	

1500mm x 1800 mm to allow wheelchair users to open doors?	
• Are the doors easy to identify?	

4. Ramps, stairs and handrails

Questions	Finding (Yes/No/NA)
• Within one floor, is the circulation route free of changes of level or steps and stairs?	
• Is the maximum slope of planned/ existing ramps or curb ramps 1:12?	
• Are ramps at least 1000 mm wide?	
• Are handrails provided at a height between 800 and 900 mm to enhance safety when using ramps and stairs?	
• Are stairs and ramps easy to identify?	

5. Waiting areas and associated facilities

Questions	Finding (Yes/No/NA)
• Are resting facilities provided at an interval of 20 m?	
• Do resting facilities provide sufficient space for a wheelchair user?	
• Are public seats between 450 mm and 500 mm high and the top of tables between 750 mm and 900 mm high with knee space at least 700 mm high and 600 mm deep?	

6. Toilets / Restrooms

Questions	Finding (Yes/No/NA)
• Are there accessible toilets?	
• Is the accessible toilet marked as such?	

7. Signage

Questions	Finding (Yes/No/NA)
• Are accessible areas, features and facilities identified as such?	

• Is the location of accessible spaces, features and facilities indicated?	
• Are all maps, information panels and wall-mounted signs placed at a convenient height between 900 mm and 1800 mm?	
• Is key information on signs supplemented with embossed letters or Braille?	
• Are signs clear and easy to read?	

8. Emergency system

Questions	**Finding (Yes/No/NA)**
• Is the emergency route identifiable as such by people with visual impairments?	
• Can an emergency situation be recognised as such by people with hearing impairments?	

4.10 Consent – how to deal with this in practice?

Adults expect to be asked whether they want medical treatment, and to have their decisions respected. They also expect that treatment will be given if they are not in a position to consent, for example, when they are unconscious. This is also true for adults with (intellectual) disabilities but sometimes the consent process is more difficult because of low literacy, communication problems or unsubstantiated assumptions by professionals, as well as by the fact that some people with intellectual disabilities will not have the capacity to make some decisions.

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

Keep the following things in mind when it comes to consent and the capacity to consent:

- **Assume capacity**. All adults have capacity unless and until they are shown not to.
- **Capacity refers to the ability to make a particular decision at a particular time**. It is wrong to refer to a person as having or lacking capacity for all decisions.
- **Capacity can vary in the same person for different decisions and can fluctuate over time.**
- **A person with capacity has the right to refuse treatment.** People have the right to make bad decisions. If a patient does not agree with what the health professional is recommending it does not mean that the patient is incompetent, just that the two hold different views. If a person does not consent, the reasons for this should be explored.
- **A health professional has a duty of care to patients.**
- **If an adult lacks capacity the health professional has a duty to provide treatment and care in the best interests of that adult, even if the person does not agree.**
  A person should not be denied treatment that is necessary to them merely because they are not competent to consent. Health services must not discriminate against people on grounds of disability.
- **If you force treatment on a person who has capacity you may be assaulting them.**
- I**f you deny treatment to a person who lacks capacity you may be neglecting them.**
- **The professional giving the treatment is responsible for assessing the patient's capacity, and for asking for any assistance they need to do so.**
- **Capacity depends on understanding.**
- **Understanding depends on effective communication and accessible information as well as cognitive abilities.**
- **Even people who lack capacity may want and have the right to receive information.**
- **Consent obtained by force (under duress) is not valid.**
- **Consent can be shown behaviourally.**

More information and cases can be found at:
http://www.intellectualdisability.info/historic-articles/articles/consent-and-people-with-intellectual-disabilities-the-basics

4.11 Evaluation Format

Inclusive Health Training [Add date/Target group/location]

What did you like most about the training?
What where the top 3 lessons learned that you take home?
How are you going to use the learnings in your own work?
Do you have a need for follow up after the training? If yes, what kind of follow up?
What could be improved about the training?
Is there anything else you would like to share? Please use backside of this paper
How would you rate the overall quality and usefulness of the training (on a scale of 1 to 10) ? **Completely useless 1 2 3 4 5 6 7 8 9 10 Extremely Useful**

4.12 Certificate

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Certificate of Participation

This award certifies that

_____

has participated in the Inclusive Health Training for [add target group] from [add date] till [add date] in [add city & country] organized by [add name of organizing party].

The main topics covered:

- Rights based approach to inclusion of people with disabilities in Health
- Basic principles of inclusion
- How to communicate with and include people with disabilities in Health Services
- [Add topics based on specific content & target group]

[place and date]

Facilitator

_____
[name facilitator]
[Name Organization]

Co-facilitator

_____
[name co-facilitator]
[Name Organisation]