Community Based Inclusive Development Training Package for Zambia

Trainer's Manual:
National/Provincial/District Level

NAD – The Norwegian Association of Disabled

ACKNOWLEDGEMENTS

The logo used throughout the CBID training package represents inclusion: the diverse elements are included equally in the whole.

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FOREWORD: CBR ZAMBIA SUPPORT PROGRAMME

Zambia has been implementing different models of disability interventions since time immemorial. Most of the early interventions in the Central, Copperbelt, Eastern, Southern and Lusaka provinces from the early 1980s were outreach based led by physiotherapists, medical practitioners, and social workers, among others. Later, a community of practice evolved, with several CBR practitioners, volunteers, managers and other interest groups mainly found in DPOs, NGOs, government departments and other sectors, most of whom had learnt about CBR after attending international and regional conferences on disability.

Zambia has a high prevalence of disability, standing at 7.7% as per 2015 CSO/SINTEF study. Other studies have indicated different rates including 2.7%, Census 2000; SINTEF study of year 2005 indicated 13.3% while another Census in year 2010 indicated 2%. The need for harmonized and robust studies are urgently needed in Zambia, to ensure that policy makers, practitioners and other strategic partners are well informed on the situation of disability using standardized, proven ways of data collection, interpretation and utilisation in Zambia.

At the core of the work of the Norwegian Association of Disabled (NAD) is the need to capacitate countries where it partners with government to ensure that key deliverables are realized at the end of its country programmes- key to ensuring programme longevity is seen in terms of the creation of locally trained key personnel to ensure sustainability of learning and support, together with investment in training materials and learning model programmes and districts.

NAD has been actively involved at home and abroad in advocating for the implementation of the CBR/CBID model- to set a global example, NAD has already been involved in implementing CBR Programmes in Uganda (since 1990) and later in Malawi, Lesotho and Palestine, among other countries.

In 2008, NAD and the Norwegian Association for Persons with Developmental Disabilities (NFU) undertook a Fact Finding mission that involved an exploratory study to better understand the Zambian Disability landscape, before they could consider implementing a joint country Programme. Informed by findings of the study, NAD and NFU embarked on a pilot Programme focused on providing small, catalytic grants in addition to technical support to different players in the disability sector, as a way to explore, map capacities and engage with potential new actors in the Zambian disability sector.

The Opportunity Zambia pilot Programme (from 2009 to 2011) was a 2 year 'test and see' strategy which informed the fully-fledged CBR Intervention which was later launched in year 2012 by the then Minister for Community Development and Social Services, Dr Joseph Katema at the end of a 5 day strategic planning workshop facilitated by representatives from WHO, other NAD partner CBR Programmes from Uganda and Malawi as well as Sri Lanka.

Before the launch of the CBR Programme, an in-depth feasibility study was undertaken to assist develop baseline information before the implementation of the pilot CBR Programme in selected districts of Zimba, Kazungula and Livingstone. Key findings from the feasibility study and consultative meetings with the government sector led to NAD and NFU initiating a

CBR Programme anchored on the existing coordination mechanisms and decentralized, community namely the District Development Coordination Committees (DDCCS), the Community Welfare Assistance Committees (CWACs) whose multi-sectoral and multi-disciplinary representation was recommended to be the best structure for reaching and support persons with disabilities using the Rights-Based Approach. Zambia implements a non-conditional cash transfer system that has been expanded to all districts after successful piloting demonstrated value-addition.

The NAD experiences in Uganda have taught us that implementing CBID in highly decentralized and devolved systems and structures of government at district and community levels tend to benefit persons with disabilities in the long term. Zambia has embarked on a decentralization Programme led by the ministry of local government, which if fully implemented has promising outcomes for localizing benefits to marginalized communities and allowing DPOs to track resources disbursed by central government, engage with district leaders and claim what belongs to them from the district level resource envelope.

With Zambia having signed the UNCRPD on 9th May 2008, its optional protocol on 29th September 2018 and then ratified it (on 1st February 2010) it began domesticating it in year 2012 (Disability Act no. 6 of 2012). The Zambian government demonstrated leadership by going further to develop its disability policy and implementation framework, enacted the Anti-Gender Based Violence Act in 2011 and the revised Education Act of 2011 which focused on promoting Inclusive Education, thereby opening up all schools to all learners and advocating that every teacher should educate all learners.

To demonstrate its commitment, the NAD and NFU, with funding from the Norwegian government channelled through NORAD, have invested financial resources, with targeted support towards core CBR training and facilitation of DPO rights based advocacy. Funding has included mobilization of globally renowned disability consultants and practitioners to assist train and mentor Zambian based CBR volunteers, workers and other practitioners from various sectors, which will ensure local ownership and Programme longevity. Similarly, Zambian CBR teams from both government and quasi-government institutions and civil society (mainly DPOs) have benefited from placements, learning visits and international training and exposure at different fora at home and abroad.

Additional core studies done in Zambia focused on, among others, documenting the potential for implementing inclusive education Programme, assessing Disability Inclusive Disaster Risk Reduction (DiDRR), Economic Empowerment for persons with disability and potential for developing institutionalized training for CBID have all been well utilized in helping Zambia develop and sustain evidence-based disability intervention within the framework of the CBR Guidelines, the UNCRPD, the Sustainable Development Goals (SDGs) and Zambia's own priorities as enshrined in its 7th National Development Plan (2017-2021).

Building on the momentum led by the Zambian government's commitment, NAD and NFU signed a Memorandum of Understanding with the Zambian government through the Ministry of Finance, on behalf of the key social sector ministries of Community development, Health and Education for the implementation of holistic disability interventions using the Community Based Inclusive Education (CBID).

Since 2013, the Programme has already undergone two external evaluations with informative recommendations which have propelled it to implement evidence based and informed interventions resulting in CBID models with key features, namely:

1. The training of a critical mass of more than 40 core CBR/CBID and Inclusive Education Trainers of Trainers (ToTs)
2. The training of more than 220 CBR/CBID workers and teachers practicing inclusive teaching
3. The development of national training manuals for CBR/CBID and Inclusive Education
4. Capacitation of the 3 pilot districts and 6 schools
5. The development of a harmonized CBR/CBID coordination mechanism through existing national, provincial, district and local level structures as enshrined in the National Planning document
6. The development of a data management and information system for CBR/CBID
7. The economic empowerment of persons with disabilities through their DPOs, including Parents Support Group through the use of Savings and Internal Lending Communities-SILC
8. Empowered DPOs that advocate for their rights as provided for by Zambian law and policies

Zambia's focus on CBR/CBID is premised on the need to have holistic strategies for ensuring that no one is left behind, as per Zambia's 7th National Development Plan for the period 2017 to 2021, in line with the Sustainable Development Goals outlined by the UN. The focus on CBID and 'shift' from CBR is informed by the need to include all sectors. In the past, CBR was mainly associated with the medical model and was seen as a preserve of rehabilitation workers, mostly in the health sector. With Zambia embracing CBID and having hosted the CBR Africa Conference in May 2018, the global and continental push for CBID is increasingly getting buy-ins from all sectors. CBID clearly reflects the motivation behind the guidelines, the Matrix and the UNCRPD - a Programme which can be used to include persons with disabilities without excluding others.

The CBID manuals developed in Zambia have benefited from experiences, training, resource reviews and lessons from Malawi and Uganda among others, thereby making its learning and adaptation curve shorter. The resource packages could not have come at a better time than now, given the need by various core trainers, village level practitioners, academicians and policy makers for a well-structured, informative, educative and evidence based outline of modules, topics and guidelines. In these training manuals, everyone is on board, no one is or will be left behind. Trainers, teachers, facilitators, care givers, educators and lecturers in colleges, skills centres, community based learning centres, self help groups and universities (among others) offering social work, development studies, nursing training, physiotherapy, occupational therapy, community health assistants, CBID volunteers, other community level groups and many more have a 'ready to go' package and reference manuals from which they will derive maximum knowledge and skills. This resource is designed to be used by trained volunteers and practitioners.

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FOREWORD: NAD

The perception as well as the content of CBR, Community Based Rehabilitation, has changed substantially over the years. When initiated some three to four decades ago, the strategy had a medical focus. CBR workers were trained to, and largely expected to respond hands on to the various disability related needs of persons with disabilities in the community. Since then CBR has evolved to become a broader and more holistic developmental approach with the aim of fulfilling the human rights of persons with disabilities, whether it is about accessing good education, getting appropriate health services, earning an income, being included in society or actively contributing to the development of society. This transition is reflected in the emergence of **CBID**, Community Based Inclusive Development, as a new name of the strategy to reflect its broader scope. CBID is implemented by a network of social workers, volunteers, community members, persons with disabilities and their family members, who mobilize resources and support within the community for the purpose of developing a disability inclusive society.

In January 2012 the Norwegian Association of Disabled (NAD) received a request from the Government of Zambia to enter into a long term MOU on Community Based Rehabilitation (CBR/CBID) with the main aim of "*developing a holistic approach that will meaningfully meet the needs and capacities of persons with disabilities*" (MCDMCH, 2012). In June 2014, a partner agreement between Government of the Republic of Zambia (GRZ) and NAD was signed on the development of CBR/CBID in Zambia.

In order to secure a harmonized development of CBR/CBID in Zambia aligned with the CBR Guidelines (2010) and the UNCRPD, it was considered vital to develop CBR/CBID training packages that could be used by all stakeholders using CBR/CBID as a strategy for their intervention. Building on experience gained in the field of CBR/CBID across the African continent, particularly from the last three years in Zambia and Malawi, a complete set of training packages has been developed in CBR/CBID for staff and volunteers engaged in CBID in Zambia, covering all levels from management through workers to volunteer level.

It is a pleasure to report that the training packages are now ready for dissemination and use in Zambia, and the process has begun to train trainers from various sectors and professional areas, to ensure that all engaged in CBID in the country take the packages into active use.

We also hope that other countries can be inspired and will find the Zambian CBID training packages useful and relevant to their own context.

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Norwegian Association of Disabled (NAD)

NAD – The Norwegian
Association of Disabled

ACRONYMS

The following acronyms are used throughout the package:

ACHPR	African Commission on Human and Peoples' Rights
ACPF	African Child Policy Forum
CBID	Community Based Inclusive Development
CBMI	CBM International
CBID TP	Community Based Inclusive Development Training Package
CBR	Community Based Rehabilitation
CRC	Convention on the Rights of the Child
DPO	Disabled People's Organization
DRW	Disability Rights Watch
IDDC	International Disability and Development Consortium
IE	Inclusive education
ILO	International Labour Organization
LTP	Long Term Plan
LCH	Livingstone Central Hospital
MDGs	Millennium Development Goals
NAD	Norwegian Association of Disabled
NGO	Non-Governmental Organization
OPD	Organization of Persons with Disabilities
PHC	Primary Health Care
PPT(s)	PowerPoint presentation(s)
PWD	Persons with disabilities
PWID	Persons with intellectual disabilities
SDGs	Sustainable Development Goals
SE	Supported Employment
STI	Sexually Transmitted Infection
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Childrens Fund
UDHR	Universal Declaration of Human Rights
UN	United Nations
WHO	World Health Organization
ZAPCD	Zambia Association for Parents of Children with Disabilities
ZAEPD	Zambia Association on Employment for Persons with Disabilities
ZAPD	Zambia Agency for Persons with Disabilities
ZAFOD	Zambia Federation of Disability Organisations

CONTENTS

i.   INTRODUCTION

This Community Based Inclusive Development Training Package (CBID TP) has been developed from a range of CBID packages developed by the Malawi Council for the Handicapped (MACOHA) and its partners and collaborators including the CBID programme in Zambia. The training package has been devised in line with, and drawing on, the World Health Organisation (WHO) Guidelines on Community Based Rehabilitation (CBR), with a focus on Community Based Inclusive Development (CBID). It is aligned with the WHO INCLUDE online learning community for CBR.

This CBID Training Package was developed by the staff of the Zambia CBR programme, its partners and collaborators, with the aim of facilitating the mainstreaming of disability issues in all sectors. CBID is a rights-based and development oriented approach to enhance the quality of life for persons with disabilities and their families. The approach aims to meet the basic needs of persons with disabilities and ensure their inclusion and active participation in their families and communities.

The need to develop a comprehensive training package was identified to train personnel from various disciplines and service providers and to orient decision makers at all levels on strategies for promoting disability as an integral component of development at national, provincial, district and community levels.

By delivering training and championing the capacity building of the health, education, livelihood, social and empowerment sectors, stakeholders in these sectors will be better equipped to mainstream disability in their sectorial policies, programmes, budgets, resource mobilization and allocation, planning, implementation, monitoring and evaluation, and reporting routines.

This initiative is in line with CBR Zambia's *Long Term Plan for 2016-2019*. The Norwegian Association of Disabled (NAD) funded its development.

ii.   FROM CBR TO CBID

The shift in language from Community Based Rehabilitation (CBR) to Community Based Inclusive Development (CBID) has been widely discussed over recent years. This summary presents the benefits of promoting CBID over CBR.

Originally, CBR was focused on medical treatments and related interventions, and rehabilitation was its cornerstone. Through basic and specialized health services, rehabilitation reduced the consequences of disease or injury and improved health, function and quality of life[1]. Health personnel provided service provision for rehabilitation. Over time CBR has evolved to become a strategy that promotes inclusion, participation and empowerment of persons with disabilities, and facilitates access to existing services and a range of coordinated interventions across the health, education, livelihood, social and empowerment sectors for persons with disabilities and their families[2]. These interventions are summarised in the CBR Matrix within the CBR Guidelines[3]. Interventions are provided not only by health personnel, but also by a range of other personnel from all sectors. CBR increases participation and social inclusion of persons with disabilities through rehabilitation, equalizing opportunities and poverty reduction[4].

It is a rights-based and development-oriented approach for promoting inclusive development. It is a strategy now implemented by more than 100 countries as an effective tool to achieve the rights of people with disabilities in line with the UN Convention on the Rights of Persons with Disabilities (UN CRPD).

Although CBR is now much more than just rehabilitation, the use of the word in the CBR title may imply that interventions are still focused only on clinical interventions, and that persons with disabilities must be 'rehabilitated' in order for them to lead full and dignified lives. CBR is a term that some development stakeholders, including many Disabled People's Organizations / Organizations of Persons with Disabilities (DPOs/OPDs), may not understand in its current sense, as they view it as a medical strategy. There are also CBR actors whose approach remains very traditional and does not promote or facilitate the empowerment of people with disabilities, who further fuel this perspective. Furthermore, some stakeholders working in specific areas of the CBR Matrix such as inclusive education, access to justice, inclusive sports, culture and arts, may not be aware of the CBR Matrix and do not associate themselves as CBR stakeholders. This can limit their support of CBR, their collaboration with other actors, and their recognition of the relevance of CBR to them and their work.

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[1] World Health Organization (2014)

[2] NAD (2010)

[3] World Health Organization, UNESCO, International Labour Organization & International Disability Development Consortium. (2010). Community-based rehabilitation: CBR Guidelines. World Health Organization.

[4] ILO, UNESCO and WHO (2004)

In contrast, CBID is a strategy that focuses on outcomes in the wider community. CBID is achieved when barriers are removed at different levels of society, enabling active participation in development work across all sectors. Inclusive development results from the adoption and implementation of rights-based development approaches that respect differences and acknowledge and accept diversity as part of human life. Inclusive development engages society to remove all barriers that exclude persons with disabilities. It builds capacity and supports people with disabilities to lobby for their own inclusion.

Inclusive development respects equality of human rights for persons with disabilities and promotes their full participation in, and access to, all aspects of society[5]. While provision of rehabilitation services remains an important aspect of inclusive development, it is only one of many interventions of the holistic CBID approach that are key to persons with disabilities achieving greater inclusion in all aspects of society. Inclusive development is a global strategy that development stakeholders identify with and see as their responsibility. Therefore, by using the term CBID in place of CBR, we can more strongly encourage everyone to take responsibility for the inclusion of all. CBID ensures that persons with disabilities are an integral component of the Sustainable Development Goals (SDGs) that '*leave no one behind*'.

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[5] CBM (2012)

iii. THE TRAINING PACKAGE

Training package components

The CBID TP comprises:
- A *Trainer's Manual,* designed to help trainers facilitate the training. This consists of a compilation of all the session plans for each module of the training, plus additional guidance notes on how to run the training, how the session plans are structured, and preparation required in advance.
- A *Participant Manual* providing detailed reference notes and activities on each topic.
- A series of *PowerPoint (PPT) presentations* to accompany the training. Each session has a corresponding PPT.
- *A2 Presenter folders* for use when power for projecting the PPTs is unavailable or not working.
- *Posters* and *videos* to accompany some of the sessions.
- *Supplementary resources* for activities during some sessions.
- Short and medium term *evaluation forms* to help assess the effectiveness of the training.

Scope of the training

The CBID TP is a modular training package that targets participants at two levels:
  a) National/Provincial/District
  b) Volunteer.

Some topics presented and discussed during the training are the same at the two levels. However, the depth of information and means of presentation will vary. At Volunteer level, there is more practical training and information to support volunteers in their work with persons with disabilities and their families, and other community stakeholders.

Training package topics at National/Provincial/District Level include:
- Barriers to participation: attitudinal, environmental and institutional barriers; removing barriers.
- Inclusive development: definition; concept of inclusion; need for inclusive development; strategies for CBID.
- Collaboration and the importance of a common approach to CBR/CBID
- Mainstreaming disability: inclusion versus integration; benefits of mainstreaming; facilitating mainstreaming.
- Understanding disability: models of disability; disability and human rights; challenges of disability; disability factsheets.
- Understanding decentralisation: definition; implications of the Zambia decentralisation policy and guidelines; and responsibilities of development structures at all levels.
- Accessibility: definition; universal design; achieving accessible environments.
- Disability budgeting, tracking, auditing, and indicators: definitions, benefits and developing indicators.
- Management of CBR/CBID: key stakeholders; WHO INCLUDE; participatory management cycle.
- Legal and policy instruments: international (including UN CRPD and SDGs) and national.
- Components of CBID: CBR Guidelines; CBR Matrix.

- Training Skills: presenting, facilitating and communication skills; participatory methods; training cycle; adult learning.
- Research skills and tools.
- Legal procedures for reporting abuse and paralegal services.
- Entrepreneurship for persons with disabilities and their families.

Training package topics at Volunteer Level include:
- Understanding disability; what is disability; causes and categories of disabilities; scale of disability and common disabilities in Zambia.
- Models of disability; attitudes expressed by different models; how disability is viewed.
- Disability and human rights; international instruments; national instruments
- Barriers to participation: attitudinal, environmental and institutional barriers; removing barriers.
- Appropriate language; language and labelling.
- Introduction to CBR/CBID; CBR Guidelines; implementation of CBID; the CBR Matrix
- Components of CBID: Health; Education; Livelihoods; Social; Empowerment.
- Collaboration and the importance of a common approach to CBR/CBID
- Stakeholder mapping; CBID stakeholders.
- Disability mainstreaming and inclusive development
- Understanding DMIS – Management Information System for Persons with Disabilities: main features of DMIS, tools used and benefits. Identification of persons with disabilities: process of identification and registration and using forms. Reporting and follow up: procedures, follow up and referral process
- Counselling: goals of counselling; counselling in the community; principles of counselling; types of counselling; counselling techniques.
- Community mobilization: aims, examples of methods, benefits, how to carry out social mobilization, Disability inclusive disaster risk recovery (DIDRR).
- Management of specific disabilities: explanation, examples of interventions, importance of using interventions; management of specific disabilities
- Child growth and development; early identification and intervention; developmental milestones; head measurement.
- Referral and follow up: process and systems, identification of service providers and their roles, volunteer role in referral systems; importance of follow up.
- Accessibility: definition; achieving accessible environments.
- Rehabilitation process steps of the rehabilitation process; assessment process; importance within the health context, examples of activities.
- Group organization: Self-help groups and DPOs: Explanation of Self help groups and DPOs and their composition, roles, importance, and how to form them, Parent support groups.
- Assistive devices: types and their use, carrying out basic maintenance.
- Understanding Local Government development structure.
- Working as a CBID Volunteer: qualities, roles, process of election, reporting systems and graduation of volunteers.
- Gender and disability: explanation, gender roles and discrimination.
- Advocacy: explanation, importance of advocacy, advocacy cycle, importance of lobbying.
- Disability and HIV/AIDS: explanation, vulnerability of persons with disabilities, interventions to reduce HIV/AIDs among persons with disabilities.
- Disability and substance abuse.
- Sexual and reproductive health rights.
- Legal procedures for reporting abuse and paralegal services.
- Entrepreneurship for persons with disabilities and families.

Duration and timing of the training

The training can be delivered over different time periods and in different formats to suit the local situation. However, the suggested minimum timetable for National/Provincial/District Level training is five days.

The Volunteer Level training is approximately fifteen days' duration, though can be varied to suit local circumstances or delivered in one or two week modules.

Trainers are able to extend, shorten or adapt the training at either level (pace and content) to target the needs of participants. The content may be delivered on consecutive days, or spread out over a longer period of time. There are a significant number of activities in the training package – at least one in each session. If sessions are delivered in isolation this ensures they will be participatory. However, if you are running a full week of training you may want to reduce the number of activities to help save time. However, ensure you maintain a good balance to keep the training participatory and the participants involved.

Guidance for trainers

Those intending to train the CBID TP should start by reading this introductory section of the *Trainer's Manual* and familiarising themselves with all the components of the training package. If you follow the session plans you will cover everything in the package. However, participants will have different backgrounds and levels of knowledge so evaluate this and make any adjustments to make the training more appropriate to your context. For example, you may need to spend more time on some concepts to ensure participants fully understand them, or add more questions to the sessions to check progress. If you are not delivering the full package of sessions, ensure that you cover the core concepts. For example, if you are not including the 'Barriers to participation' session, ensure you highlight the barriers within other sessions. If you are not including 'Introduction to CBR/CBID' ensure participants are exposed to the CBR Matrix and if you are not including 'Understanding disability' ensure participants are provided with information on the models of disability.

Group size and trainer roles

The CBID TP is designed to be delivered to around 10-24 participants at any one time by a team of 2-3 trainers. Two or more trainers can take turns to lead the sessions, support each other better, help arrange the training logistics and monitor group activities more efficiently.

The *trainer* takes responsibility for:
- preparing and delivering the session (or part of session)
- ensuring the PowerPoint and/or Presenter is correct and working
- keeping to time
- coordinating with co-trainer(s).

A *co-trainer* can assist by:
- delivering part of the session as agreed with trainer
- writing answers on the board during ask/answer sessions
- adding any missing or supporting information
- helping to keep time – such as by indicating when 10 or 5 minutes are remaining
- helping to facilitate group activities
- giving feedback about participants to the trainer
- contributing to the overall feedback/reflection of the session delivery.

A *training coordinator.* It is important that one member of the training team takes overall responsibility for the logistics of the training. This role includes:

- ensuring sufficient hard copies of participant and trainer's manuals, evaluation forms, handouts, activity cards, etc. are printed well in advance and bound, if necessary
- liaising with other trainers to make sure they all know their own roles and responsibilities
- coordinating the timetable and division of sessions between trainers
- making sure that all materials and resources are ready for each session
- linking with the venue before and during the training to make sure the training spaces are appropriate and that everything runs smoothly (e.g. that refreshments are provided on time)
- making necessary arrangements regarding administrative and finance support staff
- organizing and chairing trainers meetings at least one week in advance of the training and at the end of each training day.

Session plans

The training is divided into sessions of varying lengths. This *Trainer's Manual* includes *Session Plans* for every session. Each plan is presented in the same format and contains, in order:

a) <u>Learning objectives</u> for the session.
b) <u>Time allocation</u>: this is a guide for the trainer but can be varied to suit the local context, existing knowledge and skill of the participants, time available, speed of working, and size of group. Each section heading includes an estimate of the amount needed to deliver that section. These timings are particularly important when trainers are dividing a session to ensure that each trainer uses approximately the right amount of time for their part and the overall session runs to time.
c) <u>Resources needed</u>: lists the resources required for the session. A2 Presenters and PPTs are available for all sessions at National/District/Community Level. At the Volunteer Level more Flipcharts and Posters are used.
d) <u>Preparation</u>: the essential preparation required of the trainer in advance of delivery.

The next part of the session plan guides the trainer through the different parts of the session, step by step. Clear guidance is given as to: subject, presentation method, content and activities. Key messages to deliver are provided and at Nat/Prov/Dist Level thumbprints of PPT slides (or A2 Presenter pages) are shown in sequence at the appropriate place in the session. Activities for small or whole group participation are described in detail.

The session plan confirms the level of training that is being delivered. For the Nat/Prov/Dist Level package this is shown in this way:

	National / Provincial / District	

Session plans for the Volunteer Level include the Volunteer banner in this way as a reminder that the trainer is using the Volunteer Level resources.

	Volunteer	

Many of the sessions at National/Provincial/District Level finish with an action plan or reflection on what positive steps participants can take after the training to help bring about a change in behaviour and greater levels of mainstreaming for persons with disabilities in Zambia.

PowerPoint presentations

All sessions at Nat/Prov/Dist Level have an accompanying PPT to help present information during the training. Thumbprints (small representations of the actual slides) are shown in the session plan, at the time required to show that slide. Usually, the slide text or additional information to convey is given alongside each thumbprint, making it easy for the trainer to include all the key points, as shown below:
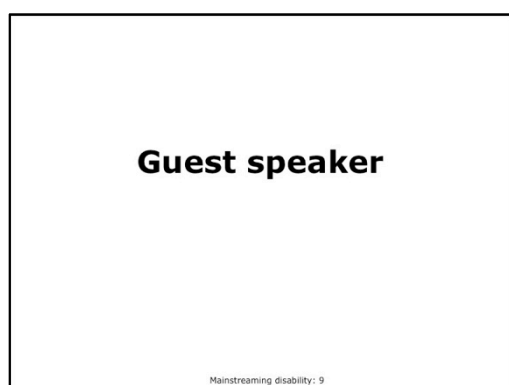
Guest speaker Mainstreaming disability: 9	**Introduce** your guest speaker to give their testimonial about their experience as a person with a disability and what factors have helped him or her to achieve a good quality of life and inclusion in society. **Ask** participants if they have questions for the speaker.

Videos

Some sessions include videos that can be shown if facilities are available. Ensure that the video is embedded in the PowerPoint presentation before the session. Sometimes these do not transfer from one computer or pen drive to another. Remember to have speakers available for the sound and test them before the session.

A2 Presenter

For each session, an A2 Presenter presentation is provided. This is printed at A2 size and used in a display folder. It can be used in training contexts where power is not available or is unreliable.

Activities

Most sessions include at least one activity. Instructions for the activity are shown in the session plan by the following table which lists the groupings required, instructions for the activity, how the trainer should monitor the activity, how long it should take and how to feedback or conclude the activity (see example below). Often, activities require participants to work together on topics and present or feedback their thoughts and observations to the whole group. To keep the training on track, it is recommended to use a timer for some aspects of activities such as when giving each group five minutes to feedback.

For each activity, there is a PPT slide (or Presenter page) which shows the instructions for participants. Activities often include reference to the *Participant Manual.*

Each activity includes a suggestion on how to divide the participants into groups. Adjust this as needed, based on your total participant number.

Many activities ask participants to complete a table or box in their Workbook. If you want to collect responses from the groups for a training report, you can instead distribute Handouts for participants to complete and then collect them in at the end of the activity.

Activity: CBR Matrix components	
Groups	**Divide** participants into five groups and allocate each of them one CBR Matrix component.
Instructions	**Ask** them to read the one page summary sheet relating to their area of the CBR Matrix from the introductory section of the *'Components of CBID'* chapter in their Participant Manual and to prepare a 5 minute presentation for the other groups to summarise the five elements of their component area.
Monitor	**Check** the groups are on track.
Time	**Allow** 40 minutes for the groups to review the material and prepare their presentations. Allow 5 minutes for each group to present. 10 minutes summary discussion (Total time: 70 minutes).
Feedback	**Ask** each group in turn to present to the whole group. Let them know when they have 1 minute left. Stop them when they have presented for 5 minutes. **After** all groups have presented, facilitate a brief discussion about how the components and elements link together.

Evaluation forms

The CBID TP includes two evaluation forms for the training:
   a) The first, a *Training Evaluation,* is designed for use during the training itself. Question 1 is best considered in two parts: participants should complete the 'before' section at the commencement of the training; the 'after' section should be completed at the end of each topic, when the topics are still fresh in the mind. The other questions can be answered at the end of the training.

Community Based Inclusive Development Training Package (CBID TP)
Training Evaluation

Training Delivery Level (please tick ✓)   National (___)   District ( )   Community ( )   Date: _____

1. Think about what you *already knew* and what you *learned during* this Community Based Inclusive Development training. Then evaluate your knowledge in each of the following topic areas **Before** and **After** the training. Please circle the number which most closely shows your level of knowledge/skill before and after the training.

1 = No knowledge or skills   3 = Some knowledge or skills   5 = A lot of knowledge or skills

Before Training					Self-assessment of Your Knowledge and Skills Related to:	After Training				
					Understanding Disability					
1	2	3	4	5	• Models of disability; Disability & human rights • ICF; Challenges of disability	1	2	3	4	5
					Introduction to CBR/CBID					
1	2	3	4	5	• Defining CBR/CBID • CBR Matrix, its components, elements and features	1	2	3	4	5
					Barriers to Participation					
1	2	3	4	5	• Attitudinal, environmental & institutional barriers • Removing barriers	1	2	3	4	5
					Mainstreaming Disability					
1	2	3	4	5	• Definitions of mainstreaming, integration, inclusion; Benefits and process of mainstreaming; • Importance of teamwork	1	2	3	4	5
					Inclusive Development					
1	2	3	4	5	• Definition; Concept of inclusion; • Definition of CBID and roles of structures	1	2	3	4	5

   b) The second evaluation is an *Outcome Evaluation.* This is intended to be completed by participants approximately six months after they received the training to help show the medium term outcomes of the CBID TP.

iv. PREPARING TO DELIVER THE TRAINING

Training doesn't happen by itself; it needs careful planning and preparation. The training coordinator must ensure all necessary preparation and arrangements for the training are carried out in plenty of time, starting at least **two months before the training starts.** To help with the necessary logistics, trainers and coordinator should use the checklist below to ensure everything is arranged on time.

The training team should meet well in advance of the training to allocate each task on the checklist to specific individuals. Each task must be assigned a time by when it must be completed and columns ticked accordingly. Subsequent meetings can be used to plot progress. The final column should be ticked once the tasks have been satisfactorily carried out.

You can use the tools in the *Trainers Planning Resources* folder of the package to select the topics to be covered and to plan your training if you are not running a full training programme to cover all the materials.

Checklist for training preparation

*time before the training starts

	What	By when*	By whom	Done? (✓)
	Before you start			
1.	**Read** the introductory section of the *Trainer's Manual*.		all	
2.	**Familiarise** yourself with all the components of the training package.		all	
3.	**Decide** on training dates and length (check for public holidays).	1 month		
4.	**Prepare** a budget for the training.	3 wks		
5.	**Book** suitable venue and pay deposit if needed. Is it accessible? Toilets? Enough space for group work? Good light and ventilation? Power? Generator?	3 wks		
6.	**Arrange** local liaison person at the venue.	1 mth		
7.	**Book** trainers.	1 mth		
8.	**Decide** numbers; **Invite** participants.	1 mth		
9.	**Book** guest speaker(s), if required.	1 mth		
10.	**Make** accommodation and transport arrangements.	3 wks		
11.	**Arrange** refreshments/water/lunches/ allowances for all.	3 wks		
12.	**Consider** any special arrangements required for: • trainers or participants with disabilities • religious observance • dietary needs • other?	1 mth		

13.	**Be aware** of the existing knowledge, skills and experience of the participants – it affects the pace and 'level' of the training.	1 mth		
14.	**Decide** content/modules/sessions for the training.	1 mth		
15.	**Compile** a timetable for the training.	1 mth		
16.	**Book** translator, including sign language interpreter, if required.	3 wks		
17.	**Hold** a planning and coordination meeting for trainers / administrative support personnel	2 wks		
18.	**Decide** on trainer roles – who is the training coordinator, who will lead which sessions (or parts of sessions), who are the co-trainers. Always have a co-trainer. **Communicate** well. **Arrange** regular coordination meetings.	2 wks		
19.	**Read** the session plans and handouts. **Prepare** what's required for sessions and **gather** resources – see Resources needed and Preparation required at the beginning of each session plan. **Schedule** visits which form part of the training. **Take care** with the activities – be clear about the outcome of the activity, decide how groups are to be organised, make instructions clear. **Tailor** the Training evaluation form to the training programme you will deliver. Use the 'save as' feature to save a version of the evaluation form that only includes the sessions you will deliver in this training.	1-2 wks		
20.	**Print** all resources required including any braille translations required: • Trainer's Manual • Participant Manual • Handouts • Timetable • Evaluation form • Training Review Form (prepared from each training for reference at curriculum review)	1-2 wks		
21.	**Find** /prepare all other resources: • powerpoint presentations • A2 presenters • posters • laminated cards • other activity resources • flipchart sheets • soft copy of CBID TP for projecting	1-2 wks		

22.	**Collect** all equipment required. **Buy** new, if necessary: • name badges • notebooks • pens/pencils for participants • flipchart paper and stand • marker pens, assorted colours • whiteboard markers, assorted colours • laptop and projector + extension cables, if required • sound system/speakers for videos, if required • post it notes • coloured card • Prestik or similar • masking tape • plain printer paper • printer • spare printer ink/toner cartridge(s) • stapler and plenty of staples • staple remover • highlighter pen • hole punch • scissors • supply of sweets: to help make the training fun!	1-2 wks		
23.	**Set up** the training room: • seating plan and chairs and tables, for participants, trainers, and admin support including a table for trainers resources • lighting • heating/cooling • minimum noise • whiteboard • projector/computer/sound and check it works.	1 day		
24.	**The trainer: be** prepared, **be** on time, **read** the session plan before the event, **check** resources are available, **dress** appropriately. **Make sure** you know where you will position yourself. Can you be seen by all? Are you left or right handed? **Read** the Training Skills information in the Participant Handbook for National/District level CBID TP and ensure you model good practice in line with this.	on the day (see also 'During and after the training' section of this manual		

v. TIPS FOR TRAINING

Preparation	• Review the session plans fully before the start of the training to ensure you are familiar with, and confident of, the material. • Follow the directions in the 'preparation' section of the session plan to prepare anything needed. • Use the *checklist for training preparation* to ensure the training spaces(s) are prepared well. • Ensure you are catering for the needs of any trainers or participants with disabilities within the training. • Familiarize yourself with all of the material in the Participant Handouts and Disability Reference Guide as these cover the topics in more detail than the session plans and will give you more comprehensive knowledge of each subject. • For longer sessions, it is recommended to divide the sections of the session between trainers. If two or more trainers are sharing a session delivery, agree who will cover each section well in advance so that each trainer can prepare. • Agree with your co-trainer how you will support each other: for example by helping to monitor group discussions, ensuring that resources are available, helping with time keeping etc.
Presenting clearly	• Ensure you speak clearly and calmly and check everyone can hear you. • Ask questions to check that your participants have understood material. • Make sure your writing on the flipchart and whiteboard can be read: write legibly and large enough to be read by everyone. • Consider the needs of persons with disabilities in all presentations – for example by reading all slides if the group includes persons with visual impairments. • Be aware of your position in the room.
Co-training	• When your role is co-trainer, ensure you are fully present in the room and following the session closely to support the trainer as needed.
Running group activities	• Circulate between groups during group work to check the group have understood the task and to monitor their progress.

Keeping participants engaged	• Encourage participants to speak and discuss among themselves. • Use the variety of different training styles and methods given in the session plans. • Encourage participation by all. • Give positive feedback to participants and encourage questions. • Connect the learning with examples from the area where the training is conducted to make it relevant, such as through example case studies. • Add songs and other methodologies to keep the training interesting and fun.
Managing time	• Be aware of the time allocated for each session, and each section of each session, and try to keep to time. • Monitor your progress against the timetable and adjust as necessary. If you are running late consider leaving out a question, section or activity to catch up with time. • At the end of day trainers meeting, review your progress against the timetable and make any adjustments needed.
Using 'energizers'	• Use short activities whenever the participants seem tired or unfocused to re-energize the group. Make these inclusive for the group.
Continuity	• Include a recap session each morning encouraging participants to remember the topics of the previous day(s) and to make the link between the topics and the overall objective of Community Based Inclusive Development (CBID). • Link the sessions to help reinforce key concepts and learning. • Consider using a quiz as the last morning recap method to reinforce key concepts covered during the week.

vi. SAMPLE TIMETABLE FOR NATIONAL / PROVINCIAL / DISTRICT LEVEL TRAINING

The timetable below is an sample of how all sessions of the National/Provincial/District level training may be delivered over seven days, including the Training of Trainers (ToT) elements. If less time is available, training can be delivered over one week and these or other modifications considered:

- The two *Training skills* sessions and the *Overview of the CBID TP* session can be delivered as a separate module before or after the training week.
- Some sessions could be left out of the training.

If more time is available (such as seven full days) you can also consider these modifications:

- The programme includes one home visit related to the *Components of CBR/CBID* but if more time is available a second home visit session can be added.
- The programme includes one 'lived experience' testimonial from a person with a disability in the session *Mainstreaming disability*. Participants will benefit from hearing the 'lived experience' from a variety of *Guest Speakers* with disabilities during the training programme if more time is available. Trainers or participants with disabilities can also provide their own 'lived experiences' testimonials.
- Additional general discussion sessions can be held on any of the topics.
- Extra time can be added for participants to read sections of the Participant Manual.
- A summary revision session can be added at the end of the programme to reinforce learning on core concepts. This can take the form of a quiz for example.

Day 1	Day 2	Day 3	Day 4	Day 5
Registration (15)	Recap (15)	Recap (15)	Recap (15)	Recap (15)
1.Introduction to CBID training (70)	5.Barriers to participation (110)	8.Inclusive development (140)	11.Marginalized groups, Disability terminology (170)	15.Components of CBR/CBID (continued) (135)
Break				
2.Overview of CBID Training Package (30)				
3.Understanding disability (170)	6.Training skills 1 (120)	9.Accessibility (120)	14.Disability budgeting, auditing and indicators (200)	16.Policy and legal instruments (80)
Lunch				
		10.Training skills 2 (120)		
4.Introduction to CBR /CBID (110)	7.Mainstreaming disability (135)			
Break				
			15.Components of CBR/CBID (first part of session (35)	
Total time for day				
395 minutes	*380 minutes*	*395 minutes*	*420 minutes*	*230 minutes*

Day 6	Day 7
Recap (15)	Recap (15)
15.Understanding decentralization (110)	18. Coordination mechanisms for Zambia (90)
Break	
	19. Community Action Research (120)
16. Management of CBID (140)	
Lunch	
17. DMIS (165m)	
Break	
Total time for day	
430 minutes	*210 minutes*

The timetable is based on an 8.30 start time on all days and a 5.00pm finish on Mon-Thurs and 1pm finish on Friday. Also an hour for lunch and two 15 minute breaks (one on Friday).

Start, finish and break times, as well as total number of days can be adjusted to suit the context. Session times are shown in brackets, in minutes.

If participants are not being trained as trainers, the *Overview of the CBID TP* session and the two *Training skills* sessions can be left out. The Participant Manual includes the Training Skills section as the last chapter, and this can be left out of the printing if not required.

Note: many sessions will continue after a break or lunch and a detailed timetable should be prepared for each training so that trainers are clear on specific start and finish times.

vii. DURING AND AFTER THE TRAINING

Trainer responsibilities

As well as thorough planning and preparation, it is important for the trainers to work in a coordinated way throughout the training delivery. Following these recommendations will help ensure the training runs smoothly.

Arrival at the venue

All trainers should arrive at the training venue at least 60 minutes before the training begins on the first day of training and at least 30 minutes before the training day begins on each subsequent day. This will ensure that trainers are available to support each other to complete any final arrangements for the day. This might include:

- checking the arrangement of the room and resources after cleaning has taken place
- ensuring that the projector or A2 Presenter is in place and working
- checking speakers are working where needed
- checking all resources are available for the day's sessions
- printing any additional resources required
- checking arrangements for refreshments
- dealing with any administrative or financial issues
- discussing the recap plans for the day
- being available to participants to address any questions
- discussing any progress with addressing 'Car Park' issues.

During breaks and at the end of day

It is the responsibility of all trainers to ensure the training space is kept organized and tidy. This means:

- trainers should clear away used flipchart sheets after their sessions
- trainers resources table should be kept organized at all times.

At the end of the final day of the training, all posters should be taken down, and all resources neatly packed into the training resources box.

End of day meetings

It is essential to hold trainer meetings at the end of each day's training as soon as participants leave. The purpose of these meeting is to:

- review the day's progress and discuss any issues that have arisen such as:
  - feedback from all trainers and co-trainers on the sessions delivered
  - any issues raised by participants

- comments on the content or resources of any sessions delivered and any items to be noted for the next curriculum review on the training review sheet
- any challenging participants and how they will be addressed
- administrative input needed such as typing up session feedback where a written record is useful
- agree any issues to be included in the recap the following day (for example a reminder of the Ground Rules if these are not being closely followed)
- discuss any Car Park issues and who will address them and how.

- discuss any final plans for the next day's training including:
  - confirmation of the trainers for each session and availability of all resources.

These meetings should be short if all preparations have been made well, except in the case of piloting new or updated training materials where more extensive discussion might be needed.

End of training meeting

A final meeting of the trainers should be held at the end of the training to discuss the overall outcomes of the training and agree any plans for follow up. This might include:

- an overall review of the training programme and final feedback from the trainers
- agreeing any final content for the Training Review Form (collected from all trainings as a source document for curriculum reviews)
- reviewing any evaluation forms and agreeing who will compile the summary
- agreeing any additional resources to be sent to the participants and who will send
- discussing any administrative or financial issues
- agreeing any final feedback to the venue and who will do this.

DETAILED SESSION PLANS

1 Introduction to the CBID training

National / Provincial / District

Objectives
• To introduce the trainers and participants • To introduce the objectives of the training • To establish house rules • To explain the evaluation form for the training.

Time allocated
• 70 minutes.

Resources needed
• PPT Presentation or A2 Presenter • A1 poster of the training package logo • Whiteboard or flipchart • Flipchart paper and markers. For each participant: • Participant Manual • Participant Workbook • Training evaluation form • Timetable for the training

Preparation
Familiarise with: • relevant content of the Participant Manual • PPT slides or A2 Presenter • Training evaluation form. Prepare: • full timetable for the training to suit the local context: trainers version and participant version • Process evaluation form based on sessions to be included in the training • review the session and if necessary add any additional topics (see introduction section to Trainer's Manual for suggestions). Print for each participant and trainer: • Timetable for training • Training evaluation form • Participant Manual • Participant Workbook.

1.1 Introductions (30 minutes)

Trainer's notes
This short session may follow an official opening ceremony.

Community Based Inclusive Development Training

Introduction

CBID Introduction: 1

Welcome the participants.

Ask a participant to open the training with a word of prayer.

Cover any housekeeping matters such as:
• Location of bathrooms, accessibility, accommodation, reimbursements, transport, refreshments, emergency procedures, daily timetable (start, finish, break times).

Introduce the trainers.

Introduce the participants. Use whichever method you prefer to do this – you may ask participants to introduce each other after a few minutes of chatting together in pairs; or you can ask participants to say something about themselves as a bit of an icebreaker. For example, ask people the meaning of their name; or ask them to say something about themselves that most people don't know. (Maybe they were a very fast runner in their youth; maybe they are the only boy in a family of 12 children; maybe they lived in another country for a year; maybe they play a musical instrument or have a great singing voice).

1.2 Training package objectives and house rules (40 minutes)

Introduce the training package logo.

Ask: What do you think the logo represents?

Acknowledge responses and explain that the logo used throughout the CBID TP represents inclusion: the four diverse figures / elements are included equally in the whole.

Introduction to the CBID Training

- House (ground) rules
- Car park

CBID Introduction: 2

Agree house rules for the training - write them on a flipchart and put on the wall.

Head a flipchart sheet 'Car Park' and explain that if any topic comes up that cannot be dealt with within the session, it will be 'parked' and addressed at a later time.

Training package objectives

- Championing capacity building of the health, education, livelihood, social and empowerment sectors.

CBID Introduction: 3

Explain this is a short introduction to the Community Based Inclusive Development training package (CBID TP).

Describe the objectives of the CBID TP.

Training package objectives

- To better equip stakeholders at all levels to mainstream disability in their sectorial policies, programmes, budgets, resource mobilization and allocation, planning, implementation, monitoring and evaluation, and reporting routines.

CBID Introduction: 4

Continue with the objectives.

Training package objectives

- Aligned with the rights-based approach to disability and development
- In line with the WHO concept of CBR/ CBID.

CBID Introduction: 5

Continue with the objectives.

Explain:
- There are two levels of training that have been developed. This level is aimed at people working at National, Provincial and District levels and the other level is aimed at Volunteers and persons with disabilities.
- The Volunteer level includes some of the same topics, and some additional topics focusing on practical skills and knowledge needed at community level.

Give examples of some of the topics within the packages – focusing on those to be covered in this training.

Training package objectives

- Training skills component to train trainers in skills to deliver the packages.

CBID Introduction: 6

Explain:
- Within the package, there are also specific sessions on training skills including presenting, facilitating, participatory training, adult learning, and the role of trainers.
- This is the training of trainers component that will help you as participants to plan and deliver the training packages.
- You have been identified as champions to take the knowledge forward.

Training packages

Two levels:

- National / Provincial / District Level
- Volunteer Level

CBID Introduction: 7

Explain: There are two packages covering different levels:
- A National / Provincial / District Level package
- A Volunteer Level package.

Introduction to the CBID Training

- Evaluation
- Participant Manual
- Workbook
- Timetable

CBID Introduction: 8

Give out evaluation forms.

Explain that most of the evaluation will be done at the end of the training. However, Question 1 (left hand columns, headed *Before training)* should be completed now to gauge knowledge at the start of the training.

Allow participants a few minutes to fill out the first section of the form.

Give out copies of the Participant Manual and Workbook for all participants and a timetable. Give a brief overview of the timetable highlighting some of the topics that will be covered to meet the objectives outlined earlier.

Explain:
- The Participant Manual contains more detailed information on each topic than can be covered in the sessions.
- The Workbook will be used throughout the training to record actions you may take as a result of the sessions, or to complete activities carried out within the training.

Ask if there are any questions.
Close the session.

2 Overview of the Community Based Inclusive Development Training Package (CBID TP)

	National / Provincial / District	

Trainer's notes:
This session can be left out if this delivery is not a Training of Trainers.

Learning objectives
By the end of the session, participants shall be able to: • Outline the different resources and features of the CBID TP.

Time allocated
• 30 minutes

Resources needed
• PPT Presentation and A2 Presenter • Participant Manual for each participant • Soft copy of Trainer's Manual to project. • Sample session plan from the package for each participant: *Introduction to the CBID training*

Preparation
Familiarise with: • All resources of the CBID training package • PPT slides and A2 Presenter Print: • sample session plan. Set up: Soft copy of the Trainer's Manual ready to project within the session if possible.

2.1 Introduction (15 minutes)

Training of Trainers

- Overview of the CBID TP and the resources available.
- For use within specific CBID training programmes, and your own organizations and programmes.
- Separate manuals aimed at teacher training for the education sector.

CBID ToT Package: 2

Explain:
- This training programme includes a Training of Trainers component as you have all been identified as trainers of this Community Based Inclusive Development Training Packages (CBID TP).
- This session therefore gives an overview of the whole CBID TP and the resources available.
- You may use these resources within specific CBID training programmes, and can also utilize them within your own organizations and programmes.
- There is also a separate package of manuals specifically aimed at **pre** and **in-service** teacher training for the education sector.

Training of Trainers

- Training packages designed to champion capacity building of the health, education, livelihood, empowerment and social sectors so that cadres are better equipped to mainstream disability.

CBID ToT Package: 3

- As outlined in the introduction session, the packages are designed to champion capacity building of the health, education, livelihood, empowerment and social (inclusion) sectors so that cadres are better equipped to mainstream disability.
- Therefore you may use the resources to influence any and all aspects of the programme cycle including policy development, programme, budgets and planning, implementation, monitoring and evaluation, and reporting routines.

Training package levels

Two levels:

- National / Provincial / District

- Volunteer

CBID ToT Package: 4

Explain: There are two packages:

- One is aimed at personnel working at National, Provincial and District levels.

- The other is aimed at community level volunteers and other persons with disabilities working in community development. For this level, use of a combination of different local languages is encouraged, where needed, in addition to English.

- A full list of topics in each package is given in the introduction to the Trainer's Manual.

2.2 Training package resources and style (15 minutes)

Training package resources

- Trainer's Manual
- Participant's Manual
- Powerpoint Presentations (PPTs)
- A2 Presenters
- Posters
- Evaluation tools
- Additional resources

CBID ToT Package: 5

Introduce the CBID TP.

Explain the different resources within the package (see slide bullets) – their form and purpose.

Training package style

- Flexible
- Participatory
- Modular
- Aims at consistent delivery

CBID ToT Package: 6

Explain:
- The package may be delivered in a flexible manner to suit local circumstances (number of participants, previous knowledge and experience of participants, time and resources available).
- Timings may be varied to suit hours per day or number of days per week.
- It is very participatory – most sessions include activities that involve the participants, and there are questions throughout.
- It is modular – each session can be delivered as a stand alone topic or as part of a training programme.
- The structure of the resources give the trainer all the information they need to deliver the key learning objectives of each session so that the package is delivered in a consistent, quality way.

Show the Trainer's Manual to the group.

Explain its purpose, how it works and what it contains – especially the introductory notes to trainers and the structure of the session plans.

If possible, **project** a soft copy of the Trainer's Manual to work through the introductory guidance notes for trainers and the layout of the session plans.

Distribute a hard copy of the Introduction to the CBID training session plan and explain the different features.

Training of Trainers

Training skills sessions:
• Presenting
• Facilitating
• Participatory training
• Communication skills

CBID ToT Package: 7

Explain that in addition to the content relating to CBID, the package also contains two sessions which introduce participants to some basic principles behind good training practice, including:
• presenting
• facilitating
• participatory training
• communication skills

Ask if there are any questions.

Summarise that the materials developed are flexible to be used in many different contexts and can help us all to promote Community Based Inclusive development for the benefit of everyone. .

Ask if there are any questions.
Close the session.

3 Understanding disability

Learning objectives
By the end of the session, participants shall be able to: • Define disability. • List the five models of disability. • Explain the link between each model and human rights. • Explain issues of disability and gender. • Explain the meaning of disability as defined in the International Classification of Functioning (ICF). • Explain how the census deals with disability.

Time allocated
• 170 minutes.

Resources needed
• PPT presentation or A2 Presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers • A1 posters of the models of disability (five graphics) • A1 posters of the models of disability (five illustrations)

Preparation
Familiarise with: • relevant content of the Participant Manual • PPT presentation or A2 Presenter • posters and laminated activity for the five models of disability. Print: • the activity sheets at the end of this session plan and cut them up ready to use during the first activity: *Rights-based model of disability.* Pin up: • five A1 posters of the models of disability graphics and illustrations as shown below.

3.1 Introduction (5 minutes)

Introduce the session.

Explain: The subject of disability has undergone a profound change over the past decades, in society as a whole and in terms of national and international development. The greater role of persons with disabilities in forging this change has been profound and continues to this day. This session looks at the changing face of disability and its link to human rights.

Understanding disability

Learning objectives
By the end of the session participants shall be able to:
- Define disability
- List the five models of disability.
- Explain the link between each model and human rights.
- Explain issues of disability and gender
- Explain the meaning of disability as defined in the International Classification of Functioning (ICF).
- Explain how the census deals with disability.

Understanding disability: 2

Introduce the learning objectives of the session.

3.2 What do we mean by disability? (15 minutes)

Trainer's notes:
There are variations in the way the ICF (WHO, 2001), the UN CRPD (UN, 2006) and the Persons with Disabilities Act of Zambia of 2008 define and/or explain disability.   *The ICF/ classification defines disability as an outcome of the interaction between health conditions and impairment on one hand, and various barriers on the other, resulting in activity limitations and participation restrictions (disability). The UN CRPD (UN, 2006) does not define disability. Rather, it attempts to explain disability by outlining some of the long term impairments that some people may have, which in interaction with various barriers may pose a hindrance to their full and effective participation resulting in a disability. The distinguishing feature in the UN CRPD explanation of disability is the use of the phrase 'long term' to describe the nature of the impairment. Unlike the ICF Classification, UN CRPD does not recognize 'interaction with health condition' as one of the necessary aspects in the definition of disability.*   *The Persons with Disability Act of Zambia of 2012 while drawing on the UN CRPD explanation of disability uses 'permanent' as opposed to 'long term' to qualify the impairment. In addition, like the explanation in the UN CRPD and unlike the ICF classification, it does not recognize 'interaction with health condition' as a necessary condition in the definition of disability. Further, the definition does not consider the 'interaction between impairments and barriers' as a necessary pre condition for hindering the full and effective participation of persons with disability in society on equal basis with others person.*

Ask: Can anyone give us a definition of disability?
Acknowledge responses.

Disability

Disability is described in the 2006 UN CRPD as including those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Understanding disability: 3

Explain:
- The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) recognises disability as an evolving concept.
- It looks at persons with disabilities as including those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
- The UN CRPD is the most important international document relating to people with disabilities. We discuss it in detail later in this session.

What does disability mean?

- The Persons with Disabilities Act of Zambia of 2012 defines disability as a permanent physical, mental, intellectual or sensory impairment that alone, or in combination with social or environmental barriers, hinders the ability of a person to fully or effectively participate in society on an equal basis with others.

Understanding disability: 4

- The Persons with Disabilities Act of Zambia defines disability as a permanent physical, mental, intellectual or sensory impairment that alone, or in combination with social or environmental barriers, hinders the ability of a person to fully or effectively participate in society on an equal basis with others.

What does disability mean?

- The International Classification of Functioning, Disability and Health (ICF) defines disability as:
- The outcome of an interaction between health conditions and impairments and the physical, human-built, attitudinal, and social environment.

Understanding disability: 5

- The International Classification of Functioning, Disability and Health (ICF) defines disability as: *The outcome of an interaction between health conditions and impairments and the physical, human-built, attitudinal, and social environment.*

What does disability mean?

ICF takes into account functions in three areas:

- body functions and structures
- activities
- Participation.

Understanding disability: 6

The ICF is the World Health Organization's (WHO's) framework for health and disability.

The ICF looks at how an individual functions in three areas:
- body functions and structures
- activities (tasks or actions carried out by an individual)
- participation (involvement of the individual in society, or in daily living).

Disability

Congenital: e.g. club foot, spina bifida, deafblindness
Acquired: e.g. poliomyelitis, paralysis, bipolar disorder.

Most common causes of disability globally include:
- chronic and other diseases
- injuries
- mental health impairment
- drug and alcohol abuse
- birth defects
- malnutrition, and
- HIV/AIDS and other communicable diseases.

Understanding disability: 7

Explain: Disability may be:
- **Congenital** – a disability that a person is born with: e.g. a club foot, spina bifida, deafblindness, cerebral palsy or Down's syndrome.
- **Acquired** – for example as a result of a virus, drug or alcohol abuse, disease or injury: e.g. poliomyelitis, paralysis, or a mental health impairment such as bipolar disorder.

Explain: Globally, the most common causes of disability include:
- chronic and other diseases
- injuries
- mental health problems
- birth defects
- malnutrition
- drug and alcohol abuse, and
- HIV/AIDS and other communicable diseases.

Trainer's notes:
Impairments may be of: • *Vision* • *Movement* • *Hearing* • *Speech impairment* • *Communicating* • *Intellectual capabilities: Thinking, Remembering, learning* • *Mental health* • *Social relationships.*

3.3   Data on disability (20 minutes)

Data on disability

According to WHO/World Bank (2011), 15% of any population are persons with disabilities:

• all ages, all impairments
• congenital or acquired
• visible or invisible
• with or without pain.

Understanding disability: 8

Explain: Disability is varied and complex.

• The World Health Organization (WHO)/World Bank estimates that PWDs represent approximately 15% of any population.
• The number is increasing in Zambia and globally because of an increase in chronic health conditions, population ageing and medical advances that prolong life.
• People of all ages may have disabilities (half of all PWDs are 60+ years). Disability rates go down, as income goes up – disability is both a cause and consequence of poverty.

Ask: Why is it important to have data on disability?
Acknowledge responses.

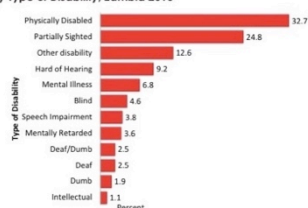**Ask:** What are some of the ways we collect data on disability?
Acknowledge responses.

Ask: What ways do we currently have to identify and register people with disabilities in the community?
Acknowledge responses.

Types of disabilities in Zambia

Figure 11.8: Percentage Distribution of Population with Disabilities by Type of Disability, Zambia 2010

Physically Disabled — 32.7
Partially Sighted — 24.8
Other disability — 12.6
Hard of Hearing — 9.2
Mental Illness — 6.8
Blind — 4.6
Speech Impairment — 3.8
Mentally Retarded — 3.6
Deaf/Dumb — 2.5
Deaf — 2.5
Dumb — 1.9
Intellectual — 1.1

Source: 2010 Census of Population and Housing

Explain:
• The 2010 Census of population and housing reported these main categories of disability in Zambia.
• Notice the negative language of some of the categories. (Note that we will talk about language in a later session).
Ask: do you see any disabilities missing from this list?
Acknowledge responses and highlight the lack of albinism (which is recorded separately in the Census), epilepsy and deaf-blindness and the large category of 'other disability'.

WHO estimate vs Zambia census

• 15% of Zambia population: Approx 2.5 million.
• 2010 Zambia census: Approx 2% (Western Province had the highest proportion of the population with disability at 2.9% while Lusaka Province had the lowest with 1.3%).
• Based on a population of 16.6 million this equates to approximately 332,000 people in Zambia).

Understanding disability: 10

Explain:
• Although the WHO/World Bank estimates of disability equate to approximately 2.5 million people in Zambia, the latest census information from 2010 reported approximately 332,000 people with disabilities – approximately 2% compared to the WHO figure of 15%.

Ask: Why do you think there is such a difference between these figures?
Acknowledge responses.

Explain:

- The Zambia Census of 2010 asked one general question: "Do you have a disability?" rather than exploring the topic from the perspective of function. This resulted in data that indicates that only an average 2% of the population have a disability.
- Albinism was recorded separately.
- ZAPD are now reviewing the questionnaire to align it with a functionality approach and to capture more categories for the next census.

- The 2010 Zambia Census reported a prevalence of disability of 2.4% rural / 1.4% urban.
- SINTEF survey of 2006 showed that 13.1% of people had disabilities.
- This survey was updated in 2015 and new tools were developed in Zambia to collect data. The latest SINTEF survey reports a figure of 7.7% of the population are persons with disabilities (report published in 2018).

Explain:

- Although advocacy can influence the questions asked in a census, and help improve the data, a census is always likely to be limited in its reporting of disability because the focus is to gather information on the entire population.
- A survey can be a more effective way to gather information on disability as it can ask more focused questions. These are asked of a sub-section of the population and the results can give an indication of the situation for the whole population.

Ask: Are there any questions?

Acknowledge responses.

3.4 Models of disability (90 minutes)

National / Provincial / District

Models of disability

Explain: The understanding of disability has evolved over time through various perspectives - often called 'models'. These models have different interpretations of what disability means and what it means to live with a disability.

Ask: What do we mean by the terms: disability 'perspectives' or 'models?'
Acknowledge responses.

Explain: the models can be considered as the 'lenses' through which we see disability.

Ask: Can anyone give us the names of any such models?

Acknowledge responses.

Try to agree the models names as being: *traditional*, *charity, medical, social, and rights-based* and write them as headings on the whiteboard or flipchart.

Ask participants for the characteristics of each model and write up the key points on the board, under the appropriate heading.

Trainer's notes:
If participants are not aware of any of the models, explain that over time there have been different ways, or models, through which disability has been viewed in different ways, and continue with the next slides outlining them. *Summarise the key points for each of the five models. Use the reference information in the Participant Manual to supplement this section.*

Show the picture representing the traditional model.
Ask what it is showing?
Acknowledge responses.

Ask: What do you think of this model?
Acknowledge responses.

Ask: How do you think this woman would feel?
Acknowledge responses.
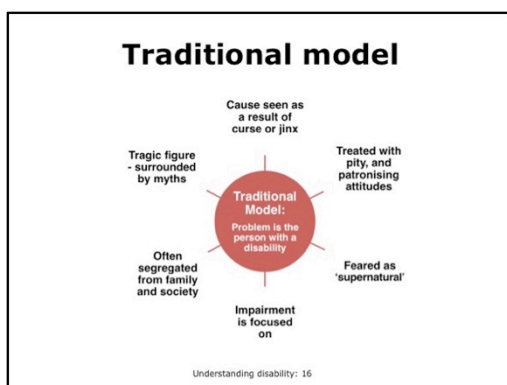
Traditional model:
- People with disabilities seen as tragic victims, treated with pity, or sometimes as having supernatural powers.

Ask: In Zambia, is disability still ever viewed through the traditional lens?

Acknowledge responses.
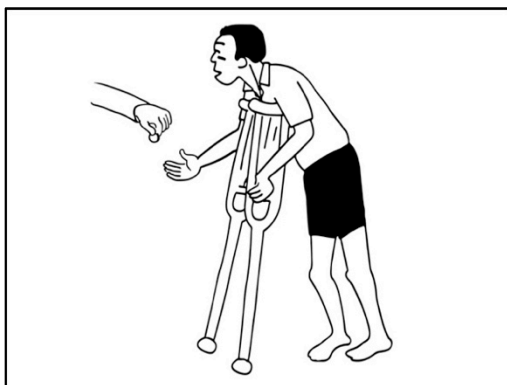
Show the picture representing the charity model.
Ask what it is showing?
Acknowledge responses.

Ask: What do you think of this model?
Acknowledge responses.

Ask: If this was you in the picture, would you be grateful for this charity?
Acknowledge responses.
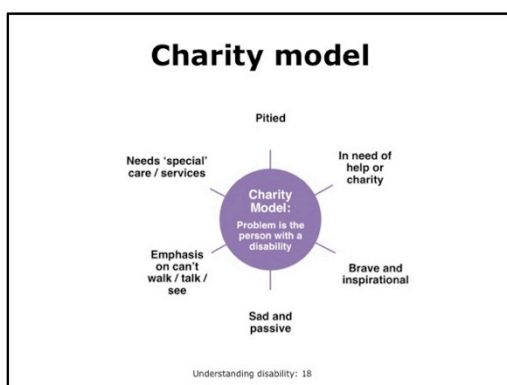
Charity model:
- Sees disability as a defect.
- Persons with disabilities are seen as the problem, different from 'normal' people, unable to help themselves and who see themselves as powerless, useless, non-contributing individuals.
- The charity model is not just about giving charity, but about treating someone in a very charitable way – with pity, sympathy, and as if they can't help themselves.

Ask: Is disability still viewed through the charity model lens by anyone in Zambia?

Acknowledge responses.

Show the picture representing the medical model.
Ask what it is showing?
Acknowledge responses.

Ask: What do you think of this model?
Acknowledge responses.

Ask: The people here are seeing the woman's disability as the most significant aspect of her. Do you think that's how she sees herself?

Acknowledge responses.

Medical model: Later, as science and medicine developed, disability was commonly viewed in biological or medical terms. The medical model:

- Sees disability as a deviation from the normal, caused by an underlying disease or other health condition.
- Focuses on the impairment to be 'cured' or 'fixed' in order for person to become a 'normal' member of society.
- Problem still seen to lie with the individual.

Ask: Do some people view disability through the medical model lens?
Acknowledge responses.

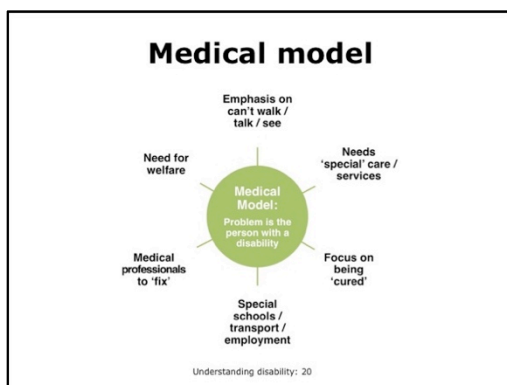**Show** the picture representing the social model.
Ask what it is showing?
Acknowledge responses.

Ask: If you were this boy in the wheelchair, do you think you'd feel better or worse than the man begging we looked at in the charity model?

Acknowledge responses.
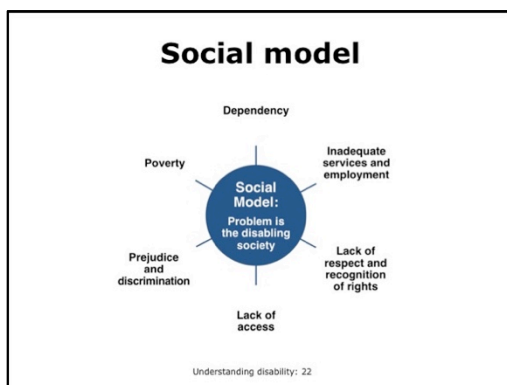
Social model: In the 1960s and 1970s the movement of persons with disabilities grew in strength, and the movement argued that disability is not "located" in an individual body at all, but is created by the way society is organized in relation to physical difference – firstly through stigma and discrimination, and secondly through indifference to the accommodations that persons with disabilities may need to participate fully in society.

The social model:
- Considers that it is society that disables people, by designing everything to meet the needs of the majority of people who are not disabled.
- Recognises there is a great deal that society can do to reduce and remove disabling barriers, and that this is the responsibility of society, rather than the disabled person.
- Is more inclusive in approach.
Pro-active thought is given to how disabled people can participate in activities on an equal footing with non-disabled people. Certain adjustments are made, even where this involves time or money, to ensure that disabled people are not excluded.

Ask: How often do we see disability viewed through the social model lens in Zambia?
**Acknowledge** responses.
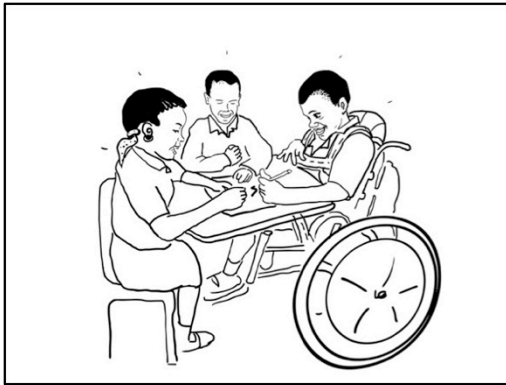
Show the picture representing the rights-based model.
Ask what it is showing?
Acknowledge responses.

Ask: How do you think this boy feels compared to the people in the other pictures?

Acknowledge responses.
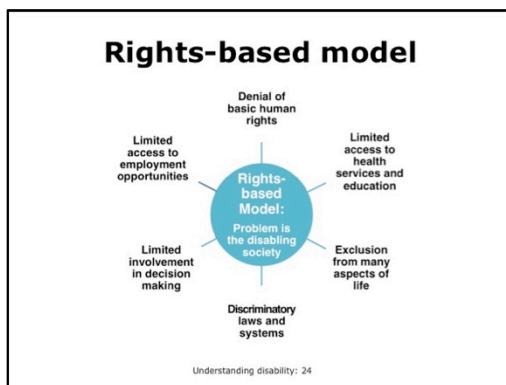
Rights-based model: This is closely related to the Social Model. The rights-based model or approach starts with universal human rights:

• Persons with disabilities are seen to have a right to access all aspects of life within their society on an equal basis with others.
• Society has the responsibility to change to ensure that all people have equal possibilities for participation.
• This is the model promoted by the ICF and the UN CRPD.

The two main elements of the rights-based approach are:
• empowerment: participation of people with disabilities as active stakeholders
• accountability: duty of public institutions and structures to implement rights.

Persons with disabilities are often denied their basic human rights such as the right to health, to education and to employment.

Ask: Does the rights-based model reject medical treatment?
Acknowledge responses.

Explain: No it does not. The rights based model incorporates the positive aspects of the medical and social models. It promotes that medical treatments are provided in line with a rights-based approach that puts persons with disabilities at the heart of decisions that affect their lives.

Ask: Who do we want to be viewing disability through the Rights-based model lens?
Answer: Everyone!

Explain: We are going to do an activity to contextualize these different models.

Activity: Rights-based model of disability	
Groups	**Divide** participants into four groups. **Allocate** one of the situations in the activity sheets at the end of the session plan to each group, as follows: • Group 1: Situation: Young woman using a wheelchair • Group 2: Situation: Man with an intellectual disability • Group 3: Situation: Parents of a daughter with a hearing impairment. • Group 4: Situation: Boy with a visual impairment. **Give** each group copies of their allocated situation, one slip per 1-2 participants.
Instructions	**Ask** each group to read their given situation and the typical examples shown for each of the four models of disability. Groups should prepare a short role-play to convey only **two** of the different models for their situation to the whole group. Try to ensure all group members participate.
Monitor	**Check** to ensure each group has understood the activity and is working on the correct situation as allocated.
Time	**Allow** 25 minutes for groups to prepare; 5 minutes for each group to present; 5 minutes for other groups to give observations; 5 minutes for final trainer summary. (Total time: 70 minutes).
Feedback	**Ask** each group in turn to present their information to the others. **Invite** observations from the others on which models were demonstrated. **Ask** groups to confirm. **Ask** for any questions. **If** any models have not been demonstrated in the role-plays (such as the medical model), ask participants how the model could have been portrayed in one or two of the scenarios.

Summary

- Models represent a progression over time.
- The place of persons with disabilities has changed from that of being pitied and worthy of charity to becoming empowered with the same rights as others.
- This training package promotes the rights-based model - the only model towards which we should all be working.

Understanding disability: 26

Summarise:
- The models represent a progression over time in approaches and attitude to disability, from the traditional model to rights-based.
- The place of persons with disabilities has changed too, from that of being pitied and worthy of charity to becoming empowered individuals/groups with the same rights as people without disabilities.
- This training package promotes the rights-based model; it is the only model towards which we should all be working.

- The training creates an opportunity to recognise the rights of persons with disabilities in Zambia and helps strengthen a process whereby those rights can be realised through community based inclusive development (CBID).
- Highlight that the charity model is easy to adopt – some people may give a donation to a person with a disability in the street. But what is needed is for society to empower people with disabilities to realize their rights through the rights-based model.

3.5   Disability and human rights (20 minutes)

National / Provincial / District

Explain:
- We have just discussed the rights-based model of disability, founded on the Universal Declaration of Human Rights and the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).

- But unfortunately, persons with disabilities often remain largely 'invisible', side-lined in the rights debate and unable to enjoy the full range of human rights.

Human rights

- Provide legal guarantees of protection.
- Apply to everyone, regardless of race, sex, ethnic or social origin, religion, language, nationality, age, sexual orientation, disability or any other status.
- Are a natural part of being human.
- Cannot be taken away or given up.

Understanding disability: 27

Show the slide and explain:
- Human rights provide legal guarantees of protection.
- They apply to every individual globally regardless of their race, sex, ethnic or social origin, religion, language, nationality, age, sexual orientation, disability or any other status.
- They are a natural part of what a human being is.
- They cannot be taken away or given up.

Ask: Can anyone tell us about the UN CRPD? What is it? Why is it important in our work?
Acknowledge responses**.**

UN CRPD

- United Nations Convention on the Rights of Persons with Disabilities.
- First human rights treaty of this millennium.
- Catalyst in shift from viewing persons with disabilities as objects of charity to persons with equal rights.
- Zambia signed in 2008 and ratified in 2010.

Understanding disability: 28

Explain: The UN CRPD was the first human rights treaty of this millennium. The Convention has served as the major catalyst in the shift from viewing persons with disabilities as objects of charity, medical treatment and social protection towards viewing them as full and equal members of society, with human rights – upon which the rights-based model of disability is built.

Zambia signed the UN CRPD on 9 May 2008 and ratified it on 1 February 2010. The optional protocol was signed on 29 September 2008 and has not yet been ratified.

The UN CRPD is a comprehensive convention covering a broad range of areas.

Ask: Can someone tell us what areas/topics are covered by the articles of the UN CRPD?
Acknowledge responses (See Trainer's notes, below).

Trainer's notes: Articles of the UN CRPD	
• *Article 5: Equality and non-discrimination* • *Article 6: Women with disabilities* • *Article 7: Children with disabilities* • *Article 8: Awareness-raising* • *Article 9: Accessibility* • *Article 10: Right to life* • *Article 11: Situations of risk and humanitarian emergencies* • *Article 12: Equal recognition before the law* • *Article 13: Access to justice* • *Article 14: Liberty and security of the person* • *Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment* • *Article 16: Freedom from exploitation, violence and abuse* • *Article 17: Protecting the integrity of the person* • *Article 18: Liberty of movement and nationality*	• *Article 19: Living independently and being included in the community Article 20: Personal mobility* • *Article 21: Freedom of expression and opinion, and access to information* • *Article 22: Respect for privacy* • *Article 23: Respect for home and the family* • *Article 24: Education* • *Article 25: Health* • *Article 26: Habilitation and rehabilitation* • *Article 27: Work and employment* • *Article 28: Adequate standard of living and social protection* • *Article 29: Participation in political and public life* • *Article 30: Participation in cultural life, recreation, leisure and sport* • *Article 31: Statistics and data collection* • *Article 32: International cooperation*

Explain: Governments as duty bearers have the primary and legal responsibility for making sure that the human rights of <u>all</u> its citizens are promoted and protected.

The UN CRPD offers protection for the civil, cultural, economic, political and social rights of persons with disabilities on the basis of inclusion, equality and non-discrimination. It makes clear that persons with disabilities are entitled to live independently in their communities, to make their own choices and to play an active role in society.

3.6 Disability and gender (20 minutes)

National / Provincial / District

Explain: We are now going to look specifically at disability and gender.

Ask: Why do we look at gender in relation to disability? Why is the situation sometimes different for women and men?

Acknowledge responses.

Disability and gender

• Estimated 19.2% of women globally have a disability (World Report 2011).
• Women with disabilities twice as likely to be affected by violence than their peers.
• Girls with disabilities four times as likely to be affected by violence than their peers.

Understanding disability: 29

Show the slide and **explain**:
• An estimated 19.2% of the global population of women are estimated to have a disability according to the World Report on Disability of 2011.
• Women with disabilities are twice as likely, and girls with disabilities are up to four times more likely, to be affected by violence than their peers without disabilities.

Ask: Why do we talk of women with disabilities as doubly marginalized?
Acknowledge responses.

Disability and gender

- Doubly marginalized as women and persons with disabilities
- More vulnerable to poverty and exclusion.
- Limited opportunities in social, political and economic areas.
- Limited access to basic services.
- Limited mainstreaming in women's empowerment and gender-based violence programming.

Understanding disability: 30

Explain:
- Women with disabilities are frequently marginalized in society both as women and as persons with disabilities.
- Girls with disabilities are even more marginalized than women.
- Women are more vulnerable to poverty and exclusion, and often lack access to basic services.
- Many women's initiatives exist to tackle women's marginalization, but there is often little understanding of the specific needs of women with disabilities within those forums.

Ask: What are strategies we can use to develop gender inclusive policies?
Acknowledge responses.

Strategies

Some strategies to develop gender inclusive policies and programmes are:
- undertake gender and disability audits.
- develop disability and gender inclusive action plans and strategies.
- develop M&E frameworks with specific indicators.
- Use the anti-GBV Act of 2011 and its policy to counter abuses.

Understanding disability: 31

Explain: There are strategies we can use to develop gender inclusive policies and programmes such as:
- undertake gender and disability audits
- develop disability and gender inclusive action plans and strategies
- develop M&E frameworks with specific indicators and targets on sex and disability, age and other factors.
- Women and advocates can use the anti-GBV Act of 2011 and its policy to counter abuses.

Summarise:
- Disability is recognised in the UN CRPD as an evolving concept, and we can see the evolution of thinking in our own communities. It is critical that we all promote a rights-based model of disability that locates the problem with the way society is organized rather than with the person with a disability.
- All of the models we have discussed in this session are present in Zambia. The marginalization of women also continues in Zambia, particularly women with disabilities.
- Every day through our work we can challenge outdated attitudes and models and promote a society in which no one is left behind.

Close the session.

Group 1 (cut into strips and give one strip to each 1-2 group members)

Situation	Traditional model[1]	Charity model	Medical model	Social model	Rights-based model
Young woman using a wheelchair	"She has been bewitched; she will never get married''	"What a pity, this beautiful woman is bound to a wheelchair. She'll never be able to marry, have children and care for her family".	"Oh this poor woman. She should go to a doctor to discuss with him if there is a therapy which could enable her to walk again, like everyone else".	"The community really should build ramps in front of public buildings, so that persons like her can participate in social life".	"When she gets a job, her employer will have to build accessible rooms. This is her right!"

Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Young woman using a wheelchair	"She has been bewitched; she will never get married''	"What a pity, this beautiful woman is bound to a wheelchair. She'll never be able to marry, have children and care for her family".	"Oh this poor woman. She should go to a doctor to discuss with him if there is a therapy which could enable her to walk again, like everyone else".	"The community really should build ramps in front of public buildings, so that persons like her can participate in social life".	"When she gets a job, her employer will have to build accessible rooms. This is her right!"

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Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Young woman using a wheelchair	"She has been bewitched; she will never get married''	"What a pity, this beautiful woman is bound to a wheelchair. She'll never be able to marry, have children and care for her family".	"Oh this poor woman. She should go to a doctor to discuss with him if there is a therapy which could enable her to walk again, like everyone else".	"The community really should build ramps in front of public buildings, so that persons like her can participate in social life".	"When she gets a job, her employer will have to build accessible rooms. This is her right!"

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[1] Examples informed by explanation in document at
https://attitudes2disability.wordpress.com/2007/02/27/the-traditional-model/

Group 2 (cut into strips and give one strip to each 1-2 group members)

Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Man with an intellectual disability	''How sad .. demons must be controlling his intellect''	"Look at this poor confused man; he seems to be mentally retarded. It would be better for him to live in a home, where somebody will take care of him".	"Perhaps there is some medicine or treatment which could improve his perception. He should try a psychiatrist".	"It's a good solution that he lives with his brother, so that he is within the community like others".	"Let's go and ask him where he wants to live?"

Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Man with an intellectual disability	''How sad .. demons must be controlling his intellect''	"Look at this poor confused man; he seems to be mentally retarded. It would be better for him to live in a home, where somebody will take care of him".	"Perhaps there is some medicine or treatment which could improve his perception. He should try a psychiatrist".	"It's a good solution that he lives with his brother, so that he is within the community like others".	"Let's go and ask him where he wants to live?"

Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
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Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
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Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Man with an intellectual disability	''How sad .. demons must be controlling his intellect''	"Look at this poor confused man; he seems to be mentally retarded. It would be better for him to live in a home, where somebody will take care of him".	"Perhaps there is some medicine or treatment which could improve his perception. He should try a psychiatrist".	"It's a good solution that he lives with his brother, so that he is within the community like others".	"Let's go and ask him where he wants to live?"

Group 3 (cut into strips and give one strip to each 1-2 group members)

Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Parents with a hearing impaired daughter	''Poor girl. She is being punished for her mother's stealing habits''	"It must be very sad having a child and knowing that she will never be able to live on her own".	"I'm sure in a few years there'll be a hearing aid available which will make this child able to hear better".	"We should all learn sign-language, so that we can communicate with this child and all other hearing-impaired people".	"When this child grows up, she'll study at university if she wants to".

Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Parents with a hearing impaired daughter	''Poor girl. She is being punished for her mother's stealing habits''	"It must be very sad having a child and knowing that she will never be able to live on her own".	"I'm sure in a few years there'll be a hearing aid available which will make this child able to hear better".	"We should all learn sign-language, so that we can communicate with this child and all other hearing-impaired people".	"When this child grows up, she'll study at university if she wants to".

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Group 4 (cut into strips and give one strip to each 1-2 group members)

Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Boy with a visual impairment	"His mother must have been with another man – not her husband"	"Oh poor boy – he'll never be independent. Give him 50 Kwacha"	"Let's hope one day an operation will enable him to see like normal people"	"We need to ensure there are no hazards in the hallways or signs he might bump into"	"He has the same rights to go to school as anyone else"

Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Boy with a visual impairment	"His mother must have been with another man – not her husband"	"Oh poor boy – he'll never be independent. Give him 50 Kwacha"	"Let's hope one day an operation will enable him to see like normal people"	"We need to ensure there are no hazards in the hallways or signs he might bump into"	"He has the same rights to go to school as anyone else"

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Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Boy with a visual impairment	"His mother must have been with another man – not her husband"	"Oh poor boy – he'll never be independent. Give him 50 Kwacha"	"Let's hope one day an operation will enable him to see like normal people"	"We need to ensure there are no hazards in the hallways or signs he might bump into"	"He has the same rights to go to school as anyone else"

Situation	Traditional model	Charity model	Medical model	Social model	Rights-based model
Boy with a visual impairment	"His mother must have been with another man – not her husband"	"Oh poor boy – he'll never be independent. Give him 50 Kwacha"	"Let's hope one day an operation will enable him to see like normal people"	"We need to ensure there are no hazards in the hallways or signs he might bump into"	"He has the same rights to go to school as anyone else"

4 Introduction to CBR/CBID

Learning objectives
By the end of the session, participants shall be able to: • Define CBR/CBID. • Explain the background and purpose of the CBR Guidelines. • Describe the CBR Matrix, its five components and their elements. • List the key concepts for each of the five components. • List the key features of the 25 elements.

Time allocated
• 110 minutes.

Resources needed
• PPT presentation or A2 Presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers • CBR Matrix poster.

Preparation
Familiarize with: • relevant content of the Participant Manual • PPT slides or A2 Presenter. Pin: • CBR Matrix poster on the wall to refer to. Prepare: • five sheets of flipchart paper, each with one of the five headings of the CBR Matrix for the CBR Matrix components activity.

4.1 Introduction and background to the CBR Guidelines (20 minutes)

Introduce the session.

Explain: This training programme promotes the strategy of CBR/CBID as a way of realizing the articles of the UN CRPD. This is recommended because CBR has evolved over many decades in parallel to the evolution of the disability movement itself, and it has drawn on the changes in how disability has been viewed.

Introduce the learning objectives of the session.

Introduction to CBR/CBID

Learning objectives
By the end of the session participants shall be able to:
• Define CBR/CBID
• Explain the background and purpose of the CBR Guidelines.
• Describe the CBR Matrix, its five components and their elements.
• List the key concepts for each of the five components.
• List the key features of the 25 elements.

Introduction to CBR/CBID: 2

Ask: What does CBR mean?
Acknowledge responses.

Ask: What is CBID?
Acknowledge responses.

Development of CBR/CBID

• Initiated by the World Health Organization in 1978 to enhance quality of life of persons with disabilities and their families
• Initial emphasis on increasing access to rehabilitation services.
• Now a multisectoral approach to improve the equalization of opportunities and social inclusion of persons with disabilities.
• Practiced in more than 100 countries.

Introduction to CBR/CBID: 3

• CBR, or CBID as it is increasingly referred to - was initiated by the World Health Organization in 1978 to enhance the quality of life for persons with disabilities and their families; meet their basic needs; and ensure their inclusion and participation.
• The emphasis initially was on increasing access to rehabilitation services in less resourced settings, but has evolved to become a multisectoral and multi-disciplinary approach to improve the equalization of opportunities and social inclusion of persons with disabilities.
• CBR/CBID as a strategy is increasingly being adopted; it is now being practiced in more than 100 countries of the world, influencing global, regional, and national policies and legislation.

The CBR Guidelines

• A response to a need to provide a common understanding of the concepts and principles of CBR as a comprehensive rights-based approach.
• Based on the principles of the UN CRPD.
• Zambian and many other African stakeholders involved in their development.
• Launched at the CBR Africa Conference in Nigeria in 2010.

Introduction to CBR/CBID: 4

• The CBR Guidelines were developed as a collaboration of WHO, ILO, UNESCO and the International Disability and Development Consortium (IDDC) with the participation of more than 180 persons from all stakeholder groups.
• Designed to clarify conceptual understanding of definitions and practice of CBR.
• Based on the principles of the UN CRPD which include respect for inherent dignity; non-discrimination; full and effective participation in society; equality of opportunity; and accessibility amongst others.
• Many Zambia stakeholders were involved in their development and they were launched at the CBR Conference in Abuja, Nigeria in 2010.
• A response to a need for a document that could synthesize experiences from around the world to provide a common understanding of the concepts and principles of CBR as a comprehensive rights-based approach.

Objectives of the CBR Guidelines

• To provide guidance on how to develop and strengthen CBR in line with the CBR Joint Position Paper and the UN CRPD.
• To promote CBR as a strategy for community-based inclusive development to assist in the mainstreaming of disability in development initiatives, and in particular, to reduce poverty.

Introduction to CBR/CBID: 5

Explain: The objectives of the CBR Guidelines are:
• To provide guidance on how to develop and strengthen CBR in line with the UN CRPD.
• The UN CRPD outlines the same rights that are within other legislation but brings a disability lens to those rights.
• The CBR Guidelines promote CBR as a strategy for community-based inclusive development to assist in the mainstreaming of disability and achievement of rights for persons with disabilities.

Objectives of the CBR Guidelines

• To support stakeholders to meet the basic needs and enhance the quality of life of persons with disabilities and their families by facilitating access to the health, education, livelihood and social sectors.
• To encourage stakeholders to facilitate the empowerment of persons with disabilities and their families by promoting their inclusion and participation in development and decision-making processes.

Introduction to CBR/CBID: 6

• To support stakeholders to meet the basic needs and enhance the quality of life of persons with disabilities and their families by facilitating access to the health, education, livelihood and social sectors.
• To encourage stakeholders to facilitate the empowerment of persons with disabilities and their families by promoting their inclusion and participation in development and decision-making processes.

4.2   The CBR Matrix (70 minutes)

National / Provincial / District

Explain: CBR's evolution into a broader multi-sectoral development strategy led to the development of a CBR Matrix to provide a common framework for CBR programmes. Divided into five components: Health, Education, Livelihood, Social and Empowerment, each component has five elements. The CBR Matrix is a useful tool for CBID planning.
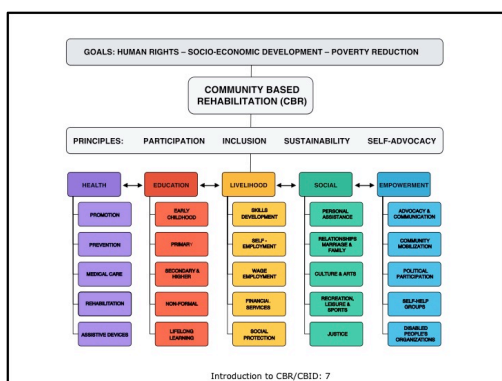
- Individual programmes are not expected to cover all elements.
- Programmes select options that meet their needs, priorities and resources.
- Partnerships are encouraged so that different programmes complement each other to address the full scope of the Matrix and meet the full spectrum of needs of persons with disabilities.
- The detailed CBR Matrix also lists three overall goals: human rights, socio-economic development, and poverty reduction. (Point to these on the Matrix).
- There are four overriding principles defined in the CBR Matrix too: participation, inclusion, sustainability and self-advocacy. (Point to these on the Matrix).

Refer to the CBR Matrix poster on the wall.

- **Introduce** the activity.
- **Explain** that this activity is to help everyone become more familiar with each of the 25 elements of the CBR Matrix.

Activity: CBR Matrix components	
Groups	**Divide** participants into five groups and allocate each of them one CBR Matrix component.
Instructions	**Give** each group a pre-prepared sheet of flipchart paper with their component of the CBR Matrix written at the top (Health, Education, Livelihood, Social, Empowerment), and 1-2 markers. **Ask** them to read the one page summary sheet relating to their area of the CBR Matrix from the 'Introduction to CBR/CBID Chapter' in their Participant Manual and to prepare a five minute presentation for the other groups to summarise the five elements of their component area.
Monitor	Check the groups are on track.
Time	**Allow** 30 minutes for the groups to review the material and prepare their presentations. Allow five minutes for each group to present. Five minutes summary discussion (Total time: 60 minutes).
Feedback	**Ask** each group in turn to present to the whole group. Let them know when they have 1 minute left. Stop them when they have presented for five minutes. **After** all groups have presented, facilitate a brief discussion about how the components and elements link together. **Explain** that in the session 'Components of CBR/CBID' we will look at the CBR Matrix areas more specifically in relation to the Zambia context (If this session is to be covered in the training being delivered).

4.3   Background to CBR/CBID in Zambia (10 minutes)

CBR/CBID in Zambia

- Different models of disability interventions introduced over several decades.
- Early interventions were outreach based led by physiotherapists, medical practitioners, and social workers.
- In time, a community of practice evolved, driven by people from DPOs, NGOs, government departments and other sectors.

Introduction to CBR/CBID: 9

- Different models of disability interventions introduced over several decades.
- Most early interventions were outreach based led by physiotherapists, medical practitioners, and social workers.
- In time, a community of practice evolved, with several CBR practitioners, volunteers, managers and other interest groups primarily from DPOs, NGOs, government departments and other sectors.

CBR/CBID in Zambia

- In 2008 NAD and NFU Fact Finding mission to better understand the Disability landscape.
- Informed by findings NAD and NFU embarked on a pilot programme providing small grants and technical support.
- Feasibility study to gather baseline data before the implementation of the pilot CBR Programme in Zimba, Kazungula and Livingstone.

Introduction to CBR/CBID: 10

- In 2008, The Norwegian Association of Disabled (NAD) and the Norwegian Association for Persons with Developmental Disabilities (NFU) undertook a Fact Finding mission to Zambia
- A pilot programme was initiated providing small, grants and technical support to different players in the disability sector.
- This was done to explore, map capacities and engage with actors in the Zambian disability sector.
- Baseline data was gathered in Zimba, Kazungula and Livingstone.

Coordination of CBR/ CBID in Zambia

- The CBR programme was established in 2011 utilizing existing coordination mechanisms and decentralized structure.
- District Development Coordination Committees (DDCCS), and the Community Welfare Assistance Committees (CWACs).

Introduction to CBR/CBID: 11

- In 2011 the CBR programme was established utilizing the existing coordination mechanisms as these were recommended to be the most appropriate for reaching and supporting persons with disabilities using a rights-based approach.

Aspects of CBR/CBID model in Zambia • The training of a critical mass of core CBR/ CBID and Inclusive Education Trainer of Trainers (ToTs) • The training of CBR/CBID workers and teachers practicing inclusive teaching • The development of training manuals for CBR/CBID and Inclusive Education • Capacitation of pilot districts and schools. Introduction to CBR/CBID: 12	Key aspects of Zambia's CBR/CBID model are: • The training of a critical mass of core CBR/CBID Trainer of Trainers (ToTs) • The development of training manuals for CBR/CBID and Inclusive Education • Capacitation of pilot districts and schools.
Aspects of CBR/CBID model in Zambia • CBR/CBID coordination mechanism through existing national, provincial, district and local level structures • data management and information system for CBR/CBID. • The economic empowerment of persons with disabilities through use of Savings and Internal Lending Communities - SILC. • Empowered DPOs that advocate for their rights as provided for by Zambian law and policies. Introduction to CBR/CBID: 13	• The development of a CBR/CBID coordination mechanism through existing national, provincial, district and local level structures as enshrined in the National Planning document. • The development of a data management and information system for CBR/CBID. • The economic empowerment of persons with disabilities through the use of Savings and Internal Lending Communities-SILC. • Empowered DPOs that advocate for their rights as provided for by Zambian law and policies.

4.4   Shift from CBR to CBID (10 minutes)

	National / Provincial / District	

Trainer's notes:
The shift from CBR to CBID is covered in the opening session. However, it is worth revising here after participants have completed several sessions of the training to reinforce their understanding of the concept.

Shift from CBR to CBID • In line with Zambia's Vision 2030, the 7th National Development Plan for 2017-2021 and the Sustainable Development Goals 2030: Leave no one behind. • The focus on CBID and 'shift' from CBR is informed by the need to include all sectors. • In the past, CBR was mainly associated with the medical model and was seen as a preserve of rehabilitation workers, mostly in the health sector. Introduction to CBR/CBID: 14	• In line with Zambia's Vision 2030, the 7th National Development Plan for the period 2017-2021 and the Sustainable Development Goals 2030, Zambia's focus on CBR/CBID is premised on the need to have holistic strategies for ensuring that no one is left behind, • The focus on CBID and 'shift' from CBR is informed by the need to include all sectors. • In the past, CBR was mainly associated with the medical model and was seen as a preserve of rehabilitation workers, mostly in the health sector.

Shift from CBR to CBID

• With Zambia embracing CBID and having
hosted the CBR Africa Conference in May
2018, the global and continental push for
CBID is increasingly getting buy-in from all
sectors.
• CBID clearly reflects the motivation behind
the CBR Guidelines, the CBR Matrix and the
UN CRPD - a strategy that can be used to
include persons with disabilities without
excluding others.

Introduction to CBR/CBID: 15

• With Zambia embracing CBID and having hosted the CBR Africa Network (CAN) Conference in May 2018, the global and continental push for CBID is increasingly getting buy-in from all sectors.

Ask if there are any questions
Acknowledge responses.

Summarise: Community Based Inclusive Development (CBID) clearly reflects the motivation behind the CBR Guidelines, the CBR Matrix and the UN CRPD. It is a strategy that can be used to include persons with disabilities without excluding others.

Each component of the CBR Matrix has strong linkages with the other components. For example, a person with a disability needs to be healthy and may need an assistive device in order to work. Without education, someone's opportunities to work will be limited. And an adult who is working is more able and likely to participate in social, cultural and political life.

It is not essential for all programmes to cover all areas of the CBR Matrix, but to achieve inclusion communities must work together to ensure that all areas of the Matrix are addressed by stakeholders collectively.

Close the session.

5 Barriers to participation

Learning objectives
By the end of the session participants shall be able to: • Define attitudinal, environmental and institutional barriers. • Discuss the effects of non-participation of PWDs in different activities. • List actions that can be taken to remove barriers and provide disability inclusive services.

Time allocated
• 110 minutes.

Resources needed

• PPT Presentation or A2 Presenter
• Participant Manual
• A1 poster – Barriers to participation from Disabled Village Children
• Pieces of coloured card (2-3 per participant) and marker pens
• 'Pairs of items' bag
• Whiteboard or flipchart
• Flipchart paper and markers
• Masking tape or prestic
• Three laminated cards of headings for activity:
   • attitudinal barriers
   • environmental barriers
   • institutional barriers

Preparation

Familiarise with:
- relevant content of the Participant Manual
- PPT Presentation or A2 Presenter

Pin:
- A1 Barriers to participation poster on the wall

Prepare:
- A 'Pairs of items' bag for people to choose from for the activity to find their partner they should work with. Choose local items like pairs of same size or colour stones or pebbles, leaves torn into two, twigs snapped in half, or local pictures, wrappers, etc, torn into two. You can also use local sweets – 2 of each kind.

Write or print:
- headings for activity (if laminated cards not available):
    - attitudinal barriers
    - environmental barriers
    - institutional barriers

Cut:
- A4 different coloured card into 3-4 strips per sheet for activity (2-3 strips per participant).

5.1 Introduction (10 minutes)

███ *National / Provincial / District* ███

Introduce the session.

Explain: The degree to which persons with disabilities are excluded from mainstream services is largely due to the barriers they face from within their own society. This session looks at some of those barriers, their causes and consequences and what should be done to reduce them.

Ask: What are some of the barriers that persons with disabilities face in society here in Zambia?

Write responses on the flipchart. Try to group them into *attitudinal, environmental* and *institutional* barriers, but without, for the moment, saying or writing those words.

When a list has been drawn up, **ask** if anyone can suggest headings for the three groupings – try to get the participants to think of the desired headings of: *attitudinal, environmental* and *institutional*. **Write** the headings on the flipchart, above the groups of words.

Move the flipchart sheet to the wall where it can remain as a reference throughout the training.

Trainer's notes:
*If participants find it difficult to come up with the desired headings, or make alternative suggestions (for example, 'physical barriers' or 'policy barriers'), advise them of the commonly accepted terms: attitudinal, environmental and institutional barriers. **Explain** that all types of barriers can be usually be placed under one or other of these headings and **encourage** use of these terms in future.*

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Barriers to participation

Learning objectives

By the end of the session participants shall be
able to:
•  Define attitudinal, environmental and
   institutional barriers.
•  Discuss the effects of non participation of
   PWDs in different activities.
•  List actions that can be taken to remove
   barriers and provide disability inclusive
   services.

                    Barriers to participation: 2
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Introduce the learning objectives of the session.

5.2 Causes and consequences of barriers (30 minutes)

National / Provincial / District

Explain that the words *attitudinal, environmental, institutional* are often used to group the various kinds of barrier that PWDs face in their daily lives. All societies, including Zambia, have some or all of these barriers which prevent the participation of PWDs.

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Barriers to participation

Attitudinal:
                          •  Pity
•  Prejudice
                          •  Charity
•  Discrimination
                          •  Inferiority
•  Ignorance
                          •  Patronization
•  Social taboo
                          •  Curse/shame
•  Stigma
                          •  Own attitude

                  Barriers to participation: 3
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Summarise the key *attitudinal* barriers to participation.

Ask: where do these attitudes come from?

Acknowledge responses.

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Barriers to participation

Environmental:

•  Lack of physical accessibility to
   domestic, social and public buildings.
•  Lack of access to transport.
•  Limited provision for communication
   and understanding for those with
   sight or hearing impairment.
•  Lack of assistive devices.

                  Barriers to participation: 4
```

Summarise the key *environmental* barriers to participation.

Ask: why do these barriers exist?
Acknowledge responses.

Barriers to participation

Institutional:

- legislation
- rules and regulations
- policies
- entry requirements
- political disenfranchisement.

Barriers to participation: 5

Summarise the key *institutional* barriers to participation.

Ask: why do the law and policy makers create these barriers?

Acknowledge responses.

Explain that very often a person may find their way barred by multiple barriers, from one or more of the three categories. For example, a lack of assistive device + negative attitudes from teachers and other pupils + non-inclusive school rules and regulations.

Summarise the impact of barriers to participation in relation to the CBR Matrix.

Barriers mean that persons with disabilities are unable to access their rights as laid out in the UN CRPD to the fullest, and are less able to access and participate in development programmes and society generally as reflected in the components and elements of the CBR Matrix.

WHO estimates that 15% of each country's population are persons with disabilities. According to the 2010 Zambia Census, the prevalence of disability is 2%. The approximate number of PWDs in Zambia could therefore be between 2% and 15%. That equates to up to 2.5 million Zambian citizens who are routinely excluded from participation, or more reliant on others as a result of the barriers they face such as:

- children with disabilities excluded from school due to inaccessible buildings are denied an education
- adults facing discrimination when applying for jobs struggle to earn a living
- persons with disabilities who are unable to vote as a result of their disability are denied their voice in decisions that affect them.

The consequences of exclusion are therefore detrimental to the empowerment of persons with disabilities.

## 5.3   Removing the barriers: towards increased participation (70 minutes)

Explain: When barriers can be removed, persons with disabilities are able to become more independent, contributing, participatory members of their families, communities and society in general.

Here are some examples of barriers that exist in our society:

Barriers to participation: 7

- Inaccessible transport.

Barriers to participation: 8
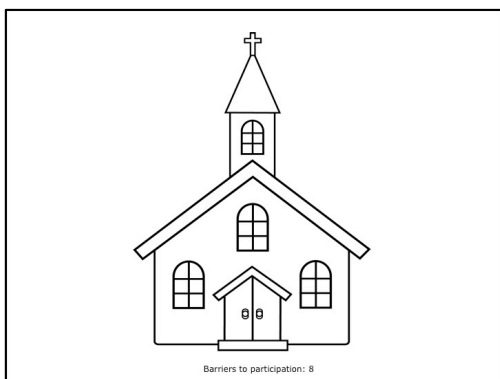
- Inaccessible places of worship.

Barriers to participation: 9
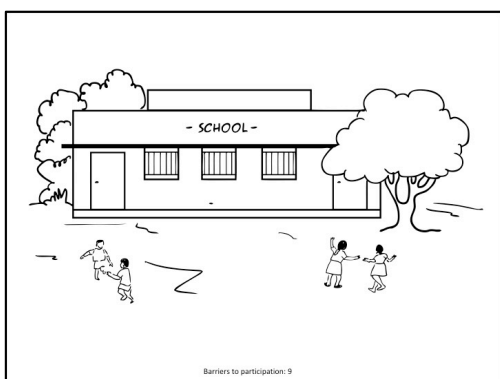
- Schools and education centres that don't have teachers with the skills or resources to meet the needs of children with disabilities,

Barriers to participation: 10
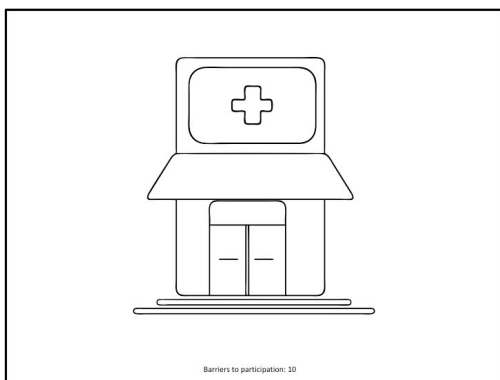
- Medical services that don't have staff with required skills.

Barriers to participation: 11
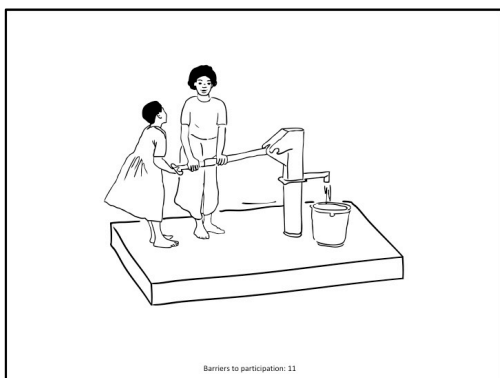
- Basic services that don't meet the needs of persons with disabilities.

MICROFINANCE LOAN OFFICE

Barriers to participation: 12

- Empowerment programmes that don't take into account the needs of persons with disabilities.

VOTE

Barriers to participation: 13

- Inaccessible voting stations providing a barrier to persons with disabilities exercising their right to vote.

But for inclusion to be achieved, *all* the barriers that block an individual's path must be removed.
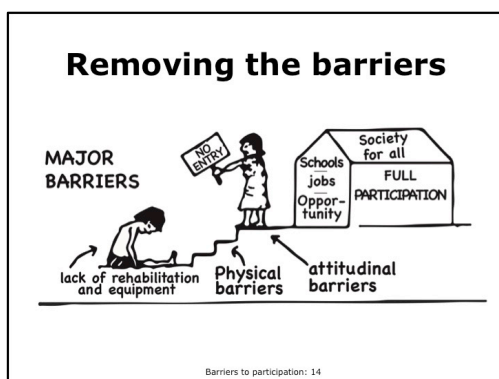
Refer participants to the illustration from *Disabled Village Children* in their Participant Manual and show the next three slides that each contain part of it.
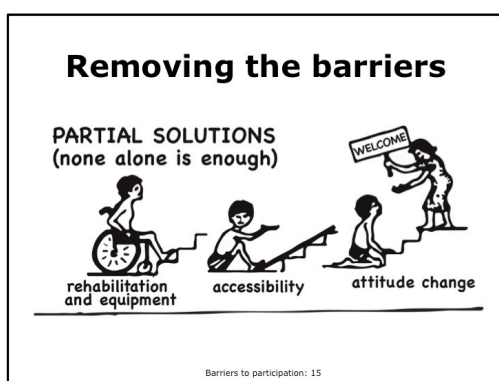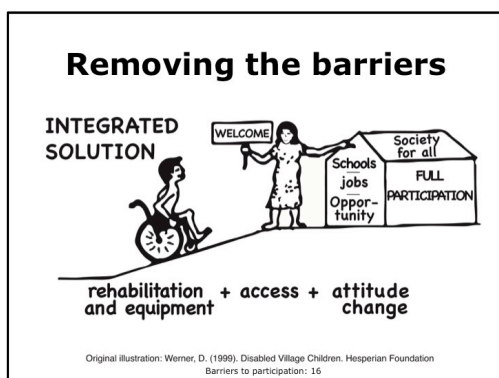
- The first part of the illustration highlights major barriers that face persons with disabilities:
  - lack of habilitation or rehabilitation equipment
  - physical barriers
  - attitudinal barriers

The second part of the illustration shows how a partial solution will still exclude persons with disabilities:
- An accessible venue isn't useful if someone cannot reach it because they don't have the right assistive device.
- A positive attitude isn't useful if there is still a physical barrier to inclusion.
- And it is not enough to provide access to a building without ensuring that attitudinal barriers are addressed.

Explain:
- For persons with disabilities to be fully included, all the barriers that are in their way must be considered. In this third part of the illustration it shows that when the person with a disability has appropriate rehabilitation equipment, physical access and is met with a positive attitude, he can access his right to full participation.

So, what can be done to remove or reduce the barriers that face persons with disabilities? Are there barriers for persons with disabilities in your environment and can you help remove them? In the next activity we are going to consider this.

Show the slide and explain the activity.

Activity

Working in pairs, discuss your own work environment(s) and identify specific barriers to participation (may be attitudinal, environmental, or institutional) that you or your organization could help remove.

Write each barrier identified and the action required to remove the barrier on a separate coloured card. Try to think of one of each type of barrier. **Pin** them on the wall under the heading they relate to: attitudinal, environmental, or institutional.

Barriers to participation: 15

Activity: actions towards removing barriers to participation	
Groups	**Split** the participants into pairs using the 'pairs of items' bag prepared. See preparation section.
Instructions	**Ask** each pair to discuss their own environment or situation and identify specific barriers to participation (may be *attitudinal, environmental, or institutional).* Each participant should then write on a piece of coloured card: • the barrier • what they can do to help break down the barrier and pin this on the wall under the heading relating to the type of barrier it is. **Note:** participants may write about as many barriers as possible. Members of the same pair may have different barriers from each other. This exercise will help participants to think about the different types of barriers – and it can stay on the training room wall as a bright area of colour and a reminder of barriers and solutions for the rest of the week.
Monitor	**Check** each pair has understood the activity and what is required. **Encourage** participants to use markers to write on the coloured cards. **Use** a variety of colours – it doesn't matter which colour is used. **Ask** participants to pin the cards on the wall under the relevant type of barrier **Provide** Prestik or masking tape to pin the cards to the wall.
Time	**Allow** 25 minutes for discussion in pairs and to complete the cards and pin them on the wall and 30 minutes for discussion. (Total time: 55 minutes).
Feedback	**Ask** everyone to gather around the wall full of barriers**.** **Highlight** a few of the cards and ask for comments. Ask volunteers to read the cards if your group includes persons with visual impairments. **Invite** participants to add to the wall during the week if they think of new barriers they can help to break down.
Trainer's notes:	

This activity is intended for participants to think about their own roles at work and to give them the opportunity to develop strategies and action plans that they personally can implement.

After feedback from the activity, **refer** participants to the reference table in the manual which gives examples of action that can be taken at different levels to break down some of the barriers (shown below).

Ask participants for their reaction - what were the similarities and differences between their suggested actions and those given in the manual? (Copy below).

Trainer's notes: Actions to take to break down barriers

- *Review and revise policies and pieces of legislation and plans from the perspective of the barriers they may create for the inclusion of persons with disabilities.*
- *Develop new policies and legislation with a disability lens to take into account potential barriers.*
- *Include persons with disabilities in policy and legislative discussions to ensure their needs are addressed in all policy development and review processes.*
- *Plan all programmes and financing arrangements taking into account barriers that might affect inclusion of all persons with disabilities.*
- *Include persons with disabilities and their representative organizations in discussions and decision making at all stages of the programme cycle.*
- *Identify policies and bye-laws that create barriers and advocate for their immediate revision or removal.*
- *Identify and raise awareness of barriers that exist and promote and work for their removal.*
- *Identify and raise awareness of barriers that exist.*
- *Work with others to advocate, lobby and arrange for their removal.*
- *Promote positive attitudes towards persons with disabilities.*
- *Support persons with disabilities to advocate for their rights.*
- *Identify persons with disabilities in the community and ensure they are included.*

Inclusion

Barriers to participation: 16
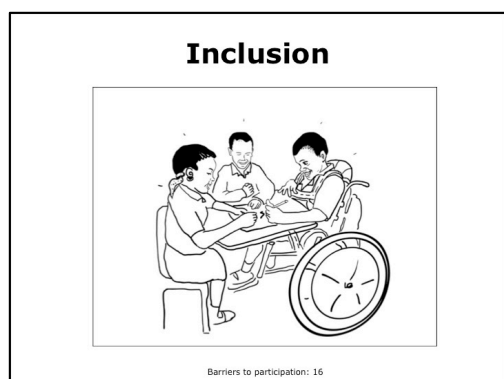
Summarise:
- In other sessions we have emphasized the changes that have taken place over time to see persons with disabilities fully included in society.
- Different types of barriers prevent inclusion and it is our role to help break them down wherever they exist.
- Our goal is meaningful inclusion in every aspect of life.

Write or print out the headings over the page and pin on the wall when you begin the activity '*actions towards removing barriers to participation*'

ATTITUDINAL BARRIERS

ENVIRONMENTAL BARRIERS

INSTITUTIONAL BARRIERS

6 Training skills 1

Learning objectives
By the end of the session participants shall be able to: • Explain good practice of presenting and facilitating during training delivery. • Demonstrate good practice of presenting and facilitating during training delivery. • Demonstrate good participatory training and communication skills. • Explain rationale for making training locally appropriate.

Time allocated
• 120 minutes.

Resources needed
• PPT Presentation or A2 Presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers • Masking tape or prestic • *Challenging behaviour* laminated cards for activity.

Preparation
Familiarise with: • relevant content of the Participant Manual • PPT slides or A2 Presenter. Print: • the Challenging behaviour list from the end of the session plan, cut into strips and put in a hat or bucket (if laminated cards not available).

Trainer's notes:
Some of the participants during this session may not go on to play a full training role in the roll out of the CBID training package. However, all will have experience of, and future opportunities in, presenting information, addressing groups of people, speaking in meetings and will thus benefit from this session and from completing the personal action plan at the end.

6.1 Introduction (5 minutes)

Training skills 1

Learning objectives

By the end of the session participants shall be able to:
• Explain good practice of presenting and facilitating during training delivery.
• Demonstrate good practice of presenting and facilitating during training delivery.
• Demonstrate good participatory training and communication skills.

Training Skills 1: 2

Introduce the learning objectives of the session.

Explain: This is the first of two sessions designed to help participants in their role as trainers.

Ask: Who has done some training before? Find out *where*, *when*, *what* to give an idea of the existing training experience in the room.

Acknowledge responses.

Topics include:

• Presenting
• Facilitating
• Energizers
• Participatory training methods
• Aspects of group activities.

Training Skills 1: 3

Explain: We are going to look at these training topics in this session.

6.2 Knowledge, skills and attitude (5 minutes)

Explain: We are going to look at different methods of training and good practice in training – the knowledge and skills that we need as good trainers.

Ask: What do we need apart from knowledge and skills?
Acknowledge responses.

Explain: As well as knowledge and skills we need a good attitude.

Draw three interconnected circles on a flipchart, and label them Knowledge, Skills and Attitude.

Explain:
• knowledge is needed of the topic we are going to teach
• skills are needed to communicate that information in an effective way
• a good attitude is needed to ensure that our training participants are receptive to the information and motivated to use it in a positive way.

Ask: What happens if our attitude comes across as we know it all, or we seem bored or disinterested?
Acknowledge responses.

Therefore whichever methods we are using, we need to ensure we have a good attitude as a foundation.

6.3   Presenting and facilitating (25 minutes)

Ask: Turn to the person next to you and discuss in a buzz group for two minutes what you think the difference is between *presenting* and *facilitating?*

Acknowledge responses.

Presenting

- One-way
- Provides information
- Corrects misinformation
- Assumes what is presented is not known
- Treats all participants equally.

Training Skills 1: 4

Explain: *Presenting* is a one-way process where participants are given information. Presentations are used to provide information, facts and figures, and correct misinformation. When we present facts, theories or frameworks, we assume people don't know the information or they need to be reminded. Thus we treat all participants in the same way even if some may know the information already.

Facilitating

Facilitating makes it easier for participants to:
- see the connection between theoretical concepts and real life challenges or tasks
- reflect on their own experience
- connect this with new information.

Training Skills 1: 5

Explain: *Facilitating* means 'making things easier'. When we facilitate we make it easier for participants to:
- see the connection between theoretical concepts and real life challenges or tasks
- reflect on their own experience and connect their own experience or views with new information.

Ask: Turning to the person next to you on the other side, discuss in a buzz group what you think makes a good presentation? What should trainers do to help make a presentation interesting and effective?

Acknowledge responses.

Good practice for presenting

- Vary the pace and tone of speech.
- Be aware of your position in the room.
- Ask questions and encourage contributions from the group.

Training Skills 1: 6

Summarise the key points from this slide and the next.
- Vary the pace and tone of speech to keep the interest and attention of participants.
- Be aware of your position in the room and vary it.
- Make the presentation more interactive and participatory by asking probing/guiding questions and encouraging contributions from the group.

Good practice for presenting

- Follow the instructions in the session plan.
- Know and watch your audience - are they listening, interested, awake?
- Break for a few minutes if necessary or insert a short energizer.

Training Skills 1: 7

- Follow the instructions in the session plan. If you deviate from the session plan, you may run out of time.
- Ensure you have good knowledge of the topic by being familiar with the material in the Participant Manual and other relevant resources.
- Take note of your audience – how are they reacting?
- Have a break now and again if necessary or change the activity.

Using Powerpoint

- Use slides as a prompt.
- Make the point clearly using as few words as possible.
- Make sure the font size can be read easily.
- Allow time for participants to absorb the content.

Training Skills 1: 8

Continue with the key points relating to Powerpoint presentations:
- Use the slides as a prompt and to show participants the key information.
- Make sure the slides don't contain too many words – this is a common mistake.
- Use a font size that can be read.
- Allow time for participants to absorb the information.
- As you have seen from the slides used in this training so far, the words on the slide are in a big font, and bullet points are kept brief.

Using Powerpoint

- Match slides to what you are saying.
- Avoid reading from screen with your back to the audience.
- Avoid blocking the beam.

Training Skills 1: 9

- Make sure the slide shown corresponds with what you are saying. Keep the slide synchronized with the session plan.
- Do not turn your back to the group when reading from a slide.
- Don't block the projector light beam.

Good practice for facilitating

- Understand the purpose of the activity.
- Give people time and space to think for themselves.
- Ask rather than tell.
- Give clear instructions.
- Check on learning and be sensitive to diversity of learners.

Training Skills 1: 10

Explain that this slide shows good practice points for facilitating.
- Understand the purpose of the activity and what you are facilitating. Try out the activity before the session.
- Give people time and space to think for themselves. This means that the trainer should be comfortable with silence.
- Avoid giving the answers when a participant asks a question but the group knows the answer. Refer the question to the group.
- Give clear instructions to participants, and make sure you understand them before the session.
- Monitor participants' learning to ensure they are learning the key points for the session.

6.4   Participatory training methods (30 minutes)

Explain that one of the ways to stimulate full participation of your participants is also to include 'Energizers' when energy levels are low.

Ask if one of the participants can lead the group with a short energizer. If no-one volunteers, run one yourself (examples are given in the Participant Manual).

Energizers

- Can be run as part of the training:
  - Ask participants to move to a different area
  - Move the session to a different space (e.g. outside)
  - Ask questions.

- Can be run as separate activities:
  - Usually a 2-3 minute fun activity to get people to stretch in some way.
  - Sing a song.

Training Skills 1: 11

Energizers can be run as part of the training – such as getting people to move around the room to look at something; or moving the session to a different location such as outside; or asking questions of the group or individuals.
Or they can be run as separate activities – usually a fun activity such as stretching exercises, or singing a song.
Make sure the energizer is appropriate to the group, such as being culturally and gender sensitive, and inclusive of any persons with disabilities in the group.

For example when doing an energiser that requires the person to write letters of the alphabet using the body. In Braille the letter " O" is "J "

Participatory training methods

- Discussions
- Activities
- Case studies
- Using pictures or films
- Role plays
- Brainstorming
- Demonstrations
- Field visits.

Training Skills 1: 12

Remind participants that people learn in different ways therefore a good trainer will use a variety of training methods to keep the interest and engagement of the group. Examples are:

- **Discussions** – often used for problem solving, stimulating thinking.
- **Activities** – as we are using in this training – to engage participants.
- **Case studies** – to give examples to support points being made.
- **Using pictures or films** – to stimulate discussion.
- **Role-plays** – acting out scenarios. This could be used for example, to show the difference between a person with a disability being treated positively or negatively in a situation such as at a polling station.
- **Brainstorming** – used to find solutions by stimulating ideas between participants.
- **Demonstrations** –to teach practical skills.
- **Field visits** – a visit to a venue for participants to observe a situation for themselves.

Group activities allow:

- Trainers to find out what participants already know.
- Those with more knowledge and expertise to share it.
- Participants to gain confidence.
- Shy or more junior participants to participate more fully.

Training Skills 1: 13

Dividing the participants into groups for activities is a good way to get everyone's participation in a session. It also allows:

- trainers to find out how much participants already know
- those with more knowledge and expertise to share it
- participants to gain confidence as they see they already know a lot from their experience
- shy or more junior participants to participate more fully as they usually have more confidence speaking out in smaller groups.

Factors in dividing groups

- Time: more groups – more time for feedback.
- Involvement: the smaller the group the greater the participation of everyone.
- Purpose of activity: will it work better to have people together from the same organization or different organizations?
- How to divide: use interesting fun methods such as dividing by birthday months or initial of first name.

Training Skills 1: 14

- **Organizing groups:** think about the size of groups, who to group together, and methods of dividing participants into groups.
- The more groups you have, the more feedback time you will need.
- The smaller the groups are, the more it will encourage participation of everyone.
- Use different methods to group people each time to make it fun and interesting.
- Use local resources where possible, such as getting people to pick something from a bag and grouping people with the same item such as a stone, stick, or sweet.

Explain that we need to work in groups of 2-3 for the next exercise (modify based on participant numbers: there are seven challenging behaviour cards).

Ask: can anyone show us an example of an interesting way they have learnt to divide training course participants into groups?

Divide the group members using the participant's method.

Ask if any of the participants have been in a training where one of the participants was challenging in some way?
Acknowledge responses.

Activity

Challenging behaviour

- Choose a card.
- How would you deal with the challenging behaviour described?

Training Skills 1: 15

Ask each group to choose one of the 'challenging behaviour' cards from a hat or bucket (print these from the end of this session plan). Give the groups 2-3 minutes to discuss and then go around the room in turn asking the groups how they would deal with the behaviour on their card.

When all groups have given their responses ask participants to turn to the section in their Participant Manual and highlight any ideas that have not been raised.

6.5   Communication skills (50 minutes)

Explain that communication skills are key to being a good trainer.
*   In this activity, you will have the opportunity to practise your communication skills.
*   You will take on the role of trainer and present the key learning points about communication skills yourself.
*   This is a chance for you to put some of the skills just discussed in the presenting and facilitating section into practice.

Activity

Communication skills
*   Read and discuss the key points of your topic in your Participant Manual.
*   Prepare a five minute presentation to explain the key communication points.
*   Use a variety of presentation styles to convey the information, such as presentation, role play, demonstration.

Training Skills 1: 16

Show the activity slide and explain the activity below.

Activity: Communication skills	
Groups	**Divide** all the participants into <u>four</u> groups.
Instructions	**Assign** each group one of the topics listed below and refer them to the activity in their Workbook. Each group should present the information listed under their heading. **Encourage** groups to be creative and to use role-play, props, flipcharts, or the board as desired.
Monitor	**Monitor** the groups and assist as needed.
Time	**Allow** 20 minutes for groups to prepare the task; 5 minutes for each group to present; and 10 minutes in total for discussion after each group and final feedback by trainer. (Total time: 45 minutes).
Feedback	**Refer** participants to their Participant Manual to check if all the information was communicated in the session. **Focus** feedback on the content and different communication skills. The trainer should briefly summarize any key points not clearly presented by the group.

Trainer's Notes:

Group 1 – Topic: Verbal and non-verbal communication skills

- Be aware of the speed, volume, rise and fall (intonation) of your voice when presenting.
- Avoid using socially inappropriate language, including slang and 'non-speak' ('er', 'um', 'like', 'you know').
- Be heard clearly by all participants – be aware of those with hearing impairments and ensure you allow sufficient time if they are working with a sign language interpreter.
- Be aware of when participants do, and do not, understand what you say
- Use terms that will be understood by all the participants.
- Maintain eye contact and be aware of your body language.

Group 2 – Topic: Asking questions

- Allow time for all participants to think about and respond to the question – don't always take an answer from the first respondent. Some participants may need some time to think, especially if the training is not being delivered in their first language.
- Don't jump to answer participants' questions. Help facilitate participants to think of the idea, concept or answer without telling them the answer when possible. Draw answers from the room.
- Rephrase questions when needed: if the response from participants is silence, confusion, or a wrong answer, the question may need to be rephrased.
- Use open questions to check understanding (for example, 'what are the five models of disability?')
- Avoid using closed questions (questions where the response is 'yes' or 'no')
- Acknowledge when correct answers are given.

Group 3 – Topic: Answering questions

- Sometimes participants ask a question without thinking it through for themselves. When this happens, challenge them to work out the answer themselves.
- Help participants find the answer using questioning. For example, 'What do you think?', 'What factors are important to consider when deciding…?' Draw out the correct ideas from participants, developing their reasoning and problem solving skills.
- If someone asks a question that you do not know the answer to, first ask if any participants or co-trainers can answer it. If no one can answer, offer to look it up and share it with the group before the end of the training.
- If there is not enough time to answer a question at the time of asking, use the Car Park to make a note of it and address it later in the training programme.
- Avoid spending time on questions that fall outside the objectives for the session. Take the opportunity in a break to discuss the issue with the questioner.
- Listen: make sure you listen to the whole question before assuming you know what the question is. This means not interrupting or filling in the sentence.

Group 4 – Topic – Appropriateness for local context

- Be familiar with the local environment: understand the community's challenges and what they consider important.
- Incorporate local proverbs and sayings in your training.
- Follow local customs – e.g. in relation to opening ceremonies, closing speeches etc.
- Make references to local organizations and individuals to help participants understand concepts.
- Use appropriate and respectful language.
- Use local case studies to illustrate your training messages.

6.6   Plan of action (5 minutes)

Plan of action

Reflect on your own role and write down any actions **you personally** can take to improve your performance as a trainer, presenter or speaker.

Training Skills 1: 17

Ask participants to reflect on their own roles and **write down** in their Workbook any actions you can take to improve your performance as a trainer, presenter or speaker in any context.

Refer participants to the *Tips for training* in their Participant Manual.
Print out the list and cut into individual strips. Put them in a hat or bucket for groups of 2-3 to choose.

The senior participant: in a position of authority over others in the group

The participant who talks too much – seems to know it all

The quiet one who hardly talks

The participant who is constantly arguing or challenging

The easily distracted participant who is always on the phone or missing

The participant who is always joking

The negative, unenthusiastic participant

7 Mainstreaming disability

National / Provincial / District

Learning objectives
By the end of the session participants shall be able to: • Define disability mainstreaming, integration and inclusion • Explain the process of disability mainstreaming • Outline the merits of mainstreaming disability • Outline the importance of teamwork.

Time allocated
• 135 minutes.

Resources needed
• PPT Presentation or A2 Presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers • Printout of scenarios • Guest speaker

Preparation
Familiarise with: • relevant content of the Participant Manual • PPT slides or A2 Presenter Print (onto card if possible): • 2-3 copies of the scenarios from the end of the session plan for group members to share. Cut into strips. Guest speaker: • Identify and brief a person with a disability who is a good role model such as someone who is economically self-reliant, someone who holds a decision making position in society, or someone who has achieved success in a sport or other activity. Use the briefing notes at the end of the session plan. Note: you may invite one of your participants to be the guest speaker for this session.

7.1 Introduction (45 minutes)

Introduce the session.

Explain: This session looks at the concept of *mainstreaming* and its importance in terms of disability inclusion, how better to ensure mainstreaming is effective and how we can show that mainstreaming is actually taking place, or not.

Remind participants that in previous sessions we have talked about the CBR Matrix and the CBR Guidelines. But to achieve **Community Based Inclusive Development** in Zambia a critical concept for us to all understand is how to mainstream disability in not only the 25 areas of the CBR Matrix but in every aspect of development in Zambia.

Introduce the learning objectives of the session.

Mainstreaming disability

Learning objectives

By the end of the session participants shall be able to:
• Define disability mainstreaming, integration and inclusion.
• Explain the process of disability mainstreaming.
• Outline the merits of mainstreaming disability.
• Outline the importance of teamwork.

Mainstreaming disability: 2

Explain: The terms mainstreaming, integration, and inclusion are often used interchangeably but they have different meanings.

Ask: Who can define any of these three terms?
Acknowledge responses.

Terms often used interchangeably:

• Disability integration

• Disability mainstreaming

• Disability inclusion

Mainstreaming disability: 3

Highlight that these terms are often used interchangeably in the disability context.

Disability integration means:

- Providing arrangements to allow persons with disabilities to participate in their environment in reaction to a stated need.
- Or – it is the mixing of groups that were previously segregated.
- It is reactive, integrating the person into an already established structure.

Mainstreaming disability: 4

Explain: Disability integration is:
- providing features and arrangements which allow persons with disabilities to access and participate in their environment in limited circumstances or in reaction to a stated need.
- Or –the intermixing of groups previously segregated.
- This approach is reactive rather than proactive – it integrates the person with a disability into an already established structure.

Disability mainstreaming means:

- Not just adding on a disability component – but making it integral at all stages: needs assessment, planning, setting indicators, implementation, reporting, monitoring, evaluation
- Promoting inclusion, addressing barriers, ensuring rights of persons with disabilities.

Mainstreaming disability: 5

Explain: Disability mainstreaming is:
- the consideration of specific conditions, situations and needs of persons with disabilities at all stages.
- It is not about adding a disability component but is a strategy that ensures that concerns of persons with disabilities are an integral dimension in any policy or programme needs assessment, design, setting indicators, implementation, monitoring and evaluation.
- Mainstreaming is a method to promote inclusion and address barriers that exist for persons with disabilities and prevent their equal and full participation.
- It aims to ensure that persons with disabilities have the same rights as others.

Disability inclusion means:

- Providing all the arrangements that allow **everyone** to participate in their environment, in advance of a stated need, including persons with disabilities.
- Proactive and anticipatory.
- Facilitating an environment in which no one is excluded. That environment being designed to fit the person – including persons with disabilities.

Mainstreaming disability: 6

Explain: Disability inclusion is:
- concerned with providing all of the features and arrangements that allow persons with disabilities to access and participate in their environment in advance of any stated need.
- It is proactive and anticipatory.
- The goal of inclusion is to facilitate an environment in which no one feels left out as a result of their difference.
- The environment is designed to fit the person.

Mainstreaming and inclusion

- Mainstreaming is a process to achieve inclusion.
- Mainstreaming is needed because most aspects of life have not been planned from the start with inclusion in mind.
- Inclusion is a process AND a result of mainstreaming.

Mainstreaming disability: 7

Explain:
- Mainstreaming is a process to achieve inclusion by addressing/removing barriers that exist.
- Mainstreaming is needed because most aspects of life have not been planned from the start with inclusion in mind.
- Inclusion is a process AND a result of mainstreaming.

Ask: Are there any questions?
Check that people understand these concepts before moving further.

Ask: What are the benefits of disability mainstreaming?
Acknowledge responses.

Benefits of mainstreaming

- Reduced discrimination and negative attitudes
- Meets the normal needs of PWDs (not *special* needs)
- Barriers to inclusion are removed
- Allows PWDs to contribute to their own future and to society
- Allows rights to be exercised and full potential to be reached for PWDs.

Mainstreaming disability: 8

Explain that the benefits of mainstreaming include:
- reduced discrimination and negative attitudes that lead to – for example – parents hiding their children preventing them having any opportunity for inclusion or quality of life
- mainstreaming meets the regular needs of PWDs or diverse needs of all persons (not their specific needs)
- barriers to inclusion are removed
- allows PWDs to contribute to their own future and to society
- allows rights to be exercised
- and full potential to be reached for PWDs.

Ask: Who is mainstreaming now? **Try** to find out what mainstreaming activities participants are currently taking, if any.

Ask: In what ways is mainstreaming taking place? What are the successes you have experienced?

If mainstreaming is not happening, **ask** why not? What obstacles prevent mainstreaming from taking place?

Acknowledge responses and write up some of the barriers to disability mainstreaming on the white board or flipchart.

7.2   Testimonial from a guest speaker with a disability (20 minutes)

National / Provincial / District

Trainer's notes:
Fifteen minutes has been allowed in the timetable for the guest speaker's address (plus 5 minutes for the introduction and thanks). Adjust the total session timing if you want to allow more time for this.

Guest speaker

Mainstreaming disability: 9

Introduce your guest speaker to give their testimonial about their experience as a person with a disability and what factors have helped him or her to achieve a good quality of life and inclusion in society.

Ask participants if they have questions for the speaker.

7.3 Facilitating mainstreaming (60 minutes)

National / Provincial / District

Explain: We have discussed the principle and benefits of mainstreaming disability, but in order to achieve the desired outcome, mainstreaming must be put into action.

Factors in mainstreaming success

Mainstreaming success depends on close collaboration between:

• Government
• DPOs
• Service providers.

Mainstreaming disability: 10

Explain:
• One of the key factors in mainstreaming success is the importance of teamwork and seeing how your activities complement those at the other levels.
• Disability mainstreaming in Zambia requires commitment and the collaboration of stakeholders at national, provincial, district, and community levels, with the stakeholder groups of government, DPOs, other civil society organisations and service providers each fulfilling a specific role.

Government is responsible for:

• Ensuring the rights of persons with disabilities in line with national and international laws and policies.
• This includes disability specific as well as mainstream legislation.
• Government provides the framework in which services operate and are monitored, and develops strategies to meet the rights that exist.

Mainstreaming disability: 11

Government is responsible for:

• Ensuring the rights of persons with disabilities in line with national and international laws and policies.
• This includes disability specific as well as mainstream legislation. Government provides the framework in which services operate and are monitored, and develops strategies to meet the rights that exist.

DPOs role is to:

- Identify their needs and identify the barriers to their inclusion that exist.
- Represent the views of persons with disabilities to decision makers and develop the skills of their membership to advocate for their rights.
- Demand services in line with their rights under national and international laws.

Mainstreaming disability: 12

DPOs are the voice of persons with disabilities and it is their role to:

- Identify their needs and identify the barriers to their inclusion that exist.
- Represent the views of persons with disabilities to decision makers and develop the skills of their membership to advocate for their rights.
- To demand services in line with their rights under national and international laws.

Service providers**:** are responsible for providing services in line with the government policies and guidelines. Service providers can also be family members.

Factors in mainstreaming success

Mainstreaming success also depends on:

- Involvement of persons with disabilities and their family members
- Understanding the concept of mainstreaming
- Support of stakeholders
- Situation assessment.

Mainstreaming disability: 13

Explain: other factors to be considered are:

- *Involvement of persons with disabilities and organizations of persons with disabilities* (DPOs) from the outset.
- *Understanding the concept of mainstreaming*: all people involved must understand the principles and rationale of mainstreaming.
- *Support of stakeholders:* all involved need to be supportive of mainstreaming
- *Situation assessment:* a baseline is needed – for example analysing how persons with disabilities are currently excluded in a given place / situation.

Factors in mainstreaming success

Mainstreaming success also depends on:

- Developing a supportive culture
- Learning and networking
- Considerations for diversity within persons with disabilities
- Monitoring and evaluation.

Mainstreaming disability: 14

- *Develop a supportive culture:* to support organizational change such as revisions of policies and procedures, and disability sensitization training.
- *Learning and networking*: lessons can be learnt from past experience or from other organizations.
- *Considerations for diversity within persons with disabilities*: considering the needs of persons with different disabilities, as well as age and gender.
- *Monitoring and evaluation*: systems and tools must be in place to monitor the success of the mainstreaming and adapt as necessary based on successes and challenges.

Activity

- Discuss in your group the scenario you have been given and how the person could be mainstreamed in society. What would be the role of the different stakeholders?

- Be ready to report back to the other groups.

Mainstreaming disability: 15

Explain: In this activity we will consider how different stakeholders can support mainstreaming of disability in society.

Activity: Mainstreaming scenarios	
Groups	**Divide** participants into four groups.
Instructions	**Ask** each group to pick a card with a scenario on it (print from end of session plan). Groups to discuss how the person described could be mainstreamed, and then to be ready to report back to the whole group on their ideas.
Monitor	**Check** each group has understood the task.
Time	**Allow** each group 10 minutes to discuss their scenario and 5 minutes to feedback and discuss. (Total time: 30 minutes).
Feedback	**Ask** them to read out their scenario as you display it (see below), then describe what they think would be the role of different stakeholders for that person to be mainstreamed. **Ask** if other participants have any additions or comments.

Scenario 1

Scenario 1

Grace is a bright young child with post polio paralysis who uses a wheelchair and is currently not attending school.

What could be the role of government, DPOs and service providers to help her to be mainstreamed in education?

Mainstreaming disability: 16

Scenario 2

Scenario 2

Blessings has a visual impairment and has a good small business, but he has been unable to access a loan from his local microfinance company to expand his services.

What could be the role of government, community members, and local leaders to support his mainstreaming?

Mainstreaming disability: 17

Scenario 3

Sheila is a teenager who has an intellectual disability. Her parents are very over-protective and don't let her participate in any community activities.

What could be the role of government, DPOs and service providers to help her to be mainstreamed?

Mainstreaming disability: 18

Scenario 3

Scenario 4

Joseph is a young man of short stature who has been refused entry to University to study medicine.

What could be the role of his family members, DPOs, and local leaders to help him argue for his right of entry?

Mainstreaming disability: 19

Scenario 4

7.4 Plan of action (10 minutes)

National / Provincial / District

Plan of action

Reflect on your own role and write down how you can help mainstream disability in your work.

Mainstreaming disability: 20

Ask participants to reflect on their own roles and organizations and write down in their Workbook ways they can help mainstream disability in their work. **Allow** a few minutes.

Ask 2-3 participants to give an example of something they have noted.

Summarize:
- It is important to understand the differences between mainstreaming, integration and inclusion. If we understand the concepts we can more effectively promote inclusion, and encourage stakeholders to strive for inclusion rather than integration.

- People often think that integration is enough – it makes an effort. However it is not enough, and it is our role to shift people's thinking to be inclusive in all aspects of life and to recognise the importance and benefits of being inclusive.

Close the session.

Trainer's notes: How I can help mainstream disability in my work	
National / Provincial	• *Raise awareness of the Human Rights model of disability.* • *Develop policies and laws that promote the rights and access of persons with disabilities.* • *Initiate the review of policies and laws to ensure they promote full participation of persons with disabilities.* • *Develop mechanisms to monitor and document Zambia's adherence to international conventions and local laws and policies to which it has committed.* • *Involve persons with disabilities in all aspects of my work.* • *Develop disability indicators to assess the level of inclusion of persons with disabilities in all programmes.*
District	• *Raise awareness of the Human Rights model of disability.* • *Identify and remove barriers to the inclusion of persons with disabilities in all situations.* • *Advocate for development and revision of policies and byelaws that promote participation of persons with disabilities in district and community development work and other services.* • *Develop programme plans that ensure mainstreaming of persons with disabilities and involve them in design.* • *Raise awareness of the need for mainstreaming.* • *Plan initiatives which promote the empowerment of DPOs and support persons with disabilities to understand and demand their rights.* • *Help support the development and sustainability of DPOs/OPDs so they can advocate for their rights.* • *Develop disability indicators to assess the level of inclusion of persons with disabilities in all programmes.*
Community	• *Raise awareness of the Human Rights model of disability.* • *Identify and remove barriers to the inclusion of persons with disabilities for all community activities.* • *Advocate for mainstreaming of persons with disabilities in all plans implemented at community level.* • *Implement initiatives which promote the empowerment of DPOs and support persons with disabilities to understand and demand their rights.* • *Build capacity of disabled people's organizations so they can advocate for their rights.* • *Carry out awareness raising activities in the community.* • *Advocate for byelaws to community leadership to provide for the needs of persons with disabilities as well.*

Activity: Mainstreaming scenarios

Scenario 1: Grace is a bright young child with post polio paralysis who uses a wheelchair and is currently not attending school.

What could be the role of government, DPOs and service providers to help her to be mainstreamed in education?

Scenario 2: Blessings has a visual impairment and has a good small business, but he has been unable to access a loan from his local microfinance company to expand his services.

What could be the role of government, community members, and local leaders to support his mainstreaming?

Scenario 3: Sheila is a teenager who has an intellectual disability. Her parents are very over-protective and don't let her participate in any community activities.

What could be the role of government, DPOs and service providers to help her to be mainstreamed?

Scenario 4: Joseph is a young man of short stature who has been refused entry to University to study medicine.

What could be the role of his family members, DPOs, and local leaders to help him argue for his right of entry?

Briefing notes for section 1.2 Testimonial from a guest speaker with a disability

The aim of this testimonial is to show how when someone has the right support and interventions they can become empowered and integrated into their family, community and society.

Identify someone who is comfortable to speak in front of a group (through an interpreter if necessary) and who understands the concept of mainstreaming disability.

Some ideas of persons with disabilities who might be good speakers:

• Someone who has received an assistive device which has made them more independent and able to go to school or work.

• Someone who has a disability who works in a mainstream job earning their living and supporting their family.

• Someone who has achieved success in sport

• Someone who set up their own business

• Someone who recovered from a mental illness because of the support they received from others.

• Someone who faced challenges accessing education but went on to finish their education or study at an advanced level.

• Someone who raises awareness about disability in the community to change attitudes.

Emphasize to the speaker:

• The time available – make sure they know they must stick to the amount of time you have agreed so that the training programme runs on time.

• The general points you would like them to make that will help illustrate the messages you are communicating in the session and the training. (For example, you want them to emphasize the factors that have helped them to be included – such as which barriers were taken down for them (removal of physical barriers, or receiving a positive attitude).

8 Inclusive development

Learning objectives
By the end of the session participants shall be able to: • Define inclusive development. • Explain the concept of 'inclusion'. • Define CBID, its features and rationale. • List roles of structures at national level. • List policies and guidelines on inclusive development and activities/interventions to support inclusion.

Time allocated
• 140 minutes.

Resources needed
• PPT or A2 presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers.

Preparation
Familiarise with: • relevant content of the Participant Manual • PPT slides or A2 Presenter.

8.1   Definition of inclusive development (5 minutes)

Introduce the session.

Explain: *Inclusive* and *inclusion* are words we hear a lot in terms of disability. In this session, we look at what these terms mean, the importance of inclusive development and how better we can achieve it.

Introduce the learning objectives of the session.

Ask: What does *Inclusive Development* mean? Can anyone define it for us?

Acknowledge responses and write key points on the whiteboard or flipchart.

Explain: Inclusive development means that all stages of development are accessible to all people, including persons with disabilities. Its features include:

- **Equal rights** for all. Everyone, including persons with disabilities, benefits equitably from mainstream development processes.
- **Participation** Persons with disabilities benefit from mainstream programmes and thus participate in decision-making.
- **Accessibility** Attitudinal, environmental and institutional barriers are identified and addressed.
- **Sustainability** Including persons with disabilities must be embedded in all levels of a country's culture, involving all sections of the community, and visible in all policies, systems and practices.

8.2 Concept of inclusion (5 minutes)

	National / Provincial / District	

Trainer's notes:
This section considers the evolution of the concept of inclusion over time. The definitions of inclusion, integration *and* mainstreaming, *and the differences between them, are given in detail in the session:* Mainstreaming disability.

Concept of inclusion

1. Historical exclusion of persons with disabilities: segregated, hidden, abandoned, neglected.

2. 1940s – 50s: after second world war better rehabilitation and vocational training for disabled war veterans.

3. 1960s: rise of disability rights movement.

4. 1982-1991: UN Decade of Disabled Persons.

Inclusive development: 4

Explain: The concept of inclusion of persons with disabilities has evolved over time.

- Historically persons with disabilities were excluded - considered as objects of pity unable to contribute to society, often segregated into sheltered centres, asylums and workplaces.
- Change came in the 1940s/1950s in more developed countries, when many of those disabled in the Second World War put increasing pressure on governments for provision of rehabilitation and vocational training and brought disability issues further to light.
- By the 1960s, the civil rights movement strengthened, and disability advocates joined other minority groups to demand equal rights.
- In the 1980s approaches began to be based on a human rights approach and to secure recognition at international level.

Concept of inclusion

5. 1999-2009: African Decade on the Rights of PWDs → extended to 2019.

6. 2006: UN Convention on Rights of PWDs.

7. Change over time from *charity/medical* model to *human rights* model.

8. This century saw disability addressed from a rights-based development perspective.

Inclusive development: 5

- In the 2000s there was a global shift in understanding of how disability needs to be addressed from a development perspective.
- How disability has been viewed has changed over time and evolved from a charity and medical model to a human rights perspective.
- The UN CRPD puts an obligation on signatory UN member states to ensure that PWDs are included and able to exercise their rights
- The notion of *inclusion* has developed in parallel with the emergence of the UN CRPD and a move towards a rights-based model of disability.
- The introduction of the Sustainable Development Goals 2030 has added more indicators to help monitor global inclusive agendas.

8.3   Need for inclusive development (40 minutes)

National / Provincial / District

Explain that we will now look at the need for inclusive development and the benefits to be achieved.

Activity

Groups 1 & 2: Discuss and write down the consequences (advantages) of inclusion and their implications on a flipchart sheet.

Groups 3 & 4: Discuss and write down the consequences (disadvantages) of exclusion and their implications on a flipchart sheet.

Inclusive development: 6

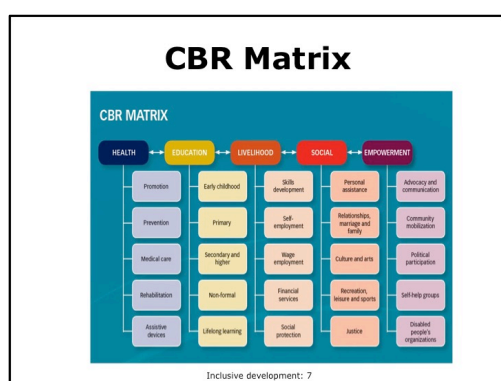**Show** the activity slide and **explain** the activity below.

Activity: Advantages and disadvantages of inclusion / exclusion	
Groups	**Divide** the participants into <u>four</u> groups (1, 2, 3 & 4). Note: if participant numbers are less than 10, divide into two groups.
Instructions	**Groups 1 & 2:**In your group, discuss and write down the consequences (advantages) of '**in**clusion'. Prepare to present to groups 3 & 4. **Groups 3 & 4:** In your group, discuss and write down the consequences (disadvantages) of '**ex**clusion'. Prepare to present to groups 1 & 2.
Monitor	**Monitor** the groups and assist as needed.
Time	**Allow** 20 minutes for the discussion in small groups; 5 minutes for groups 1 and 2 to present to the others; 5 minutes for groups 3 and 4 to present to the others; 5 minutes for feedback and discussion after each presentation. (Total time: 40 minutes).
Feedback	**Invite** groups 1 and 2 to present their findings to the others – a representative from each group, both at the same time, to express the benefits of inclusion. Repeat for groups 3 and 4 to present their findings to the others – a representative from each group, both at the same time, to express the consequences of exclusion. Trainer to facilitate feedback and discussion with the whole group discussion after each presentation. Trainer to add in their own thoughts and additional points from the table below. **Emphasize** the importance of CBID as a strategy in the community and at household level to facilitate the inclusion of persons with disabilities so that these benefits can be realized.

Trainer's notes:	
*Advantages/benefits of **in**clusion of persons with disabilities*	*Disadvantages/pitfalls of **ex**clusion of persons with disabilities*
• Benefits to the individual, family, community, and society: active participation in family and community activities. Individual level • Ability to self expression, freedom of expression and self advocacy • Self determination • Higher self-esteem • Opportunity to participate in decision-making forums. (Voting, constitutional review). Family level • Positive attitude change and increased awareness (in society). • Reduction in poverty • Realisation of rights to participation.	Individual level • Unaware of right to participate. • Lack of ambition. • Lack of self confidence • Low self-esteem. • Lack of opportunity (e.g. livelihood, social, legal services etc.) • Experience stigma and discrimination • Social exclusion/isolation. • Lack of access to services e.g. Health (medical, rehabilitation, assistive devices) and education. • Limited empowerment opportunities. Family level • Increased poverty, reduced income. • Views and opinions neglected.

Community/National level	Community/National level
• Reduced stigma, ignorance, misconceptions. • Improved access to services for persons with disabilities. • Improved access to all services (such as health, education, financial, legal etc. (More persons with disabilities getting more educated). • Better livelihood opportunities making people with disabilities contributing members of society. • Improved implementation of policies and legislation. • Improved designing of physical environment (improved bus stations, transport systems etc.). • Improved budgetary allocations.	• Limited access to physical environment • Barriers to participation.

8.4 Strategies for community based inclusive development (90 minutes)

National / Provincial / District

Explain: CBR has evolved over decades into a broad multi-sectoral development strategy and this led to the development of a CBR matrix to provide a common framework for CBID programmes. Divided into five components, each component has five elements.

Explain: Community-based inclusive development (CBID) means that all persons at community level have access to the 5 components of the CBR Matrix: inclusive health, inclusive education, inclusive livelihood support, inclusive social sector and inclusive empowerment.

Explain: CBID has the aim of making communities and society inclusive of all marginalised persons including those with disabilities:
• **No one should be left behind** for reasons of disability, age, gender, ethnicity, for being a refugee, or any other factor.
• CBID is the most effective strategy to achieve inclusion for persons with disabilities through engaging persons with disabilities, their families, communities, DPOs, civil society organizations and government to work together for the full and active participation of persons with disabilities.

Strategies for CBID must embrace:

• participation
• non-discrimination
• accessibility.

Inclusive development: 9

Explain:
• Disability inclusive strategies are essential to achieve commitment and attitude change.
• Strategies should embrace three principles:
  ◦ participation: to ensure relevance and sustainability
  ◦ non-discrimination: eliminating direct and indirect discrimination.
  ◦ accessibility: to services, the built environment, information, opportunities, and participation.
• All phases of the development cycle to include a disability dimension: to be viewed through the disability lens.

Activity

Review the Zambia policy assigned to your group and prepare a summary of the highlights of the policy to give a 5 minute presentation to the other groups using the flipchart.

Highlight strengths and weaknesses of the policy in relation to meeting the UN CRPD.

Inclusive development: 10

Introduce the activity.

Activity: Making inclusive development happen	
Groups	**Split** participants into four groups. **Note:** If your group includes people from National / Provincial / District levels you may choose to group them in this way so that they can consider the policies particularly in relation to their context. Based on the level of the group and their roles, you can also adjust this activity by looking at different policies.
Instructions	Participants to use the reference information in the Participant Manual. Groups should prepare a presentation for the other groups and use the flipchart to present. **Refer** to the information in the Policy and legal instruments section of the Participant Manual on the UN CRPD and one of the following policies: • The 7th National Development Plan (7NDP) • National Policy on Disability 2013 • National Gender Policy 2014 • National Youth Policy and Action Plan on Youth Empowerment and Employment 2015 **Analyse** the Zambia policy assigned to your group in light of the guiding principles set out in the UN CRPD. Explain how they can be improved, with regard to **inclusive** development. *Note: you can choose different policies featured in the Policy and legal instruments section of the Participant Manual if preferred, such as:* • National Decentralisation Policy 2002, revised in 2013 • National Social Protection Policy 2014-2018 • National Child Policy 2006/2015 • You can also create more groups to cover more than four policies. However, remember that this will require more time for the groups to present, so you will need to extend the time accordingly.
Monitor	**Ensure** groups are working on the correct task, using the relevant parts of the manual for reference.
Time	**Allow** 45 minutes for reading and discussing the reference information and preparing a presentation; 5 minutes for each group to present to the others; 3 minutes for feedback after each presentation. (Total time: 80 minutes).
Feedback	**Let** each group make a short (5 minute) presentation to the other three groups using the flipchart. After each one, invite contribution and discussion from the whole group.

Summarise:
Community-based inclusive development (CBID) means providing all persons access to all aspects of development: inclusive health, inclusive education, inclusive livelihood support, inclusive social sector and inclusive empowerment initiatives.

CBID is the most effective strategy to achieve inclusion for persons with disabilities and ensure no one is left behind for any reason.

Ask if there are any questions.
Close the session.

9 Accessibility

Learning objectives
By the end of the session participants shall be able to: • Define accessibility in relation to persons with disabilities. • Explain the concept of universal design. • Discuss reasonable accommodation. • Explain some of the accessibility standards. • Discuss strategies that will remove barriers to accessibility. • Explain how to carry out an accessibility audit.

Time allocated
• 120 minutes.

Resources needed
• PPT or A2 Presenter • Participant Manual • Video on Universal Design • Whiteboard or flipchart • Flipchart paper and markers • Speakers.

Preparation
Familiarise with: • relevant content of the Participant Manual • PPT slides or A2 presenter • video on Universal Design • accessibility audit checklist in the Workbook.

9.1 Introduction and definition of accessibility (20 minutes)

Accessibility

Learning objectives
By the end of the session participants shall be able to:
• Define accessibility in relation to PWDs.
• Explain the concept of universal design.
• Discuss reasonable accommodation.
• Explain some of the accessibility standards
• Discuss strategies that will remove barriers to accessibility.
• Explain how to carry out an accessibility audit.

Accessibility: 2

Introduce the learning objectives of the session.

Explain: Accessibility is a term that is often used when talking about persons with disabilities. It is seen as being a good thing, but what exactly does it mean?

This session looks at what accessibility is; its benefits and how best we can make services, systems, the environment etc. user friendly for persons with disabilities in Zambia through CBID.

Ask: Can someone explain what we mean by *accessibility?*
Acknowledge responses.

What is *accessibility?*

Accessibility is:
• the "ability to use" the functionality, and possible benefit, of some system or entity.

It describes the degree to which an object, service, system, or environment is accessible by as many people as possible.

Accessibility: 3

Explain:
• Accessibility can be defined as the "ability to use" the functionality, and possible benefit, of some system or entity.
• It is used to describe the degree to which an object, service, system, or environment is accessible by as many people as possible.

What is *accessibility?*

Focusses on five key areas:

• Environment
• Information & communication
• Attitudes and behaviour
• Systems
• Economic.

Accessibility: 4

Explain: Accessibility focuses on five key areas.

Summarise the areas shown on the slide, as follows:

Environment:
• **Man made environment -** This relates to physical access to buildings, external infrastructure (such as pavements, roads and footpaths). Although often seen only as an issue for persons with physical impairments, good environmental access benefits everyone.
• **Natural environment -** This relates to natural factors that can hinder accessibility for persons with disabilities such as rivers, mountains and other rough terrain and high winds.

• **Information & communication:** Including sign language interpretation, printed materials (such as large prints for partially sighted persons and braille for persons who are blind, Legal and Policy documents), signage, websites and technology (Including phones, computers, computer software). The more accessible and diverse the communication, the more people will be able to use it and benefit from it.

- **Attitudes and behaviour:** This is one of the main elements of exclusion. Current traditional and cultural beliefs and practices lead to stigma and discrimination which include pity, hostility, fear and being patronizing, with negative messages being reinforced at times by arts and media images and representation.

- **Systems:** Social services such as, the education system, local government, legal system, health, and politics, all of which can control (promote) the level of opportunity for persons with disabilities to participate in society.

- **Economic**: Economic accessibility, or affordability relates to people's ability to pay for services without financial hardship, this is largely due to high unemployment levels among persons with disabilities. The close relationship of disability and poverty means that persons with disabilities frequently lack economic access to services they require for example access to loans from financial institutions.

Refer participants to the headings on the slide, and the more detailed descriptions of each area on the first page of the accessibility chapter in their Participant Manual.

Ask them to take a few minutes to look at the areas covered and discuss them with the person sitting next to them.

Emphasize that accessibility covers a wide range of issues within any environment, but people often only relate accessibility to physical access.

9.2 Accessibility within the UN CRPD (10 minutes)

National / Provincial / District

Explain that the concept of accessibility is enshrined in the UN CRPD. Article 9 of the convention provides a guideline to review, develop, or advocate for policies to improve accessibility.

Accessibility and the UN CRPD

Article 9 states:
[Countries] must ensure access for persons with disabilities to:
- *the physical environment*
- *transportation*
- *information and communications*
….. *on an equal basis with others, to enable persons with disabilities to live independently and participate fully in all aspects of life.*

Accessibility: 5

In summary, Article 9 states:
[Countries] must ensure access for persons with disabilities to:
- the physical environment
- transportation
- information and communications

…..*on an equal basis with others,* to enable persons with disabilities to live independently and participate fully in all aspects of life.

Accessibility and the UN CRPD

This must include the elimination of obstacles and barriers to accessibility and apply to:
- *a) buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing medical facilities and workplaces;*
- *b) Information, communications and other services, including electronic services and emergency services.*

Accessibility: 6

Continue: This must include the elimination of obstacles and barriers to accessibility and apply to:
a) buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing medical facilities and workplaces;
b) Information, communications and other services, including electronic services and emergency services.

Explain: It thus becomes a legal requirement for those countries including Zambia that have signed and ratified the convention that all persons with disabilities have access to services, the built environment and information.

9.3 Accessible by design (10 minutes)

Explain: Despite the UN CRPD and legal responsibilities laid out in the Zambia Disability Act of 2012, other supportive legislations and policies, ensuring all five areas (above) are as accessible as possible is not easy. It doesn't just happen. It takes initiation and sustenance of:
- awareness
- planning
- resources
- political will.

It should be approached, like all things, from an inclusive perspective – the inclusion of persons with disabilities is the best way to ensure that the environment is as accessible as possible.

In Zambia ZAPD is mandated by law to carry out inspections to monitor accessibility in line with the Disability Act which requires that all buildings should be accessible. It is also ZAPD's role to give advice or prosecute non complying owners of buildings and facilities.

The provision of services and infrastructure through CBID provides a great opportunity to ensure accessibility for persons with disabilities from the start. For example, the Ministry of General Education in Zambia has a standard design of a classroom that meets accessibility requirements.

Zambia uses international standards but has not formally adopted these or developed its own national accessibility standards. Therefore comprehensive information is not readily available.

Accessibility is linked to *universal design*.
Ask: Who knows what we mean by *universal design?*
Acknowledge responses.

Universal design is the process of providing products and services that can be used by people with the widest possible range of abilities, operating within the widest possible range of situations.

It is about making things accessible to **all** people (whether they have a disability or not).

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Universal design

Universal design is:

• the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design.

Accessibility: 7

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Explain: *Universal design* means:
• the design of products, environments, programmes and services to be accessible and usable by all people, to the greatest extent possible, without the need for adaptation or specialised design.

Universal design does <u>not</u> exclude assistive devices for particular groups of persons with disabilities where they are needed.

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9.4   Seven principles of universal design (10 minutes)
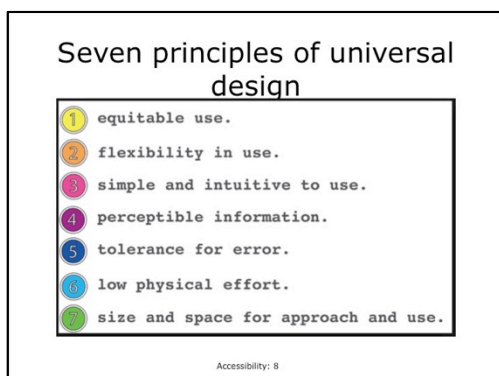
Explain: There are seven commonly recognized principles of universal design. These were originally developed in 1997 by a working group of architects, product designers, engineers and environmental design researchers in the University of North Carolina, USA. The designs promote access for all.

Summarise the principles, as below:

Principle 1: Equitable use
•   Design that is useful and marketable to persons with diverse abilities.
Principle 2: Flexibility in use
Design that accommodates a wide range of individual preferences and abilities.
Principle 3: Simple and intuitive use
•   Design that is easy to understand, regardless of the user's experience, knowledge, language skills, or concentration level.
Principle 4: Perceptible information
•   Design that communicates necessary information effectively to the user, regardless of varying conditions or the user's sensory abilities.
Principle 5: Tolerance for error
•   Design that minimises hazards and the adverse consequences of accidental or unintended actions.
Principle 6: Low physical effort
•   Design that can be used efficiently and comfortably and with a minimum of fatigue.
Principle 7: Size and space for approach and use:
•   Design that provides appropriate size and space for approach, reach, manipulation, and use regardless of the user's body size, posture or mobility.

Show the video on Universal design and/or direct participants to the example pictures in the Participant Manual.

Note: If you have participants with visual impairments, describe the visuals immediately after showing the film as below. These notes can also be used to reinforce the seven principles for all participants.

The film shows:

Principle 1: Equitable use: We see a child who can't reach a light switch, and then we see another image where a light switch is in easy reach of him.

Principle 2: Flexibility in use: We see a bus that has a high step to board it, making it inaccessible to a pregnant woman and an older man using a walking stick. A second bus has a flat entrance way that they can access easily.

Principle 3: Simple and intuitive use: We see a glass building where it is not clear where the doors are located, and then we see the same building where there are signs on the doors and leading to the doors to make it very clear to see the entrance.

Principle 4: Perceptible information: We see a family at an airport where the direction signs are only written in chinese. We then see the signs including pictures of buses and currency to make them accessible for people of any nationality.

Principle 5: Tolerance for error: We see a mistake made on a computer and the 'undo' button being used to reverse this.

Principle 6: Low physical effort: We see an elderly woman and a child struggling to open a door which has a round handle. We then see them easily open a door with a lever handle.

Principle 7: Size and space for approach and use: we see a wheelchair user struggle to get back into his car because there is no extra space next to the disabled parking bay. In the next scene space is added either side and he can easily access his car.

9.5   Universal design and reasonable accommodation (10 minutes)

National / Provincial / District

Ask if anyone can give any examples of good universal design?
Acknowledge responses.

Describe examples of universal design products, including ramps, spoons, drinking straws, Velcro (an easy to use fabric fastening system), automatic doors, phones with text and voice message facilities, and audio books.

Explain that in an ideal world, universal design would enable access for PWDs. But the world is far from ideal, and we have to start with what we've got in terms of accessibility. Hence the concept of *reasonable accommodation.*

Ask if anyone can explain what is meant by *reasonable accommodation.*
Acknowledge responses.

> ### Reasonable accommodation
>
> is defined as:
> *necessary and appropriate modification and adjustments, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.*
>
> Accessibility: 10

Explain: Reasonable accommodation is defined as:
- *necessary and appropriate modification and adjustments, not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.*

In simple terms, this means making simple, affordable changes (to the environment, practice or behaviour) so that PWDs have better access to services and facilities (as is their right) and can participate on a more equal and inclusive basis along with everyone else.

Refer participants to the detailed information in their Participant Manual.

Ask if anyone has an example of reasonable accommodation they are aware of?
Acknowledge responses.

9.6 Promoting an accessible environment (50 minutes)

Promoting an accessible environment

1. Information, awareness-raising and advocacy work.
2. Stakeholder training.
3. Sharing good practices.
4. Improving / implementing laws and technical standards.
5. Carrying out work to create examples of improved accessibility.
6. Carrying out local diagnosis.
7. Developing local plans to improve the accessibility of existing structures.

Accessibility: 11

Explain that Humanity and Inclusion (formerly Handicap International) has identified a set of components, with desired outcomes, which help achieve a better level of accessibility.

Briefly mention the seven components on the slide.

Trainer's notes: Designing and promoting an environment accessible to all

1. Information, awareness-raising and advocacy work - The different international, national and/or local partners, and in particular the decision-makers, institutions and organizations responsible for defining development strategies and implementing them in operational terms, recognize accessibility as a theme which must be taken into account in any project related to area planning. Organizations working in the field of disability have improved capacities in designing and managing advocacy projects on accessibility. There is a network of disabled people's organizations who jointly organize awareness-raising and advocacy actions.
2. Stakeholder training - The national and/or local construction and area planning stakeholders are trained in accessibility techniques.
3. Sharing good practices - Local, national and international good practices on accessibility are identified, compiled and published so they can be reproduced as widely as possible.
4. Improving / implementing laws and technical standards - The various local and national legal texts (laws, decrees, technical standards) have been improved and a policy drawn up to ensure the effective application of these texts.
5. Carrying out work to create examples of improved accessibility - Work to improve accessibility is undertaken to create models which can be reproduced on a larger scale by local stakeholders.
6. Carrying out local diagnosis - The accessibility diagnosis (audit) is used to assess the barriers to mobility in a given space.
7. Developing local plans to improve the accessibility of existing structures - The local authorities, the disabled people's organizations and other representatives of civil society define and implement in a concerted manner, a local plan for work to improve accessibility in the existing environment.

Explain that participants will now carry out an audit of the building and its surroundings where the training is taking place. The activity only looks at the **physical** accessibility of the building and its immediate vicinity.

State that the audit must consider the needs of people with a range of disabilities, not just those with mobility impairments or those who use a wheelchair.

Trainer's notes: Accessibility audit

The following activity gives participants the opportunity to consider the building where the training is taking place (and its surroundings) to see how accessible it is for persons with disabilities. This is not a formal test, but it does give participants the chance to look critically at their surroundings and discuss the good and bad points of the building in terms accessibility.

Show the activity slide.

Show the instructions throughout the activity.

Activity: Accessibility auditing	
Groups	**Divide** participants into pairs.
Instructions	**Ask** each pair to explore the building and its surroundings to note good and bad points of access. **Direct** participants to the table in their Participant Workbook and ask them to make notes as they explore to discuss with the whole group. They can also refer to information in their Participant Manual.
Monitor	**Check** that pairs are working from the correct list of prompts from the Participant Manual. **Make sure** that other users of the building and surrounding facilities are not inconvenienced by the activity; participants should be mindful of the needs of others. **Give** time markers.
Time	**Allow** 30 minutes for the audit practice; 15 minutes for whole group feedback. (Total time: 45 minutes).
Feedback	**Gather** pairs together again as a whole group and **facilitate** a discussion of the good and bad points of the building, following the list of prompts. **Take** one observation from each pair in turn, so that all are included. **Refer** participants to the Accessibility chapter in the Participant Manual that gives information on accessibility standards. **Highlight** for example, the recommendation that ramps should have a gradient of 1 in 12.

9.7 Plan of action (10 minutes)

Plan of action

Reflect on your own environment and write down in your Workbook how you can help improve accessibility in your home and work environment.

Mainstreaming disability: 13

Ask participants to reflect on their own environment at home and work and write down in their Workbook ways they can help improve accessibility.

Allow a few minutes.

Ask 2-3 participants to give an example of something they have noted.

Summarise:
The disability rights movement advocates equal access to social, political, and economic life which includes not only physical access but access to the same tools, services, organizations and facilities as others.

Note that we should also consider our homes when we consider accessibility. We often overlook our homes and only look to the wider environment but our homes should also be accessible.

A barrier-free environment leads to:
- greater participation and social inclusion of persons with disabilities
- benefits for all - for example, older persons, people with children or carrying heavy loads, and people in a temporary situation of reduced mobility.

10 Training skills 2

Learning objectives
By the end of the session participants shall be able to: • Explain training needs analysis. • Describe different options for seating arrangements for training. • Describe the characteristics of adult learning. • Explain how to provide for persons with disabilities as trainers and participants.

Time allocated
• 120 minutes.

Resources needed
• PPT Presentation or A2 Presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers • Post it notes or coloured card.

Preparation

Familiarise with:
• relevant content of the Participant Manual
• PPT slides or A2 Presenter
Write:
Four flipcharts headed:
    • visual impairment
    • hearing impairment
    • mobility impairment
    • intellectual impairment
• Write a vertical line down the centre of each sheet and write a sub-heading on each side. On the left side write: *As a trainer* and on the right write: *As a participant*.

10.1 Introduction (5 minutes)

Training Skills 2

Learning objectives

By the end of the session participants shall be able to:
• Explain training needs analysis.
• Describe different options for seating arrangements for training.
• Describe the characteristics of adult learning.
• Explain how to provide for persons with disabilities as trainers and participants.
• Describe the role of the trainer and co-trainer.

Training Skills 2: 2

Introduce the learning objectives of the session.

Explain: This is the second of two sessions designed to help participants in their role as trainers.

10.2 Training needs analysis (15 minutes)

Ask if anyone knows and can describe the *training cycle.* **Acknowledge** responses.

Ask: What steps do we have to go through before we can give training? What steps have taken place previously so that this CBR/CBID training can happen now?

Acknowledge responses and write any key words on the whiteboard or flipchart.

The training cycle

IDENTIFY TRAINING NEEDS

EVALUATE TRAINING

SET LEARNING OBJECTIVES

DELIVER TRAINING

PLAN TRAINING

Training Skills 2: 3

Show the slide of the training cycle.

Briefly **describe** each step of the cycle and what it involves.

Explain that *training needs analysis* is the first step of the training cycle.

Training needs analysis

• What do we mean by training needs analysis?
• Why is it important?

Training Skills 2: 4

Ask:
• What do we mean by training needs analysis?
• Why is it important?

Invite comments from the whole group.

Summarise any additional key points that have not already been mentioned:
- Training needs analysis is the process of defining:
  - o the purpose and scope of the training
  - o the target group and their existing knowledge and skills
  - o the learning objectives – the new knowledge and skills to be imparted
  - o the broad content of the training
- Training needs analysis is important because:
  - o It ensures the training is targeted to the needs of the participants
  - o it defines the training and keeps it on track during development and delivery
  - o it results in more effective outcomes.

10.3 Seating arrangements for training (10 minutes)

	National / Provincial / District	

Ask: Why is it important to have an appropriate seating arrangement?
Acknowledge responses**.**

Trainer's notes:
• *It enables trainers and participants to see everyone* • *A good arrangement encourages participation* • *Everyone can be positioned equally – no one can hide or be ignored* • *It can address the needs of persons with different disabilities.*

Ask: What do you think are the advantages of the way the training room is laid out today?
Acknowledge responses.

Ask: What is the most common format used for training?
Acknowledge responses and ask about the advantages and disadvantages of that format.

Explain:
- The layout of the training room can affect how people learn, and their concentration levels, so it is worth considering at the planning stage.
- Remember to always consider the needs of persons with disabilities.

Ask: What are some of the considerations when your participants include people with disabilities?
Acknowledge responses.

Seating arrangements

- Allow space between tables for wheelchair users
- Brief people with visual impairments when things change
- Consider needs of people with hearing impairments

Training Skills 2: 5

Explain: there are several things you can consider:
- Allow enough space between tables for wheelchair users to pass easily and do not change the layout without ensuring you brief any participants who have visual impairments, so they can re-orient themselves to the space.
- Allow for people with poor sight or hearing to sit near the front of the training room, whichever format is used.
- If a person with a hearing disability is working with a signer, make provision for them to be seated in a good position for their client to see them.
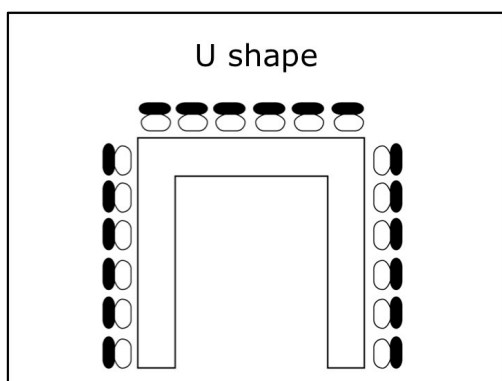
Three popular formats to consider for training are:

- **U-shape:** Oblong tables in a U-shape with chairs around the outside of the 'U'. This is an ideal format as the trainer can be in the middle of the participants as well as move around. It is also easy to break into small groups from this format – as people can move into the middle of the U to be opposite group members.
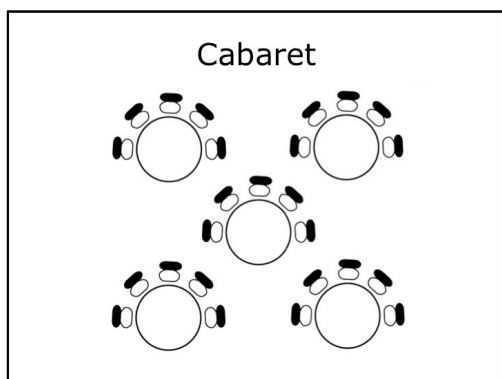
- **Cabaret:** Circular tables with seats on one half, facing forward. This allows people to face the front when someone is presenting, and to use the full circular table for group activities.
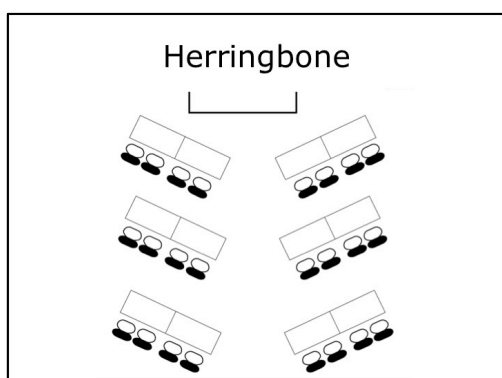
- **Herringbone:** This format works well in spaces where the room shape is not suitable for a U-shape format. The angled tables make it easy for everyone to see the trainer and each other, and space between the tables allows for group work.

- All three of these formats also allow the participants to take notes.

10.4 Adult learning (20 minutes)

National / Provincial / District

In pairs, ask participants to discuss:
- What are the characteristics of adult learning?
- How can trainers better meet the needs of adult learners?

Allow five minutes for discussion.

Facilitate feedback from some of the participants for a few minutes.

Adult learning

Adult learners:
- have previous knowledge and experience
- like learning to be practical and relevant
- like to apply new learning to own situation
- are well motivated.

Training Skills 2: 10

Show the slide.
Summarise any additional key points that have not already been mentioned:
Adult learners:
- bring their own knowledge and experience of work, education, family life (including mistakes) to the training environment – this provides a platform for learning
- need learning to be practical and relevant
- like to be able to apply the new learning to their own context – problem-centred (not content-centred)
- are usually self-directed, voluntary and therefore motivated.

Note that children can also benefit from many techniques considered for adult learning but are very often taught using more traditional methods.

Adult learning

We can help adult learners by:
- having clear objectives
- putting learning into practice and making relevant
- using active participation and problem solving
- explaining why it's important to learn
- using a variety of methods
- sharing knowledge and learning from others.

Training Skills 2: 11

Continue
As trainers, we can better meet the needs of adult learners by:
- setting clear learning objectives
- applying the learning to practical applications
- connecting what they are learning during the training with what they will do after the training programme is over
- using problem-solving activities and encouraging active participation
- creating learning action plans
- explaining the reasons for the new learning, skill or experience
- offering a variety of methods and training techniques to cater for different learning styles (we don't all like to learn in the same way): presentations, games, brainstorming, group work, role plays, practical activities, use of all the senses.
- allowing participants to share experience with others, and learn from others.

Explain: From birth, we use all our senses to help us learn – we use our eyes and ears, and we learn through our senses of smell, taste and touch. We learn by doing things, by experimenting, by reading, by listening and, often, by making mistakes. There is an old saying that teachers often quote: I hear, and I forget; I see, and I remember; I do, and I understand. So learning is a combination of different sensory inputs and experiences.

Adult learning

Four main learning styles:

– Experiencing
– Observing
– Thinking
– Doing

But best to do all four.

Training Skills 2: 12

Show the slide.
Explain: But we don't all like to learn in the same way – different people have difference preferences when it comes to learning. Some prefer to learn by:
- experiencing, some by
- observing, others by
- thinking, or by
- doing

Ask: What do you think your preferred learning style is?
Acknowledge responses.

Explain however, that studies have shown the best and most lasting learning takes place when we are exposed to all four of those learning styles. This is why a good training programme will involve a variety of training and learning methods: presentations, pictures, sometimes films, discussions in small groups, practical sessions, demonstrations, role play, games and so on.

10.5 Role of trainer and co-trainer (5 minutes)

National / Provincial / District

Explain: It is usually best for trainers to work together to deliver a session:
- Less tiring than for one trainer to deliver the whole session by themselves
- Different trainers can deliver different parts of the same session

So, at any moment in time, one of the trainers is acting as trainer while the other is co-trainer.

Trainer roles • Delivering the session • Preparing demonstration and practical equipment • Keeping to time • Coordinating co-trainers.   Training Skills 2: 13

Describe the trainer roles.

Co-trainer roles • Writing answers on the board during ask/answer sessions • Adding any missing or supporting information • Helping to keep time • Helping to facilitate group activities • Giving feedback about participants to the trainer • Contributing to the overall feedback/reflection of the session delivery. Training Skills 2: 14

Describe the co-trainer roles.

10.6 Training for and by persons with disabilities (60 minutes)

National / Provincial / District

Explain that there will be times during the training (at all three levels) when one of more of the participants or trainers has a disability/difficulty (e. g. physical and/or intellectual disability).

It is necessary that we give some consideration as to how this impacts on the training and trainer skills. **Ask** why this is important.

Acknowledge responses.

Show the activity slide.

Activity: training for and by persons with disabilities	
Groups	**Split** the participants into <u>four</u> groups. **Allocate** each group one of the four categories of the following *types of disability:* • Visual impairment • Hearing impairment • Mobility impairment • Intellectual impairment.
Instructions	**Ask** each group to move to a different area of the training room next to the flipchart for their assigned disability and discuss the individual questions as they apply to the group's allocated category of disability: 1. What should you take into account when a person with that type of disability is part of the training team? 2. What should you take into account when a person with that type of disability is a participant in the training? Each group should add post it notes to the flipchart of different considerations (one note per consideration). When all groups have had enough time, ask them to rotate and spend a few minutes reviewing the other flipcharts and adding further ideas. When the process is complete, ask a member of each group to bring the flipchart to the front and summarise for the group.
Monitor	Make sure each group is working on the correct category/questions and assist as necessary. Move the groups between the flipcharts as needed.
Time	15 minutes for group discussion on the assigned category; 5 minutes for each group to review each of the other flipcharts. Groups to finish by returning to the flipchart they began with to review additions for 5 mins. Allow 15 minutes for feedback and discussion. (Total time: 55 minutes).
Feedback	**Invite** each group in turn to present its summary to the others. After each presentation, **invite** the other groups to add their thoughts and **add** your own to the general discussion, referring to the list in the Participant Manual to cover any aspects not covered.

10.7 Plan of action (5 minutes)

Plan of action

Reflect on your own role and write down any actions **you and your organisation** can take to ensure greater inclusion of persons with disabilities in the CBR/CBID training, either as a trainer or a participant.

Training Skills 2: 16

Ask participants to reflect on their own roles and write down in the space provided in the Workbook any actions they and their organisations can take to ensure greater inclusion of persons with disabilities in the CBR/CBID training, either as a trainer or a participant.

See trainer's notes below for examples of actions.

Trainer's notes: Actions I can take to ensure greater inclusion of persons with disabilities in this training, either as a trainer or a participant.
• Provide disability awareness training to all staff to encourage them to run inclusive training • Include persons with disabilities in training of trainers programmes • Support trainers with provision of any equipment that can support their training delivery (such as voice recognition for trainers with visual impairments, splint or adaptation for a trainer with quadriplegia to operate the projector independently) • Encourage persons with disabilities to provide testimonials and presentations particularly on topics where they have personal experience and insights • Always organize training in accessible venues • Ensure activities and energizers take into account any limitations that a person's impairment may present • Ask potential participants ahead of the training if they have any specific needs • Don't assume any topic won't be relevant or interesting to persons with disabilities • Be aware of and try to remove any barriers to attendance of persons with disabilities such as transport issues • Encourage persons with disabilities to attend by targeting invitations to them • If the person has an assistant, include them in arrangements e.g. catering • Provide training materials in advance in accessible formats • Sensitize non-disabled participants regarding the needs of a person with a disability in the training • Read out Powerpoint slides and describe video images presented in the training for visually impaired participants • Include sub-titles on videos for persons with hearing impairments • Use simple straightforward language and pace training appropriately for persons with intellectual impairments • Check in with participants with a disability during the training if there are any aspects of the training where you can provide further support.

Highlight to participants that their Participant Manual provides more detail on many of the training skills areas and they should make time to read through the resources.

Ask if there are any questions.
Close the session.

11 Marginalized groups, disability terminology and language

Learning objectives
By the end of the session participants shall be able to: • Discuss challenges faced by persons with disabilities. • Describe the characteristics of some of the most marginalized disability groups in Zambia. • Explain the rationale for using correct disability terminology and appropriate language.

Time allocated
• 170 minutes.

Resources needed
• PPT or A2 Presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers • Reference copy of the Disability Reference Guide.

Preparation
Familiarise with: • relevant content of the Participant Manual • PPT slides or A2 Presenter. **Draw:** • three faces, each on a large sheet of flipchart paper: one happy ☺, one neutral ☺, and one sad ☹.

11.1 Introduction (5 minutes)

Introduce the session.

Explain: This session looks at the challenges facing persons with disabilities and some particularly marginalized disability groups. It also looks at disability terminology and appropriate language.

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Marginalized groups, disability terminology and language

Learning objectives

By the end of the session participants shall be able to:

• Discuss challenges faced by persons with disabilities.

• Describe the characteristics of some of the most marginalized disability groups in Zambia.

• Explain the rationale for using correct disability terminology and appropriate language.

Marginalized groups, disability terminolog and languagey: 2

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Introduce the learning objectives of the session.

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11.2 Challenges of persons with disabilities (10 minutes)

National / Provincial / District

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Challenges

World Report on Disability (2011) summarized some of the main challenges facing persons with disabilities as:

• Costs
• Poverty
• Lower participation in education
• Higher rates of unemployment
• Isolation.

Same challenges identified in Zambia specific studies.

Marginalized groups, disability terminolog and languagey: 3

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Explain: The world report on disability published in 2011 by the World Health Organization (WHO) summarized some of the main challenges facing persons with disabilities as follows:

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- Costs: Persons with disabilities have extra costs resulting from their disability.
- Poverty: Households with a member with a disability are more likely to experience poverty. It is well known that poverty contributes to disability, and disability to poverty in a vicious cycle.
- Lower participation in education : Children with disabilities are less likely to attend school as well as more likely to drop out.
- Higher rates of unemployment : Persons with disabilities, particularly women with disabilities are more likely to be unemployed and earn less even when they are employed.
- Isolation: Persons with disabilities face barriers such as inaccessible infrastructure in buildings and roads, provision of transport, negative attitudes, and inaccessible communication and information systems, resulting in isolation.

These challenges have also been specifically identified in Zambia. The SINTEF study: *'Living Conditions among People with Activity Limitations in Zambia* published in 2006 reported greater poverty, lower participation in education and higher rates of unemployment amongst persons with disabilities. A more recent Zambia disability prevalence survey of 2015 undertaken by the Central Statistics Office and University of Zambia, with technical support from SINTEF presents more revealing information.

Explain that there are many challenges faced by persons with disabilities. This training programme does not give detailed descriptions of all the different types of disabilities, however, some groups of persons with disabilities are particularly marginalised and we are going to look at these next.

11.3 Marginalized disabilities (100 minutes)

Factsheets available for:

- Albinism
- Autism
- Deafblindness
- Epilepsy
- Hearing impairments
- Hydrocephalus
- Intellectual disabilities
- Mental health issues
- Spina Bifida

Marginalized groups, disability terminolog and languagey: 4

Explain:
- It has been identified that in Zambia there is inadequate awareness on some areas of disability, particularly the ones listed here.
- Factsheets are therefore provided in the Appendices of the Participant Manual to raise awareness of the particular characteristics and needs of persons with these disabilities.
- We are going to look in more detail at five of these disabilities in the next activity.

Disability Reference Guide

Provides information on a broad range of disabilities including:

- **Characteristics:** overview, causes, prevention

- **Actions by CBID worker / volunteer:** Information / interventions / referral

Marginalized groups, disability terminolog and languagey: 5

Explain:
- A Disability Reference Guide has also been produced for use at the Volunteer level of the CBID training that provides more information on these disabilities and a range of others.
- It covers their characteristics, and the actions that can be taken by CBID workers and volunteers to support persons with these disabilities and their families and promote their inclusion.

Activity

In your group, read and discuss the information on the factsheet assigned. Prepare a presentation to convey the key facts to the other groups.

Marginalized groups, disability terminolog and languagey: 6

Show the activity slide and **explain** the activity below.

Activity: Types of disability factsheets	
Groups	**Divide** participants into 5 groups. **Allocate** one of the disability factsheets to each group, as follows: Group 1: mental health issues Group 2: intellectual impairment Group 3: albinism Group 4: deafblindness Group 5: autism *Note: There are also factsheets on other disabilities in the Appendices of the Participant Manual and if these are more relevant in the training context they can be used in place of any of the above for this activity.*
Instructions	**Ask** each group to read the information on the summary factsheet in their Workbook and prepare a presentation to the others to convey the key points about the disability. Groups may decide how they want to present the information to the other groups. **Note:** It will not be possible to convey all the information from each factsheet in the time available; groups must prioritise what they feel are the most important points.
Monitor	**Check** each group is working on the correct topic.
Time	**Allow** 40 minutes to read the factsheet and prepare the presentations; 10 minutes in total for each group to present to the others and for others to comment. (Total time: 90 minutes).
Feedback	**Invite** each group to present to the others for 5-8 minutes only. **Discuss** the following questions with the whole group after each presentation: Why are persons with these impairments particularly marginalised? Why are their issues less well known? What can we do to address that in Zambia?

11.4 Language and labelling (35 minutes)

	National / Provincial / District	

Trainer's notes:
This section uses the Participant Manual so you can turn off or blank the projector by using the relevant key/s (usually B or Control-B).

Activity

- Write down names / terms / expressions used to describe children or adults with disabilities – positive or negative.
- Swop your paper with someone else.
- Stick the word under the appropriate 'face'.

Marginalized groups, disability terminolog and languagey: 7

Show the activity slide and **explain** the activity below.

Activity: Language and labelling	
Groups	As a whole group
Instructions	You will need: • Flip chart paper: **Pre-draw** 3 faces, each on a large sheet of paper: one happy ☺, one sad ☹, and one neutral ☺. **Display** the faces at the front of the room. • A few post-it notes or small pieces of paper for each participant (A6 size, or about 15 x 10cm, or 6 x 4 inches) • Felt pens, Blu-tack/sticky tape or similar. **Give** each participant a few Post-it notes or pieces of paper. **Ask** them to write down names/terms/expression they know, or have heard used, to describe children or adults with disabilities – the names that PWDs have been called. <u>Participants to write one word or expression per piece of paper.</u> **Encourage** participants to feel free to write any words they like (in any language), both positive and negative in tone, whether polite or not. **Ask** participants to swap their completed pieces of paper with another participant, so everyone has papers written by someone else. **Ask** participants to look at the word or expression they are now holding, and think how it would make them feel to be called such a name. **Ask** participants to come and stick the word under the appropriate face: • If the name gives them a warm feeling, of self-respect and dignity, then they should stick it under the happy face. • If it feels neutral, neither friendly nor unfriendly, arousing no particular feelings, they should stick it in the middle under the neutral face. • If the name makes them feel rejected, unloved, undignified, ashamed, an object of ridicule, they should stick the name under the sad face.
Time	**Allow** 10 minutes for the initial writing of words; 10 minutes to stick under the appropriate face; 15 minutes for discussion and feedback. (Total time: 35 minutes).
Feedback	When all the names have been stuck on the sheets, **ask** participants if there is any name whose position they do not agree with. They can come and move it, explaining why. When a consensus has been reached about words that everyone feels happy to use, discuss what should be done with the rejected words. For example, they could be thrown in the bin, or torn up by participants**.** **Summarise:** • Labels stick! We should always be conscious of the possible effect of the labels we use, especially for children with disabilities. • We cannot always tell what effect language may have on someone else. Encourage participants to listen to each other's opinions and feelings. • If there are any persons with disabilities, or parents of children with disabilities in the group, it is important to listen to the language they choose to use. • Persons with disabilities have actual names, like everyone else – use them!

Refer participants to the reference notes in the Participant Handbook on '*Disability terminology and appropriate language'*. The notes also give guidance on appropriate disability etiquette to employ according to different types of disability.

Note that while the term PWDs is acceptable to write in shorthand, when spoken it should be spoken in full. Also, the phrase 'person *living* with a disability' is not acceptable. The preferred phrase is person with a disability.

Summarise:

The development of self-worth and self-esteem is a basic human need, and the language we use to talk to, and about, persons with disabilities can either contribute to or hinder this development.

The language we use to talk to, or about, PWDs can convey respect or disrespect, closeness or distance, a formal or informal relationship. The words we use reinforce the idea or image the person has of him- or herself. They can make a person feel accepted or rejected, part of a group or isolated, loved or unloved, valued or pitied and worthless.

Highlight that sometimes people name children with disabilities 'blessings' or 'gift' at the suggestion of others to emphasize they are appreciated but if used too frequently these names can also become a label. Therefore emphasize that it is important to treat and name a child in the same way as a non-disabled child to avoid another barrier.

11.5 Plan of action (20 minutes)

National / Provincial / District

Plan of action

Reflect on your own role and write any actions **you personally in your current position in your organization** can take to help change attitudes towards persons with disabilities in Zambia.

Be prepared to discuss your findings with the whole group.

Marginalized groups, disability terminolog and languagey: 8

Ask participants to reflect on their own roles and write down in their Workbook any actions they can personally take to help change attitudes towards persons with disabilities in Zambia.

Ask some or all of the participants to share their ideas based on time available / numbers.

Direct participants to the notes in the manual. Participants at national level should focus on notes given for national level, district level participants should refer to the district level notes, and participants at community level focus on community level notes.

Ask participants for their reaction - what were the similarities and differences between their suggested actions and those given in the manual?

See trainer's notes below for examples of actions at each level (national, district and community).

Participants should be prepared to share their ideas for action with the whole group.

Allow 10 minutes.

Ask a few participants to share some of their ideas with the whole group. **Invite** responses from the others and facilitate a short discussion.

Trainer's notes: Actions to take to help change attitudes towards persons with disabilities	
National/ Provincial	• *Give persons with disabilities equal opportunities in all programmes.* • *Develop policies and laws which promote the full inclusion of persons with disabilities* • *Ensure enforcement of laws which protect the rights of persons with disabilities to facilitate their greater inclusion and visibility* • *Use and promote appropriate terminology when referring to or addressing persons with disabilities* • *Plan and run disability awareness and inclusion training for staff from public and private sectors* • *Promote positive images and case studies of persons with disabilities* • *Avoid using negative images of persons with disabilities in materials such as depicting them as weak or pitiful* • *Recruit persons with disabilities in all sectors* • *Promote the appointment of persons with disabilities to decision making roles* • *Promote and support the full inclusion of persons with disabilities in all sectors.*
District	• *Give persons with disabilities equal opportunities in all programmes.* • *Recruit persons with disabilities in all sectors, including district committees and other decision making bodies* • *Advocate for policies, and by-laws which promote the full inclusion of persons with disabilities* • *Lobby for enforcement of laws which protect the rights of persons with disabilities to facilitate their greater inclusion and visibility* • *Promote and support the full inclusion of persons with disabilities in all sectors.* • *Use and promote appropriate terminology when referring to or addressing persons with disabilities* • *Plan and run disability awareness and inclusion training* • *Promote positive images and stories of persons with disabilities* • *Mainstream disability issues in district development plans.*
Community	• *Give persons with disabilities equal opportunities in all programmes.* • *Empower persons with disabilities to be role models and present positive images of disability to educate and raise awareness of their challenges and capabilities* • *Identify persons with disabilities in the community and promote their inclusion in all aspects of community life* • *Use and promote appropriate terminology when referring to or addressing persons with disabilities* • *Identify and remove the barriers that prevent persons with disabilities visibility and inclusion in community life* • *Promote positive images and stories of persons with disabilities* • *Recruit persons with disabilities to village and community committees and other decision making bodies.*

12 Disability budgeting, tracking, auditing and indicators

Learning objectives
By the end of the session participants shall be able to: • Explain the meaning of disability inclusive budgeting • Explain the benefits of disability inclusive budgeting • Describe programme tracking • Describe programme auditing • Explain measures for improving disability inclusive budgeting Demonstrate skills for developing indicators on disability in the national development plans and programmes.

Time allocated
• 200 minutes.

Resources needed
• PPT or A2 Presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers.

Preparation
Familiarise with: • relevant content of the Participant Manual • PPT slides or A2 Presenter.

12.1 Introduction (5 minutes)

National / Provincial / District

Introduce the session.

Explain: This session looks at issues related to disability budgeting, auditing, and disability indicators.

Disability budgeting, tracking, auditing and indicators

Learning objectives
By the end of the session participants shall be able to:
• Explain the meaning of disability inclusive budgeting.
• Explain the benefits of disability inclusive budgeting.
• Describe programme auditing.
• Explain measures for improving disability inclusive budgeting.
• Demonstrate skills for developing indicators on disability in the national development plans and programmes.

Disability budgeting, tracking, auditing and indicators: 2

Introduce the learning objectives of the session.

12.2 Mainstreaming disability in budgeting (60 minutes)

National / Provincial / District

Ask if someone can explain what we mean by mainstreaming disability in budgeting?

Acknowledge responses.

Mainstreaming disability in budgeting

• The process of including specific allocations in your budget to cover disability related costs.
• It ensures that activities and efforts required for disability inclusion are catered for in your budget and can be monitored, evaluated and proof provided that disability activities were included.

Disability budgeting, tracking, auditing and indicators: 3

Explain:
• Disability budgeting is the process of including specific allocations in your budget to cover disability related costs.
• It ensures that activities and efforts required for disability inclusion are catered for in your budget and can be monitored, evaluated and proof provided that disability activities were included.

Explain: One of the problems of working in the field of disability is the lack of reliable data. Often there are no consistent figures for amounts spent providing services for persons with disabilities: how many people in an area have a disability (or what type), what government budgets are, how they are spent, what the rates of disability inclusion are, etc.

Nor are reliable records kept when monitoring programme beneficiaries and the impact of projects.

Budgeting the inclusion of a disability perspective

- To measure the costs or reduce or break the barriers to inclusion.
- To measure the costs of the additional required measures that will allow persons with disabilities to equally participate in and benefit from the projects.
- To measure the costs of the disability specific activities.

Disability budgeting, tracking, auditing and indicators: 4

The following objectives of 'disability inclusion in budgeting' come from CBM's tool*: Budgeting the inclusion of a disability perspective.* It's to:

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

Mainstreaming disability in budgeting

- The aim is to ensure that the relevant resources are mobilized and allocated to ensure that disability is an integral consideration at all stages of the project cycle.
- Disability must be included at the **organizational level** within processes, policies, procedures and the culture of the organization.

Disability budgeting, tracking, auditing and indicators: 5

- To mainstream disability in Zambia, the aim is to ensure that the relevant resources are mobilized and allocated to ensure that disability is an integral consideration at all stages of the project cycle.
- Disability must be included at the **organizational level** within processes, policies, procedures and the culture of organizations.

Mainstreaming disability in budgeting

- In **the project cycle,** persons with disabilities must be consulted when needs are being identified and prioritized.
- Disability related questions included in data collection and disability indicators within M&E.

Disability budgeting, tracking, auditing and indicators: 6

- In **the project cycle,** persons with disabilities must be consulted when needs are being identified and prioritized.
- Disability related questions must be included in data collection, and disability indicators within monitoring and evaluation systems.

Mainstreaming disability in budgeting

- Show differences in the situation between persons with disabilities and non-disabled people.
- Budgets and expenditure analysed to evaluate the extent to which disability has been considered.

Disability budgeting, tracking, auditing and indicators: 7

- Programmes must show the differences in the situation between people with disabilities and non-disabled people.
- Budgets and expenditure must be analysed to evaluate the extent to which disability has been considered.

Mainstreaming disability in budgeting

Stakeholders can:
• Monitor and evaluate disability inclusion in projects.
• Plan activities and efforts required for disability inclusion.
• Provide evidence that disability is really included.
• Ensure related administrative and operational costs are considered in the budget.

Disability budgeting, tracking, auditing and indicators: 8

Explain: By implementing disability inclusive budgeting, stakeholders can:
• Monitor and evaluate disability inclusion in projects including for evidence based reporting.
• Plan activities and efforts required for disability inclusion.
• Provide evidence that disability is really included.
• Ensure related administrative and operational costs are considered in the budget.
• For example, you could identify that a budget meant for an accessible toilet or a ramp had been used for a borehole. The budget holder could argue that the borehole benefits everyone including persons with disabilities. However, this was not the intention of the budget so it would not be correct.

Ask: Are there any questions?

Acknowledge responses.

12.3 Mainstreaming disability in budgeting (60 minutes)

National / Provincial / District

Explain: There is an opportunity for stakeholders in Zambia to put in place such systems and structures designed to help to allocate and report on specific budget allocations to achieve inclusion of persons with disabilities.

Mainstreaming disability in budgeting

• Currently no specific structure or system for disability inclusive budgeting.
• However, persons with disabilities sometimes participate in District, Provincial and National budgeting structures.
• Voice of persons with disabilities is limited to their chosen Parliamentarians elected in the Constituency.

Disability budgeting, tracking, auditing and indicators: 9

Explain:
• Currently there is no specific structure and system for Disability Inclusive Budgeting in Zambia. However, persons with disabilities and their representative organisations sometimes participate in the District, Provincial and National Budgeting structures.
• The final budget approving structure at national level is the National Assembly where the voice of Persons with Disabilities is limited to their chosen Parliamentarians elected in the Constituency.

Budget monitoring and tracking

• Following where the money goes and how it is spent
• Public Expenditure Tracking Surveys (PETS)
• Quantitative Service Delivery Survey (QSDS).

Disability budgeting, tracking, auditing and indicators: 10

• Budget monitoring and tracking for resources allocated to programmes in areas such as HIV and AIDS, gender, education, agriculture has been done in Zambia for several years, with NGOs focused in those areas taking a leading role.
• The most common way for monitoring expenditure in Zambia's social sectors including Education, Health and other related institutions is through the Public Expenditure Tracking Surveys (PETS) and the Quantitative Service Delivery Survey (QSDS).

Budget monitoring and tracking

- Budget monitoring and tracking for disability focused interventions now being discussed
- Rights Based DPOs demanding accountability for resources allocated to disability in line with the UN CRPD, the Disability policy and the Disability Act.

Disability budgeting, tracking, auditing and indicators: 11

- Budget monitoring and tracking for disability focused interventions has now come into the lime-light, with rights-based DPOs demanding accountability for resources allocated to their sector, in line with the UN CRPD, the Disability policy and the Disability Act no. 6 of 2012 in Zambia.

Advantages of budget tracking and auditing

- Resources mapped and monitored to ensure effective and efficient usage
- Helps expose areas with weak internal controls
- Officials found to have misapplied resources are held accountable
- Helps expose areas requiring lobbying and advocacy, additional funding

Disability budgeting, tracking, auditing and indicators: 12

- Resources are mapped and monitored to ensure effective and efficient usage and communities can benefit from delivered projects and programmes.
- Can help expose areas with weak internal controls for possible strengthening.
- Officials found to have misapplied resources are held accountable, and this serves as a deterrent.
- Helps expose areas requiring lobbying and advocacy, and additional funding.

Simplified monitoring and tracking system

- Using the Government published Yellow book, the National Development Plans (NDPs) and their monitoring frameworks and costed indicators, it is possible to 'follow the money' and verify whether it has reached a district and/or been expended as planned.

Disability budgeting, tracking, auditing and indicators: 13

- By using the Government published Yellow book, the National Development Plans (NDPs) and their monitoring frameworks, costed indicators, persons with disabilities and their communities can 'follow the money' and verify whether it has reached their district and/or has been expended effectively and efficiently as planned.
- These projects can relate to inclusive infrastructure, personnel recruitment, materials produced and distributed, learners enrolled or clients served.

Ask participants to turn to the budget tracking card in their Participant Manual.

Explain:
- This is a simplified budget tracking card which a group or individual can use. After completing the budget tracking card and verifying its contents, the comments column can be used to record other comments. Information from this can be used to demand for answers from spending sectors, Auditors Generals office and others provided with oversight responsibilities.
- It is easier to lobby at the planning stage of a programme, so if, for example, you hear on the radio that there is a plan to employ 2,000 new teachers, and 10% of them will be persons with disabilities, you know that there is a commitment to employ 200 persons with disabilities as teachers. It is possible to track this.
- Keeping completed, quality budget tracking reports over longer periods may provide opportunities for analyzing trends over a long period of time. You may see areas of consistent misuse of resources, as well as areas of under budgeting or over-resourcing.

12.4 Disability programme auditing (10 minutes)

National / Provincial / District

Explain: You will see that in this process we are just going through the project cycle. We are going to look at programme auditing next.

Ask: what is *disability programme auditing?*
Acknowledge responses.

> Disability programme auditing
>
> This is:
>
> *a cost-efficient way of appraising an existing or planned project, programme, activity, communication system, building or service to assess the level to which they may exclude persons with disabilities or put them at a disadvantage.*
>
> Disability budgeting, tracking, auditing and indicators: 14

Explain: Disability programme auditing is:
- *a cost-efficient way of appraising an existing or planned project, programme, activity, communication system, building or service to assess the level to which they may exclude persons with disabilities or put them at a disadvantage*.

- It involves identifying barriers to access and to finding solutions.

Explain: If we strive for Community Based *Inclusive* Development, we must be able to show how inclusive of persons with disabilities our programmes, projects and activities actually are, not only on the impact of those activities but also in their planning, design and implementation.

There is plenty of advice on how to audit programmes to see how inclusive of persons with disabilities they are (or are not!).

12.5 Disability indicators in a programme (60 minutes)

Introduce the topic.

Ask: What are disability indicators? **Acknowledge** responses.
Ask if anyone has developed indicators in the past. If so, **ask** them to give one or two examples from their experience.

Disability Indicators   • Variables used as a benchmark for measuring the outputs of a programme.   • Show whether an aspect of a programme has achieved its objectives and impact.   *Disability budgeting, tracking, auditing and indicators: 15*

Explain:
- Disability indicators are variables that can be used as a benchmark for measuring the outputs of a programme.
- They show whether an aspect of a programme has achieved its objective, and collectively whether the programme has achieved the desired impact.

Disability Indicators   • Can be confused with targets or results - However targets or results identify or report *levels* of achievement, and indicators do not.   Example: • Target: *40% of children with disabilities attending mainstream school.*   • Indicator: *proportion of children with disabilities attending mainstream school.*   *Disability budgeting, tracking, auditing and indicators: 16*

Explain:
- Disability indicators can be confused with targets or results. However, targets or results identify or report levels of achievement, and indicators do not.
- For example – a target might be *'an increase in the proportion of children with disabilities attending mainstream school'* or *'40% of children with disabilities attending mainstream school'*.
- An indicator would be '*Proportion of children with disabilities attending mainstream school'*. By having the information to inform your indicator, you would get an 'indication' of if you were on track to meet your target.

Trainer's notes: Other examples of disability indicators
• *Installation of accessible ramps*   • *Change of attitudes and behaviour towards persons with disabilities*   • *Construction of accessible toilets*   • *Access to employment opportunities for persons with disabilities*   • *Changes in policies to make them inclusive of persons with disabilities*   • *Increased involvement of persons with disabilities in social and political arenas.*

Explain the importance of disability indicators:

- **Initial phase:** indicators are important to define how the intervention will be measured.
- **During implementation:** indicators help assess project progress and highlight areas for improvement. Managers can measure progress towards goals and decide on any corrective measures to achieve outputs.
- **Evaluation phase:** indicators are important to provide the basis by which evaluators can assess the project impact.

Disability indicators

Three types of indicator:

- **Process indicators:** measure project processes /milestones/series of key activities or activities.
- **Outcome Indicators:** measure project outcomes/immediate results.
- **Impact Indicators:** measure the long-term project impact/ results.

Disability budgeting, tracking, auditing and indicators: 17

Explain: There are three main categories of indicators:

1. **Process indicators:** measure project processes or activities. An example could be "number of awareness meetings held promoting inclusion of Children with disabilities in mainstream schools".
2. **Outcome Indicators:** measure project outcomes. Outcomes are medium impacts of a project. An example could be "number of children with disabilities attending mainstream school".
3. **Impact Indicators:** measure the long-term impacts of a project, also known as the project impact. An example could be, "percentage of children with disabilities completing primary education'.

How to develop disability indicators

Explain: indicators need to be quite specific in order to accurately show what is intended.

Indicators need to be:
- *Precise/Well defined*: indicators must not be ambiguous.
- *Reliable*: the indicator should give the same results on repeated trials/attempts when used to measure outcomes.
- *Valid*: the indicator must actually measure what it intends to measure.
- *Measurable*: if an indicator cannot be measured, then it should and must not be used as an indicator.
- *Practicable*: an indicator must be able to utilize locally available resources while at the same time being cost effective.

Disability indicators

Indicators need to be:

- Precise/Well defined
- Reliable
- Valid
- Measurable
- Doable.

Disability budgeting, tracking, auditing and indicators: 18

Activity

In your group, read the example indicators on your Handout.

Practise writing your own indicators for the examples given.

Be prepared to discuss your suggestions with the whole group.

Disability budgeting, tracking, auditing and indicators: 19

Explain that participants will now have a chance to work with indicators in the following activity.

Explain the activity below and show the slide throughout the activity.

Activity: Targets and indicators	
Groups	**Split** participants into groups of three
Instructions	**Refer** participants to the activity sheet in their Workbook. **Ask** them to read the examples given of goals, targets and indicators. Groups should then practise writing their own additional indicators for the examples given in the Workbook in the spaces provided Groups should be prepared to present their examples to the whole group.
Monitor	**Check** that groups are working on the right activity and support them as required.
Time	25 minutes working on the activity; 15 minutes whole group feedback. (Total time: 40 minutes).
Feedback	**Discuss** the findings of the groups and the effectiveness of their written indicators.
Refer participants to the Participant Manual for further information on this topic.	

Trainer's notes:
Actual examples of the SDGs, targets and indicators, as used for the activity, are shown below.

Goal	4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
Target	4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
Indicator	4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

Goal	10. Reduce inequality within and among countries
Target	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
Indicator	10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

12.6 Plan of action (5 minutes)

	National / Provincial / District	

Plan of action

Reflect on your own role and write down any actions **you and your organization** can take to improve disability inclusive budgeting, tracking, auditing and indicators.

Disability budgeting, tracking, auditing and indicators: 20

Ask participants to reflect on their own roles and write down in their Workbook any actions they and their organization can take to improve disability inclusive budgeting, tracking, auditing and indicators.

Direct participants to the notes in the manual relevant to their level of work (National / Provincial / District / Community).

Ask participants for their reaction - what were the similarities and differences between their suggested actions and those given in the manual? See trainer's notes below for examples of actions at each level which are shown elsewhere in the manual.

Trainer's notes: Actions I can as an individual and/or as part of my organization to improve disability inclusive budgeting and auditing	
National/ Provincial	• *Engage persons with disabilities at all levels of programme planning and budgeting, across a range of disabilities - a range of ages, men and women should be represented.* • *Advocate for drafting of a national disability M&E Framework* • *Plan and budget for reasonable accommodation to help meet the needs of PWDs and improve their access.* • *Engage representatives of persons with disabilities during formulating of national policies and legislation as well as during development of national long and medium term development strategies (for example the Provincial Development Coordination Committees - PDCC).*
District	• *Identify DPOs/OPDs across the district. Invite them to planning and progress meetings.* • *Ensure PWDs sit on relevant committees, invite their contributions (for example the District Development Coordination Committees - DDCC).* • *Champion development of minimum data requirements for inclusion in baseline data for district social economic profiles* • *Review programme budgets to include budget lines to make programmes more inclusive.* • *Carry out accessibility audits in public buildings to highlight where accessibility can be improved.* • *Involve representatives of persons with disabilities during formulation of bye laws.* • *Lobby for capacity building of sector heads on development of disability indicators and targets from generic indicators and targets*
Community	• *Identify PWDs that are not having access to mainstream services.* • *Identify buildings, services and projects that are excluding PWDs – intentionally or unwittingly.* • *Carry out advocacy and awareness activities to highlight the lack of accessibility for PWDs and lobby for change.* • *Involve representatives of persons with disabilities when carrying out access and programme audits.* • *Involve persons with disability and where necessary their guardians during data collection to inform identification of priority areas for district/sectoral development plans.* • *Ensure the representation of persons with disabilities or their parents where appropriate in Ward Development Committees (WDCs).*

13 Components of CBR/CBID

	National / Provincial / District	

Learning objectives
By the end of the session participants shall be able to: • Discuss the main successes and challenges in implementing the five components of CBR in Zambia and how to address the challenges.

Time allocated
• 170 minutes. **Note:** more time will be needed if a field visit is included.

Resources needed
• PPT or A2 Presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers.

Preparation
Familiarise with: • Relevant content of the Participant Manual • PPT slides or A2 Presenter. Assign: • Divide participants into groups for this activity early in the training programme and assign them a component of the CBR Matrix. Ask them to read the information in their Participant Manual in advance of the session (see Activity box for more information). Field visit: • If a field visit is planned, arrangements need to be made in line with guidelines at the end of the session plan.

13.1 Introduction (5 minutes)

Introduce the session.

Explain: CBR/CBID is the agreed strategy for Zambia to realize the articles of the UN CRPD and the Zambia Vision 2030 for inclusive development. Earlier in the training we looked at the 25 elements that make up the CBR Matrix. In this session we will work in groups to look in more detail at the successes and challenges in Zambia in relation to the five components.

Introduce the learning objectives of the session.

13.2 The CBR Guidelines and Matrix (10 minutes)

Explain: As we covered briefly earlier in the training, CBR's evolution into a broader multi-sectoral development strategy led to the development of a CBR Matrix to provide a common framework for CBR programmes. Divided into five components, each component has five elements.
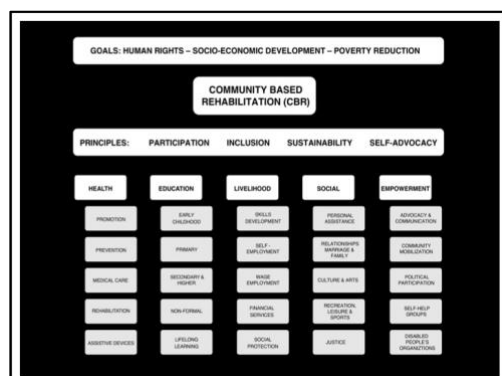
- Individual CBR programmes are unlikely to cover all of the elements but focus on those which meet their needs, priorities and resources.
- Ideally, different programmes complement each other to address the full scope of the Matrix and achieve CBID.
- The areas are all linked: a person with a disability has needs related to all five areas of the CBR Matrix.

13.3 CBR Guidelines components (155 minutes)

Explain: In this activity we are going to give you the opportunity to go into one of the five Matrix components in more depth with colleagues to consider it in relation to the Zambia context.

Trainer's notes:
The idea of this session is to look more closely at the 25 elements of the CBR Matrix so that participants understand the scope of CBR and the issues relating to the elements in the Zambian context. Trainers can adapt this activity to suit the participants. For example, some participants may not have had much contact with persons with disabilities so may not be able to bring their own perspectives. In this case you may prefer to organize a field visit to persons with disabilities in the community to discuss their own successes and challenges. If you choose to organize a field visit, guidelines for organizing this are provided at the end of the session plan. You can adjust the timing of this session based on the type of visit you choose for this session.

Introduce the activity.

Activity: CBR Guidelines components	
Groups	**Divide** participants into five groups, each to be allocated one component of the CBR Matrix. To save time, it is suggested to make the group allocations early in the week and request people to pre-read the material in their Participant Manual relating to their component. You may wish to nominate one person who has good knowledge of each component as a group leader. **Note:** Participants are allocated one component of the CBR Matrix for the activity in the Introduction to CBR/CBID session and you may want to ensure they focus on a different component of the matrix for this session.
Instructions	**Ask** participants to review the Participant Manual information for their allocated component of the CBR Matrix (ideally before the session to save time). **Ask** groups to prepare a short presentation to the whole group to summarise the group discussion of mainstreaming successes and challenges. They should also write five 'next actions' to improve mainstreaming for this component in their Workbook and be ready to feedback to the group.
Monitor	**Check** that the groups are working on their assigned area of the CBR Matrix and that they are listing successes and challenges to present. Remind them to cover all five elements in their component. **Give** the group time markers and **remind** them 30 minutes before the end of the time to write up the successes and challenges they have experienced / discussed, and decide on their 'next actions' they would like to recommend to the group.

Time	**Allow** 90 minutes for discussion and preparation of presentation. Allow 8 minutes for each presentation and 20 minutes in total for general discussion between and after the presentations. (Total time: 150 minutes).
Feedback	**Ask** each group to present in turn. **Let** them know when they have 2 minutes left. **Stop** them when they have presented for 8 minutes. **Facilitate** brief discussion after each presentation. You may choose to **type up** the five next actions recommended by the groups for further discussion or circulating during or after the training to encourage participants to act on the recommendations.

Ask if there are any questions.
Close the session.

Guidelines for organizing home visits to persons with disabilities

Organizing home visits are a good idea if time is available and can be a good option particularly if participants of the training are from sectors where they have not had much personal interaction with persons with disabilities. This can help to give them insights into the lives of persons with disabilities and to bring to life the training concepts covered. It also provides a break from the training room environment and can be scheduled for day 3 or 4 of the training.

It is useful to give the groups some headings relating to questions they should ask of the people they are visiting such as those listed below. Also give them a copy of the CBR Matrix to help as a prompt of different areas of their life to discuss. However, emphasize that when they are meeting with a person with a disability in the community, they should be focused on the person, and not on writing down everything they say. They should nominate one person to take notes while the other members focus on engaging with the person.

Where possible, organize visits to a range of people whose lives are particularly relevant to one area of the CBR Matrix and match the groups accordingly. For example, the group allocated the Education component could visit a child in school, or someone who has been to university. The group allocated the Livelihood component could visit someone running their own business or working somewhere.

Groups should be encouraged to focus on the component they have been assigned, but also to look at how other elements of the person's life are related to the other CBR Matrix components. Basic information they should collect include:

- Name

- Age

- Girl, boy, woman, man

- Single or married

- Type and cause of disability

- School / work / type of work

- Home / family situation

- Barriers they face to participation

- Barriers they have overcome

As part of this activity, and using the feedback as a guide, the group should also list five 'next actions' to improve mainstreaming for this component.

14 Policy and legal instruments

Learning objectives
By the end of the session participants shall be able to: • Define policy and legal instruments. • List the main policy and legal instruments on disability at international and national (Zambia) level. • Explain the rights provided by the UN CRPD. • Explain the link between rights in the UN CRPD and the five components of the CBID • Describe the scope of the rights for persons with disabilities enshrined in the main legal and policy instruments. Describe strategies to enforce legal and policy instruments.

Time allocated
• 80 minutes.

Resources needed
• PPT or A2 presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers • Laminated strips of International and National instrument titles • Video – SDGs • Speaker(s).

Preparation
Familiarise with: • Relevant content of the Participant Manual • PPT slides or A2 presenter Check: • that SDG video plays within PPT and check sound. Print: • legal and policy titles from end of session plan (if laminated strips are not available) and work out allocations based on number of participants.

14.1 Introduction (5 minutes)

Introduce the session.

Explain: Zambia has a commitment to advancing the rights of persons with disabilities and legal framework for mainstreaming disability in programme development and implementation at various levels. The framework reflects Zambia's efforts to domesticate international legal and policy instruments and guidelines on disability such as the UN CRPD and the UN Standard Rules on Equalisation of Opportunities for Persons with Disabilities. We are going to look at international and national instruments in very broad terms in this session and there is detailed information on each in your Participant Manual for further reference.

Introduce the learning objectives of the session.

> ## Policy and legal instruments
>
> **Learning objectives**
>
> By the end of the session, participants shall be able to:
> - Define policy and legal instruments.
> - List the main policy and legal instruments on disability at international and national (Zambia) level.
> - Explain the rights provided by the UN CRPD.
> - Describe the scope of the rights for persons with disabilities enshrined in the main legal and policy instruments.
> - Describe strategies to enforce legal and policy instruments.
>
> Policy and legal instruments of disability: 2

14.2 Why knowledge of policy and legal instruments is important (5 minutes)

Define policy and legal instruments and the purpose that they serve.

> ## Policy and legal instruments
>
> - Outline laws, policies and guidelines that affect the rights of persons with disabilities.
> - Provide a framework and standard for mainstreaming disability in programme development and implementation.
> - Reflect Zambia's efforts to domesticate international legal and policy instruments and guidelines on disability.
>
> Policy and legal instruments of disability: 3

- Outline laws, policies and guidelines that affect the rights of persons with disabilities.
- These instruments provide a framework and standard for mainstreaming disability in programme development and implementation at various levels.
- Reflect Zambia's efforts to domesticate international legal and policy instruments and guidelines on disability such as the UN CRPD and the UN Standard Rules on Equalisation of Opportunities for Persons with Disabilities.

Knowledge of instruments

- **National level:** stakeholders are accountable to develop and revise laws and policies.
- **District level:** knowledge can be used in planning, coordinating, and to hold national level stakeholders to account.
- **Community level:** knowledge of rights is empowering – enabling people with disabilities to claim their rights.
- **All levels:** Being aware of instruments can help mobilize resources for disability.

- Understanding policy and legal instruments is valuable to all stakeholders.
- At national level stakeholders are accountable to develop and revise laws and policies to meet the rights of persons with disabilities.
- At district level knowledge can be used in planning and to hold national level stakeholders to account.
- At community level knowledge of rights is empowering – enabling people with disabilities to claim their rights.
- Being aware of instruments from a disability perspective can also help mobilize resources for disability.

14.3 International instruments (15 minutes)

National / Provincial / District

UN CRPD

- Main international instrument is the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).
- Most important international treaty on disability: signed by Zambia in 2008 and ratified in 2010.
- Zambia has signed but not ratified the UN CRPD Optional Protocol.

International Instruments
- UN CRPD is main international instrument.
- Considered to be the most important International treaty on disability.
- Signed by Zambia in 2008 and ratified in 2010.
- Zambia signed the UN CRPD Optional Protocol in September 2008 but has not yet ratified it.
- Zambia has began domesticating the UN CRPD through enactment of the Persons with Disabilities Act no. 6 of 2012.

UN CRPD

- Designed by representatives of the international community to change the way people with disabilities are viewed and treated.
- Aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities and promote respect for their dignity.

- Designed by representatives of the international community to change the way people with disabilities are viewed and treated in their societies.
- Aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities and promote respect for their dignity.

UN CRPD

- It covers economic, social, political and civil rights.
- It promotes that persons with disabilities have rights which have to recognized and fulfilled by the state.

- It covers economic, social, political and civil rights.
- It promotes that persons with disabilities have rights which have to recognized and fulfilled by the state.
- Zambia has submitted it's first State Report giving information on Zambia's progress in meeting the UN CRPD. Civil Society actors are in the process of submitting an alternative report.

Articles of the UN CRPD

- Preamble
- Article 1: Purpose
- Article 2: Definition
- Article 3: General principles
- Article 4: General obligations
- Articles 5-9: Rights regarding cross cutting issues
- Articles 10-32: Substantive rights
- Articles 33-39: Reporting and monitoring
- Articles 40-50: Ratification, entry into force and amendment (Article 49 also requires that the Convention also be in accessible format).

Highlight in brief the structure of the UN CRPD as detailed on the slide.

Explain:
- Does not create new rights for persons with disabilities – they have the same human rights as others – but makes existing rights inclusive of, and accessible to, persons with disabilities.
- Covers comprehensive range of topics.
- The CBR Guidelines are informed by the UN CRPD to put into action inclusive development.

Articles of the UN CRPD include:

- autonomy and decision-making
- living independently in the community
- education
- health
- rehabilitation
- employment
- social protection
- reasonable accommodation.

- Rights detailed in the UN CRPD articles relate to the five components of the CBR Matrix: Health, Education, Livelihoods, Social and Empowerment.
- Five goals specifically mention disability (Goals 4, 8, 10, 11 and 17).

CBID as a strategy for implementing the UN CRPD

The CBR Guidelines emphasize that programmes can:
- Familiarize people with the UN CRPD.
- Collaborate to seek ways to assist the State implement UN CRPD provisions.
- Promote and support dialogue between local and national levels of government.
- Help draw up and monitor local action plans.
- Advocate for inclusive national and local policies in line with provisions of the UN CRPD.

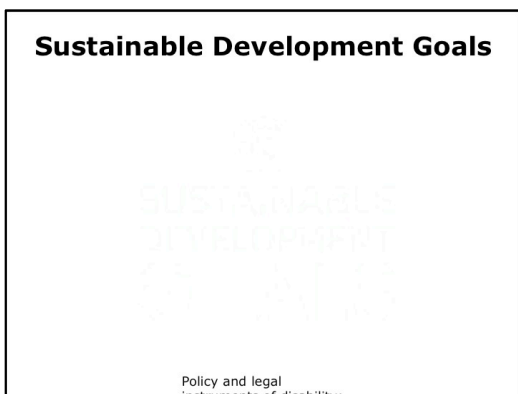CBR Guidelines emphasize that CBID programmes can:
- Familiarize people with the UN CRPD
- Collaborate with stakeholders to find ways of assisting the State to implement the UN CRPD provisions.
- Coordinate between local and national levels.
- Help to draw up and monitor inclusive local action plans.
- Carry out advocacy for inclusive national and local policies consistent with the provisions of the UN CRPD.

- Another major international instrument is the Sustainable Development Goals (SDGs)
- They address all three dimensions of sustainable development: environmental, economic and social.
- They are made up of 17 goals and 169 targets.
- All goals are relevant for PWDs as members of society with the same needs and aspirations as non-disabled persons. Disability is specifically mentioned in five goals.

Sustainable Development Goals

Policy and legal
instruments of disability:

Show the film on the SDGs. (1 minute duration).

Other international instruments

- UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities
- The Salamanca Statement
- UN Convention on the Rights of the Child
- Universal Declaration of Human Rights
- African Disability Protocol
- The Marrakesh VIP Treaty
- Convention on the Elimination of all Forms of Discrimination against Women.

Policy and legal instruments of disability: 13

- There are several other international instruments as listed here.

14.4 National instruments (10 minutes)

National / Provincial / District

National instruments

The Constitution of Zambia: adopted 1991, amended 2009&2016

*…the state shall endeavour to provide to **persons with disabilities** such social benefits and amenities that are suitable for their needs and are just and equitable. This provision seeks to ensure that **persons with disabilities** receive appropriate and necessary support services so as to facilitate the full inclusion in communities and also full enjoyment of their human and fundamental rights.*

Policy and legal instruments of disability: 14

- One of the fundamental national instruments is the Constitution of Zambia.

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Constitution

A person with a disability is further entitled to the right to –
- *Education and facilities that integrate the person into society;*
- *access to the physical environment, information, communication, public facilities and services, places and transportation;*
- *Access materials, facilities and assistive devices for persons with disability;*
- *Use sign language, Braille or other appropriate means of communication;*
- *Be addressed or referred to in an enactment or officially, publicly or privately, in a manner that is not demeaning, derogatory or discriminatory;*
- *Equal opportunities in cultural, political, economic and social activities;*
- *Tax free materials and assistive devices;*
- *Personal development and independent living; and*
- *Social protection, as prescribed.*

Policy and legal instruments of disability: 15

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- Adopted more than 20 years ago it provides for the rights of persons with disabilities in several sections.

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Other national instruments

- Zambia's Vision 2030 (2006-2030)
- 7th National Development Plan (7NDP)
- National Decentralisation Policy 2002
- National Disability Policy 2013
- Persons with Disabilities Act (PWDA) 2012
- National Gender Policy 2014
- National Social Protection Policy 2014–2018
- Education policy 1996
- National Child Policy 2006

Policy and legal instruments of disability: 16

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- There are also many other national instruments that protect the rights of persons with disabilities. The key ones include:

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National instruments (cont'd)

- National Youth Policy and Action Plan on Youth Empowerment and Employment 2015
- National Employment and Labour Market Policy (NELP) 2005
- Citizen Economic Empowerment Commission Act 2008
- Industrial and Labour Relations Act (amended 2008)
- Zambia National Health Strategy 2012.

Policy and legal instruments of disability: 17

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- These are too numerous for us to cover in detail but there is information on all of them in your Participant Manual.

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14.5 Policy and legal instruments (45 minutes)

National / Provincial / District

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Activity

- Read the information in your Participant Manual to familiarize yourself with the international or national instrument(s) you have been allocated.

- Consider if and how your allocated instrument is relevant to the following scenarios...

Policy and legal instruments of disability: 16

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Introduce the activity.

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Activity: Policy and legal instruments	
Groups	**Divide** participants into pairs (or threes if you have a large group).
Instructions	**Allocate** each group with titles of 1-3 different legal and policy instruments printed from the end of the session plan and ask them to read through the materials relating to these instruments in their Participant manual. Allow 10 minutes. **Show** the next six slides one by one and ask who has a legal and policy instrument(s) that would in theory protect the individual described in the situation? **Note:** there will be several relevant policies for each scenario.

Scenario one

Alex is a young man who has a mobility disability and uses a wheelchair arrives at an HIV/AIDS information meeting in his village.

He is told it is not for people with disabilities and he should ask his local disability organization for any information he needs.

Policy and legal instruments of disability: 17

Scenario two

Grace is a young girl with albinism who has recently completed a course in a vocational training centre and came 2nd in her class.

She is one of four in her class who applied for a job in a tailoring business which is looking for six new tailors but she was turned down although the other three were accepted. She was not given a reason.

Policy and legal instruments of disability: 18

Scenario three

Mary is a seven year old girl who has a mild intellectual disability. She recently started at a primary school in her village and her teacher says she is doing well.

However, some of the parents of other children in the school have suggested that it would be more suitable for her to go to a special school – there is one in the town 30km away.

Policy and legal instruments of disability: 19

Scenario four

Robert has cerebral palsy and uses a tricycle for his mobility. He has arrived at the Polling station on election day but there is a flight of steps up to the room where polling is taking place. The officials say unfortunately he cannot vote this time.

Policy and legal instruments of disability: 20

Scenario five

Michael has a visual impairment. He runs a small poultry business with his wife and wants to expand. He applied to a microfinance company which has already given loans to several people in his village who have less security and have achieved less success than him.

However, as soon as he arrived at the microfinance company they said he should rather contact ZAPD and refused to look at his application.

Policy and legal instruments of disability: 21

Scenario six

Miriam is a young girl who had post traumatic stress disorder (PTSD) after being involved in a taxi road traffic accident where six people were killed. She was off work for six months but is now working.

She applied to a college to study nursing but has been told that because of her PTSD she will not be able to cope with the demands of nursing and should consider something less stressful.

Policy and legal instruments of disability: 22

Monitor	**Allow** a few minutes discussion for each one.
Time	**Allow** 10 minutes for participants to read the relevant sections of their Participant Manual before showing the first scenario, then five minutes for discussion of each scenario and 10 minutes for final feedback discussion. (Total time: 50 minutes).
Feedback	At the completion of the scenarios: **Ask** participants: are these scenarios realistic? Are you aware of similar situations that have happened in Zambia? **Ask:** Does the range of international and national policy instruments embraced by Zambia protect people with disabilities from being discriminated against? How? **Acknowledge** responses. **Ask:** If the instruments in place do not protect persons with disabilities, what needs to happen for them to be enforced? **Acknowledge** responses and ask for a volunteer to write suggestions on the board for the training report recommendations.

Cut the following international and national instrument titles into strips for each instrument and allocate 1-3 instruments to each group of 2-3 participants based on numbers. Ask participants to refer to the reference information in the Participant Manual and read the section/s relating to their instruments.

International:

The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)

The Sustainable Development Goals (SDGs)

The Universal Declaration of Human Rights

The UN Standard Rules on the Equalization of Opportunities for persons with disabilities

The Salamanca Statement

African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa (African Disability Protocol)

The Marrakesh VIP Treaty

The Convention on the Elimination of all Forms of Discrimination against Women.

The United Nations Convention on the Rights of the Child

African Charter on the Rights and Welfare of the Child

National:

Constitution of Zambia (last amended in 2016)

Zambia's Vision 2030 (2006-2030)

The 7th National Development Plan (7NDP)

National Decentralisation Policy 2002/2013

Persons with Disabilities Act (PWDA) No 6 of 2012

National Policy on Disability 2013

National Gender Policy 2014

National Social Protection Policy 2014–2018

National Child Policy 2006/2015

Education Act 2011

Inclusive Education and Special Education Implementation Guidelines 2016

National Employment and Labour Market Policy (NELP) 2005

National Youth Policy and Action Plan on Youth Empowerment and Employment 2015

Citizen Economic Empowerment Commission Act 2008

Technical Education, Vocational and Entrepreneurship Training (TEVET) Act, 1998

The 2017-2021 National Health Sector Strategic Plan (NHSP)

15 Understanding decentralisation

Learning objectives
By the end of the session participants shall be able to: • Explain the meaning of and forms of decentralisation. • Explain the Zambia National Decentralisation Policy. • Explain the roles of different structures in CBID implementation at national, district and community levels. • Demonstrate measures that can be taken to mainstream disability issues in all sectoral programming, budgeting and reporting.

Time allocated
110 minutes.

Resources needed
• PPT presentation or A2 Presenter • Participant Manual • Reference copy of the complete Zambia National Decentralisation Policy and implementation plan. • Reference copy of the Local Government Act, 1991.

Preparation
Familiarise with: • Relevant content of the Participant Manual • Zambia National Decentralization Policy and Implementation plan • PPT slides or A2 Presenter.

15.1   Introduction (15 minutes)

Introduce the session.

Explain: This session attempts to explain the concept of decentralisation in terms of the Zambia National Decentralisation Policy.

Learning objectives
By the end of the session participants shall be able to:
• Explain the meaning of decentralisation.
• Explain the National Decentralisation Policy.
• Explain the roles of different structures in CBID implementation at national, district and community levels.
• Demonstrate measures that can be taken to mainstream disability issues in all sectoral programming, budgeting and reporting.

Understanding decentralization: 2

Introduce the learning objectives of the session.

Ask participants if anyone can explain what we mean by decentralisation?
Acknowledge responses.

Decentralisation

• Process by which any institution operating at central level transfers some of its authority, responsibility and resources to local level structures.
• Gives local structures the authority and resources to provide the necessary functions.
• Can take the form of deconcentration, devolution, delegation and privatisation.

Understanding decentralization: 3

Decentralisation is the process by which any institution operating at central level transfers some of its authority, responsibility and resources to local level structures.

This process gives local structures the authority and resources to provide the necessary functions.

Ask one of the participants to give a brief outline of the National Decentralisation Policy in Zambia.

Thank the participant and continue with the slides below which summarise the policy.

Trainer's notes: National Decentralisation Policy
Use local knowledge and experience from one of the participants to give a summary to the whole group about the concept of decentralisation and the National Decentralisation Policy. If no one in the group able to do this, the trainer should continue to the next slides.

Explain: For decentralisation to be effective, it has to be supported by appropriate legislation and policies. In Zambia the Constitution and the Local Government Act, 1991 provide the legal framework for decentralisation while the National Decentralisation Policy outlines the key guidelines.

Zambia National Decentralisation Policy and legal framework

• The Republican Constitution of 2016 (Amendment), Act No 2 provided the legal framework for devolution.
• Decentralisation Policy 2013 is a guide to the transfer of authority, functions and responsibilities to lower levels of governance.
• Decentralisation Secretariat responsible for developing systems to provide nationwide supervision and facilitate implementation of decentralisation process.

Understanding decentralization: 4

• Policy was approved in February 2013.
• It passes administration and political authority to district level and integrates government agencies at district and local level into one administrative unit.

Decentralisation Policy seeks to:

a) Empower provinces, districts and communities in order to achieve effective social economic development.
b) Promote people's participation in democratic governance at the local level to enhance local governance.
c) Promote co-operative governance with the national Government, provincial administration, provincial assembly, and local authority to support and enhance the development role of local government.

Understanding decentralization: 5

The policy seeks to:

a) empower provinces, districts and communities in order to achieve effective social economic development
b) promote people's participation in democratic governance at the local level to enhance local governance.
c) promote co-operative governance with the national Government, provincial administration, provincial assembly, and local authority to support and enhance the development role of local government

Decentralisation Policy seeks to:

d) Promote the participation of chiefs and other traditional leaders in governance and preservation of culture and heritage whilst respecting cultural diversity.
e) Promote political and administrative authority in order to enhance delivery of quality services
f) Coordinate gender and HIV/AIDS mainstreaming programmes in the councils in order to promote gender equality and equity and
g) Develop and manage human resources in order to enhance individual and organisation performance.

Understanding decentralization: 6

d) promote the participation of chiefs and other traditional leaders in governance and preservation of culture and heritage whilst respecting cultural diversity.
e) promote political and administrative authority in order to enhance delivery of quality services
f) coordinate gender and HIV/AIDS mainstreaming programme in the councils in order to promote gender equality and equity and
g) develop and manage human resources in order to enhance individual and organisation performance.

Ask: How is the decentralization policy benefitting us?
Acknowledge responses.

Explain:
• The policy puts people in leadership positions at a local level.
• People can contribute to what they think is meaningful in their own environment. For example, most clinics in Zambia now have doctors.
• Broad based decision making at local level can bring harmony – stakeholders can't 'blame' Lusaka for decisions – the decisions are made locally.
• The decentralisation policy for Zambia provides an opportunity for inclusive development. Resources are made available from the local council budget for the implementation of disability specific services and programmes.

Refer participants to the reference information about the policy in the Participant Manual. Explain that within the decentralised structure are the local government Councils.

Ask: what is the composition of the council now under the Decentralization Policy?
Acknowledge responses.

Composition of Councils

- Chiefs from the district.
- All elected councillors in the district.
- Mayor and deputy mayor (city/municipal councils) or Chairman and vice chairman (district councils), elected annually by the council.
- Town clerks (city/municipal) or council secretaries (district councils) lead administration of local authorities.
- Key actors in local government process.
- **Note:** Members of Parliament in the district may attend council meetings but do not have voting rights.

Understanding decentralization: 7

Explain the composition of the Council.

Responsibilities of Councils

- Policy making and supervising their implementation.
- Technical advice to the councillors as well as implementing policies.
- To pass by-laws.
- Investment and maintenance of infrastructure.
- Preparation and administration of schemes for community development, targeting some services at marginalised groups.

Jointly responsible for:

- conservation protection and control of natural resources.

Understanding decentralization: 8

Explain the main responsibilities of the Council.

15.2 National decentralisation policy activity (95 minutes)

National / Provincial / District

Activity

What isn't working well for persons with disabilities and their families in relation to CBID?

What can be done to improve the situation for persons with disabilities and their families in relation to CBID?

Understanding decentralization: 9

Introduce the activity.

Activity: Decentralization	
Groups	**Divide** into four groups
Instructions	**Ask** all four groups to look at the detailed descriptions of the seven stakeholder groups in their Participant Manual. Participant groups should discuss each one and answer the questions: • *What's working well with decentralization for persons with disabilities and their families?* • *What's not working well with decentralization for persons with disabilities and their families?* Participants should write their answers in the space provided in their Workbook and be ready to share their ideas with the rest of the group.
Monitor	**Make sure** groups understand the activity and keep to time.
Time	**Allow** 60 minutes for discussion in groups, and 40 minutes for whole group feedback and discussion. Total 100 minutes.
Feedback	**Ask** each group in turn for one answer for each category of stakeholder. **Lead** a discussion with all the participants about how decentralization can better support CBID?

Ask if there are any questions.

Summarise:
- Decentralisation transfers authority, responsibility and resources to local level structures and in this way gives the local structures the authority and resources to provide the necessary functions.
- It makes local structures more accountable to meet the locally identified needs and ensure that plans are relevant. We can help ensure that each level of the decentralized structure brings a disability lens to their work, and promote inclusive development for all.

Close the session.

16 Management of Community Based Inclusive Development (CBID)

	National / Provincial / District	

Learning objectives

By the end of the session participants shall be able to:
- Explain the concept of CBID
- Define stakeholders and their roles.
- Explain good practice for the management of CBID.
- Explain collaboration and networking strategies.
- List the four stages of the management cycle.
- Explain how the needs of persons with disabilities can be incorporated within the project cycle. Describe the WHO INCLUDE online training resource.

Time allocated

- 140 minutes.

Resources needed

- PPT Presentation or A2 Presenter
- PPT of INCLUDE
- Participant Manual
- Where possible, good wireless internet connection
- Speakers to play sound for INCLUDE video resources
- Two laminated cards of the question for the activity
- Reference copy of UN CRPD

Preparation

Familiarise with:
- relevant content of the Participant Manual
- PPT slides or A2 Presenter
- WHO INCLUDE online resource.

Print:
Two a copy of the activity question sheet from the end of the session plan and cut into two: one for each group (if laminated cards not available).

16.1 Introduction (10 minutes)

Introduce the session.

Explain: Community Based Inclusive Development (CBID) is the cornerstone of this training package. Our aim is to increase the level to which persons with disabilities are included in, and benefit from, development initiatives.

The tool used to do this is CBID – building on existing Community Based Rehabilitation (CBR) initiatives.

In this session, we look at the management of CBID – how best to increase its effectiveness to achieve long term, sustainable benefits for those most in need.

Introduce the learning objectives of the session.

Explain:
- Management of CBID includes the various stages that need to take place to develop a CBID programme.
- Programmes will vary in their scope of content, timespan, resources, and other factors but there is a commonly accepted sequence of stages that can guide their development – most commonly called the management or project cycle.

For CBID to be effective, it must be well managed, and its success depends on close collaboration and networking between all stakeholders.

If stakeholders work together they can share ideas and resources to capitalize on each other's strengths.

16.2 Managing CBID (80 minutes)

Well managed CBR/CBID activities:

- Implement the CBR/CBID components that best match the needs, priorities and resources of the community.
- Are inclusive of all key community stakeholders, especially people with disabilities, their family members and organizations that represent them.
- Ensure equal treatment by implementing the UN CRPD and local instruments.

Management of CBID: 4

Explain: The CBR Guidelines note that well-managed CBR/CBID activities:
- implement the CBR components that best match the needs, priorities and resources of the community
- are inclusive of all key community stakeholders, especially people with disabilities, their family members and organizations that represent them
- ensure equal treatment by implementing the Convention on the Rights of Persons with Disabilities (UN CRPD) and local instruments.

Participatory management

Two key aspects:
1. Sharing responsibility for managing CBR programmes between individuals and organizations.
2. Involvement of people with disabilities, their family members and the organizations that represent them at all stages of the management cycle.

Management of CBID: 5

There are two key aspects of participatory management:

- Sharing responsibility for managing CBR/CBID programmes between individuals and organizations. This allows representatives from multiple stakeholder groups to play a direct role in managing a CBR/CBID programme.
- Involvement of people with disabilities, their family members and the organizations that represent them at all stages of the management cycle.

Ask: Who are the different groups of stakeholders to be engaged in CBID?
Acknowledge responses.

CBID stakeholders

Management of CBID: 6

Explain the five levels of stakeholder, according to the diagram on the slide:
- National government, leaders, media
- Local government, NGOs, disability groups
- Community leaders, teachers, health and community workers
- Community
- Persons with disabilities and their families.

Highlight that the Participant Manual gives more information on these groups.

Participatory management

- Identify different stakeholders and the resources each can offer.
- Invite all stakeholders to discuss the principles of UN CRPD and important values for CBR/CBID.
- Discuss roles and responsibilities of all stakeholders.
- Identify the vision, goals and purposes of the programme.
- Develop action plans.

Management of CBID: 7

Explain: With a participatory style of management, the committee members work to:

- identify stakeholders in different sectors and the resources each can offer
- invite all stakeholders to discuss the principles of UN CRPD and important values for CBID
- discuss roles and responsibilities of all stakeholders
- identify the vision, goals and purposes of the programme
- develop action plans

Participatory management

- Mobilize resources
- Initiate new programmes
- Monitor how well programmes are working
- Make modifications and changes to the programme as required.

Management of CBID: 8

- mobilize resources
- initiate new programmes
- monitor how well programmes are working
- make modifications and changes to the programme as required.

Explain: The roles of the different stakeholder groups are detailed in the CBR Guidelines and summaries of these are included in the Participant Manual.

CBR management structures

Top down – vertical structure (old style)

CBR manager

CBR worker   Volunteer

now replaced by...

Management of CBID: 9

Explain: In this structure, a single manager led a group of CBR workers and volunteers in a simple vertical structure. This was top-down management and is now outdated.

CBR management structures

Horizontal structure (new style)

Sector manager   CBR manager   Sector manager

Sector manager   Sector manager

Sector manager   Sector manager

CBR manager is coordinator, mobilizer and facilitator = cooperation and mutual understanding.
More inclusive, more integrated, more transparent.

Management of CBID: 10

As more governments assume responsibility for initiating, funding and managing CBR strategies and aim to integrate people with disabilities into every sector, a different horizontal management structure is now more appropriate and recommended:

CBR manager is coordinator, mobilizer and facilitator. Leads to greater cooperation and mutual understanding. It's more inclusive, more integrated, more transparent.

Explain:
- There are many successes in CBID in Zambia but information is not always shared between different CBID stakeholders.
- How can this situation be improved so that information is shared?

Show the activity slide.

Show the instructions throughout the activity.

Activity: Management of CBID	
Groups	**Divide** into two large groups.
Instructions	**Ask** both groups to consider the following question: *What are the most successful aspects of CBR/CBID in Zambia and how can information on them be shared?* **Give** them a printed card (printed from the end of the session plan) with the question on to refer to in their groups. Participants to write down their responses. Groups should be prepared to share their thoughts during the whole group discussion.
Monitor	**Ensure** groups are working on the correct question and are writing down responses.
Time	**Allow** 30 minutes for the group discussion; 20 minutes for whole group discussion which follows. (Total time: 50 minutes).
Feedback	**Ask** groups to share their findings, taking one idea from each group in turn. **Encourage and facilitate** discussion and contributions from the other groups. **Ask** a volunteer to record the feedback to include in the training programme report.

Summarize:
CBID programmes are more likely to be successful and sustained when they take account of local culture and customs, are inclusive of the local population (including persons with disabilities) and the involvement and commitment of all key stakeholders.

The WHO CBR Guidelines note that: *"CBR has been most successful where there is government support, but day-to-day management and implementation are a community effort."*

Explain: The following actions are essential to achieving sustainable CBID programmes:
- Take account of cultural factors
- Identify possible partnerships
- Build community ownership
- Use local resources
- Build local capacity
- Find financial support
- Build an effective leadership team

16.3 WHO INCLUDE / CBR Guidelines (25 minutes)

Explain: The World Health Organization (WHO) has developed an online CBR learning community called INCLUDE.

WHO INCLUDE...... • Online training programme developed by WHO. • Based on the WHO CBR Guidelines. • Launched at the 2nd World CBR Conference in Malaysia in 2016. • Case studies on all aspects of the CBR Matrix – videos and written. • Facility to develop action plans. *Management of CBID: 13*	• INCLUDE is an online training programme launched by WHO at the 2nd World CBR Conference in 2016. • Based on the CBR Guidelines • Provides a rich library of case studies that show CBR in action, as well as tools to assist users to reflect on their experiences. • INCLUDE allows the user to develop an action plan around management and the five components and corresponding elements of the CBR Matrix. These action plans can be stored and built on over time, and shared with others in the CBR community.
WHO INCLUDE...... • **Learn** about community based rehabilitation. • **Discover** how other programmes are putting CBR's inclusive development strategy into action. • **Create** your own action plan for inclusive development. • **Share** experiences, thoughts and ideas with a community. • **Reflect** on your own experiences. *Management of CBID: 14*	• WHO highlights the main benefits of the INCLUDE online training programme as outlined on the slide.
WHO INCLUDE...... WHO online CBR learning community for managers and stakeholders. Eight modules: 1. introduction 2. management 3. health 4. education 5. livelihood 6. social 7. empowerment 8. supplementary module. *Management of CBID: 15*	• INCLUDE aims to inform and support CBR managers and interested stakeholders around the world. It guides the user through different information modules based on the CBR Guidelines. There are eight modules: an introduction, management, health, education, livelihood, social, empowerment and a supplementary module.

NOTE: If there is a suitable wireless internet connection available during this session of the training, **project** the WHO INCLUDE website and demonstrate how to move to different areas. Highlight the videos and case studies embedded. Otherwise you can use the slides below.

INCLUDE online training: Introductory pages

- The introductory pages give an overview of the topics.

INCLUDE online training: Introductory pages

- Here we have the overview of Education, Livelihood, Social and Empowerment as well as the supplementary information.
- We always talk about the CBR Matrix and the five components but the CBR Guidelines also include supplementary topics.
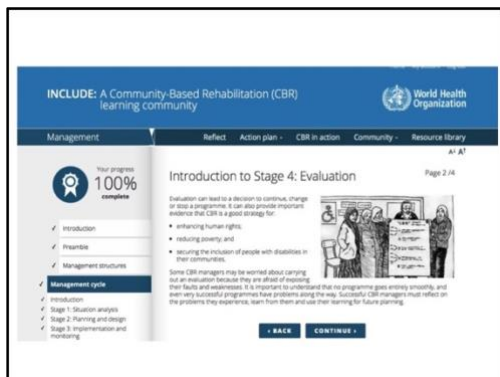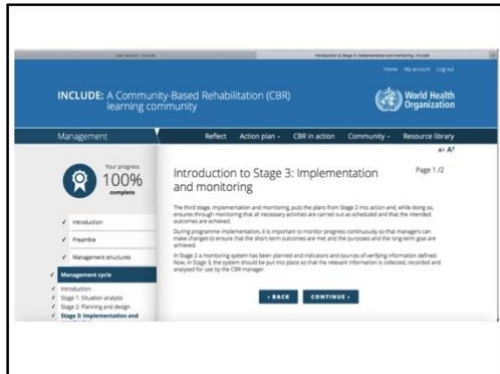
Ask: Can anyone tell us what the WHO Guidelines supplementary topics are?

Acknowledge responses.

Example topic: management cycle

- These are some example pages from INCLUDE on the management cycle.

Explain how to register: http://include.edc.org/

Emphasize that participants can choose a specific password for accessing the site – they do not need to use their normal email password.
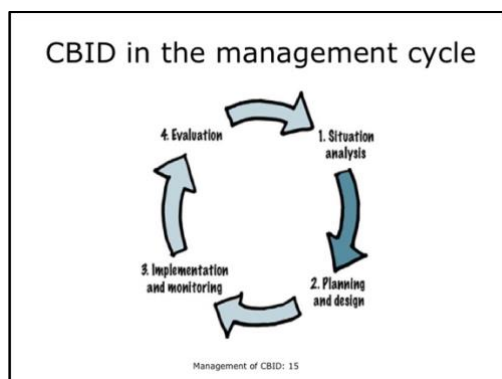
Suggest that participants register and continue to use INCLUDE as a learning and planning tool that can be shared with others.
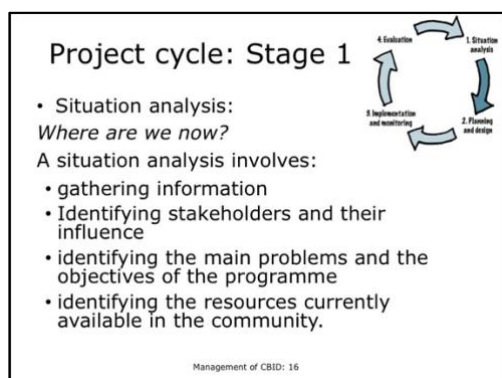
16.4 The management cycle (15 minutes)

Ask: Can anyone tell us the four stages of the programme management cycle?
Acknowledge responses.

Show the slide of the management cycle and confirm there are four stages.
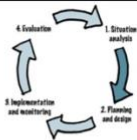
- CBR planners often do not have all of the necessary information to plan a programme, therefore the first stage is a situation analysis.
- This considers the question 'where are we now?' and it involves:
    - gathering information
    - identifying different stakeholders and their areas of interest and influence
    - identifying challenges and overall objectives and
    - identifying resources available in the community such as existing services.
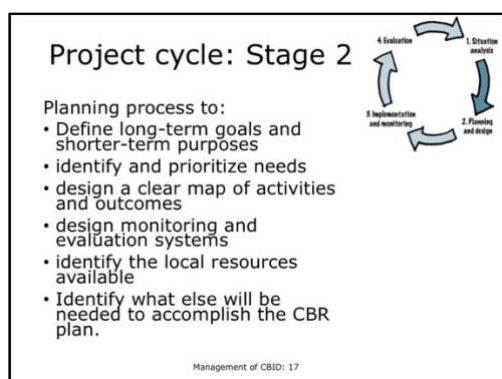
- The second stage is planning and design.
- The situation analysis should have provided information, for example, on the number of people with disabilities, the types of disabilities and the needs, and availability of resources in the community.
- This information informs the planning stage where the needs are prioritized, a clear map of activities and outcomes are laid out, an m&e system is developed and resources available and outstanding needs are determined.
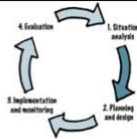
- Stage 3 is implementation and monitoring where the plans are put into effect and monitored.
- The M&E system ensures that progress is monitored and changes made accordingly where necessary.

- Finally Stage 4 is evaluation. This serves three main purposes:
  - Management
  - Accountability
  - Learning.

Ask if there are any questions.

16.5 Plan of action (10 minutes)

Ask participants to reflect on their own roles and write down any actions they and their organization can take to promote and support effective CBR/CBID programme management and collaboration in Zambia.

Direct participants to the notes in the manual relevant to their level (National, Provincial, District, or Community)

Ask participants for their reaction - what were the similarities and differences between their suggested actions and those given in the manual?

See trainer's notes below for examples of actions at each level (National, Provincial, District, or Community), which are shown elsewhere in the manual.

	Actions I can take as an individual and or within my organization to promote and support effective CBR programme management and collaboration in Zambia	
National / Provincial	*Identify and allocate resources for CBID management.* *Build political support for a national CBR policy and network and disability inclusive legislation.* *Establish a CBR participatory management structure in line with the CBR Guidelines recommendations.* *Establish and coordinate a national committee for the management of CBR, representative of all stakeholder groups.* *Coordinate the implementation of the four stages of the project cycle in line with the recommendations of the CBR Guidelines.* *Promote sharing of experience and knowledge on CBR nationally and regionally through networks.* *Participate in the development the national CBID disability management information system (DMIS).* *Ensure strategic linkages of CBID in existing mainstream national development planning coordination mechanisms.*
District	*Advocate for national level funding and identify and allocate resources for CBID management at district level.* *Lobby for a national CBR policy and network and disability inclusive legislation.* *Participate in and promote a CBR participatory management structure in line with the CBR Guidelines recommendations.* *Establish and coordinate a district committee for the management of CBR, representative of all stakeholder groups.* *Implement the four stages of the project cycle in line with the recommendations of the CBR Guidelines.* *Promote sharing of experience and knowledge on CBR nationally and regionally through networks.* *Participate in a mapping of the CBR programmes in Zambia to identify areas of strength and gaps.* *Ensure strategic linkages of CBID in existing mainstream development planning coordination mechanisms through the DDCCs.*
Community	*Work in collaboration with district and national stakeholders to implement the four stages of the project cycle.* *Monitor implementation of CBR and gather case studies to illustrate impact.* *Participate in a mapping of the CBR programmes in Zambia to identify areas of strength and gaps. Nn4* *Establish and coordinate an area development committee for the management of CBR, representative of all stakeholder groups.* *Ensure strategic linkages of CBID in existing mainstream national development planning coordination mechanisms through Ward Development Committees (WDCs).*

What are the most successful aspects of CBR/CBID in Zambia and how can information on them be shared?

What are the most successful aspects of CBR/CBID in Zambia and how can information on them be shared?

17　Disability Management Information System (DMIS)

Learning objectives
By the end of the session participants shall be able to: • Explain DMIS. • Identify the main features of DMIS. • List the tools used in DMIS - Forms 1 and 2. • List the benefits of DMIS. • Explain the process of identification and registration of persons with disabilities. • Complete Forms 1 and 2. • Explain reporting procedures. • Describe the follow up process.

Time allocated
• 165 minutes.

Resources needed
• PPT or A2 Presenter • Whiteboard or flipchart • Flipchart paper and markers • A1 Poster of DMIS structure • An experienced CBR/CBID worker to demonstrate how to complete Forms 1 and 2 • Five people with disabilities to work with participants to practise completing Form 2.

Preparation

Familiarise with:
- PPT slides or A2 Presenter

Identify and brief:
- an experienced volunteer or CBR worker to demonstrate how to complete Form 2
- five people with disabilities to work with participants to practise completing Form 2 (Note: they do not need to attend for the first hour of the session while you cover the background and practise completing Form 1).

Print:
- copy of Form 1 and 2 for each participant.

Note: This session of the training should be scheduled for the morning to run until lunchtime. The people with disabilities who volunteer their time can then be provided with lunch before continuing to support the training in the afternoon with the practical disability sessions. For this reason, try to ensure the people with disabilities represent different disabilities, genders, ages, and include a child with their parent/carer. Ensure the volunteer people with disabilities are well briefed so that they know what to expect on the day.

17.1   Introduction (15 minutes)

	National / Provincial / District	

Trainer's notes
Understanding Forms 1 and 2 and interacting appropriately with persons with disabilities are critical parts of the role of a volunteer. Ensure in this session that the demonstration shows good practice: treating the person with disability with patience, politeness, respect and dignity. Also monitor the participants' interaction with volunteers to ensure the same as they complete their forms.

Introduce the session.

Explain: DMIS stands for Disability Management Information System.

Introduce the learning objectives of the session.

Ask which, if any, of the participants have worked with the DMIS?
Acknowledge responses.

Ask: Can someone explain what DMIS is?
Acknowledge responses.

Ask: What are the benefits of having data on persons with disabilities?

Acknowledge responses and add some key words on the board from the comments (such as monitoring, planning, resource allocation, identifying different disabilities, number of persons with disabilities).

17.2   DMIS Overview (15 minutes)

	National / Provincial / District	

Explain:
- DMIS is a system that was set up to provide a more comprehensive database of information on persons with disabilities in Zambia.
- It collects and analyses data to help monitor CBR programmes and services and inform planning and allocation of resources.
- It also provides evidence for CBR to help sharing of best practices.

Distribute the participant handout and highlight the diagram of the DMIS structure to participants.

Pin the poster of the DMIS organization structure on the wall and point to the relevant areas as you explain the structure. Also refer to the copy in the Participant Manual.

Explain:
- This diagram shows the overall structure of the DMIS system.
- At **Community** level volunteers are responsible for completing a form – Form 1 – Identification of PWDs (Household approach) for every household in the area that they cover. This form is designed to identify any member of the household that has any difficulty in any area such as a physical or intellectual difficulty.
- Also at **Community** level, volunteers are responsible for completing Form 2 – a Needs Assessment Form completed for every client identified on Form 1 who is registered as having some level of difficulty in one or more areas.
- At **District** level the Community Development Assistants (CDAs) complete Form 3 which details follow up after interventions made such as referral for further assessment.
- A referral form is then completed by Volunteers or CDAs.

Ask participants to discuss with the person next to them who the data collected might be useful for? **Allow** a few minutes for discussion and then ask for participants' ideas.

Highlight that data collected is useful for many different groups including:
- The community
- All disability sector stakeholders
- All levels of government
- Development partners
- Non-government organizations

17.3 How to complete Form 1 (30 minutes)

Activity

Completing form 1:
- Working in pairs, take it in turns to play the 'head of household' or the 'CBR Worker' interviewer.
- The CBR Worker Interviewer to go through the questions on Form 1 and complete in line with the answers given by the 'head of household'.
- Head of Household use their own household data and ADD the person described on their strip of paper.
- Swop and repeat.

DMIS: 5

Introduce the activity.

Activity: Completing Form 1 of the DMIS	
Materials required	You will need: • A copy of Form 1 for each participant • A sample 'extra household member' for each participant (printed from end of session plan and cut into individual strips)
Groups	**Split** participants into pairs and give each person a copy of **Form 1** and one of the **'extra household member'** strips of paper.
Instructions	**Ask** participants to take it in turns to play the part of the **'head of household'** or the **'volunteer'** interviewer. The volunteer should go through the questions on the form and complete the form in line with the answers given by the 'head of household'. **Tell** them when they are in the role of 'head of household', they should use their own household information to answer the questions asked by the volunteer. However, they should add information on the person described on their strip of paper. That person should be listed in their household number, and their difficulty should be detailed on the relevant section(s) of the form. When the first 'volunteer' has completed their Form 1, the pair should swop and the second person should now conduct their interview.
Monitor	**Check** that the pairs understand the task and are completing their forms using the 'extra household member' information provided. Remind them to add their name and sign and date their forms.
Time	**Allow** 20 minutes for the pairs to complete their forms.

Feedback	**Ask** the pairs to feedback on their experience and any questions they have regarding using the forms.
	Highlight that some of the forms describe people whose age is not known – explain that if this happens they will usually know whether they are over or under 15 years of age so can include them in the right place on the form. Explain that probing questions can also be asked to the person or in the case of children, their guardians to relate the time of birth to a major activity that may have happened at the time e.g. a famine, general election, crowning of a local chief, construction of a school block or a prayer house etc.
	Some of the descriptions give the disability – such as 'cleft lip'. In these cases they should describe what the person is likely to have difficulty with (such as in this case speaking, or eating).
	Answer any other questions that are raised about completing Form 1.

Ask for a volunteer to lead the participants in a song to allow everyone to move around the room as an energiser before you proceed to the next form. This is also a good time for a tea/coffee or lunch break if the timing can work out.

17.4 How to complete Form 2 (90 minutes)

	National / Provincial / District	

Trainer's notes
Ensure in this session that the demonstration shows good practice: treating the person with disability with patience, politeness, respect and dignity. Also monitor the participants' interaction with persons with disabilities to ensure the same as they complete their forms.

Demonstration

DMIS: 6

Introduce the activity beginning with the demonstration.

Activity: Completing Form 2 of the DMIS	
Materials required	You will need:
	• A copy of Form 2 for each participant
	• A person with a disability to be interviewed for the demonstration section.
	• Four further people with different disabilities to be interviewed by the groups of 4 following the demonstration. (See further details in the preparation required for the session box).
Groups	**Keep** participants in the same pairs as the previous activity and join two pairs together to make groups of 4.

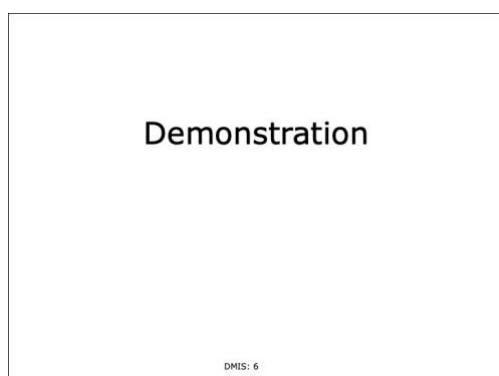| Instructions	**Explain** that we are now going to **demonstrate** an interview with a person identified through Form 1, to complete Form 2. Following this demonstration, participants will have a chance to interview their own volunteer, in groups of 4. **Ask** participants to refer to their copy of Form 2 as the demonstration interview progresses.
Activity **Completing form 2:** Working with your partner, complete Form 2 by interviewing your guest 'interviewee' DMIS: 7	When demonstration is complete, **allocate** one person with a disability to each group of 4 participants. **Ask** them to ask questions in turn of the person to gather the relevant information for the Form. Each pair should complete one form between them as the interview progresses. Show the slide to confirm the instructions.
Monitor	**Check** that the pairs understand the task and are completing their forms. Monitor the way participants are interviewing as well as their questions. Ensure their approach is friendly, polite, patient and respectful and puts the person at their ease. Remind them to add their names and to sign and date their forms.
Time	**Allow** 30 minutes for the demonstration and a further 45 minutes for pairs to complete their interviews and forms and 15 minutes for feedback (total time 90 minutes)
Feedback	**Thank** the people with disabilities who volunteered their time and finish with a song before allowing them to go and continuing the session. **Ask** the pairs to feedback on their experience and any questions they have regarding using the forms. **Highlight the following:** Sometimes people do not know their date of birth (DOB) – explain that if this happens they should write the approximate age of the person or try to find out using probing questions. For example, ask the person or in the case of children, their guardians to relate the time of birth to a major activity that may have happened at the time e.g. a famine, general election, crowning of a local chief, construction of a school block or a prayer house etc. Also sometimes persons with disabilities may also be reluctant to provide information and this can be challenging when completing the form. **Emphasize** that having comprehensive information from the forms helps Zambia in general to analyse the broader situation for persons with disabilities so they should try to complete the forms as thoroughly as possible. **Answer** any other questions that are raised about completing Form 2. **Collect** the forms in and look through them during the next break to see if there are any errors highlighting any areas of completing the form to reinforce in the next session.

17.5 Reporting and follow up (15 minutes)

	National / Provincial / District	

Point to the relevant areas of the DMIS Structure Poster to explain:
- The completed Forms 1 and 2 are given to the responsible Community Development Assistant or Officer for processing. Data from the forms is entered into the system at the CBR Zambia Support Programme Office, where reports are generated to give an overview of the situation in the different districts. For example, reports can show the number of people with specific disabilities by village, district or region.
- When a person with a disability has been identified and registered, they may be referred to various service providers or other stakeholders. This may, for example, include referral to a local health facility, district or regional hospital for tests or treatment, provision of an assistive device, or linking with a DPO, sports club, or vocational training scheme.
- As part of the follow up process, the CBR Volunteer or Worker will return to the person to check on their status.
- During this visit, the person's situation would be assessed, and compared to their situation during the time of identification and registration. If there is a significant change, whether positive or negative, it is recorded using Form 3.
- Form 3 is then sent to the relevant officers and goes into the system to update the information held on that individual in the DMIS database.
- The period of follow up varies from 3 to 6 months, depending on time and resources.

Ask if there are any questions?

Summarise:
- It is important that all CBID stakeholders have a good understanding of how to use Forms 1 and 2 and why they are important. If we have data on people with disabilities, we can help advocate for their rights, and better understand how to address their needs.
- Follow up is a critical area too, and often gets overlooked. Having a structure where we can follow up on a person with a disability is valuable.

Close the session.

Extra household members information for completing Form 1 (1 per participant)

Note: if you have more participants than extra household member scenarios below, you can make others up or use the same ones for more than one person.

A boy named Aubrey Panja (DOB 4.4.2009) who has albinism and trouble with his sight
A married man named EnockDuwa (DOB 7.2.1951) who has difficulty with his sight
A girl named Memory Piri (DOB 12.7.2015) who has difficulty hearing
A single man FahidTadala (DOB 24.11.2000) who struggles to learn anything or dress himself
A married man Willard Muyila of unknown age (around 50?) who cannot hear at all
A single woman Grace Kalagho (DOB 11.12.1999) who has albinism and severe back pain
A divorced man Daniel Sibale (DOB 15.6.1990) who walks with a stick
A married woman AlyshaKayuni (12.2.1962) who has fits sometimes
A single man (DOB 1.5.1980) named TensonChickondi who cannot see
A boy BomaniChizimu (DOB 7.6.2008) who has fits and has difficulty with his sight
A girl Bright Kalagho (DOB 8.10.2015) who has a cleft lip
A girl Mercy Thoko (DOB 24.8.2007) who cannot remember things and struggles with tasks
A boy Gregory Dalitso (DOB 29.6.2015) who struggles to sit up
A married man IgnatiousKapesa aged around 40 who has severe headaches everyday and pains
A married woman Pricilla Nyondo (DOB 7.2.1992) who cannot walk or move her arms
A widowed man MayamikoZikomo of unknown age (around 70?) who cannot hear or see well
A single woman (DOB 14.1.1997) Chigani Banda who cannot see very well
A married man Moses Limbani (DOB 11.12.2001) who has one hand
A widowed woman (DOB 28.7.1970) BweraniChisomo who cannot stand up straight
A married woman of unknown age (around 40?) FunsaniManda who does not speak

Community Based Rehabilitation
CBR Zambia Support Programme

CBR FORM 1

Serial #...............

**To be used by Community Volunteers (CVs)
to record household visits and locate people who have difficulties**

One Form to be filled in for every household in your area, whether they have a member who has difficulty or not.

A household includes all those who are sharing the same abode.

Ask the household head and each household member the following questions.

If the member concerned, other household members and you are not sure whether the person has a difficulty or not, ask the additional questions/tests or carry out the simple questions given in the Annex.

You may write one person's name more than once, if she/he has more than one difficulty.

---

1. District: ……………………   **2. Chiefdom: …...…………….…**

3. Ward/ACC: ………………………...   4. Village/Compound ……………………………….

5. House No. ……………...… (if applicable)

6. Date of Household Assessment Visit…………/……..../………..…...…(DDMMYYYY)

7. Name of Household Head: ………………………………………………………………

Male ☐e   **Fema**☐   **(Tick appropriate)**

8.Date of Birth: ………/………/………(DD/MM/YYYY)

9. Household Contact #:…………………………………

		Over 15		Under 15	

10. Date of completion of form: …..../......./......./ (DD/MM/YYYY)

11. Number of People in the Household

Over 15		Under 15	
Male	Female	Male	Female
☐	☐	☐	☐

Code	Type of Difficulty (Circle Yes or No as appropriate)	Name of household member with this difficulty (Indicate PWD Name and Assign Each PWD with a Code)
A1.0	Does any person have difficulty seeing? (with or without glasses)	
A.1.2	Description of difficulty	
A2.0	Does any person have difficulty hearing? (with or without hearing aid) 1. Yes 2. No	
A2.1	Description of difficulty	
A3.0	Does any person have difficulty Speaking? 1. Yes 2. No	
A3.1	Description of difficulty	
A4.0	Does any person have difficulty moving such as walking, climbing steps, bending or stooping, reaching or lifting, or using hands? 1. Yes	

	2. No	

A4.1	**Description of difficulty**	
A5.0	**Does any person have difficulty with self-care such as washing all over, dressing, using toilet etc.?** 1. Yes 2. No	
A5.1	**Description of difficulty**	
A6.0	**Does any person have difficulty learning new things and solving problems?** 1. Yes 2. No	
A6.1	**Description of difficulty**	
A7.0	**Is there any child under 8 years whose growth and development appears to be different or slower than other children of a similar age?** 1. Yes 2. No	
A7.1	**Description of difficulty**	
A8.0	**Does any person have fits?** 1. Yes 2. No	

A8.1	**Description of difficulty (How often do fits occur?)**	
A9.0	**Does any person show a difference in behaviour or show undue worry, depression, anxiety?** 1. **Yes** 2. **No**	
A9.1	**Description of difficulty**	
A10.0	**Does any person have any other difficulty? (chest or heart conditions, Albinism)** 1. **Yes** 2. **No**	
A10.1	**Briefly describe the difficulty**	
A11.0	**Is there a person(s) with other difficulties not mentioned above in this household?** 1. **Yes** 2. **No**	
A11.1	**Describe the difficulties in A11.1**	
A12.0	**General observation of home environment, if any**	

Name of Volunteer: ……………………Contact Number:…………………………..

Signature……………………………………….

Name of Supervisor:…………………………….Signature:…………………………..

Date.............../……............/...................... (DD/MM/YYYY)

**Community Based Rehabilitation
Zambia Support Programme**

CBR FORM 2

Form Serial #.......................

To be used by Community Volunteers (CVs) with their supervisors(CDAs)
(To be filled in duplicate at all times, one copy to be sent to CDO for Registration)

Baseline Information about Situation of Individuals and Progress made

1. Date of Assessment:…………/……………/…………... (DDMMYYYY)

2. Type of Assessment? A. Initial/Baseline   B. Follow-On/Progress Monitoring

3.Name of PwD Being Assessed:……….…….…………....…(First/Last Name Format)

4. Sex of PwD: A. Male   B. Female (Circle Applicable)   5. Age of

PwD:……………

6. Contact Number of PwD/Guardian:……………………………………………………..

7. PwD Identification Code:…………………………………………………………………..

8. Name of Household Head:

…………………………………………………………..……

9. Contact Number of Household

Head:…………………………………………………

10. District: …………………………………………

11. Chiefdom/Township: ……………..…………… 12. ACC/Ward

Name:………………………

13. Village /Street Name…….……………………14. House

No/Landmark…………………

15.Name of Assessment Facilitator:………………………………..(First/Last Name

Format)

16. Contact Number for Assessment Facilitator:……………………………………………… **17. Name of Assessment Supervisor:**…………………………(First/Last Name Format)	

From the list below, Select the type (s) of difficulty experienced by PwD;
   A. **Social Inclusion**
   B. **Education**
   C. **Medical**
   D. **Livelihood**
   E. **Performance of Household Tasks**
   F. **Self-Care**
   G. **Communication**
   H. **Moving Around**
   I. **Recreation/Leisure**
   J. **Empowerment (Socio-Economic)**
   K. **Other.**

B.1	**SOCIAL INCLUSION** **Participation In Family Activities** **A. Participating in family decision-making** **B. Carrying out domestic tasks** **C.Participating in religious activities with the family such as going to Church** **D.looking after other family members** **E. Play or recreation or leisure activities together with other family members** **F. Cannot participate in any family activity** **G. Other, specify**…………………………………………………………… **Participation In Community Activities** **A.Participating in village meetings** **B. Participating in weddings and funerals in the village** **C. Participating in village development work** **D.Participating in village traditional dancing or festivals or religious activities** **E. Participating in sports activities in the village** **F. Cannot participate in any community activities** **G. Other, specify**…………………………………………………………… **Making and Maintaining Friendships**

	A.Can make and maintain friends without any difficulty B. Can make and maintain friends with minimal difficulty C. Can make and maintain friends with great difficulty D.Cannot make and maintain friends at all

B.2	**EDUCATION: select only one answer**
	
	If between 3 years and starting primary school, attends preschool/CBC Centre
	  A. Yes
	  B. No
	
	If over 7 years, attends or has attended primary school
	  A. Yes
	  B. No
	
	If over 14 years attends or has attended secondary school
	  A. Yes
	  B. No
	
	If over 18 years, attends or has attended tertiary education institution
	  A. Yes
	  B. No
	
	If has had no formal education, attends or has attended non-formal education (e.g Adult Literacy)
	  A. Yes
	  B. No

B.3	**LIVELIHOOD**
	
	Has means of livelihood
	  A. Yes
	  B. No
	
	Income adequate
	  A. Yes
	  B. No
	
	Has had vocational training
	  A. Yes
	  B. No

B.4	**HOUSEHOLD TASKS** **SELECT ONE MOST SUITABLE CHOICE FOR EACH ABILITY**

		Ability to Cook Meals
		A. Can cook without any difficulty
		B. Can cook with minimal difficulty
		C. Can cook with great difficulty
		D. Cannot cook at all
		Ability to Clean the Home
		A. Can clean the home with no difficulty
		B. Can clean the home with minimal difficulty
		C. Can clean the home with great difficulty
		D. Cannot clean the home at all
		Ability to Wash Clothes
		A. Can wash clothes without difficulty
		B. Can wash clothes with minimal difficulty
		C. Can wash clothes with great difficulty
		D. Cannot wash clothes at all
		Ability to Take Care of Plants/animals <u>OR</u> go to the Market
		A. Can take care of plants/animals or go to market without any difficulty
		B. Can take care of plants/animals or go to market with minimal difficulty
		C. Can take care of plants/animals or go to market with great difficulty
		D. Cannot take care of plants/animals or go to market at all
B.5		**SELF-CARE ABILITIES**
		Feeding Herself/Himself
		A. Feeds herself/himself without any difficulty
		B. Feeds herself/himself with minimal difficulty
		C. Feeds herself/himself great difficult
		D. Cannot feed themselves at all
		Bathing Himself /Herself
		A. Bath themselves without any difficulty
		B Bath themselves with minimal difficulty

	C. Bath themselves with great difficulty **D.Cannot bath themselves at all** **Cleaning His/Her Teeth** **A.Clean their teeth without any difficulty** **B. Clean their teeth with minimal difficulty** **C. Clean their teeth with great difficulty** **D.Cannot clean their teeth at all** **Dressing/Undressing** **A.dresses/undress themselves without any difficulty** **B. dresses/undress themselves with minimal difficulty** **C.dresses/undress themselves with great difficulty** **D.Cannot dress/undress themselves at all** **Using Toilet** **A.Uses the toilet without any difficulty** **B. Uses the toilet with minimal difficulty** **C. Uses the toilet with great difficulty** **D.Cannot use the toilet themselves at all**
B.6	**COMMUNICATION** **Understanding Simple Instructions** **A.Understands simple instructions without any difficulty** **B. Understands simple instructions with minimal difficulty** **C. Understands simple instructions with great difficulty** **D.Cannot Understand simple instructions at all** **Speaks enough to have a conversation** (with or without hearing aid) **A.Speaks enough to have a conversation with or without any hearing aid** **B. Speaks enough to have a conversation with or without hearing aid with minimal difficulty** **C. Speaks enough to have a conversation with or without hearing aid with great difficulty** **D.Cannot speak enough to have a conversation with or without hearing aid**

	Using sign language/gestures to communicate A.Uses sign language/gestures to communicate without any difficulty B. Uses sign language/gestures to communicate with minimal difficulty C. Uses sign language/gestures to communicate with great difficulty D.Cannot Use sign language/gestures to communicate at all **Communicating using writing and reading/Braille** A.Uses sign language/gestures to communicate without any difficulty B. Uses sign language/gestures to communicate with minimal difficulty C. Uses sign language/gestures to communicate with great difficulty D.Cannot Use sign language/gestures to communicate at all **Communicating through some other means** A.Communicates through some other means with no difficulty B. Communicates through some other means with minimal difficulty C.Communicates through some other means with great difficulty D.Has no other mean to communicate at all
B.7	**MOVEMENT** **Moving around independently in the home (With Or Without Walking Aid)** A. Moves around independently in the home without walking aid without any difficulty B. Moves around independently in the home with a walking aid without difficulty C. Moves around independently in the home with a walking aid with minimal difficulty D. Moves around independently in the home with a walking aid with great difficulty E. Cannot move at all with or without a walking aid **Moves around independently in the village/community(with or without walking aid)**

	A. Can move around independently in the village or community without any difficulty or aid B. Can move around independently in the village or community with minimal difficulty C. Can move around independently in the village or community with great difficulty D. Cannot move around independently in the village or community at all
B.8	**RECREATION AND LEISURE** **Participation in play/sports** A. Participates in play/sports without any difficulty B. Participates in play/sports with minimal difficulty C. Participates in play/sports with great difficulty D. Cannot participate in any play/sports activities at all **Attends Social gatherings (e.g. Amusements / concerts)** A. Attends social gatherings (amusements/concerts) without any difficulty B. Attends social gatherings (amusements/concerts) with minimal difficulty C. Attends social gatherings (amusements/concerts) with great difficulty D. Cannot attend social gatherings (amusements/concerts) at all **Having hobbies** A. Yes B. No

B.9	**EMPOWERMENT**
	
	Being member Of self-help group And / Or Disabled People's Organisation(s)
	   A. Yes
	   B. No
	
	Taking or Assuming Leadership Roles in Community/CBOs
	   A. Yes
	   B. No
	
	Voting In Elections
	   A. Yes
	   B. No

B.10	Any other information not mentioned above
	Explain:
	_____
	_____
	_____
FI	**Name of Facilitator: …………………………….……(First/Last Name Format)**
	Facilitator's Contact Number……………………………….………
	Facilitator's Supervisor Name……………………………….……
	Supervisor's Contact Number……………………….……………….

Community Based Rehabilitation

CBR FORM 3

FORM SERIAL#: …………………..

To be used by CDAs with Community Volunteers (CVs)
(To be filled in duplicate at all times, one copy to be sent to CDO for Registration)

Baseline Information about Socio-Economic and Health Situation of Individuals
to be completed within 3 months of completing Form No.1

1. **Name of PwD:……………………………………………(First/Last Name format)**

2. **PwD Identification Code:………………………………..(Refer to Forms 1 and 2)**

3. **District:……………………………………..**

4. **Chiefdom/Township……………………...…5. ACC/Ward Name: ……….……………**

5. **Village/Street Name:……………………6. House No/Landmark:………………………..**

6. **Contact No. ofPwD /Parent/Guardian:……………………………………………….**

INFORMATION RELATED TO LIVELIHOOD

1. CURRENT OCCUPATION*(Select the single best option)*

(1) Paid employment	**[ ]**
(2) Self-employed	**[ ]***(please specify)* ……………
(3) Non-paid work, such as volunteer/charity	**[ ]**
(4) Student	**[ ]**
(5) Keeping house/House-wife	**[ ]**
(6) Retired	**[ ]**
(7) Unemployed (health reason)	**[ ]** *(please specify)* ………………
(8) Unemployed (other reason)	**[ ]** *(please specify)*………………..
(9) Other	**[ ]***(please specify)* ………………

2. FINANCIAL STATUS

(1). Financially independent   [ ]

(2). Depends on others   [ ]*(please specify)* ………………

(3). Own monthly income   Yes [ ]   No [ ]

(4). Family monthly income   Yes [ ]   No [ ]

SECTION B. INFORMATION RELATED TO EDUCATION

1. FORMAL EDUCATION (please tick the appropriate)

Qualifications obtained

Primary 1-7 [ ]   JSS 8-9 [ ]   SSS 10-12 [ ]   Certificate[ ]

Diploma [ ]   Degree [ ]   No Formal Education [ ]

(2) Are you still in School?

(a) Yes [ ] Explain: ……………………………………………………..

(b) No [ ] Explain: ……………………………………………………..

SECTION C: INFORMATION RELATED TO HEALTH

	Yes	No
(1) Health referral	[ ]	[ ]
(2) Has been seen by a Medical personnel within this year	[ ]	[ ]
(3) Were there any medical follow ups?	[ ]	[ ]
(4) No follow-up needed	[ ]	[ ]

SECTION D. MEDICAL DIAGNOSIS of existing health conditions, *if known*.

(1)………………………………………………………………………………….

(2)………………………………………………………………………………….

(3) No Health/Medical Condition exists [ ]

(4) Health/Medical condition is unknown [ ]

(5) A Health/Medical Condition (disease, disorder, injury) exists, but its diagnosis is not known[ ]

SECTION E. ASSISTIVE DEVICES USED IF ANY:

yes	no			yes	no
(1) spectacles	[ ]	[ ]	(9) tricycle	[ ]	[ ]
(2) white cane	[ ]	[ ]	(10) wheelchair	[ ]	[ ]
(3) low vision device	[ ]	[ ]	(11) walking frame	[ ]	[ ]
(4) Braille	[ ]	[ ]	(12) crutches	[ ]	[ ]
(5) hearing aid					
(6) artificial leg above knee	[ ]	[ ]	(13) special (orthopaedic) shoes	[ ]	
(7) artificial leg below knee	[ ]	[ ]	(14) braces, splints or calipers	[ ]	
(8) artificial arm	[ ]	[ ]	(15) Other, [ ] list ………………..		

SECTION F: REFERRALS

	Intervention or Service	Name of organization to which referred	Date	Service rendered
(1)	Vocational training			
(2)	Job placement			
(3)	Loans			
(4)	Business Management Training			
(5)	Business development services			
(6)	Agriculture			
(7)	Medical or surgical treatment			
(8)	Surgery for Cataract &Trichiasis			
(9)	Physiotherapy/ Occupational therapy			
(10)	Assistive devices *name* …………….			
(11)	School fees			
(12)	Education			
(13)	Financial assistance Specify ………………...			
(14)	Material assistance Specify ………………...			
(15)	Others/Specify			

Facilitator Name:………………………Contact Number: …………………..….

Facilitator Signature:….……………………………………….……….…………..

Supervisor Name: … ……………………Supervisor Contact………..……………

Signature:………..………………………

COMMUNITY BASED REHABILITATION REFERRAL FORM

Form Serial #...........

1.Client's Full Name	2. Sex		4.Age	5.Contact Details	6.Client's Physical Address	7.Ward/ACC	8.District
	M	F					

10.Structure/Organisation making referral	11.Name and physical address of receiving institution/CBO/Support Group	12.Contact Person for Receiving Institution/ CBO/Group (if known)
	maramba	Police

11. Service(s) for referral

A	Habilitation		E	Health /Medical
B	Rehabilitation		F	Victim Support-Legal Prosecution of culprit
C	Psycho-social Counselling		G	Social Welfare-Household economic strengthening
D	Education Support		H	Other, specify

12. Other (Specify): ....

13. Name and Signature Person Referring (referee): ....

14. Date referred: .... 15. Contact details: ....

====================================== Cut here ======================================

Feedback slip   Serial Number #..........

Name of Client: ....(First Name/Last Name format)

Name of organization: ....

Tick service(s) provided:

A	Habitation		E	Medical	
B	Rehabilitation		F	Victim Support-Legal Prosecution of culprit	
C	Psycho-Social Counselling		G	Social Welfare-Household economic strengthening	
D	Education Support		H	Other, specify	

Other (Specify): ....

Remarks (optional): ....

Signature: ....   Date: …..

Name and Position…………………………………………   Official stamp

If your response to A.3 is Yes, Name of the person with difficulties in speaking? First/Last Name Format

18 Coordination mechanisms for CBID in Zambia

Learning objectives
By the end of the session participants shall be able to: • List the main Zambia CBID coordination mechanisms • Explain the processes in the coordination mechanisms for CBID in Zambia. • Explain the roles of stakeholders at different levels of the CBID coordination mechanisms.

Time allocated
• 90 minutes.

Resources needed
• PPT presentation or A2 Presenter • Participant Manual • Whiteboard or flipchart • Flipchart paper and markers • Modeling clay and a variety of coloured pens and cards for the activity.

Preparation
Familiarize with: • relevant content of the Participant Manual • PPT slides or A2 Presenter.

18.1 Introduction (5 minutes)

Introduce the session.

Introduce the learning objectives of the session.

> ## Coordination mechanisms for CBID
>
> **Learning objectives**
> By the end of the session participants shall be able to:
> • List the main Zambia CBID coordination mechanisms
> • Explain the processes in the coordination mechanisms for CBID in Zambia.
> • Explain the roles of stakeholders at different levels of the CBID coordination mechanisms.
>
> Coordination mechanisms for CBID 2

Background

- Disability sector in Zambia traditionally coordinated through ZAPD.
- Umbrella for networking and advocacy for DPOs - ZAFOD
- Other disability related programmes housed within other Ministries.
- NGOs facilitating capacity building and coordinating monitoring of the UN CRPD including DRW.

Coordination mechanisms for CBID 3

Explain:
- The disability sector in Zambia has traditionally been coordinated through the Zambia Agency for Persons with Disabilities (ZAPD) under the Ministry of Community Development and Social Services.
- The Zambia Federation of Disability Organisations (ZAFOD) has been the umbrella for networking and advocacy for DPOs in Zambia.
- ZAFOD are responsible for the registration of PWDs and DPOs in Zambia, as well as having a regulatory role.
- Other disability related programmes have been housed within other Ministries such as Education and Health.
- Some NGOs facilitating capacity building and coordinating the mechanism for Independently monitoring the implementation of the UN CRPD have also emerged, including Disability Rights Watch (DRW).

18.2 Coordination mechanisms (10 minutes)

National / Provincial / District

Coordination mechanisms for CBID

- No specific disability focused coordination mechanism or a harmonized CBID model.
- However, disability legislation and policies outline key areas of importance to improve coordination including:
  - Decentralisation policy
  - Social Protection policy
  - Health strategic plan 2017-2021
  - The Zambia Vision 2030
  - 7th National Development Plan

Coordination mechanisms for CBID 4

Explain:
- Zambia does not have a specific disability focused coordination mechanism or a harmonized CBID model, however The Ministry of Community Development and Social Services (MCDSS) are currently leading efforts to develop a coordination mechanism.
- Existing disability legislation and policies outline key areas of importance to improve coordination for Community Based Inclusive Development (CBID) such as those listed.
- The Zambia Vision 2030 and 7th National Development Plans have been formulated to promote inclusive development, without leaving anyone behind, in line with international and regional understanding as outlined in the Sustainable Development Goals (SGDs) and Agenda 2063, the African Union's strategic framework for the transformation of the continent.
- The aspirations of the Vision 2030 are operationalized through National Development Plans (NDPs).
- The development outcomes in the previous NDPs have provided contrasting development scenarios from what is outlined in the Vision 2030. However the current 7th National Development Plan (7NDP) is aligned to the Vision 2030.

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7th National Development Plan (7NDP)

Strategic objectives:
- To diversify and make economic growth inclusive
- To reduce poverty and vulnerability
- To reduce developmental inequalities
- To enhance human development
- To create a conducive governance environment for a diversified and inclusive economy.

Coordination mechanisms for CBID 5

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- Realisation of the overall goal of the 7th NDP has the strategic objectives to:
  - diversify and make economic growth inclusive
  - reduce poverty and vulnerability
  - reduce developmental inequalities
  - enhance human development
  - create a conducive governance environment for a diversified and inclusive economy.

Explain:

- The 7th NDP represents positive progress. It includes indicators and a District Development Plan at District level that replicates the National Development Plan – which also has indicators.
- These are the objectives that have led to the creation of the cluster approach. A sector approach is problematic where people are sent from one place to the next with the message "We don't deal with that here". The cluster approach coordinates stakeholders around a particular topic.

18.3 Features of the CBID coordination mechanism (15 minutes)

National / Provincial / District

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Features of coordination mechanisms

- Objectives in Zambian National Development Planning classified into Cluster Advisory Groups.
- Focal Point Persons in sector ministries are decision makers.
- KPIs of the National Plans linked to SDGs and Vision 2030.
- Policy formulation to respond effectively is rapidly approved by Cabinet.
- Cluster based coordination and implementation.

Coordination mechanisms for CBID 6

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- All objectives in the Zambian National Development Planning have been classified into Cluster Advisory Groups, headed by high-level Permanent Secretaries, being deputized by senior managers in each sector.
- Focal Point Persons in sector ministries are decision makers
- Key Performance Indicators (KPIs) of the National Plans are linked to the Sustainable Development Goals and Vision 2030.
- Policy formulation to respond effectively is rapidly approved by Cabinet and not Parliament, in consultation with stakeholders, except for legislative changes.
- Coordination and implementation is no longer sector based but cluster based.
- The coordination mechanism for Social Protection related interventions is anchored within the existing national development process from national, provincial, district and community levels with a 'one stop window' for ease of access and coordination.

Features of coordination mechanisms

- Decentralization policy and implementation guide realigned to the NDP framework.
- The Ministry of National Planning coordinates all development activities under the NDPs.
- A newly established Ward Development Coordination committee is in place.
- District, Provincial and National Level Coordination committees review performance against planned interventions quarterly.

Coordination mechanisms for CBID 7

- The decentralization policy and implementation guide is realigned to the national development planning framework, with coordination through the high level National Development Coordination Committee (NDCC), Provincial Development Coordination Committees (PDCC) and the District (DDCCS) and Community level (WDCs).
- The newly established Ministry of National Planning coordinates all development activities under the NDPs.
- A newly established Ward Development Coordination committee is now in place (WDC).
- District, Provincial and National Level Coordination committees hold quarterly meetings to review performance against planned interventions.

Features of coordination mechanisms

- A harmonized monitoring and evaluation framework is being drafted outlining a range of strategies including:
  - developing structured and standardized tools and systems for M&E
  - strengthening the national statistical system
  - capacity development of relevant institutions.

Coordination mechanisms for CBID 8

A harmonized monitoring and evaluation framework is being drafted with key strategies which include:

- Institutionalizing the NPF and the SPF.
- Establishing M&E management information systems.
- Strengthening the national statistical system.
- Establishing and operationalizing national and sector evaluation frameworks.
- Developing structured and standardized tools and systems for M&E.
- Developing a communication and dissemination strategy for sharing M&E products.
- Strengthening relevant institutions through capacity development.

Features of coordination mechanisms

- PDCCs and DDCCs are inclusive of NGOs, DPOs, FBOs, Private sector, government and others.
- Cluster Advisory Groups will include sector, provincial, district, sub-district, and other interest groups.
- Disability coordination is mainstreamed through all sectors.
- National level umbrella DPOs, their representative provincial structures and district as well as community level ones will represent the disability sector.

Coordination mechanisms for CBID 9

From the above coordination mechanism, it is clear that:
1. Composition of Provincial (PDCCs) and District Level Coordination Committees (DDCCs) are inclusive of NGOs, DPOs, FBOs, Private sector, government and other interest groups.
2. Instead of a sector approach, the Cluster Advisory Groups will include sector, provincial, district, sub-district, and other interest groups to address development outcomes.

Clustered pillars:	• Disability coordination is mainstreamed through all sectors, more prominently in the clustered pillars of:

Clustered pillars:

• poverty and vulnerability reduction
• reducing developmental inequalities
• enhancing human development
• creating an inclusive governance environment for a diversified economy.

Coordination mechanisms for CBID 10

• Disability coordination is mainstreamed through all sectors, more prominently in the clustered pillars of:
• *poverty and vulnerability reduction*
• *reducing developmental inequalities*
• *enhancing human development*
• *creating an inclusive governance environment for a diversified economy.*

National level Umbrella DPOs, their representative provincial structures and district as well as community level ones will represent the disability sector.

18.4 Strengths and weaknesses of CBID coordination mechanism (60 minutes)

National / Provincial / District

Activity

• In your group, discuss the strengths and weaknesses of the coordination of CBID in Zambia at this time.
• Draw a picture, or make a 3D model to describe these.
• Be ready to report back to the rest of the group.

Coordination mechanisms for CBID 11

Introduce the activity.

Activity: Strengths and weaknesses of CBID coordination	
Groups	**Divide** participants into two or three groups depending on numbers.
Instructions	**Ask** groups to think about the structures presented in the session, and to discuss the strengths and weaknesses of the coordination of CBID at this time. **Give** each group some paper, card, modelling clay and coloured pens.
Monitor	**Remind** groups to refer to their Participant Manual for information on the mechanisms discussed.
Time	**Allow** 30 minutes for the group to discuss the issues and prepare their drawing or model. **Ask** the groups to present in turn. **Allow** up to a further 30 minutes for general discussion.
Feedback	**Facilitate** the discussion drawing out strengths and weaknesses at the different levels – National, Provincial, and District.

Summarise
- The 7th National Development Plan and the District Development Plans have aspects that can help promote coordination, as can decentralization. Coordination can help in the achievement of objectives and avoiding duplication. When we all work together we can achieve more, and ensure that no-one is left behind.

Ask if there are any questions.
Close the session.

19 Community action research

Learning objectives

By the end of the session participants shall be able to:
- Define community action research.
- Explain the importance of community action research.
- Explain common methods used in community action research.
- Define the role of persons with disabilities and their families in disability related community action research.
- List considerations when conducting community action research.

Time allocated

- 120 minutes.

Resources needed

- PPT presentation or A2 Presenter
- Participant Manual
- Whiteboard or flipchart
- Flipchart paper and markers
- Four laminated cards of the questions for the different Cafés to address.
- Three laminated cards of the different research methods for the *Role play of community action research* methods activity.

Preparation

Familiarize with:
- relevant content of the Participant Manual
- PPT slides or A2 Presenter.

Write:
- Four Café names or numbers on card and pin up in different areas of the room. You can choose names of animals, rivers, colours or anything else, such as the name of the host of each table e.g. Café Andrew.

Print:
- four sheets with the four questions for the Cafés (if laminated cards not available.
- three sheets of the different research methods for the *Role play of community action research* methods activity (if laminated cards not available).

Identify and brief:
- Four participants or co-trainers to act as 'hosts' for the four World Café tables for the activity at least a day before the session. They should be asked to read the section headed 'The role of persons with disabilities and their families in disability related community action research' and told they will be asked to facilitate group discussions on an aspect of this.

Note: You can also provide each Café with something to give to its 'customers' to make the session fun, such as biscuits, juice, or sweets.

19.1 Introduction (5 minutes)

Introduce the session.

Explain:
• Conducting community action research gives us a number of opportunities as well as challenges. In this session we will discuss some of the different research methods used in community action research and look at some of the main considerations when planning and carrying out community action research related to disability to support Community Based Inclusive Development (CBID).

Community action research and CBID

Learning objectives
By the end of the session participants shall be able to:
• Define community action research.
• Explain the importance of community action research.
• List common methods used in community action research.
• Define the role of persons with disabilities and their families in disability related community action research.
• List considerations when conducting community action research.

Community action research and CBID 2

Introduce the learning objectives of the session.

Ask: Who can explain what we mean by Community Action Research?

Acknowledge responses.

19.2 Definition and importance of community action research (15 minutes)

Community based research

• A collaborative approach to research that involves all stakeholders throughout the process.
• It starts with a problem identified by the community and is followed by community action.
• Uses the community as the unit of analysis.
• Resources, skills, experiences and lessons of local people are combined.
• Members of the group are seen as active and equal partners in the whole research process.

Community action research and CBID 3

Explain:
• Community based research is a collaborative approach involving all stakeholders throughout the process.
• It starts with a problem identified by the community and is followed by community action.
• It is an alternative research method that uses the community as the unit of analysis.
• Resources, skills, experiences and lessons of local people are combined to create and sustain the change communities want to see
• Members of the group are seen as active and equal partners in the whole research process leading to the findings and their use.

Community based research

Key features:
• Community based.
• Participatory.
• Action based and oriented.

Key features:
• **Community based –** grounded in the needs, issues, concerns, and strategies of communities and organizations that serve them.
• **Participatory –** directly engaging communities and community knowledge.
• **Action based and oriented -** Supports / enhances strategic action that leads to community transformation and social change.

Community based research

• Avoids the 'ticking the boxes' type of research, where traditionally persons with disabilities have been marginalized and their voices not heard.
• Large studies by experts without the full participation and meaningful involvement of persons with disabilities have provided little evidence on the real challenges faced at community levels.

Explain:
• Community based research avoids the 'ticking the boxes' type of research, where traditionally persons with disabilities have been marginalized and their voices not heard.
• Large studies by experts without the full participation and meaningful involvement of persons with disabilities have provided little evidence on the real challenges faced at community levels.

Community based research

• The disability sector has historically lacked twin-tracked research approaches that target mainstream inclusive development settings as well as specific studies targeted at persons with disabilities.

• The disability sector has historically lacked twin-tracked research approaches that target mainstream inclusive development settings as well as those that are specific studies targeted at persons with disabilities themselves, their families and the communities in which they live.

19.3 Considerations for Community action research in CBID (60 minutes)

National / Provincial / District

Activity

World Café

In your group go to each Café in turn. At each Café there is a 'Café Owner' who will give you a question to discuss for a few minutes. The Café Owner will let you know what previous 'customers' have said on the topic, so that each group of 'customers' adds to the views of the last.

When all groups have visited all Cafés the Café Owners will present a summary of the views expressed there.

Introduce the activity.

Activity: World Café on considerations for Community action research in CBID	
Groups	**Divide** participants into four groups
Instructions	**Invite** each group to go to one of four 'Cafés' Explain that at each Café there is a 'Café Owner' who will give them a question to discuss for a few minutes before moving to the next Café. The Café Owner will also let them know what previous 'customers' have said on the topic, so that each group of 'customers' adds to the views of the last. When all groups have visited all Cafés the Café Owners will present a summary of the views expressed there.
Monitor	**Remind** groups to move between the Cafés at the announced time.
Time	**Allow** 10 minutes for the group discussion at the first Café and then announce that groups should go to the next Café. Allow each group 8-10 minutes at each Café. At the completion allow each Café owner 5 minutes to summarise the views expressed. Total time: 40 minutes plus changeover time allow 60 minutes.
Feedback	**Emphasize** some of the highlights of the presentations and the importance of the meaningful involvement of persons with disabilities.

19.4 Popular methods in Community action research in CBID (40 minutes)

National / Provincial / District

Activity

In your group prepare a short role play to demonstrate how the research method described on your card could be used to address the research question given.

Remember to demonstrate good practice in Community Action Research in your role play.

Community action research and CBID 8

Introduce the activity.

Explain that we are going to use role play to demonstrate some of the most popular research methods used in community action research.

Activity: Role play of community action research methods	
Groups	**Divide** participants into four groups
Instructions	**Invite** each group to pick one of the cards which gives details of a research method and a research question.
	Groups should prepare a role play to demonstrate the research method detailed on their card in action to address the research question given.
	Give the groups 10 minutes to prepare and emphasise they will have just **five** minutes to present to the group.
	Ask groups to present their role play and ask participants to identify the method used.
	Ask participants to identify some of the strengths and limitations of the method
Monitor	Emphasize that the role plays should be very short.
Time	**Allow** 10 minutes for the groups to prepare and ask each to present in turn.
	Total time: 30 minutes.
Feedback	**After** all groups have presented, facilitate a brief discussion on the differences between each research method and their strengths.

Ask if there are any questions.
Close the session.

Café 1

How can we recognize persons with disabilities as equal family members when conducting community action research and involve them as potential researchers themselves?

Café 2

How can we promote shared learning and harvest the knowledge of persons with disabilities and their families?

Café 3

What ethical considerations should we take into account when conducting community action research?

Café 4

What interaction should we have with the community at the completion of our research?

Group 1

Activity: Community Action Research: Research methods

Research question: To what extent are persons with disabilities accessing boreholes in Kazungula?

Research method: Focus Group Discussion

Prepare a role play of a group of persons with disabilities in a Focus Group Discussion.

Select a member of the group to play the Focus Group Discussion (FGD) facilitator and think of **two** questions they might ask.

Other members of the group to be the Focus Group Discussion (FGD) participants. Think of some answers they might give.

Remember to use the principles of social action research in your role play.

Use role play to present the information to the group.

Keep your role play short – you only have five minutes!

Group 2

Activity: Community Action Research: Research methods

Research question: To what extent are persons with disabilities accessing boreholes in Kazungula?

Research method: Individual interviews

Prepare a role play of how individual interviews might be used to address the research question.

Select member of the group to play the research team members. Another member can be 'interviewed'.

Remember to use the principles of social action research in your role play.

Use role play to present the information to the group.

> **Keep your role play short – you only have five minutes!**

Group 3

Activity: Community Action Research: Research methods

Research question: To what extent are persons with disabilities accessing boreholes in Kazungula?

Research method: Home visit to persons with disabilities

Prepare a role play of a home visit to a person with a disability by the research team.

Select members of the group to be the researchers and others to be the person with disability being visited and their family members.

Remember to use the principles of social action research in your role play.

Use role play to present the information to the group.

> **Keep your role play short – you only have five minutes!**

Community Based Inclusive Development

NAD – The Norwegian Association of Disabled