Disability Inclusive Development Toolkit
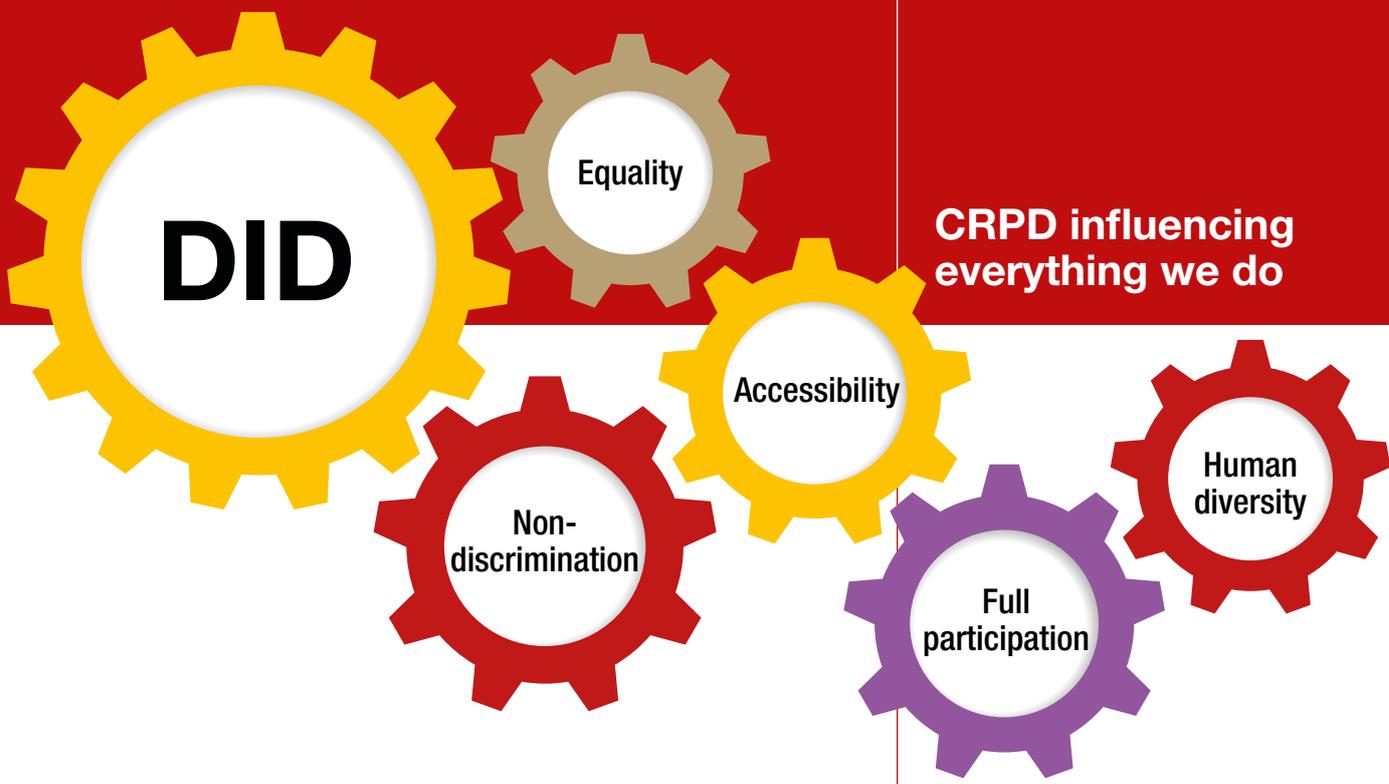
DID

Equality

Accessibility

Non-discrimination

Full participation

Human diversity

CRPD influencing everything we do

cbm

together we can do more

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DID Toolkit Acknowledgements

Foreword

Disability-inclusive development policy and practice is constantly changing and evolving. It is a foundational part of our work in CBM, underpinning all that we do. It requires us to be constantly reflecting, learning and improving our practice. In particular looking to the deeper questions: of the relationships and representation of people with disabilities within our work; and how we partner with Disabled Peoples Organisations (DPOs) to achieve transformative, systemic change in the countries where we work.

Over the last few years we have seen the adoption of the Sustainable Development Goals, the Agenda 2030, which is an ambitious global agenda of all governments to work in partnership to ensure that no one is left behind. The inclusion of people with disabilities in Agenda 2030 was in no small part the result of the active engagement of DPOs in strong alliances with civil society actors. CBM is proud to have played a part in facilitating and supporting this lobby. However, now the real work begins to achieve these global development goals: and ensure that people with disabilities are fully engaged as active agents of change and rights holders in line with the Convention on the Rights of Persons with Disabilities (CRPD).

In the 10 years since the CRPD came into force there is much greater recognition that national governments, regional bodies and intergovernmental organisations are obliged to meet their responsibilities and ensure that all areas of development, services and public life are accessible to women, men, girls and boys with disabilities on an equal basis with peers. For CBM we have also gone through a process of reflection and further commit to disability as a human rights based approach that is central to our CBM Federation 2021 Strategy.

This toolkit has been updated from its original 2015 version to reflect some of these positive external changes in global development as well as CBM's internal changes. We continue to commit to develop our knowledge and capacity alongside partners to lead transformative change in disability-inclusive development, to make substantive difference to the lives of people with disabilities and the communities within which they live. The different chapters target different audiences: Chapter 1 provides materials for staff induction; chapter 2 focuses on support for managers; chapter 3 is for staff and partners working in programmes; and chapter 4 addresses inclusive training and facilitation. We are currently working on a second level toolkit to give more detailed technical advice for staff and partners in addressing DID in all areas of our programme work.

We hope that the DID toolkit will help you to reflect more deeply on issues of equality and social justice and support you and your colleagues in reflecting on what actions you can take to practice and promote disability inclusion, in your work place, at home, in the community.

David Bainbridge
International Director, CBM

Welcome to the CBM DID toolkit

We hope that you find the materials and links to resources in this toolkit useful. It draws upon resources developed and used within CBM and by our partners, as well as other development agencies. It has been designed as a resource that can be adapted to suit needs and added to as we grow in experience and new materials become available.

Disability inclusion is part of a wider movement for inclusive development that strives for the active participation and representation of all people regardless of age, gender, disability, ethnicity, race, class, religion, sexuality or any other characteristic. Disability-inclusive development is part of this social justice movement that challenges unjust systems and exclusive policies, relations and practice. Talk about disability inclusion is not sufficient; it demands action for change. We hope this toolkit will provide you with some practical ideas to support you to contribute to this change process.

However you use the resource we just request that you do so keeping an open mind and asking critical and reflective questions. We ask that you do not use the exercises without reflecting carefully on what your objectives are and what might be the intended and/or unintended consequences of your actions.

This toolkit is an open resource and we would value your feedback and contributions. Please share with us your ideas and suggestions on how we can improve it and link to new resources. It will never be complete and we will always strive to develop, learn and improve as part of an on-going dialogue for inclusive practice.

This version of the toolkit has been updated in 2017 in light of changes externally with the adoption of Agenda 2030 Sustainable Development Goals and internally with the new CBM Federation Strategy 2021. A Part 2 for the CBM DID toolkit is currently under development by the CBM DID team from work we are undertaking with community of practice members and partners. This will give more detailed technical support on key areas of programme work such as disability and gender equality, accessibility and universal design, influencing national legal, policy and budgetary change and inclusive programming and practice. We are always interested to hear your ideas and also the challenges and areas that you would like more information on. So please feel free to get in touch, sharing examples of your learning that can also be included. We hope to have this ready to share in 2018 and welcome your participation and collaboration to further develop the quality of our inclusive development practice to promote the rights of people with disability.

With thanks and appreciation in advance for your interest, contributions, solidarity and partnership,

Kathy Al Ju'beh

Senior Advisor for Inclusive Development, CBM International
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How to use the toolkit

This toolkit is designed as a resource for CBM that can be used in a variety of ways: to support staff induction, team meetings, refresher days and training workshops. It can also be used as a tool for personal reflection and self-study. Tips for those intending to use it as a training resource are shaded differently. The toolkit is presented in four main chapters targeting different audiences.

Chapter 1: DID an introduction

Chapter 2: DID for managers

Chapter 3: DID for programme staff

Chapter 4: Inclusive training and facilitation

The content of the four chapters can be combined and adapted as needed. The materials can be used flexibly and are not intended to be prescriptive. They are **primarily intended for use by CBM staff and highlight CBM guidelines and reference documents**. They are intended to give CBM staff and partners more confidence in applying disability inclusion in their work and speaking with one voice.

In addition each chapter includes **links to signpost other reliable resources/ websites and portals** where people can find further relevant information. Please note there are two types of links:

1. **web links** which are directly available to all by using Control + Alt + Right click.

2. **internal CBM intranet links** (on SharePoint) which are available through Citrix. To access these please copy the link into your web browser once signed into Citrix.

Where possible external open source links are used, however for some CBM documents which are still under development or not intended for external audiences these are only available through CBM's internal intranet.

Finally, at the end of the toolkit from page 161, there is a glossary of key terms. These are presented in alphabetical order to aid understanding and clarity on key terms used throughout the DID toolkit.

Acronyms

AWG	Advisory Working Group	ID	Inclusive Development
BD	Beijing Declaration	IDA	International Disability Alliance
CBO	Community Based Organisations	IDDC	International Disability and Development Consortium
CBR	Community Based Rehabilitation	ILO	International Labour Organisation
CEDAW	Committee on the Elimination of Discrimination Against Women	IMF	International Monetary Fund
CRC	Convention on the Rights of the Child	IPCC	Intergovernmental Panel on Climate Change
CRPD	Convention on the Rights of Persons with Disabilities	MA	Member Association
CSO	Civil Society Organisations	MDGs	Millennium Development Goals
DET	Disability Equality Training	M&E	Monitoring & Evaluation
DID	Disability-Inclusive Development	NGO	Non-Governmental Organisations
DfID	Department for International Development (United Kingdom)	OHCHR	Office of the High Commissioner for Human Rights
DPO	Disabled People's Organisations	PCM	Project Cycle Management
DDRM	Disaster Risk Reduction Management	PD	Programme Department
EU	European Union	PLA	Participatory Learning in Action
GEM	Gender Empowerment Measure	PRA	Participatory Rural Appraisal
GII	Gender of Inequality Index	PRSP	Poverty Reduction Strategy Paper
GPS2	Global Programme Strategy 2	SAPs	Structural Adjustment Programmes
HFA	Hyogo Framework for Action	SDGs	Sustainable Development Goals
HR	Human Resources	UDHR	Universal Declaration of Human Rights
HRBA	Human Rights Based Approach	UN	United Nations
ICD-10	International Statistical Classification of Diseases and Related Health Problems	UNICEF	United Nations Children's Fund
ICF	International Classification of Functioning, Disability and Health	UNISDR	United Nations International Strategy for Disaster Reduction
		WB	World Bank
IPCM	Inclusive Project Cycle Management	WHO	World Health Organisation
		WRD	World Report on Disability

Chapter 1: DID an introduction

This chapter is an introductory text for CBM staff and partners which can be used for staff induction, or as a refresher course. Its main purpose is to ensure that all members of staff, regardless of their position, are able to confidently communicate and apply the basic principles of disability-inclusive practice in their day to day work.

Chapter 1 is in five main parts:

1.1 Provides basic explanation of what is disability: basic facts, figures and barriers

1.2 An introduction to models of disability: from charity to human rights

1.3 Offers some guidance on disability etiquette: language and communication

1.4 Introduces disability-inclusive development

1.5 Provides guidance on practising inclusion in our day to day work

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1.1: What is disability?

Facts and figures

Obtaining an exact figure of the number of people with a disability is complicated. This is due to there being great differences in the ways countries define disability; the quality and methods of data collection; reliability of sources; and disclosure rates. In countries where there is poor service provision and where families fear stigma and isolation there is lower disclosure. Figures published in national statistics can therefore be misleading and are not directly comparable and often inaccurately suggest higher prevalence of disability in developed countries, than developing countries.

The World Report on Disability, 2011,[1] is the most reliable and authoritative source to date on disability in terms of data and statistics. According to this report there are over a billion people, about 15% of the world's population, who have some form of disability. In developing countries where there is greater vulnerability to natural disasters and less developed service provision there are greater numbers of people with a disability: about 1 in 5 people, or 20% of the population. **Disability is a major development concern, not only for individuals with disability but for their family members and communities:** it is a major contributing factor in pushing families into deep poverty.

Key facts from the World Report on Disability, 2011

- Over a billion people, about 15% of the world's population, have some form of disability.

- 1 in 5 people, 20% of the population of the poorest people in developing countries have a disability.

- 80% of people with disabilities live in developing countries.

- Children with a disability are much less likely to attend school than children without disability. The gap in primary school attendance rates between disabled and non-disabled children ranges from 10% in India to 60% in Indonesia.[2]

- In many low and middle income countries, only 5% – 15% of people who require assistive devices/technology receive them.

- Only 20% of women with disabilities in low income countries are employed compared with 58% of men with disabilities.

- People with disabilities are at greater risk of violence: up to 4 – 10 times the rate of violence against people without disabilities.

Defining disability

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) defines disability as:

> '… an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others'.[3]

Put simply disability can be defined as the relationship between a person's impairment and their environment, or in terms of an equation:

Impairment + barrier = disability

or better:

Impairment + accessible environment = inclusion

An impairment on its own would not lead to disability should there be a completely inclusive and comprehensively accessible environment.

It is important to be able to clearly differentiate between what is impairment and what is disability. A good way to do this can be by reflecting on what are the root causes of impairment and disability. For impairment some of the causes can be attributed to accidents, war, natural disasters, congenital, during child birth, or medical negligence etc. Whilst for disability root causes can be related to poverty, lack of an accessible environment, poor educational and health opportunities and discriminatory practice amongst others.

In short impairments are mostly irreversible, lifelong and can be supported by rehabilitation and habilitation; whereas causes of disability are reversible and can be addressed by identifying and removing barriers to participation be they attitudinal, social, political or economic.

Ultimately, the way in which people perceive and experience disability in day to day life is far more complex than a simple definition or equation. It is also highly influenced by cultural beliefs; for example, in some cultures, disability is erroneously viewed as a curse or the influence of a bad spirit. If you have had little exposure to disability and no lived experience, then you may have a number of fears or misconceptions. It is important to talk about these fears and discuss with colleagues who can support you to grow in confidence to be able to understand and talk about disability issues. As a CBM colleague this is part of your commitment to CBM's mission to uphold our six core values which are being a: Christian; International; Professional organisation that works with Integrity; using honest Communication and being committed to Inclusion (page 36 gives more detail).

Analysing barriers

Disability is not a homogeneous experience. The lived experience of women and girls with disabilities is very different to that of men and boys. Equally people with different impairments will experience very different types of barriers. In addition to gender, there are many other factors that can also affect your experiences and opportunities, not least: education, social status, wealth, political awareness and where you live – rural, city, developed or developing country context.

Individual testimony: **Abdul Gafur**

© Wahid Adnan/Drik/CDD/CBM Australia

My name is Abdul Gafur and I live in Gaibandha. I am 50 years old.

One day I was driving a cart and I had an accident. The cart turned upside down, and I tried to pull it back to its right position. I was hurt severely on my back and after that my problem started. I tried many treatments in many of the hospitals and clinics but my condition did not change.

Before the accident I had a normal life. I was involved with many livelihoods: like business, part ownership in shops, also some dealerships, so there were many options that I had for making money.

After the accident, I tried to take treatment at hospitals and they provided me with a stick to walk. I tried to walk but I was so weak that I could not walk. **My life totally changed because I lost all the opportunity to continue with earning a living.** There was nothing I could

do. I felt very bad at that time, as I was always a working man, so it was very disappointing for me to sit idle. And neighbourhood people would mistreat me – they would not mix with me.

At that time I lived with my in-laws, and had to spend a lot of money for treatment which resulted in nothing. I was really financially constrained. Then my father-in-law died and our condition worsened.

I moved around on a small trolley. I had learned to make these woven goods; I had taught myself by watching other people making them. I used the trolley to go to sell the goods and my son used to help me. A person from the local organisation GUK met me on the street and invited me to the office. The organisation supported me well. They provided me with a tricycle which is much better for moving around – it lets me visit people and take food for my cows and feed them myself. **I can move very far and my son can go to school instead of pushing my trolley. I don't like to sit idle; I always want to do something.** I have to work because I have to run the family. As my son is studying in class 4, I need money to support his education.

I am a member of a self-help group comprising twenty-five persons. We meet every month and we discuss the problems the members face sometimes and work out how to resolve problems. We also save money, each of the members. **The savings of the group are used for loans within the group – any group member can request to take a loan and pay it back.** All group members received a loan from GUK for different purposes. We are all doing quite well now.

See more at: http://www.endthecycle.info/stories/abdul-gafur/

✅ **Facilitation tip:** It can be helpful to get people to analyse different barriers by looking at some short case studies of women and men with different impairments and from different contexts. This can also be used to help people differentiate between impairment (difficulty in functioning) and disability (barrier). If necessary, a preliminary exercise can be to get people to discuss a list of words, images or cartoons and then categorise them under impairment or disability.

Disability rights

Whilst there are many different experiences of disability, there is an agreed understanding of what disability means in terms of universal human rights. This is explicitly defined in the 2007 United Nations Convention on the Rights of Persons with Disabilities (CRPD). **The CRPD recognises people with disabilities as active subjects, capable of claiming their rights and making decisions about their lives based on their free and informed consent.**

The general principles of the Convention are laid out in Article 3.

a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;

b) Non-discrimination;

c) Full and effective participation and inclusion in society;

d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;

e) Equality of opportunity;

f) Accessibility;

g) Equality between men and women;

h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Facilitation tip: A key objective of introducing disability is to help people to challenge any myths or misinformation they may have and gain confidence to communicate disability as a human rights issue with accurate facts. There are a number of ways to stimulate discussion:

• Having people with disability, or a family member or community activist as a visiting speaker to share perspectives on their lived experiences of facing and overcoming barriers and discrimination.

• Showing some mainstream media programmes by people with disabilities to stimulate discussion. The 'Disability the Truth' Series by New Zealand Attitude TV http://www.youtube.com/watch?v=MJ4JOomkyNI and the BBC monthly Ouch Podcasts http://www.bbc.co.uk/podcasts/series/ouch can be a great way to listen to the voices of people with disabilities in a humorous and direct manner. Whilst these videos are speaking from the lived experience of people with disabilities from more developed countries, they still speak to many universal fears and stereotypes about disability. Though be careful to choose culturally appropriate materials.

• Invite local Disabled People's Organisations (DPOs) to speak and share their campaign resources such as videos, dramas, radio spots, posters or songs that have been produced in local languages to challenge stereotypes. A good example is the CBM Kenya's music video. http://www.cbmkenya.org/twende-kazi/

• If there is time, the one day course developed by World Vision, Travelling Together[4] is also a good way of introducing people to disability inclusion: http://www.wvi.org/sites/default/files/Travelling_together%5B1%5D.pdf.

1.1 What is disability?

As a human rights issue disability shares many common experiences with other groups that have been traditionally marginalised or excluded. When thinking about disability it is important to reflect on your own lived experiences of inclusion and exclusion and the differences at times in your life when you have been valued and included, as opposed to excluded. Think about what were the factors that made a positive difference. Everyone has experienced some form of discrimination or exclusion, at least to some degree; thinking about this can help you to better relate and identify with disability personally as a human rights issue.

Facilitation warning: Some organisations ask people to simulate having impairments: such as being blindfolded or using a wheelchair to 'experience' what it is like to have a disability. Such exercises are not advised, unless led by experienced disability trainers who can draw out the deeper issues of exclusion and discrimination. Simulation exercises can never give a true experience of disability and often only serve to reinforce attitudes of pity or voyeurism or superficially address access and awareness issues, rather than engaging with the real power dynamics that create exclusion. It can also limit the reflection on disability to sensory and physical impairments, overlooking the diverse experiences of people with complex impairments, learning disabilities and psychosocial disability.

Key reading

UN Convention on the Rights of Persons with Disabilities (CRPD): http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf.

The World Report on Disability summary report: http://whqlibdoc.who.int/hq/2011/WHO_NMH_VIP_11.01_eng.pdf.

The World Report on Disability fact sheet: https://www.icrc.org/sites/default/files/topic/file_plus_list/wrd_-_fact_sheet_en.pdf

Individual testimony: **Ten Touch**

© Paul Garrett/CDPO/CBM Australia, Cambodia

My name is Ten Touch. I think that women with disability are one of the most vulnerable groups – because they are a person with disability and also a woman.

My husband worked with the Khmer Rouge. I followed my husband and was cooking for him in the field. We didn't know a mine was under the ground; while we were getting firewood, the mine exploded and cut my arm off. That's when my husband left me – when I acquired my disability, he stopped taking care of me and walked away from me and got other women. So I'm a single mum since my kid was four years old until now.

Before I lost my hand, I felt like everybody else. People didn't look down on me. But when I became a person with disability, I felt ashamed because I couldn't participate with other people in the friendly way; I felt hopeless and I didn't know what I should do to make money to support my kids. People said I was like a person who has no ability to do anything at all. They called me names by my disability, not my real name. They did some sexual abuse toward me as well.

My role now is on the staff of the Federation of People with Disabilities in this district. My responsibility is in eighteen villages in this commune.

The discrimination is reduced notably in my community. People are treating me in a good way now. Nowadays the neighbours also make good friends and they also invite me to join different events and ceremonies happening in the community.

1.1 What is disability?

I always meet a lot of problems such as rights abuse and sexual abuse – sometimes women with disability get raped and then have a child. Then the men leave and the lady is really living in a vulnerable situation.

Also people take their land: **the people who have power take the land of the women with disability because they think that women with disability have no power at all**, no money to sue in court. Women with disability have the right to participate in developing our commune.

We work to promote and empower women with disability to participate in social development like me. I want all women with disability to have equal rights as people who do not have disability.

We want to provide literacy knowledge to women with disability who couldn't read and write. That is my idea. I really want to see people with disability have a good education. And the schools could train people to understand sign language. That is my idea, my own idea.

There are some barriers for women with disability. For example, we don't have money to go to the doctor or to the healthcare centre. I want to see the healthcare centre offer a special fee for people with disabilities.

What I said, it is not my dream, I do expect what I said to become true in the future.

1.2: Models of disability: from charity to human rights

Just as there are many different definitions of disability there are also different models of disability. Put in the simplest terms these can be summarised as two main approaches: the individual approach which sees the person as having a problem; and the social which sees society as having the problem not being able to accommodate all people.

The four main models of disability can be defined as: the charity model; the medical model; the social model and the human rights model. The first three focus on the source of the problem, whilst the last focuses on finding solutions and creating an enabling environment for all.

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

The medical model also focuses on the individual and sees disability as a health condition, an impairment located in the individual. It assumes that by addressing the medical ailment this will resolve the problem. In this approach a person with disability is primarily defined as a patient, in terms of their diagnosis requiring medical intervention. Disability is seen as a disease or defect that is at odds with the norm and that needs to be fixed or cured.

The social model developed as a reaction against the individualistic approaches of the charitable and medical models. It focuses on society and considers that the problem lies with society, that due to barriers be they social, institutional, economic or political people with disabilities are excluded. This approach focuses on reforming society, removing barriers to participation, raising awareness and changing attitudes, practice and policies.

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

actors in their own lives as decision makers, citizens and rights holders. As with the social model, it seeks to transform unjust systems and practice.

✓ **Facilitation tip:** You can use a combination of texts and images concerning disability that cover all four models and ask participants to arrange and organise them under different poster headings according to which model of disability they belong to.

Make sure there is plenty of time for people to ask questions and to really critique and exchange. Usually images are a good way to get people to open discussion, some can be seen as more than one model and this can be good at drawing how the key elements of each model may connect.

It is important when reflecting on different models of disability not to confuse or negate the role of medical professionals and medical and health related rights.

People with disabilities have rights including the right to health and to access medical habilitation and rehabilitation services. Medical and health professionals play an important role in advising and providing specialist support that can optimise disabled people's choices and opportunities to participate. Ultimately, the decisions that disabled people make regarding their bodies and which medical and health options to take up, if any, remain an individual choice and is not for the judgement or imposition of others.

At CBM we promote a social and human rights approach to disability. A foundational part of this is our investment in good quality health and education services, as well as increasing opportunities for livelihood, community development and self-advocacy. Our work is constantly evolving as we develop.

9 year old Hilda with Mery, a social worker from a CBR Programme in Cusco, Peru. Mery works with Hilda so she will be able to attend a regular primary school. © CBM Telemans

Individual testimony: **Eti**

© Wahid Adnan/Drik/CDD/CBM Australia, Bangladesh

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

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

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

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

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

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

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

See more at: http://www.endthecycle.org.au/stories/eti#sthash.xxh26G4O. dpuf

Facilitation warning: It is important when introducing the models of disability to be careful not to make a direct dichotomy or opposition between the charity and medical models with the social and human rights models.

Many well-meaning Christians, medical and welfare professionals may have grown up with and identify fully with the individual approach to disability, be it through their faith or profession. It may be the first time for them to be introduced to disability as a human rights issue and it is important not to alienate them.

Rather try to get people to see that whilst welfare or medical services may have a role in supporting the quality of life for some people with disabilities, this must not be the basis upon which people with disabilities are defined. People with disabilities are individuals with abilities, aspirations and gifts who should not be limited or categorised by their impairment. Also any medical or social service opportunities that are offered must be based on respect of the choice of people with disabilities.

Help people to see that barriers are a more helpful and respectful lens with which to view disability in line with the social and human rights approach. Also draw on the positive opportunities for people to remove barriers and advocate for the dignity and rights of people with disabilities as equals.

1.3: Language and communication: what's in a word?

A number of discussions on language and what counts as the correct 'terminology' often underlies more deep seated fears of being offensive or perceived as politically incorrect. Some people with disabilities, particularly from very poor communities, will get frustrated by such discussions and do not see the point to engage when they would prioritise more pressing basic needs such as: access to decent work, education and health services. A phrase frequently used is "I don't much care what they call me as long as they include me". In developed countries also there has at times been a backlash against those perceived as playing political semantics. But **language is important: it is not an exercise in linguistic agility or political correctness but about a fundamental respect for the integrity and dignity of people with disabilities.** Language points to the deep seated attitudes that we hold about ourselves and about others. It can serve to reinforce or challenge negative attitudes and stereotypes.

Many people with disabilities rightly protest that there is little point in people changing their language simply to mask the same old prejudices. **Getting the language right has to go hand in hand with a genuine change in attitudes and practice: not merely being seen to say the right thing, but a real commitment to understand and do the right thing.**

Language and terminology is constantly evolving

As mentioned earlier disability is an evolving concept and likewise the language preferred today may be out of favour tomorrow. What may suit some people with disabilities in one culture or country in the world, would not suit in another. But this cannot be used as an excuse not to try. For example the DPO movement representing people with psychosocial disabilities was formed in developed countries and defined themselves as the World Network of Users and Survivors of Psychiatry (WNUSP). This then became the dominant terminology for the DPO movement that subsequently formed in Asia and Africa. In 2014, the Pan African Network for Users and Survivors of Psychiatry (PANUSP) took the decision to change their name to use their preferred term, people with psychosocial disabilities. They believe this better defines the reality of their experiences in Africa where psychiatric services are far from common or dominant and is more affirming in their culture, though they still remain an active member of the world network (WNUSP).

Person with disability or disabled person

For CBM we generally use and promote the use of people/persons with disabilities. **This approach is known as first person language and is based on the importance to affirm and define the person first,** before the impairment or disability. This is also the preference in many developing countries and the language used by the CRPD.

However in the UK, the preferred term is disabled people. The term people with disabilities, is considered mixing impairment with disability. People do not have disabilities, but rather impairments which become disabling, due to society not being comprehensively accessible and inclusive. Therefore disabled people, is felt to be a more factual and strong political statement of the reality of discrimination and exclusion. **Therefore both these terms are deemed valid in English language usage.**

Elvia from Peru with her grandmother.
© CBM

Language and context

Using the right terminology can be further complicated by context. The formal language that is suitable to use in a court of law is different to that used in business, community and home. **As with any subject, the language we use needs to be appropriate to the context.** If having a consultation with a medical doctor it would be important to know the exact medical diagnosis and terms used to describe your condition, a general term such as having a hearing impairment would be insufficient to help you decide on your treatment options. Equally in social and work contexts a person with disability is a member of the community with a name and role and should not be defined by their impairment.

Individual testimony: **Korn Leakhena**

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I am Korn Leakhena. I am a new member of staff at the school. I have been working for this school for half a month and **I am a core teacher in the class of children with intellectual disability.**

In my class there are eighteen children. I am very happy to be a teacher for the children with intellectual disability because I need to learn the experience about how to care for children with intellectual disability because I have one son who has intellectual disability.

I love the children with intellectual disability in the class like I love my son. **I am committed to teach them from my heart.**

I strongly hope that my son will have an opportunity to study in this kind of school when he reaches the school age. And I hope that when he goes through the schooling he will develop his social skills and interaction skills with the other children.

I want to send a message to the public, especially to the parents who have children with disabilities. **Please do not hide the children with disabilities at home. They should bring them to school because when the children have opportunity to go to school, they will develop their social skills, they will develop life skills.** For example they can develop skills in taking a bath on their own, putting on clothes on their own. So it will reduce the heavy burdens for the parents.

See more at: http://www.endthecycle.info/stories/korn-leakhena/

Facilitation tip: A discussion on language can be emotive. It is important to have sufficient time to discuss language and get people to reflect on the language they use and what it might tell them about their own views and values.

A way of making it less threatening can be to ask people to talk about the language that was in use in their childhood, or that they heard some twenty, thirty years ago, comparative to the language they hear and use now. What has changed and why? What does it tell us about our society: is the change sufficient? Or are there still terms in use that are offensive or inaccurate?

Other ways to help people reflect on language is to ask them to share some good and bad practice that they have experienced in the last six months/year.

Or asking people to compare and contrast different marketing materials to describe disability, or articles or stories from the mainstream media. This can be a practical and helpful way to arrive at a common understanding of what is acceptable and unacceptable.

Asking people to reflect back on the different language associated with different models of disability can also help and give clarity that sometimes whilst we do not want to promote a medical individualistic model of disability, we may want to positively use medical terminology in the appropriate context.

Words and language are a form of power

To define is political and can be either an opportunity to take power or be over powered. For centuries people with disabilities have been described by terminology that has come from charitable and medical professionals. The rise in the 20th century of DPO movements has served to challenge this and increase recognition that the power to define language goes hand in hand with autonomy and the power of self-determination; and that ultimately this is the role of DPOs.

Facilitation tip: It is important to get people to contrast words and images that can give dignity and power, and those which are negative or degrading. Creating an open environment where people are comfortable to ask questions about terminology is essential, especially for those who are being introduced to the social and human rights approach to disability for the first time.

CBM's guidelines on language and images, Feb 2012 (see key readings page 39) can be a useful resource to use in training and should be given to all staff on joining CBM. It provides 11 important principles that can help to guide use of inclusive language and 6 principles for use of images. It also includes a helpful annex on CBM's accepted terminology which staff can use as a reference.

It is also important for CBM to consider language and disability not just in English, but also in any other working languages that are used with partners, donors and in the community. There is no point in having wonderful publications in English and their local translations using discriminatory or derogatory terms. **An important factor in considering what language to use is to find out what the local DPO advises.**

Ultimately a good indicator when choosing language is to decide if you would like the term used to describe yourself, your friends or family members. It quickly becomes apparent which words and images demonstrate respect and dignity in line with the CRPD and which do not.

Key reading

CBM's guidelines on appropriate use of language and images, Feb 2012 (CBM intranet link): http://portal.cbm.org/worldwide/io/comms/cbmpublications/Shared

Do Use	Don't Use
Person with an impairment; person with disability, people with disabilities	the disabled, handicapped, PWD
Person without a disability, non-disabled person, sighted person	normal person
Person with a psychosocial disability, or psychiatric impairment or person with mental illness	'Mental' or 'mad'

1.3 Language and communication: what's in a word?

Do Use	Don't Use
Person with intellectual disabilities or persons with learning disabilities	Mental handicap or retarded
Person who is blind, person who has low vision; partially sighted person	the blind; the visually impaired
Person who is deaf, person who is hard of hearing; a deaf person, a deafblind person	suffers from hearing loss, the deaf, deaf and dumb, deaf-mute
Person who has multiple sclerosis	afflicted by MS, victim of
Person with epilepsy	Epileptic
Person who uses a wheelchair Wheelchair-user	Confined or restricted to a wheelchair, wheelchair bound
Person with a physical disability	Invalid; handicapped person; cripple, crippled, lame
Unable to speak, uses synthetic speech	dumb, mute
Seizure	Fit
Lives with/has/experiences a disability/impairment	Suffers from
Congenital disability, born with an impairment	Birth defect
Person who had polio, person with post-polio paralysis	Post-polio, suffered from polio
Accessible toilet/parking for persons with disabilities	Disabled toilet/handicapped parking
People living in poverty People living in situations of vulnerability/people living in situations that make them more vulnerable to…	'The poor' Vulnerable people/groups (although the UN use the term vulnerable groups)
Low income countries Developing countries	Underdeveloped Third world
[5]Use gender neutral language such as referring to a person by their role rather than their gender: e.g. 'A doctor was running the hospital.'	Gender information unless necessary: e.g. 'A woman doctor was running the hospital.'
Language which shows respect for local context and the challenges of individual situations such as: 'X's family had not been told there was a way that they could help X to go to school'	Language of blame such as: 'X's family didn't care about her and so didn't send her to school

Individual testimony: **Edwin Kuki**

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At my birth I was given the name of Edwin Kuki and I was born in 1942. I was born with a good body but in 1952 I had polio and acquired this disability.

Because of my disability, I live a very poor life. **I am very happy that you have invited me to share, that I may share my ideas with you.** I have seen discrimination all along my life. I have seen no big changes in levels of discrimination. I attended primary education and I was selected to go to a High School. It was my Uncle who said "No, you are not going." So, I didn't go further with my education. I only completed Grade Four.

People who were working in the water supply were planning to put the water supply stand pipe up there far away, but then I called them and said "Now look, I am a person living with disability what's going to happen if I am up there and there comes the rain and so on. If you leave that water supply there, it would be far from my house. So, what if you come down and leave the water standing pipe just beside my house?"

And then they saw I was right and said "Oh yes he's got a good idea". So they came and installed the water supply stand pipe here. Just beside my house. **I felt good about myself because now it's easy for me to access the water supply.**

Travelling around is not that easy, indeed, it is very difficult. I find it very difficult moving around.

When going to a health centre it is easy for me, because the children are very willing to help me, pushing my wheelchair. All I need is to call for them and direct them to take me to the clinic.

I am a song writer. I have sung and I have written many songs and I am invited to go everywhere in this Island to perform songs. I am very happy when performing in front of a crowd.

I am really interested in the election but I usually have the problem of getting to the polling station: it is not easy getting there.

I am very worried about climate change, I am afraid because I have never seen this before. I have seen the sea come up further, I have seen the sea level is high; I have seen unusual storms coming. We have seen that the wind came in from the west, in the month of February and March, and then from the month of June the wind comes from the east, this is not on, the wind seems to come from every direction nowadays and there has been a lot of rain causing a lot of the floods. I am worried because of my house; I don't have a good house. I am afraid that a storm might come and destroy my house. The wind is nobody's friend.

Have you seen Edwin's video? Watch it here now.

See more at: http://www.endthecycle.info/stories/edwin-kuki/

1.4: Introduction to disability-inclusive development: end the cycle

'Like slavery and apartheid, poverty is not natural. It is man-made and it can be overcome and eradicated by the actions of human beings. And overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life.' **Nelson Mandela, 2005**

Disability and poverty: a reinforcing cycle

For many people living in poor communities the cycle of poverty is an on-going one. With few opportunities for good housing, poor nutrition and a lack of access to basic health and education services people have less opportunity to find decent work and any means to lift themselves and their families out of the poverty trap.

For people with disabilities and their families this cycle of poverty is even harder to break as disability is both a cause, as well as a consequence of poverty. Disability contributes to and deepens poverty on an individual, family and community level. A person with disability and their family are less likely to have access to rehabilitation, education, skills training and employment opportunities.

When a person in the home acquires a disability there are often additional costs that can push the family into extreme poverty. In most developing countries there is little or no health and social service provision for people with disabilities and families are forced to sell their assets to support loved ones.

At the same time poverty can be a cause of disability: be this through lack of access to adequate nutrition, preventative and curative health care; information, clean water and sanitation or safe housing and employment conditions. Breaking this cycle of poverty and disability is critical to bring about change in the lives of people with disabilities and their families and communities.

Facilitation tip: There are a number of ways you might introduce people to the links between poverty and disability. Playing the development game, developed by Tear Fund, can be a very direct way of helping people to recognise the disparities between rich and poor and the vicious downward cycle of poverty reducing and limiting opportunities. For people who have not worked in development before this can be a practical exercise that stays with them for a long time. See the following link. http://tilz.tearfund.org/en/resources/publications/footsteps/footsteps_71-80/footsteps_75/the_development_game/. This game can also be adapted to include scenarios of people with disabilities in the game.

Listening to testimonies of people with disabilities from developing countries can help you to understand the linkage between poverty and disability. You can read the individual testimony examples that are included throughout the DID toolkit or

have a look at these short three minute videos. It is important to think about:

1. What are the different barriers that face these individuals?

2. What are the positive enabling factors that helped them to end the cycle?

3. Could you see any differences in the types of barriers facing women and men and if so what were these?

Sieng Sok Cham's story: http://www.youtube.com/watch?v=chJj1sWLEX8

Mosua's story: http://www.youtube.com/watch?v=6a9XvWHeChE

Kazol's story: http://www.youtube.com/watch?v=4XKFtRiVd_c

Naomi's story: http://www.youtube.com/watch?v=QF999DYIJ1c&list=UUa60-Uai8j3FPTCACD5Dndg&index=6&feature=plcp

Wadud's story: http://www.youtube.com/watch?v=5wX9hZEsqNU

Zolekha's story: http://www.youtube.com/watch?v=EP2tdSE4PyQ

All these stories show different aspects of the linkage between poverty and disability and illustrate a number of different barriers, social, economic and political. They also show the inter-relatedness of issues. Sometimes breaking the cycle starts with giving people the opportunity to know and demand their rights. Often intervening in just one aspect can be the difference to start the change process. However, more often it is a continuing process of breaking down one barrier after another, sometimes having to start with the attitudes of the family first, or the self-belief of the person with disability to take action.

✅ **Facilitation tip:** If you have a large group of participants you can set up 4-6 laptops on different tables and have the participants in groups of 3-4 circulate round the room to see each video in turn. They can have a simple hand out that they need to discuss and complete as a group: identifying the different barriers and enablers in each of these people's lives. You can also ask if they notice any differences between the stories of the women and the men in the video.

Alternatively, a low tech option is to get participants to work in groups looking at different aspects of poverty and disability: in education; employment, social inclusion, health, climate change etc. Ask each group to reflect on what they think are the main barriers that impact the lives of people with disabilities in low and middle income countries. You might give groups the short personal story at the start of the CBM fact sheets as a prompt. http://www.endthecycle.info/facts-themes/. The individual testimonies included throughout the DID toolkit can be given as a prompt to support discussion. Both these activities can be used to lead the group into plenary discussion on how key aspects of development – education, health, social inclusion, livelihood, security, clean water, good nutrition, housing, climate change and empowerment – are all inter-dependent.

The UK Department for International Development (DfID) produced a landmark paper in 2002, which was one of the first development cooperation strategies to explicitly make the linkage between poverty and disability. See the illustration below. In low and middle income countries, this cycle is far more significant than in countries which have more developed social protection schemes to safeguard against extreme poverty.
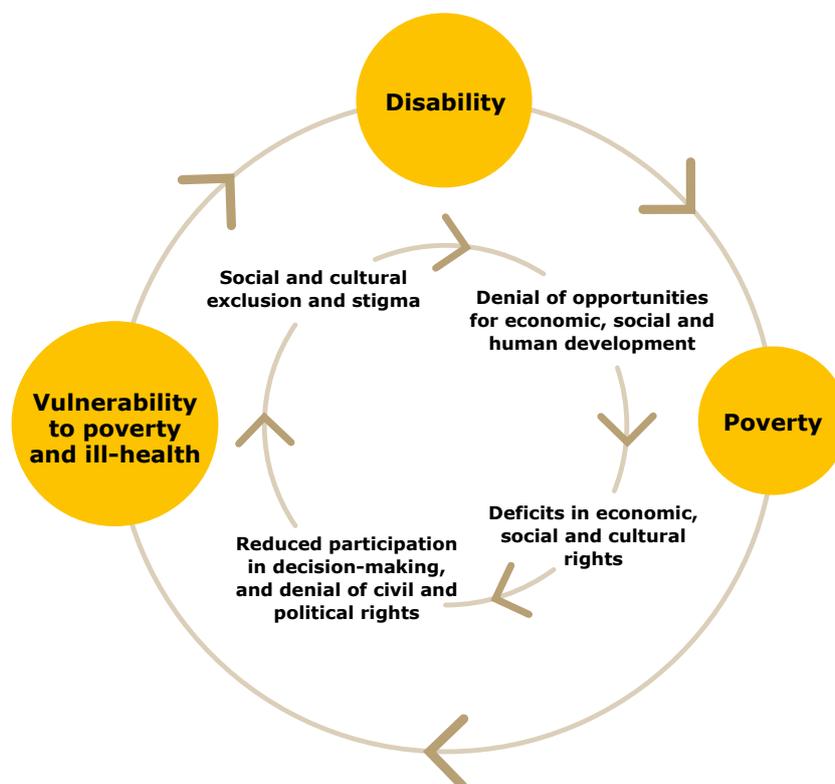
It is only with the effective lobby of the DPO movement, civil society groups, and governments that we are now starting to get recognition that disability is a key development issue. Although the Millennium Development goals do not address disability, the Sustainable Development Goals (SDGs) adopted in 2015 did include references to people with disabilities, see section 3.3 for further details. A significant contributing factor to the SDGs including persons with disabilities was the lobbying done by CBM and other partner organisations such as the International Disability Alliance (IDA) and the International Disability and Development Consortium (IDDC).

Individual testimony: **Kob May Saros**

My name is Kob May Saros.

My disability is because of dengue fever. After I had dengue fever, I got pain in my leg, and then could not walk. After I could not walk, nobody fed me besides my parents. Even my husband went away from me for a while, for many years, and he joined the soldiers. I lived with my parents, and I could not do anything, because I could not walk.

Before dengue fever I was growing rice but after I could not walk, I could not grow rice. Before, I had the rice-land but poverty came to my family: I sold the rice field and moved from there to here. **Because I could not walk, I had to sell the rice field.**

I go to find shells in the mud close to the seaside, and I bring those shells to sell in the market to buy the rice to support the family. But my income is not enough to

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feed my family. Because of my disability, I cannot earn more money. I cannot earn more than 3,000 riel, less than one dollar a day. If I try and walk far I get a pain in my leg. It is a limitation of my leg.

I would like to support my family to survive, to provide for my children to go to school, and find enough food for them to eat and clothes for them and books; I want to provide for them. I do not think people know much about me but I care about my income to support my family.

Now I have joined the community. There are changes like I have psychological support, to help me have the full rights like other people in the village. If I do not have determination people treat me badly.

See more at: http://www.endthecycle.info/stories/kob-may-saros/

1.5: Practising inclusion in our day to day work: CBM's core values

There is a lot that we can do in our day to day work and life to **remove barriers and promote an inclusive environment:** be this in the way that we communicate, how we arrange and facilitate meetings and workshops, to the ways in which we share information. **It is important to get people to reflect on how they would like to change their own practice** following an initial introduction to disability and to give them plenty of opportunity to ask questions on any concerns they might have in how to practise inclusion.

> **Facilitation tip:** A fun and memorable way to help people reflect on their language and behaviour can be to view and critique some training videos, such as those produced by the Disability Equality Forum – Wrong Actions Series: http://www.youtube.com/watch?v=lBIfzALO7p0&feature=youtu.be or clips from the UK Disability Rights Commission, Talk series, particularly the job interview clip. http://www.youtube.com/watch?v=k3AeIFup1qY. Ask participants to reflect on and generate what they think are the key principles for practising inclusion.
>
> Whichever methods are used it is important to ask staff to take time to seriously reflect on what their individual responsibilities are to practise inclusion in their day to day work and life.

CBM's six core values

1. **Christianity** – We aspire to follow the teachings of Jesus.

2. **Internationalism** – We are an international organisation.

3. **Professionalism** – We aim for quality in what we do.

4. **Integrity** – We are good stewards of our resources.

5. **Communication** – We communicate honestly and respectfully.

6. **Inclusion** – We promote and practise inclusion. The physical environment, legislation, communication facilities and our thinking and attitudes all have the potential to include or exclude individuals or groups from mainstream society and community. CBM endeavours both within the organisation and externally to identify barriers, and implement solutions which lead to a more inclusive society.

Reflecting on CBM's core values is a good place to start to reflect on how to apply inclusion in our daily practice. For CBM, inclusion is not a project, a programme or an approach but a core value that drives and is central to our work. For many people when joining an organisation, they may worry about how they will be included and the ways in which they can include others. **Often simple information on etiquette on how to meet and greet people can help.**

Some tips for disability etiquette:

- **Don't make assumptions** about someone's level of impairment, their needs or preferences based on a previous experience of a person with the same type of impairment. Each person is individual.

- **People with disabilities are very different in terms of their assistance requirements and preferences**. Many people with a disability live very independently and do not need help, others may require assistance. Don't assume a person wants assistance but equally be ready to offer support.

- **Speak directly to a person with disability** and not their personal assistant, companion or interpreter.

- **Position yourself at eye level** when speaking with a person who is a wheelchair user, or of short stature. This prevents a person straining their neck or being talked down to.

- **Identify yourself first if you wish to speak to someone with vision impairment and remember to inform the person if you are moving away**. Offer orientation of a space and audio describe any printed information, or non-auditory communication such as videos, role play or images. Don't leave things on the floor which could create a trip hazard.

- **Feel free to ask a person who has a speech difficulty to repeat themselves**, they will be used to this and will appreciate that you value their contributions and ideas.

- Approach deaf and hard of hearing people from the side or in front so as not to startle them. **Ask what is their preferred communication**, for example sign language or lip reading. When communicating with a deaf person maintain eye contact and speak clearly. **Don't hold anything in front of your lips, or use over exaggerated expressions**. If using a sign language interpreter allow time for interpretation. Remember in some cultures being waved at or touched to gain attention can be seen as rude.

- **Speak clearly** and in short sentences when communicating with a person with learning disability. **Do not be afraid to repeat or rephrase things** to help give clarity and provide easy read materials with clear visuals. **Don't be patronising**, use a childish voice or expressions or exaggerate.

- Overall **avoid making casual remarks that are personal or intrusive**, and do not ask inappropriate questions. For example, do not say: 'What happened to you – why can't you walk properly?' Remember **do not touch or move any mobility aids** such as a wheelchair, or long cane unless asked to do so.

- Finally, **if you are worried about how to behave or which language to use**, just ask. People with disabilities will prefer honesty and a genuine respect for their dignity, preferences and individuality.

Equally, it is important that people with disabilities are confident to communicate and ask for their reasonable accommodation requirements and that clear processes and systems are available with their line manager. More is discussed on this concept in chapter 2.

Reasonable accommodation is defined by the CRPD in Article 2 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'.

There are three main categories of reasonable accommodation:

1. Changes to a job application process.

2. Changes to the work environment, or to the way a job is usually done.

3. Changes that enable an employee with a disability to enjoy equal benefits and privileges of employment, benefits and professional development as fellow co-workers.

CBM has a range of core guidelines, tools and policies on: creating accessible environments; accessible language and images; accessible communications; inclusive budgeting and accessible meetings; and more recently reasonable accommodation. These can all be used to support people to practically reflect on how to practise inclusion.

All CBM staff, regardless of their role in the organisation, should see inclusion as a core value and part of their day to day work – it is not for the development or programme experts, but for each and every one of us.

Facilitation tip: A number of exercises can be used to introduce and familiarise staff with core CBM resources, either in part or full as appropriate to the group. Some CBM resources might be given as pre-reading, or previously used in an earlier session and can then be used as the basis to have a quiz with small prizes. Doing the quiz in groups rather than individually can be more inclusive and less threatening.

Staff may be provided with some case studies or examples of common work challenges and asked how the guidelines could help remedy and overcome these barriers. For example a group could be asked to do a mini accessibility audit of part of their office/local area based on the accessibility guidelines.

Different groups can be given a different resource and asked in small teams to work out the best way to distil and present key learning or messages from the resources to the other groups. This type of activity requires people not just to read but also to digest and use information to then communicate this to others. This process of learning by doing can be more immediate and force people to engage more deeply in materials rather than passively receive.

Key Reading

CBM's core values: http://www.cbm.org/CBM-core-values-250261.php

Promoting access to the built environment guidelines: http://www.cbm.org/article/downloads/54741/CBM_Accessibility_Manual.pdf

CBM Guidelines on accessible communications, (10/02/2010): http://portal.cbm.org/knowledgebase/ID/AccessibilityCOP/Shared Documents/CBM_guidelines_on_accessible_communication,2008.pdf

CBM Guidelines on appropriate use of language and images for disability and development publications and documents in English language February 2012: http://portal.cbm.org/worldwide/io/comms/cbmpublications/About CBM Publications Database/Guideline on language and images, approved Sept 2011 for CBM eV internal use.docx

Inclusive meetings: http://www.inclusive-development.org/cbmtools/part3/1/Accessiblemeetingsorevents.pdf

Individual testimony: **Edwin Babanisi**

My name is Edwin Babanisi and I'm 35 years of age. **I am totally blind** but I have 'light perception' which means that I can tell the difference between day and night and I can also tell if movements are right in front of my face. I was born with this blindness.

I'm living with my wife and my two kids and the house-help who helps us daily. Rose and I met way back in 2002 and we had a relationship going on for two years before we got married. **I really like being a father.**

I really love my kids and really love my wife. We both really love looking after the kids. One of the enjoyable games is where I simply throw the ball and both of them will run and fight to see who catches the ball first and give it back to me.

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I work at the Ministry of Health and Medical Services. As a person with disabilities, I could say I'm being a role model to all the people with disabilities in this country because of my status and my living today.

The majority of Solomon Islanders see me as just a person with a disability that does not contribute to society and the Government. Those are the people who do not know me. On the other hand the people that know me really value me as a person with disabilities. Also the community and various groups that I join really value my contributions.

I joined the musicians in the Church. At first I saw that the activities they were giving me in Church were very limited and I was thinking I can do more. But why aren't they giving me these activities? So, I played my part to show the people in that group I was joining, some extra skills that I had. And it really worked out and they starting put more trust in me as a person with disabilities and they said, "Okay he can do this and he can do that". If you are a person with a disability, it is really up to him, he has to come out and really show the people that he can do this or that.

Orientation and Mobility: orientation means knowing your surroundings and mobility means moving around from point A to point B. Mostly, when learning, Orientation and Mobility people (who are blind) learn how to go from their house to a bus-stop, how to catch the bus and how to go to a certain point. I can take a bus and go to certain parts of the town – the main market for example. I can go there by myself because the pathway is ok, but there are some parts I really can't travel because of the inaccessibility.

I'd like to say that – 'Disability is not Inability'. This means that if you are a person with disabilities you still can – you are able to do things as other people can do. There's always hope!

Chapter 1: Endnotes

[1] World Disability Report, World Bank and World Health Organisation, 2011. Available through following link. http://www.who.int/disabilities/world_report/2011/report.pdf

[2] World Health Survey 2004, cited in World Report on Disability, 2011

[3] UN Convention on the Rights of Persons with Disabilities, 2007, preamble (e)

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

[5] See also WHO Style Guide 2004 for more suggestions on gender inclusive language

Chapter 2: Disability-Inclusive Development (DID) for Managers

This chapter will give managers: a brief overview of CBM's history; an introduction to disability-inclusive development; what this means in terms of management responsibilities and practice; it also provides some theoretical approaches for managing change processes to help realise disability-inclusive development (DID) expectations in line with CBM's current Global Programme Strategy (GPS2).

Chapter 2 is in four main parts:

2.1 Gives an introduction to CBM's history and development approach

2.2 Provides an introduction to disability-inclusive development

2.3 Outlines key inclusive practice responsibilities for managers

2.4 Provides a basic introduction to change management theory and practice

Table of contents

2.1: CBM's disability and development approach

Brief 100-year history

From its beginnings with the work of Pastor Ernst Christoffel in 1908, CBM has been committed to working in a **partnership approach** with local communities, seeking to serve and support people with disabilities. In the early decades of the 20th century CBM's founder concentrated on providing services and education to blind and deaf-blind children and orphans, seeking to ensure **dignity and opportunity** for people with disabilities. This pioneering work of 47 years in the Middle East in Turkey and Iran, laid the grounds for CBM's work to be expanded and developed.

The 1960s to 1980s can be viewed as the second phase of CBM's development as an organisation. This period, under the leadership of Pastor Siegfried Wiesinger, saw the scope and scale of CBM's work grow exponentially beyond the Middle East to Asia, Africa and Latin America, and beyond education and social welfare programmes to include health and medical eye-care services and pan disability approaches. In this period CBM became an **international organisation** working in 110 countries including the development of Member Associations in a number of countries.

From the 1980s through to 2006, under the leadership of Christian Garms, CBM's change process could be typified as a period of **professionalisation** with investment in the development of our systems and policies, as well as strategic partnerships and alliances, such as that forged with the World Health Organisation (WHO) in 1989. It also saw a broadening in approach of CBM's work to have a stronger **cross disability approach** as well as working on **disability mainstreaming** with a wider range of partners.

Over the years CBM's work has very much moved in line with global efforts to promote and realise an approach to **disability-inclusive development** that is grounded in human rights, as well as working to achieve and promote compliance with the Convention on the Rights of Persons with Disabilities (CRPD). This approach was embodied in CBM's first Global Programme Strategy (GPS 2009-12). This saw an organisational drive to demonstrate disability-inclusion in all that we do across our programmes, as well as in our internal working, procedures and practices. It also instigated the 10% minimum target for employment of people with disabilities within the CBM family, to move us to being a more inclusive and representative organisation. In October 2016 The CBM Federation Strategy 2021 commits CBM to one step further to be a leader in Disability Inclusive Development.

When looking at the wider history of disability and development (outlined in chapter 3), we can draw a number of parallels in terms of how CBM has itself evolved through different phases. In terms of disability from initial charitable efforts to large scale disability specific medical interventions and increasingly to a more human rights based approach promoting mainstreaming disability and self-advocacy of people with disabilities. Equally in terms of development approaches we have seen an evolution from interventions and programmes that were designed

and delivered by CBM for communities to participatory partnership approaches working with and not through partners, and to supporting capacity development initiatives which build mutual respect and learning for longer term sustainable development. These processes are constantly evolving and developing and whilst much has changed over time we remain true to our original core mandate **to improve the quality of life of people with disabilities**.

Key dates

1908: Ernst Christoffel (Turkey) start of CBM in the 'Orient'

1960: Pastor Siegfried Wiesinger builds CBM

1963: CBM starts its eye-care work – Afghanistan

1966: First cataract operation and mobile outreach to remote areas

1960s-80s: large growth in income projects expand to 1,100 in 110 countries

1975: CBM Member Associations start to be established

1989: Official relationship with WHO forged

1998: Start of advocacy on poverty, disability and development

2003: Opening of the European Union Liaison Office, Brussels

2008: CBM celebrates 100 years

CBM today: CBM's Federation Strategy 2021

CBMs Federation Strategy 2021 **deepens our commitment to a human rights approach to disability**. CBM's aim is to contribute to transformative change in structures, systems and attitudes which will bring about an improved quality of life for people with disabilities living in poverty, their families and their communities. This challenges us to be more accountable in terms of how we engage with and view people with disabilities and represents a gear shift, moving beyond working on promoting access and rights with provision of services, to viewing people with disabilities as active agents of change in the development process as rights holders. Whilst this is not new for CBM it does place a much stronger and central focus on **people with disabilities and their representative organisations being partners in all that we do**.

This gear shift has some implications for how CBM works with partner organisations, governments, donors and mainstream development agencies, our relationships across alliances and networks as well as own internal practice. It requires:

- strengthening our efforts to make our own practice, systems and policies fully inclusive as a **model of good practice**;
- engaging more actively to **define monitoring indicators for inclusion to evidence and promote good practice** with both disability specific, but also mainstream development and humanitarian agencies;

- **investing in the capacity and support of disabled people and their representative organisations** to take on a leading role across our development and emergency programming;

- **increased advocacy with people with disabilities** to engage with and support our service delivery, development and emergency partners to promote DID and governments meeting their obligations under CRPD.

The most significant change is that it requires a more robust role for people with disabilities and their representative organisations in all our processes from design of policy and programmes, budget decisions, to monitoring and evaluation; thus creating greater accountability and compliance in line with the CRPD. Furthermore, it has implications for our development approach that does not just look to include people with disabilities in development initiatives but rather to more deeply change and **transform unjust systems, structures and relationships** that have traditionally marginalised and excluded people with disabilities from development.

Community Organiser Santy Villanueva, standing in front of the Aging and Disability Focal Point in Estancia, Philippines. These focal points were set up after typhoon Haiyan (locally called Yolanda) to ensure that older people and persons with disabilities are included in mainstream relief. © CBM/John Javellana.

Overview of CBM Federation Strategy 2021:

'Towards an inclusive world in which all people enjoy their human rights and achieve their full potential'

Our strategy: is designed to bring effective transformational change to the lives and communities of persons with disabilities living in poverty, by becoming the leading organisation in Disability-Inclusive Development. We focus our expertise and resources on working with partners to reduce avoidable impairments, empower persons with disabilities to exercise their rights and strengthen inclusive, resilient and equitable communities.

Our approach to make lasting change happen:

CBM will work closely with persons with disabilities, partners and networks focussing on **seven initiatives and three organisational priorities**.

This approach will enable us to strengthen **accountability** and improve our **efficiency**; create clear **growth** opportunities; ensure closer **links between donors and beneficiaries**.

P1 — Disability inclusive Development (DID)

P2 — Community Based Inclusive Development (CBID)

P3 — Eye Health, Community Mental Health (CMH), Education, Ear and Hearing Care (EHC)

P4 — Emergency Response

Programmatic Priorities

Embed **DID** into our work and mainstream it to others as CBM's **value proposition**

Build **inclusive, resilient communities** through a CBID approach, which includes DRR

Build **inclusive, comprehensive** initiatives that **strengthen capacity and systems**

Ensure persons with disabilities have **equitable access to aid after a disaster**

Three organisational priorities

In order to deliver against our programmatic aspirations, we will also need to change the way we work. To this end we have defined three organisational priorities.

01 **Redesign the organisation** to become more agile and increase transparency on responsibilities and processes

- New Governance (established ILT and Supervisory Assembly) and Operating Model.
- Closer link between MAs and programmatic work, thus strengtheneing the link between donors and beneficiaries.

02 **Grow CBM's income** base to fund change

- Growth target of 33 percent over the next five years. Identified sources:
  - Funding from existing MAs
  - LCDF (Legally Contracted Designated Funding) in non-MA countries
  - Establishing or attracting new MAs.

03 **Access our contribution to change** developing a sophisticated system to measure the results of CBM's work

- Defined methodology to measure outcomes, both qualitatively and quantitatively.
- Evaluation and learning systems to make use of evidence and improve programmatic approaches.
- Built reflective attitudes with partners.

Our guiding principles, pillars of the strategy

- We seek to work closely with persons with disabilities in designing, managing and evaluating the impact of our programmes.

- We look to integrate perspectives from the Global South in our work.

- We strive for gender equity by which we mean not only equal access for women and girls to resources and opportunities, but also the means of benefiting from this equality.

- We seek to be accountable both to our donors and the communities we serve.

The strategy is also underpinned by the CBM core values which define our culture and way of working. http://www.cbm.org/CBM-core-values-250261.php

Our founder, Pastor Ernst Christoffel worked in the poorest communities irrespective of race, gender or faith. Our compassion for others continues to drive us as we aspire to follow the teachings of Jesus Christ.

2.2: Disability-inclusive development: key elements

CBM describes its vision as seeking to **build and promote an inclusive world** in which all persons with disabilities enjoy their human rights and achieve their full potential. CBM's approach to achieving this is ensuring that all **development interventions we implement are disability-inclusive**.

What this means in practice is that people with disabilities must be included in the planning and implementation of all interventions (e.g. programmes); all barriers to participation are removed, these can be physical, economic, attitudinal and cultural barriers; and that our programmes target disability specific needs where necessary but equally challenge mainstream society to be inclusive and accessible of people with disabilities, i.e. the twin-track approach to development.

'Inclusive development' occurs when the entire community, including people with a disability, benefit equally from development processes. Inclusive development encourages awareness of and participation by all marginalised groups; it specifically respects the diversity that disability brings and appreciates that it is an everyday part of the human experience. Disability-inclusive development sets out to achieve equality of human rights for people with disabilities as well as full participation in, and access to, all aspects of society.

CBM's approach to development is fully defined in our **Development Framework**, the summary definitions of inclusive development and DID are included below as a key reference:

CBM's development approach: disability-inclusive development

Disability-inclusive development focuses particularly on the rights and inclusion of people with disabilities. It actively seeks to ensure **the full participation** of people with disabilities **as empowered self-advocates** in all development processes and emergency responses and works to address the barriers which hinder their access and participation.

While CBM's focus is disability-inclusive development, we adhere to the general principles of inclusive development in our work.

CBM's approach to DID is underpinned by a human rights based approach to development – the belief that every human being has rights and that these rights cannot be denied to them. Core to this are the general principles of the Convention on the Rights of Persons with Disability (CRPD) Article 3 which explicitly outlines these human rights principles in relation to persons with disabilities.

a. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons

b. Non-discrimination

c. Full and effective participation and inclusion in society

d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity

e. Equality of opportunity

f. Accessibility

g. Equality between men and women

h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

These general principles need to translate directly into our daily practice and underpin our development approach.

Core elements of a disability-inclusive development approach

- Awareness
- Participation
- Accessibility and Universal Design
- Twin-track approach
- Empowerment
- Gender equality

Self-learning tip: If you would like to read more about DID check out CBM's publication Inclusion Made Easy http://www.cbm.org/article/ downloads/78851/CBM_Inclusion_Made_Easy_-_Part_A.pdf

Awareness – a key to successful inclusion

Awareness about the issues facing people with disabilities is key to ensuring that programmes have successful outcomes for people with disabilities. The invisibility of people with disabilities in the mainstream development narrative has resulted in development interventions unintentionally leaving out people with disabilities from their target groups. From the outset in terms of awareness of development practitioners, it is important to highlight that **people with disabilities are not a homogeneous group**. For example, women with disabilities have different experiences to men with disabilities; older people with disabilities have different experiences to younger people with disabilities, just as people with different impairments or from different ethnic groups will have different lived experiences.

Awareness about people with disabilities begins with the recognition that people with disabilities are just like everyone else, comprising of different identities, wishes and hopes for a good life. **People with disabilities want to be active participants and contributors within their communities**. However, this is not always possible due to a range of barriers, and this is one of the most important steps to creating awareness about people with disabilities. Understanding the different barriers people with disabilities face in accessing basic services is a critical foundation to challenge these barriers and to raise awareness.

Facilitation tip: People with disabilities have very diverse lived experiences. It is important for managers whether in their day to day practice or in their wider programming to recognise the different lived experiences of people with disabilities and that they do not make generalisations.

Depending on the group of managers and their prior experience it can be helpful to undertake one of the following participatory exercises to look at diversity and barriers:

- Show a variety of End the Cycle videos in a café style setting to stimulate discussion – see chapter 1 for the full exercise.

- Ask managers to reflect on what they think are the main factors causing discrimination and causing barriers for people with disabilities? Follow this up by providing the graph on intersectionality and undertaking the exercise detailed in chapter 3.

Advocacy also plays an important part in creating awareness. Many of CBM's regional and Member Association (MA) programmes have comprehensive advocacy initiatives, as do many of our partners, especially DPO partners. CBM's advocacy is targeted at many different sectors in society to bring about awareness and positive change for people with disabilities at: family, community, district, national, regional and international levels. Whilst people with disabilities are central to disability activism as self-advocates it is also important to build disability advocates across all professions and cadres, building links with human rights and development actors, across all stakeholder groups, as a means to create a critical mass of awareness to bring about positive change. In contexts which do not have established advocates and an advocacy tradition then it is important for CBM to work in partnership with local actors to build this capacity through alliances and networks.

Self-study tip: Read about the work of the International Advocacy and Alliances (IAA) team and its advocacy work http://us6.campaign-archive2.com/?u=1e1910e71f4132e64e9f9438d&id=7c901be7a4

Read advocacy updates from CBM IAA team and also Member Associations http://blog.cbm.org

To keep regularly updated sign up for the IAA newsletter on line and join the E-Advocacy monthly web based meeting. http://us6.campaign-archive2.com/home/?u=1e1910e71f4132e64e9f9438d&id=3827112f1a

Participation

A core principle of inclusive development is participation of all marginalised groups. The participation of persons with disabilities in how society is governed, including the design and development of policies and infrastructures, is a core principle of disability-inclusive development and is also a core principle of the

Inclusive after-school activities in a school in Karnataka, India. © CBM/Wyatt

Convention on the Rights of Persons with Disabilities. While the CRPD is applicable mainly to governments, it is good practice that CBM, as with other actors, follows its principles in implementing inclusive development, particularly its focus on inclusion, accessibility and participation.

For CBM to have credibility as a lead advocate of DID we need to demonstrate that people with disabilities:

• are enabled to participate in all stages of the development of the programmes that we deliver: from initial assessment, design, implementation and monitoring through to evaluation;

• can participate and benefit from all programmes regardless of their impairment type, gender, age, ethnicity or any other characteristic;

• have a key strategic role in senior management and leadership within CBM at all levels.

Equally, we need to demonstrate that as an organisation **we are progressively working to achieve full and equitable inclusion and representation of people with disabilities within all areas of our internal working practices:** across HR processes from recruitment, retention and development of staff; within finance and administrative management processes and decision making; to security and contingency planning; to communications, public relations and marketing.

This participation needs to move beyond a few impairment groups to all impairment groups and also consider gender, age, ethnicity and other factors

that can contribute to discrimination or exclusion.

The focus on the involvement and participation of people with disabilities throughout the CRPD is aimed at empowering people with disabilities to be included in political and social decision-making. The mantra from the international community for many decades has been 'Nothing About Us, Without Us' and this is reflected in how the CRPD conceptualises the involvement of people with disabilities in all aspects of life. Article 4 is outlined below and is considered good practice to follow for all stakeholders but is especially incumbent on those working in the field of disability, where the expectation, like with areas of public service, is to provide full levels of participation.

> 'In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.' Article 4, CRPD

The box below outlines a good practice example that was implemented by the Australian development agency (formerly known as AusAID) and the consultation process it undertook in developing its disability policy.[7]

Australian Development Cooperation (DFAT): Consulting with people with disability[8]

In November 2008 the Australian Government launched its strategy 'Development for all: towards a disability-inclusive Australian aid program'. The strategy marks a significant change in the way Australia's aid is designed and delivered. Development for All is about improving the reach and effectiveness of development assistance by ensuring that people with disabilities are included, contribute and benefit equally from development efforts.

In preparing the strategy DFAT, the Australian government's development aid agency (previously AusAID), conducted consultations in most of the developing countries where DFAT works, involving people with disabilities, their families and caregivers, government representatives, nongovernmental organisations, and service providers. Almost 500 written submissions were received in the process.

During the consultation overseas-based DFAT staff – often with little experience of relating to people with disabilities – were supported to engage with local disabled people's organisations. The direct involvement of staff was an important step in commencing the process of building institutional understanding of the importance of disability-inclusive development. Many came away better informed about disability issues and more confident about spending time with people with disabilities.

✓ **Facilitation tip:** Very often people can feel out of their depth if they have not undertaken consultations directly with people before. A good way to orientate managers is to provide some pre-reading on how to conduct consultations with people with disabilities. You can provide the 'Tipsheet for Enhancing the Participation of People with Disabilities in Consultative Meetings' ahead of a training or meeting and then ask participants to consider how they might apply this advice to the kinds of consultations they undertake.

You can ask which of the methods people have used and if they have any other examples of including people with disabilities from their own day to day practice or previous work experience.
http://www.cbm.org/article/downloads/82788/Tipsheet_on_Enhancing_Persons_with_Disabilities_Participation__in_National_Consultations.docx

For further inspiration you can also look at how CBM has supported national consultations for the post-2015 framework as a good practice example.
http://www.cbm.org/People-with-disabilities-in-Vietnam-MDG-consultations-377845.php

Accessibility and Universal Design

Accessibility like participation is also a broad term and is understood in many different ways. A common misconception is that accessibility is only about physical access, however this is a very limited viewpoint, as many people with disabilities will have different access requirements. For example, someone who is visually impaired and requires accessible reading material differs from someone who is deaf who requires a sign language interpreter. At policy and legal levels there may be barriers, or indeed lack of legal provisions related to accessibility. For example, as the Canadian Human Rights Commission Global Review on universal design[9] highlighted, only half the countries around the world have developed accessibility criteria in their building codes and standards. So from the outset, considering how programmes are accessible is important. When considering accessibility, the key take away message is – creating a barrier free environment for everyone is very important to disability-inclusive development because a society accessible for persons with disabilities is one accessible to all. This is where the concept of Universal Design is helpful to understand.

Universal Design involves designing products and environments so that they can be used by the widest range of people possible without need for adaptation or specialised design. Universal Design evolved from Accessible Design, a design process that addresses the needs of people with disabilities. Universal Design goes further by recognising that there is a wide spectrum of human abilities. Everyone passes through childhood, periods of temporary illness, injury and old age. By designing for this human diversity, we can create things that will be easier for all people to use.[10]

In addition to accessibility being the right thing to do, it is an obligation under CRPD (Article 9). In many countries, even those such as the USA who have not yet ratified the CRPD, there are laws obligating accessibility of services and infrastructure for people with disabilities.

There are a number of different standards available on accessibility; USAID has a comprehensive publication on accessibility based on the Americans with Disabilities Act (2004); the European Union has adopted Communication 'Towards an Accessible Information Society' (2008) and South Africa has the National Building Regulations and Building Standards Act. It is important to find out what are the national standards in your country. While each country has adopted their own laws on accessibility, once the CRPD has been ratified, they must then comply with the requirements of Article 9. In cases where national laws were already extensive, ratifying the CRPD cannot reduce these obligations. Organisations such as CBM in receipt of any type of State funding must consider accessibility requirements as a standard in provision of services. Consideration must be given both to national laws in recipient countries as well as standards of donor agencies. Donor countries which have ratified the CRPD are increasingly concerned to meet their own obligations under Article 11 and Article 32 of the CRPD to ensure that humanitarian and development cooperation is accessible for women and men, girls and boys with disability.

Self-study tip: There is a lot of reliable material available on accessibility which can be useful to read. However, in considering accessibility, it is essential to consider local contexts and an analysis of barriers and cultural practice, technologies and materials. Ultimately whilst we have universal principles, in application these must be practical and suited to the context.

Sustainable universal design cannot be achieved without taking into account local and cultural nuances as well as avoiding excessive financial costs.

To know more about accessibility you can read the following sources, but if you have a technical question, particularly if related to the built environment, you can also get in touch directly with Benjamin Dard, CBM's Technical Advisor for accessibility, via email: Benjamin.Dard@cbm.org

You can read more about Article 9 of the CRPD at this link: http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#9

Read about how to ensure programmes are accessible to people with disabilities in 'Inclusion Made Easy': http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_Part_A.pdf

Read also the World Report on Disability and its chapter on Enabling Environments for Accessibility: http://www.who.int/disabilities/world_report/2011/chapter6.pdf

Twin-track approach

The twin-track approach is the most commonly referenced approach by UN agencies, bilateral development agencies and NGOs for including people with disabilities in development. It is usually cited in the narrative of mainstreaming disability as a thematic issue in international development. The twin-track approach recognises the need for

a) providing disability-specific initiatives to support the empowerment of persons with disabilities;

b) integrating disability-sensitive measures into the design, implementation, monitoring and evaluation of all policies and programmes (e.g. mainstreaming disability in areas such as HR and budgeting).

The twin-track approach to inclusion can only lead to successful outcomes for people with disabilities, if emphasis is put on both tracks, as they complement each other. If the focus is only placed on either of the two, it cannot be called a twin-track approach anymore and there is likely to be an imbalance. For example, the Office of the High Commissioner of Human Rights (OHCHR) in a 2010 study found that when applying the twin-track approach, the balance tipped to disability specific services:

> 'International cooperation does not appear to have consistently applied a "twin-track" approach as cooperation focuses overwhelmingly on disability-specific projects and less on mainstreaming disability rights into broader international cooperation'.[11]

In addition, the United Nations Development Programme (UNDP) in a 2010 study also found that at country level while some countries have included a reference to persons with disabilities in their national development priorities, it is always in the context of initiatives to support disability specific programming rather than mainstreaming of disability in the general system of services and facilities made available to the rest of society. The balance then between mainstreaming strategies and specific targeted-support is an important one to strike and it is an important one for CBM to consider when implementing its programmes, so as not to over-specialise disability programmes. The overall goal should always be about integrating and including people with disabilities in all aspects of society and development. To achieve this, there needs to be a balanced approach to including disability universally in all projects and programmes and the need also to respond to disability specifically.

Facilitation tip: A good exercise can be to get managers to think about what it means to have mainstream and specific services. Have they ever experienced requiring specialist services themselves, can they give any examples? It is important to emphasise that lots of groups in society may require adaptation or specific additional requirements, such as pregnant or breast-feeding mothers, older people, children and many others. These are not seen as a luxury or optional but rather a standard and important way to include all the population. After considering how society is changing and we are becoming more aware and inclusive over time (car safety can be a good mainstream example) then look at the specific issue of disability and request examples of the twin-track approach in practice.

In a lot of disability and development materials, including CBM's own, the twin-track is illustrated as two separate but parallel processes, rather than the inter-dependent cycle version. Give both illustrations of the twin-track approach to groups and ask people to consider which they prefer and why? Also if they can think of any other ways to describe the importance of having both mainstream and specialist services, keeping in mind the critical balance that is required if we are to achieve a truly equitable society.

For some examples of the twin-track approach in practice see Inclusion Made Easy pages 18-20, which can be adapted/used as a hand out.

The approach of the Disability Equality Training (DET) is to present the twin-track as a bicycle, with two wheels inextricably linked and inter-dependent to move forward in the direction of full participation and equality.[12]

**Destination:
Full participation
and equality**

To society

**Manistreaming
of disability**

**Inclusion
enablement**

To disabled people

**Empowerment of
disabled people**

**Ability
Decision making
Critical
consciousness**

Empowerment

Empowerment is a widely used term in both disability and development discourse. It has become a fashionable panacea to promote all forms of social and economic progress, from individual empowerment to community development. With multiple definitions it raises a number of questions as to who defines empowerment, for whom and to what ends.

Over the past decade in development discourse a number of NGOs and groups have critiqued the widescale use, or misuse of the term empowerment, claiming that it has been co-opted, very often by donors and those in a position of power to determine what empowerment means. More recently development actors and community activists are starting to look at deconstructing empowerment to look fundamentally at what we mean by power: who has power over whom, how can individuals and groups analyse power, both in terms of visible, hidden and invisible power, as well as the faces, spaces and places of power. For a useful introduction to power analysis have a look at the Institute of Development Studies (IDS) website on power www.powercube.net. You can also find a useful hand out which gives a simple introduction to power analysis see: http://www.powercube.net/wp-content/uploads/2009/11/Handout-on-Power-and-Empowerment.pdf

In CBM we also widely use the term empowerment, sometimes erroneously, assuming that we can empower people with disabilities. Ultimately the concept of empowerment can only be effective if women, men, girls and boys with disabilities can define what is important to their individual lives, how to access and use their own self-agency to take control of their lives and to make strategic life choices and decisions that they define as important, be this in coalition with others, or as an individual.

There are many theoretical approaches to empowerment, which have informed different disciplines from economics to psychology, sociology and political theory. For CBM's work the very pragmatic approach from the gender and development discipline is that of Sara Longwe,[13] who like other feminists in the 1980s, was highly critical of women's aid programmes that promoted the empowerment of women but which served to change little other than have women create more wealth. However, this wealth creation did not lift women out of poverty, it did not equate with giving women the means to control this wealth, be it for their own well-being or that of their families, or make strategic life choices.

Longwe developed a gender empowerment framework (shown below) with which to highlight how much development initiatives were facilitating 'real' empowerment and providing opportunities for equality for women or not. In CBM we have been using this framework which is equally applicable to the field of disability in combination with looking at the process through a gender-sensitive lens, for a better understanding of the five different stages of empowerment, working from welfare to control:

- **Control:** equal control with non-disabled peers, between women and men over decision-making; factors of production; strategic life choices that direct one's life; knowing and claiming one's rights.

- **Participation:** equal participation with non-disabled peers, between women and men in decision-making processes related to policymaking, planning and administration.

- **Conscientisation:** attaining an understanding of one's rights and ability to take up self-agency as women, men, girls and boys with disabilities to challenge discrimination and to start to claim one's rights.

- **Access:** having equal access to services and economic opportunities, the removal of barriers, or discriminatory provisions in the law that prevents people with disabilities accessing public services and participating in public life.

- **Welfare:** having equal access to basic needs, material welfare, food, shelter, income, and medical care.

**Empowerment framework
(Longwe 1990)**

Increased equality

Increased empowerment

Control

Participation

Conscientisation

Access

Welfare
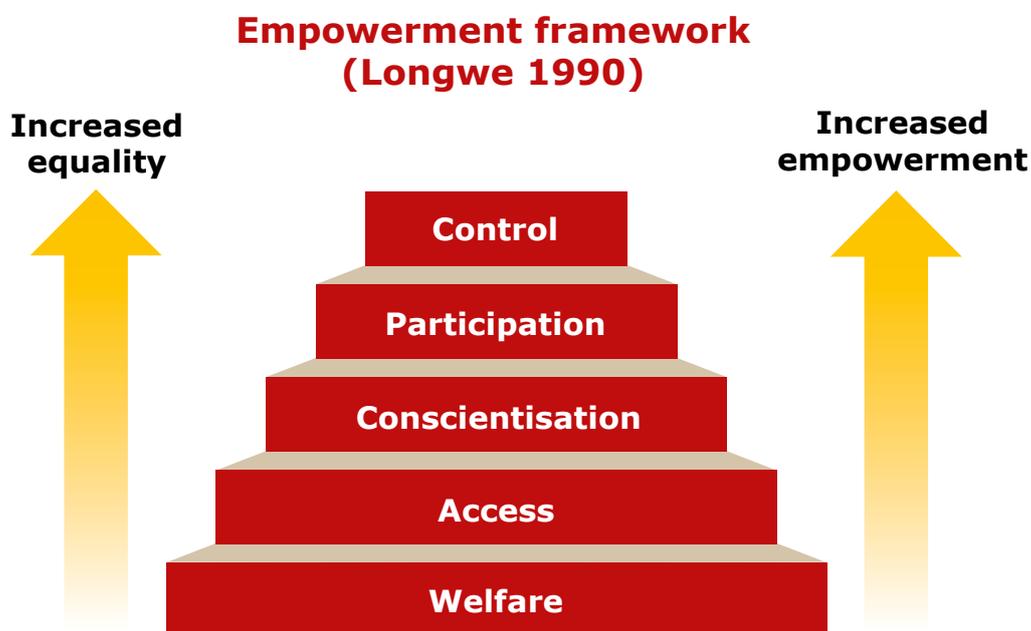
In looking at Longwe's gender empowerment framework and relating it to our work in CBM, people with disabilities are generally excluded from basic vital services such as healthcare, education and employment opportunities based on their disability, as well as their gender, age, ethnicity, religion (to name other factors that can contribute to this exclusion). Gerard Quinn outlines how the fact that people with disabilities are mainly concerned with their survival and accessing basic services affects their potential to empower themselves in the language of rights and also negatively affects their participation in the political marketplace.[14] Therefore securing access to services to improve their own welfare are the first two stages that need to be achieved before people with disabilities can begin to become conscious of their own power in bringing about change in their lives.

The third stage of the framework focuses on conscientisation, which involves focusing on the structural forces that disadvantage and discriminate against people with disabilities. This is a critical stage of self-actualisation; becoming

aware of one's rights, and one's power to bring about change. This stage also looks at how to address these discriminations. Many DPOs are formed during this process where people with disabilities come together collectively to address the barriers and discrimination they face which relates strongly to the social model of disability (further discussed in chapter 3).

The fourth stage in the framework is participation which focuses on people with disabilities gaining access to and participating in the decision making process which the CRPD clearly mandates governments to undertake. This understanding of participation is one of informed participation where women and men, girls and boys are able to engage equally with peers in social, economic, educational and political activities and spheres of life.

The final stage is control and this is where people with disabilities are claiming their rights and have gained stronger access to resources and the political marketplace and control over their own lives. The vision for this fifth and final stage is clearly outlined in the CRPD, Article 3.

One final point to highlight is that while all levels are needed for empowerment to reach control, the process is not necessarily as linear as laid out in the graphic but levels can happen during programming in parallel, e.g. a programme providing access to services can also work on raising consciousness and awareness by working closely with DPOs. Service provision can be designed in a way that it can cover all levels including supporting women and men with disabilities to have control over the way they receive services.

Facilitation tip: It can be helpful to get participants to practically apply Sara Longwe's empowerment framework to the current CBM/partner programme portfolio in their country/region/sector. After an introduction to the empowerment framework and what each of the levels means get participants in small groups of three to four to reflect on three key questions:

1. Where are our current programmes in terms of the empowerment framework?

2. Can you think of any examples of good practice? At which level?

3. How do you see our current CBM partnerships through this empowerment lens?

Bring the groups back into plenary to share their reflections. The wider plenary discussion can be a good opportunity to reinforce that all these levels are important and build on each other. It can also be helpful in plenary to show CBM's GPS2 strategy map and ask participants to reflect on how the target groups and programme objectives also relate to the different stages of the empowerment framework.

The question often gets asked what control ultimately means, showing Article 3 of the CRPD can be a useful definition of control.

Case study: **SPARK**

Brighton Mwenda, member of a self-help group in county Meru, Kenya, cultivating his field. © CBM

The Horn of Africa crisis (mid-2011 to mid-2012), as it was known, affected 13 million people, creating a chronic livelihoods crisis by putting extreme pressure on food prices, livestock survival, and the availability of water and food. In response to the crisis CBM, in partnership with SPARK, a local CBR programme, moved in to support the many people with disabilities in the affected communities. During the emergency response period, CBM and SPARK facilitated men and women with disabilities and the mothers of children with disabilities to come together to form self-help groups, so that they could create a sustainable life for themselves and their communities. The self-help groups are still operating, long after the crisis is over. The members now engage in various activities at community level including farming, animal husbandry, poultry rearing, as well as advocacy and other initiatives. Three people tell the story of how the self-help groups have grown and how access to finance through this project helped them build a sustainable life for themselves and their families.

Alice Igoki has a daughter with a disability. Alice chairs a self-help group which successfully transformed six acres of land into a farm that is now creating food security and also income for Alice and other members of the group. "Our previous life was very hard", says Alice, "so when CBM and SPARK gave us the farm there was no time to waste". The self-help group worked together planting seeds and then was able to sell the produce. "We're very busy, there is no time to rest and we are faring well. Now I do not need to take tea without sugar, now I can afford to buy one kilogram of sugar. I can

also afford meat, liver and even Weetabix cereal for my child. Today I only need to pick grains from my store to sell and buy the diapers for my child. We do not have any more problems".

Eunice Muriuki, a woman with a visual impairment, chairs another self-help group. When she joined, Eunice says, she "had a lot of problems. This home had things that disappeared after I lost my sight, and I felt like a burden". The project helped Eunice to create a sustainable life for herself, giving her group goats, chickens, banana plants and water tanks. "After I joined the group, I have gained strength and seen things I did not expect. Before, I didn't have animals to help me to fetch water. Also, now vegetables are readily available in my garden", says Eunice. This has made her more independent and less reliant on others, thus increasing her status. Eunice has positive hopes for the future. She comments, "The self-help groups have enabled people to actively support themselves and they renew their hope for the future".

Brighton Mwende is 21 years old and has cerebral palsy. Mwende is a businessman. He crushes mortar for sale, and is also a farmer who employs two coffee pickers. In addition, Mwende buys maize from the market and sells it at a profit to his neighbours. All this enables him to support his mother and brothers. However, Mwende constantly has to fight the prejudice that men with disabilities cannot support their families. As a result of this project and being able to create a sustainable life for himself and his family, Mwende comments "I feel like any other man". Read more about this project in CBM's Inclusive Development publication.[15]

Gender equality

Since the Fourth World Conference on Women: Action for Equality, Development and Peace in Beijing, China in 1995, gender has become firmly established as a key development principle. Gender Equality was a central target of the Millennium Development Goals and this has followed through to Agenda 2030 and the Sustainable Development Goals where there is a specific goal on Gender Equality (SDG 5). Gender equality has also emerged as a core issue within the human rights context with the CRPD – a core principle of the CRPD is equality between women and men with disabilities and to achieve this, the CRPD takes a gender mainstreaming approach focused on ensuring equality between women and men with disabilities and also specific measures to empower and advance the rights of women with disabilities. The recognition of the need for an intersectional approach to disability and gender is not only recognised as important in international law, more and more policy makers are now beginning to understand how the intersection of disability and gender can create additional barriers and inequalities – particularly for women and girls with disabilities. Gender inequalities combined with discrimination on the basis of disability in societies where both women and persons with disabilities are not valued can intensify stigma and prejudice and increase barriers to participation.

Members of a community self-help group for people with psycho-social disabilities in Ghana, sharing their experiences. © CBM

Understanding how disability and gender intersect is key to identifying and dismantling root causes of discrimination for women, men, girls and boys with disabilities and also other marginalised groups. Within donor agencies and their DID strategies and frameworks, gender equality has emerged as an important aspect of their current and future work. For example, the 2015 DID strategy from the Australian government through DFAT gives a commitment to take the interaction of gender and disabilities into account in its DID efforts and states that it will include women with disabilities in programming on leadership, women's economic empowerment and ending violence against women.[16] The UK government through DFID has given commitment that DFID's gender team commit to work closely with Disability Team as they develop new business cases to consider the specific needs of girls and women with disabilities and how their needs can be addressed in programme design and implementation.[17]

The connection of disability and gender equality with development actors and the CRPD is to be welcomed for a number of reasons.

- Firstly, as the momentum for DID continues to build over the coming years and as the the SDGs and other frameworks such as Sendai are implemented, recognising the need for gender equality from the outset is important. By doing so, this means that women, men, girls and boys with disabilities can benefit on an equal basis with others and that differences in outcomes for women, men, girls and boys with disabilities due to gender differences/ disparities can be addressed. Including gender analysis in DID work is key.

- Secondly, linking disability and gender equality means that lessons from the women's movement and their demands for gender equality can be learnt from and built on by those working in DID. There is a wealth of experience from the women's movement and learning from the successes and also the mistakes made by the women's movement can only serve to strengthen the work of DID. Many of the successes for the women's movement have also been successes for the disability activists and their demand for disability equality. For example, positioning society and social structures as main factors causing discrimination and the recognition of the importance of human rights based approaches to achieve equality are shared. These common experiences can lead to strong alliances and advocacy to bring about systemic change.

- Thirdly, gender equality has become part of the 'institution' through being embedded in many international organisations and intergovernmental processes and also in national laws and gender equality plans. DID and disability equality has a journey to go to achieve the same recognition as gender equality. Part of the journey for DID is also to ensure that the gains made by the women's movement for gender equality also include women, men, girls and boys with disabilities.

In 2016, CBM supported a panel of women with disability to present at the 13th Association for Women's Rights in Development (AWD Forum). CBM's Senior Advisor on Disability and Gender Equality started an internal dialogue on how to take forward this area of work in CBM at a programme and a policy level. This was complemented by dialogue with women with disabilities and DPOs and has contributed to the development of a publication that was launched at the 13th AWID Forum in Brazil in September 2016. (http://www.cbm.org/article/downloads/54741/The_Personal__The_Political__The_Policy.pdf) In addition a short video was produced to accompany the CBM panel which is available as a resource. (http://www.cbm.org/Building-collective-power-of-women-with-disabilities-514874.php)

If managers and team leaders would like technical support in ensuring disability and gender equality is effectively addressed as part of their department's programming they can contact CBM's Senior Advisor for Disability and Gender Equality: Mary Keogh: email: Mary.Keogh@cbm.org

2.3: Inclusive management practice and responsibilities

CBM as an organisation advocating for disability-inclusive development is expected to have a high degree of disability inclusion and robust mechanisms in place to ensure that the work we do is inclusive. This requires a thorough assessment and reflection of where we take measures to ensure that not only are we implementing high quality development programmes that are inclusive of and accessible to people with disabilities but equally we are able to demonstrate and model inclusion in our day to day work practices across human resources (HR), finance and administration, as well as in fundraising, communications and public relations.

For managers and team leaders there are two key areas to monitor and oversee in terms of inclusion:

1. Inclusive recruitment, retention and professional development of staff with disabilities.

2. Regular monitoring of our day to day inclusive practice.

Inclusive recruitment, retention and development of staff

DID not only means delivering accessible and inclusive development interventions, it also means taking measures to recruit, retain and develop professional staff that can implement CBM's overall objective of improving the lives of people with disabilities.

Professional staff with disabilities often find it hard to secure work in development organisations due to the nature of the work, e.g. inaccessibility in the field. However, as with all areas of work, simple modifications and adaptations can enable people with disabilities to work. This is known as **reasonable accommodation**, which in its simplest terms can be defined as an adjustment made in a system to accommodate or make fair the same system for an individual based on a proven need.

The concept of **reasonable accommodation** for people with disabilities is defined by the Convention on the Rights of Persons with Disabilities 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'.

There are three types of reasonable accommodation in terms of employment:

1. Changes to the job application process.

2. Changes to the work environment, or the way the job is usually done.

3. Changes that enable an employee with a disability to enjoy equal benefits and privileges of employment, benefits and professional development as fellow co-workers.

Inclusive recruitment

As an organisation that promotes disability inclusion, CBM strives to be inclusive in our HR activities of people with disabilities and openly welcomes applications for qualified people with disabilities to work within the organisation. For example in our job advertisements, CBM states that we welcome applications from people with disabilities; we also adapt recruitment processes to ensure that multiple formats and mediums can be used, for example that hearing impaired applicants have a sign language interpreter available for interviews, that application forms and information are in accessible formats and electronic versions are screen reader friendly.

CBM also recognises that people with disabilities often face systemic disadvantage in educational, vocational and employment opportunities and therefore may not be able to demonstrate sufficient academic qualifications or work experience needed to directly qualify for posts. CBM therefore also provides internship opportunities for young people with disabilities to gain work experience and get a foothold into the workplace; many CBM offices offer internship programmes of varying length.

Example of a disability-inclusive internship programme

In the Nairobi office, CBM has been offering annual internship programmes for a number of years. This has led to the successful employment of a number of people with disabilities going on to enhance the regional office teams, securing employment through a competitive and open recruitment process in a range of finance, administrative, disability and eye-care posts.

The internship programme is a highly competitive programme with many talented young people with disabilities applying each year. Once an intern has secured a place they are offered the opportunity to work in all departments of CBM to gain work experience, have exposure and test out their aptitudes and interests across a wide range of work areas.

A regular monitoring report is undertaken by the intern and manager to support professional development and the intern also chooses a mentor, separate from their line manager to support personal and professional development issues over the year.

The internship programme has been highly beneficial to CBM, not only benefitting from the insights of the interns but creating greater exposure of staff to disability inclusion and how to practically address reasonable accommodation. For more information on the internship programme please contact the Nairobi office HR department.

Adaptations and modifications

Reasonable accommodation in terms of making adjustment to ensure the inclusion of people with disabilities in the work force is not only specific to an individual with disability but can be towards ensuring that our overall systems

are accessible. Optimally all work spaces should be inclusive to accommodate the needs of all employees, with work hours and practices providing opportunities for flexibility to optimise staff contributions. These systems, as with the principles of universal design, mentioned earlier, are good for all staff.

In addition to providing an overall accessible work place, additional modifications may be required for staff – this could be in terms of equipment and the physical space, technology, or adapting work hours. This will largely depend on the individual, for example a person with a physical disability who may not be able to cope with heavy traffic and busy public transport may have their hours adjusted to arrive and leave early or late to miss the rush hour; a person with psychosocial disability may require being accommodated in a quieter area of a shared office to reduce noise and stress levels; a person with complex high dependency needs may require personal assistance to attend meetings and flexible additional home working to optimise their professional contributions. As discussed in chapter 1, it is important to appreciate **that each person with disability is highly individual**, not all people who are deaf require sign language interpretation and equally not all people with visual impairment use Braille. As a manager committed to inclusion it will be important that you **regularly support, review and adapt** to ensure appropriate accommodations are in place for staff in your department. **Remember that reasonable accommodation can be required for all staff, including those who do not have a permanent impairment**. For example people who have had prolonged absence from work through sickness or injury may also require adaptation and modifications as they return to the work place; staff who are carers for young children, older people or people with disabilities may also require adapted work hours and home working.

Retention and professional development of staff

As an employer committed to inclusive employment practice it is not just enough to recruit people with disabilities to tick a box or reach a target. Rather we employ people with disabilities as we **recognise the valuable resource that staff members with disabilities are for CBM at all levels of our organisation**. Valuing staff requires that we also identify the ways that we can promote their personal and professional development. This is part of the CBM annual appraisal process and commitment to all staff.

However, despite this general commitment we need to employ additional vigilance for staff with disabilities, so that we can ensure that people do not get stuck in a post, stereotyped to a particular function. It is not unusual that people with disabilities once entering the work force end up in the same post over many years and even decades and have not been offered the same professional development opportunities as others. For CBM our commitment is to ensure that all staff have equal opportunities for all professional development opportunities, be this in-house capacity development opportunities, work shadowing or exchange programmes, to externally delivered and accredited courses. For in-house training opportunities for staff, managers can also refer to chapter 4 of the toolkit for advice on ensuring facilitation and training is fully accessible and inclusive.

Disability inclusion also requires **sensitivity of managers to recognise that some people with disabilities have low expectations or fear of asking for additional opportunities that may risk their job security**. Staff with disabilities may therefore not be as open to give critical feedback about how inclusive our processes are, nor ask for career opportunities.

In CBM's International Office the staff council has an elected representative for people with disabilities that can help to ensure that staff with disabilities can raise issues through a third party and not directly. In January 2014, Human Resources implemented a dispute resolution process (DRP) for Country and Regional office staff. This process fills the gap of not having a staff council at this level. The DRP intends to serve the need of all staff to raise any concern and idea regarding CBM processes and HR related topics to a neutral person within the local organisation ('contact person'). Creating such opportunities for constructive and open or indirect feedback is a responsibility of managers and leaders within the organisation and this function must be shared beyond just those who hold HR positions.

Case study: **reasonable accommodation**

For CBM, DID does not just involve delivering accessible and inclusive development programmes and projects. It also means taking measures to recruit, retain and develop professional staff who can implement CBM's overall objective of improving the lives of people with disabilities. For example, in the recruitment process, CBM advertises jobs as inclusive for people with disabilities, and also makes efforts to ensure that staff with disabilities receive the reasonable accommodations they need in order to do their jobs. Reasonable accommodation is not about fulfilling the personal preferences or whims of people with disabilities; it is about providing what is required to ensure that people with a disability can join in on an equal basis with others.

Staff from the International Advocacy and Alliances (IAA) team and the European Union Liaison Office (EULO) discuss how reasonable accommodation has enabled them to carry out their lobbying and advocacy work at both the European Parliament and the United Nations. Lars Bosselmann comments on the support he has received "In terms of support and assistive devices, CBM was aware of what was possible and what needed to be done. I had to give them a bit of information on how to acquire funding in Belgium. But they were aware of the technology. I need screen-reader software and also a device which translates the content of the screen into Braille. Those are the most important things". Murielle Bertrand who works in the EULO offices comments how additional training and support by CBM has enabled her to take up an important job in administration, keeping control of accounts and other duties. She comments "In Belgium, there is a lack of interpreters for the deaf. At CBM, they understand my situation, and are there to help me and give additional training with additional support. This develops my ability to work".

As a development organisation promoting disability-inclusive development, Diane Kingston (CBM's IAA team) comments that providing reasonable accommodation shows that CBM is serious about inclusion for people with disability; "CBM is walking the talk. Saying, 'we're practising what we preach' sends an incredibly strong message". Luisa Fenu further comments,

"Inclusion and participation of people with disabilities can only be promoted if practised. In order to do so, it is critical that inclusive policies and practices are first established in-house to be able to set the example. Employing competent people with disabilities is crucial for this. The inclusion of people with disabilities, including women, at all levels of the organisation is fundamental to raise awareness of CBM's staff and management team about inclusion, break down the internal barriers which still challenge the participation of people with disabilities, and to reinforce the diversity and richness of the CBM's workforce".

To read more of this case study, please go to the Inclusive Development Publication.[18]

Facilitation tip: It is important to provide managers and leaders with opportunities to discuss how they can develop their skills at managing and supporting staff with disabilities in the workplace. Staff with disabilities, like all members of staff, should enjoy access to the full range of opportunities available for personal and professional development. This often just requires, as with all staff, a conversation about people's individual aspirations and experiences and the opportunity to discuss options. However, for many managers who have come from non-disability sectors, it may be the first time to have a close working relationship with people with disabilities and they may not be confident in addressing or creating the space to open up discussions. Equally do not assume that managers who have a disability are confident in supporting other people with disabilities, especially where it is a person with a different impairment.

It is good to create opportunities where managers as peers can share their experiences, concerns and strategies and to ensure that independent people with disabilities, who are not direct employees, can support and mentor this process. You can ask managers in small groups to discuss their experiences and to draw up a quick list of what they believe is good practice for inclusive employment.

As a wrap up you can then give each group **CBM's accessibility policy** to compare and contrast this with what they have developed. In plenary you can ask each group to share any new ideas or suggestions they have. http://www.cbm.org/article/downloads/54741/CBM_Accessibility_Policy_July_2008.pdf.

Regularly monitoring our inclusive practice

As discussed, accessibility is a core principle of disability inclusion and is a very broad term. A key responsibility for managers is to keep a regular check on how inclusive practice is being implemented. This might be through regular reviews with team members, or could be a more formal process calling in the support of experts, including people with disabilities, to undertake a full accessibility audit.

Some of the questions that managers might regularly consider with their teams, or indeed be included as part of an external accessibility audit are:

- How accessible are your communication materials and processes?

- How accessible is the physical work space including the location of the office, work stations, toilets, fire exits, accessible transport links, facilities nearby for all female and male staff to take lunch/socialise with peers?

- Are all staff, women and men, equally informed and involved in critical decisions that affect the team and have an opportunity to give constructive feedback?

- What access supports are needed for women and men with disabilities to fully engage in meetings and work planning, e.g. is closed captioning (text based subtitling) available for people who are deaf or hard of hearing in web based meetings; have documents been produced in accessible formats for screen readers, and in easy read or translated formats for staff who are not confident in written English?

- Is there a regular process for review of reasonable accommodation provisions for staff, and a mechanism for feedback if these modifications are not working?

- Are the systems developed for sharing resources fully accessible?

- Have all staff, women and men, been orientated and trained on core systems, policies and procedures?

- Have provisions been made in budgets to ensure that when reasonable accommodation is required it is available, be this for full time, visiting staff or partners?

- Have safety and security procedures been audited and adapted for accessibility of all staff and potential visitors?

- Do all staff, women and men, have access to professional development opportunities?

2.4: Managing change processes

Change management is dynamic, non-linear and complex, with as many unintended as intended consequences. It involves people, their emotions, values and motivations; the systems they work within; and any number of internal and external factors in between that may further enable or hinder change processes.

For a federated organisation the size of CBM – with a global family of Membership Associations, the International Office (CBM) and Regional and Country offices, in addition to a rich diversity of partner organisations – the layers of complexity are great. Within CBM we have many styles and cultures of management, as well as a rich dynamic of interaction and inter-dependence between the different parts of the family. Within this complexity, what remains constant is our commitment to CBM's core values and a central servant leadership style in line with Christian teaching. This can therefore allow for a diversity of approaches while maintaining and promoting our core values.

Furthermore, as CBM is an organisation committed to learning, there is an implicit understanding that change is a natural and constant part of our organisational development. However, this implicit understanding of change may not be one that is necessarily shared, or understood by all employees and partners. Indeed it is human nature to want to hold to what is familiar and comfortable. The onus to develop CBM as a learning organisation that strives to improve its approach to DID will therefore naturally at times create tension as we grow and learn. It is these tensions that CBM managers need to be able to address in a proactive and inclusive manner, in whichever context they work.

This section gives a brief introduction to a few theoretical approaches that can support managers to make better sense of the inherent complexities involved in change management processes.

Understanding change: approaches and styles

Change is understood very differently in different contexts and cultures. Whilst in some societies and organisations there is a much higher tolerance for change and a more open attitude and expectation to engage with uncertainty, in others change can be viewed with suspicion and seen as distressing or unnecessary.

As individuals, we also have our different levels of tolerance and outlook on change. For some, change is a process that is natural, creative and participatory; for others it is threatening; some prefer a top down process that gives clearly defined roles and responsibilities, whilst others will feel more comfortable for change to be an organic and open-ended process. A great deal will also depend on how involved we have been in the decision making on change processes, to what degree it touches on or threatens our core beliefs or values, to what degree it requires us to learn new skills and/or change our behaviour.

Organisations also have different perspectives and cultures of change: from those which tend to look at change as a rational approach of inputs and outputs; to those which are politically driven and influenced more by the change or emergence of leaders or lobbies and to those which are participatory and organic. Organisations also have different drivers and motivations for how

change is valued and measured, from a concern with how an organisation can lever positive qualitative social change in its focal area, to quantitative measures of how funds are raised and spent, and to size of reach and brand visibility.

The ways in which people and organisations engage with change and how managers engage as motivational leaders of change can be a challenge in all contexts, more so when dealing with issues of social justice and human development which are at the heart of DID. Issues such as fear to engage with disability have been addressed in chapter 1, whilst in chapter 4 a section is devoted to different cultural approaches to conflict management. Both these sections can be helpful to read in conjunction with looking at this section on change management, knowledge and processes.

Understanding change: dynamics and emotions

A good starting point for understanding change is with the **change curve**. This was developed by bereavement psychologist **Elisabeth Kubler-Ross** in the late 1960s, initially in her work to support patients and their families overcome grief.[19] It was later applied to other forms of trauma and taken up by business to address major change management processes within work environments. This model can help remind staff and partners that there is a natural emotional dis-equilibrium that is introduced with change and as such is a process that needs to be formally recognised and supported in order to more efficiently reach positive outcomes.

The change curve describes **four natural states**: status quo, disruption, exploration and re-building. Each of these states is accompanied by **emotional reactions** from: initial shock and denial, to anger, fear and even depression, through to acceptance and then a commitment to make the change work. Recognising these stages as a natural part of change can help staff and managers more constructively engage in change processes and recognise where they are on the change curve and how to move forward.

The change curve diagram below represents an example of how this change curve may look in terms of positive and negative impact: with a dip down from

Stage	1	2	3	4
State	Status Quo	Disruption	Exploration	Rebuilding
Reaction	Shock, denial	Anger, fear	Acceptance	Commitment
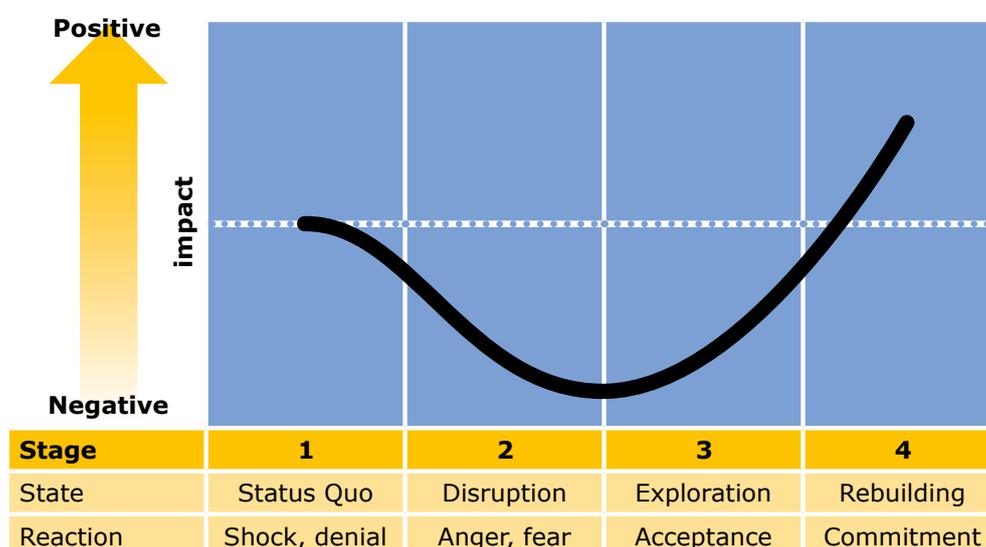
initial communication of change, through stages two and three, to a low negative point, to finally climbing back to return to a higher positive impact at stage four.

A similar theory of change processes for team building was also developed by **Bruce Tuckman: The 'forming, storming, norming and performing' model**.[20] He later added a fifth stage, adjourning, for when teams have completed their tasks and can be adjourned. This model has been widely adopted and adapted but in essence defines four key stages to develop a performing team:

Forming is an initial stage of team formation which is generally typified by: a tendency to avoid conflict, for individuals to work separately rather than collaboratively, and a dependency on leadership for direction.

Storming sees team members growing in confidence with objectives and purpose better clarified but also the development of power struggles as team members compete for position and form cliques and factions.

Norming is the stage when team members reach consensus and understand their role as individuals within a collective understanding and joint responsibility towards a commonly owned purpose. The manager can step back, allowing the team to take up responsibility for their delegated tasks.

Performing: This final stage is a high performing team of members who are highly motivated, knowledgeable and competent. They can act in harmony to deliver and problem solve with little or no supervision, having good systems for how to deal with challenges. Unfortunately, many teams, especially in organisations with high turnover, never reach this optimal performing level and often remain at the norming stage.

These stages are not perfectly linear. Changes in key staff means teams may temporarily revert to a storming stage, equally where there are experienced or competent team members that are highly skilled, they may move directly to the norming and performing stage without a conflict stage.

Theoretical approaches to help understand change

There is a vast and growing body of research on theories and models of change management that have developed over the past 50 years. These are found across multiple disciplines but particularly in the fields of human resource management and organisational development. To a large extent they have become a staple part of management systems across all sectors and are based on an understanding of both individual and collective behaviour and psychology.

The scope is large to choose from and can in itself be daunting. A danger can be that managers end up spending too much time just trying to become familiar with change knowledge theories and processes and lose focus on their work. For this reason just a few are introduced here, ones which particularly speak to the mission and vision of CBM as an international Christian development organisation committed to inclusion:

- **Michael Fullan's five point model**[21] for leaders to engage effectively with change.

- **Fullan and Barber's 8 drivers of change**[22] to addresses complex change within and between systems.

- **McKinsey's 7-S model**[23] which can be a helpful quick reference for managers to gauge if they have remembered both the soft and hard aspects that are critical to successful change management processes.

These theoretical approaches have been presented as an introduction to help people who are new to the responsibilities of change management. **They are not suggested exclusively, or as an alternative to approaches already being effectively used by experienced CBM managers.**

The approach of Fullan is also highlighted given that it focuses on change for whole system reform, addressing complex change with multiple stakeholders and levels, highly relevant to support the change processes suggested by GPS2.

Michael Fullan's 5 point model of change

Fullan developed a model of change that was initially derived from applied research and practice on successful examples of leadership change within educational systems. He derived five key points for successful change that need to be understood and engaged by those who are initiating and leading/managing change processes.

1. Paramount is having a clear **moral purpose**, acting with the intention of making positive change in the lives of those involved. Moral purpose is the why question of change; required in order to motivate and sustain transformative change within organisations and systems, as well as people's behaviour and beliefs. Moral purpose is required both in terms of being the desired outcome but also the means to achieve it. Equally it has to be modelled by leaders and believed in by all the stakeholders involved.

2. Leaders must **understand the change process**, particularly the complexity of change. They need to appreciate the challenges, including the 'implementation dip', the natural dip in performance in any innovation process given the gap in undertaking new processes which require new skills and confidence to work in new ways. Leaders who understand change also: appreciate that early difficulties are natural; see resistance not as something to be crushed but as a healthy part of dialogue and learning; and do not look to over simplify complex situations, impose ready-made solutions or create standard checklists for change.

3. **Relationships** are the second most critical factor after moral purpose for successful change. All systems are dependent on people and the diverse and dynamic relationships between them. When leaders appreciate the importance of investing and nurturing relationships, change is more likely to succeed. Indeed a good indicator of positive change processes is that relationships improve and sustain and likewise a poor change process sees relationships deteriorate. Nurturing relationships is a critical factor in changing the culture and environment for change to take place.

4. Investing in **knowledge creation and sharing**. This is very different from investing in information, technology, resources and training, all of which are often seen as much easier, more visible ways to demonstrate a commitment to learning. Rather, this demands investment in time and resources to share more tacit knowledge, creating a learning culture in which experience and learning is valued and promoted. To capitalise on knowledge creation and sharing a good prior level of trust needs to be established; people need to feel safe to share and reflect equally on what has not worked as to what has worked. It also requires a commitment to assess and remove structural and cultural barriers to learning.

5. Ensure **coherence building**. All change is messy, non-linear and creates uncertainty, disequilibrium and tension. However, within this there need to be proactive efforts by leaders to build coherence and to help people make sense of the change, on a personal, as well as organisational level. Introduction of innovations without coherence building creates fragmentation and disorientation. Conflict and differences of opinion need to be processed and all stakeholders guided and reminded of the moral purpose, the reason why change is being undertaken.

Further to these five points for change Fullan also defined with Barber in 2005 the **eight drivers for change**. These are particularly important when looking not just at change within organisations but also how these impact on wider wholescale systems reform, ultimately for change to happen this needs to work both at the macro and micro level, and be from top down as well as bottom up.

Fullan and Barber's eight drivers of change

1. **Engaging people's moral purpose:** For CBM this is our central mission to improve the quality of life for people with disabilities and those at risk of impairment, the reason we exist as an organisation. When staff and partners share and believe in this moral purpose and can see the direct link of how change processes contribute to this higher purpose it is more likely to be achieved.

2. **Building capacity:** This involves policies, strategies, resources and actions to support people to bring about change. Fullan describes this as a collective phenomenon. Capacity building requires the development of new ideas, knowledge, skills and competence and investment in time and resources to make a collective critical mass for change at all levels. Capacity building has to be coherent to bring about systems change. It cannot rely on partial investments such as training. It needs to target decision makers, middle managers, implementers from community to national level in dialogue and learning.

3. **Understanding the change process** is often undervalued. Often organisations, including CBM, think it is sufficient to have a good plan, strategy or guideline and this should be sufficient to bring about change. Many good change initiatives have failed not because they lacked quality or appropriateness but simply due to a lack of understanding of how to manage

the change process. Understanding change creates a culture and environment for innovation, responsiveness and creativity.

4. **Developing cultures for learning** is critical to successful change and an organisation must be able to constantly learn and respond during the process. A learning culture is not an end game reflection but a constant commitment and approach that needs to have specific strategies to help people to learn from each other and equally processes that support and demonstrate that learning being applied in practice.

5. **Developing cultures of evaluation:** In combination with a culture of learning is one of evaluation. Taking the time to independently assess our learning and progress is critical to hold ourselves to account but also to be accountable as change agents within wider systems to our partners and other key stakeholders. An evaluation culture also ensures that our monitoring and learning systems, including data gathering, can be effectively used as part of the evidence to advocate for change.

6. **Focusing on leadership for change:** This focus is not just on leadership at the top, but throughout the organisation. Sustaining change needs leadership with vision and understanding that can help inspire, motivate as well as support and drive change at all levels of a system. It cannot be assumed that people in leadership and management positions are confident in understanding the critical dynamics of leadership within change processes and like any other area of practice it is essential to provide opportunities for development, learning and peer mentoring and support to create a vibrant leadership culture for change.

7. **Fostering coherence making:** The danger of any change initiatives is that they can create untold amounts of upheaval and distress. Unless there is a systematic and equal investment in supporting coherence making for all involved it can fragment and destroy good initiatives and organisations. Coherence making involves helping people to make the connections both horizontally between departments but also vertically, helping people to make sense and logic of their role within the organisation and the wider system. It requires good leadership communication and consistency and honesty on how change is being managed and realigned to consider learning as it progresses.

8. **Cultivating tri-level development:** This last driver is based on a recognition that transformative change happens on three levels: at the organisational level, the wider district or regional level and at the national state level. Change that only engages on one level cannot sustain. Change from the bottom up needs to be met by commitment from the top down. Equally a change at national level in terms of legislation is meaningless unless it is understood and enacted at district and community level.

McKinsey's 7-S model

The McKinsey model has become a widely used approach for change management. It importantly defines 7 key areas – three hard areas: Strategy, Structure and Systems, and four soft skills, Shared values, Skills, Style and Staff. The 7-S model is often described visually as in the diagram below, with the six areas arranged in a circle, with the 3 hard areas on top, and skills, staff and style below. Shared values is highlighted in the middle at the core of the process. Each of these elements needs to be considered on its own as well as in relation to each other.
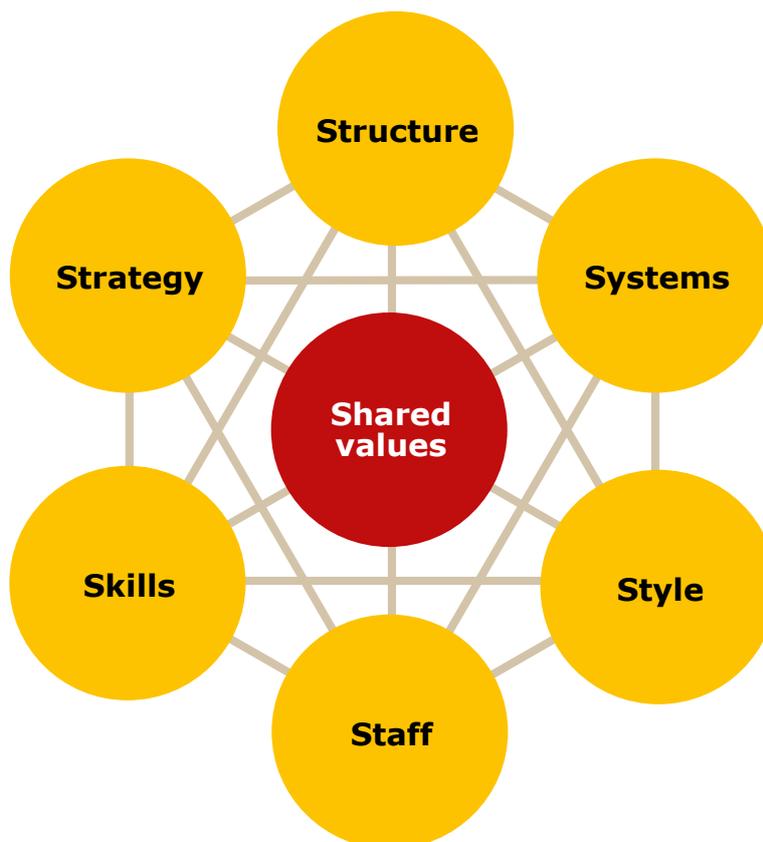
In any change management process, from an administrative change to a programme change, it can be helpful for managers to assess if they have got these core seven elements right, not only on their own but in relation to each other. This can be done by using the 7-S grid plotting each of the 7 elements horizontally and vertically and then analysing if there is any element which is out of balance. This can help managers to reflect and identify specific areas where investment is needed to make change successful.

For more information on McKinsey 7-S model and other organisational development tools please refer to the Mind Tools resource website: http://www.mindtools.com/pages/article/newSTR_91.htm

Facilitation tip: If there are opportunities to bring peer leaders or managers together in a trusted environment it can be a good opportunity to allow them to share some of the challenges they face in day to day management of change processes. In pairs, ask managers to share a positive as well as a negative experience of a change process they have been involved in (either as a manager or as a stakeholder). After discussing in pairs ask them to identify what were the key characteristics that typified the positive change experiences. Ask each pair to share a positive characteristic, building up a picture as you go and comparing to the five points of Fullan.

Then ask managers in groups to think on a change process that they are currently trying to implement (give each group a different topic, this could be on an organisation level such as the green office policy, or a financial or administrative change, to a policy or whole systems level change such as an aspect of GPS2 target – choose as relevant). Ask each group to then consider this change initiative in light of either Fullan and Barber's 8 drivers for change for large scale policy and programme change and/or McKinsey for internal organisational change. Ask them to identify:

1. Which drivers/Ss they believe they are already strong at implementing.

2. Which drivers/Ss they may want to strengthen.

3. Any ideas or suggestions on how to improve and ensure all 8 drivers/or 7 Ss of change are considered.

In plenary ask each group to share their reflections on the way they undertake change initiatives and any ideas and suggestions to improve. This exercise can also be defined by the managers, with them raising the main challenges they are currently facing in terms of change initiatives. These could then be prioritised and the top ones distributed, one to each group. **It is important that any such discussion in a workshop or meeting is not simply held as a theoretical exercise, but rather followed up by line managers as part of an ongoing mentoring and support process. Part of the process will undoubtedly identify investments or decisions that need to be made.**

For more information and exercises on how organisations and individuals look at change please refer to section 4 of 'Making Inclusion a Reality in Development Organisations: A manual for advisors in disability mainstreaming', IDDC 2012 p20-30. http://www.iddcconsortium.net/sites/default/files/resources-tools/files/121200_iddc_totm_digi_revised.pdf

Chapter 2: Endnotes

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[15] CBM (2014) 'The Future is Inclusive; How to Make International Development Disability-Inclusive'

[16] DFAT (2015), Development for All 2015-2020, pg.10

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Chapter 3: DID for programme staff

We have a very diverse range of people working in CBM programmes with partners. This chapter is therefore focussed on supporting all staff working in CBM programmes to have **greater confidence and consistent knowledge and understanding on foundational aspects of our DID approach in programmes**. It builds on the first two chapters of the DID toolkit, on induction and DID for managers, but also signposts to other resources and people for further support.

Chapter 3 is in four main parts:

3.1 Gives an overview of evolving concepts and theory of disability

3.2 Provides an introduction to human rights

3.3 Gives an overview of the history of development theory, with key milestones and current pertinent development issues

3.4 Signposts key initiatives under way within CBM and helps to situate us in line with broader development approaches

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3.1: Disability as a cultural issue: evolving concepts and notions

This section builds on the introduction to disability given in chapter 1 and gives an overview of the evolution of disability from being an issue to be 'managed or cared for', to one which recognises that people with disabilities are entitled to the same rights as other people, but face barriers in realising them.

The reality for many people working in the field of disability is a recognition that working with people with disabilities is exactly the same as working with people without disabilities. This comes through face-to-face experience and realising that people with disabilities, like everyone else, are an inherent part of the community with roles and responsibilities to contribute. These contributions are more fully realised where attitudes and mind sets are open and sensitised, leading to societies, communities and organisations re-structuring themselves to celebrate and be inclusive of human diversity.

Working in the area of disability, there are plenty of references to a variety of models or approaches to understanding disability. As the study of disability has evolved, it has expanded beyond a one-dimensional focus of conceptual models to an understanding of the personal experiences of disability and how disability interacts with other identities such as gender, class, ethnicity and sexual orientation. Academics such as Jenny Morris[24] and Tom Shakespeare[25] have pushed the boundaries beyond the narrow focus of medical and social models to create a space for understanding how the personal cannot be separated from the public experience. This development in how we conceptualise or understand disability has provided a more holistic approach.

However, while understanding the evolution of disability is important, it is also good to remember that a lot of the discussion about approaches and models happen at a theoretical/abstract level and do not need to be referenced in our day to day work with people with disabilities. Rather this reflection can help us to better understand how CBM's work and approach has evolved over the years and equally to understand and unpack how different historical perspectives and assumptions have come to influence key stakeholders and decision makers in defining policy and practice.

What is disability?

In answering this question, it really depends on which perspective you are coming from. Somewhat stereotypically it could be said that if coming from a medical perspective as a practitioner, you may in a professional role, respond to people with disabilities within a medical or clinical framework e.g. specific diagnosis and potential treatments. If from the perspective of a lawyer, a policy maker or advocate, your response will more likely be framed by a rights or entitlement perspective, focusing on what rights and responsibilities currently exist for people with disabilities and identifying gaps or discrimination, looking to find remedies to access justice. If you are coming from the perspective of programme design and intervention, you may take a more holistic approach of identifying a range of barriers and potential solutions in order to create

positive solutions for people with disabilities. If from the perspective of a person with disability, the range of responses are limitless: from those who will see disability as a major political factor for action to address oppression and marginalisation, to those who see impairment as a marginal or insignificant part of their identity and how they wish to engage with the world, and a myriad of diverse perspectives in between. Therefore, providing an exact definition or understanding of disability is impossible.

The World Report on Disability describes disability as **'complex, dynamic, multidimensional and contested'**.[26] The Convention on the Rights of Persons with Disabilities goes further, and does not give a definition of disability; instead it views disability as **'an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others'**.[27]

For those working in the field of improving the quality of life of people with disabilities, the question then becomes do we really need an exact definition or category to tick for 'what is disability'? For CBM, whilst theoretical understanding and clarity is important, it is not so much about having simplistic definitions but the ability of staff and partners to demonstrate and communicate a reflective and critical appreciation of the limitations of conceptual frameworks. Being vigilant, open and proactively engaged with people with disabilities as active agents of change is essential to address the complex realities in which people live. **Essential to this is using a gender lens to recognise, understand and address the different lived experiences** of women and men, girls and boys with different impairments in the very diverse communities and contexts in which as CBM we work.

We must be careful not to over simplify and generalise, or indeed apply ready-made solutions to address the deep and varied inequities that women, men, girls and boys with disabilities experience on a day to day basis.

Facilitation tip: Listening to some of the personal testimonies included in the WHO 'What disability means to me' can be a good way to move beyond the limitations of theoretical approaches. Hearing directly from people with disabilities about their lives is vital for effective policy and quality services and opportunities for an inclusive, equitable society.

In these series of short films Rachael, a nurse with disability from the United Kingdom talks about the obstacles she has overcome in her career; Faustina, from Tanzania, talks about why wheelchairs are so important to people with disabilities; Mia, from Lebanon, shares her experience of discrimination in education; Feliza speaks about her work to promote accessibility in her home town in Bolivia; and Bernard from the United States of America tells us about the importance of personal assistance.

Rachael's story: http://www.youtube.com/watch?v=nwBzb7m2n64

Faustina's story: http://www.youtube.com/watch?v=w5QXcFk4kvA

Mia's story: http://www.youtube.com/watch?v=E_2ZEwhh9WQ&feature=youtu.be

Feliza's story: http://www.youtube.com/watch?v=wu-f1FEFNMY

Bernard's story: https://www.youtube.com/watch?v=nhrqH8xW7E0&feature=plcp

It is also important to listen to the voices of people with profound and multiple learning disabilities. 'If you listen you will learn' is a helpful video for service providers and policy makers (though at the moment not fully accessible, as not audio scripted) which reflects on the approach and strategies of service providers for adults with complex impairments in the UK. http://www.youtube.com/watch?v=Hp4PW17U_h8&eature=kp.

A powerful personal testimony is the video 'In my own language' by A M Baggs that really questions our concepts of difference and personhood.

http://www.youtube.com/watch?v=JnylM1hI2jc&feature=kp

These video clips can be used to stimulate discussion on the complexity and diversity of the lived experience of disability and get groups to reflect on their own lived experience and engagement with disability. Asking people to reflect on their own personal journeys and how this has shaped their attitudes and practice, will also support peer learning/exchange.

Moving beyond models

As discussed in chapter 1, the two main approaches to disability are individualistic or social: the individual approach focussing on the problem being located within a person, in contrast to the social approach focussing on the problem being located in society needing to change and adapt to be inclusive of all.

Early understanding on disability very much situated disability within the individualistic approach, within mainly medical, charitable and personal tragedy models (see chapter 1 for more definitions of models). Provision of separate services for people with disabilities, such as the establishment of specialist schools and institutions, often isolated people with disabilities from mainstream life. Mike Oliver and Vic Finkelstein, disability academics in the UK, describe how this 'separation' or 'specialisation' of dealing with people with disabilities creates a dependency situation where people with disabilities are then viewed as passive participants in their own life decisions with the power lying with administrators and service providers: ultimately disempowering people with disabilities from making decisions in their lives.

The wide-scale critique of this individualistic medical model approach has sometimes erroneously led to the marginalisation or lessening of importance of quality healthcare as a right of people with disabilities; at times also negating the role of medical personnel wishing to contribute to quality of life. **It is**

important to differentiate between an approach which can distort, limit or reduce a view of people with disabilities as passive recipients of medical treatment, to the role of quality health interventions by medical practitioners which is a choice and right of people with disabilities. A rights-based approach to health promotes an understanding that healthcare for people with disabilities should, in the main, come through mainstream health systems with additional specialities dealing with specific impairment needs. Furthermore, that health conditions and medical needs for people with disabilities, as with the whole population, are an intrinsic right but not the predominant way to describe, or identify a person.

In contrast the **social model** of disability originated from the work of Paul Hunt, a person with high assistance needs and a resident of a residential home for people with disabilities in the UK. Hunt's conceptualisation of disability placed an emphasis on society's barriers and attitudes and their impact on people with disabilities.[28] Hunt along with a cohort of UK academics, Vic Finkelstein (1980)[29], Colin Barnes (1991)[30] and Mike Oliver (1990)[31], succeeded in severing the causal link made between impairment and disability.[32] They succeeded in separating the individual's impairment and cause of disability, and focused all solutions on creating a barrier free society through a range of areas such as anti-discrimination legislation, user led services and a strong disability movement.

However, the social model, while liberating for people with disabilities in that it shifts the emphasis from 'disability' being located in the individual to society, was criticised for ignoring the personal impact of disability. For example, Morris (1991)[33] claims that:

> 'the social model has effectively denied that the physical and emotional pain and suffering as experienced by disabled people has any impact on their practical daily living'.

Shakespeare and Watson further elaborate this deficiency with the social model and align it with similar issues within the feminist movement. Shakespeare citing Burke (1986, 47)[34],

> 'feminist theory needs to take into account not only the ways in which our biology is interpreted but also the very real ways in which biology does in practice affect our lives'.

This, Shakespeare argues, provides a strong basis for including impairment in the understanding of disability. As with the feminist movement, which has also moved on considerably since the 1980s to fully recognise the importance of biology as an inherent part of identity, Shakespeare suggests a new approach to understanding disability. One which first of all recognises that impairment and disability are not dichotomous; rather they should be described as different places on a continuum. Secondly, that disability should not be reduced to a medical condition, it should not be overlaid with negative meanings, nor should it be reduced to an outcome of social barriers alone.

The synthesised model of disability was an attempt to bridge these two polar views of medical and social models. It is perhaps best exemplified by the efforts

of WHO in the development of the International Classification of Functioning, Disability and Health (ICF). This has been seen by many as a pragmatic middle ground between the medical and social models of disability and was first endorsed by the World Health Organisation (WHO) at the fifty-fourth general assembly, in May 2001.[35]

The ICF was developed following a seven year period of negotiation and revisions in response to criticism raised by Disabled People's Organisations (DPOs) and professionals on the preceding WHO classification scheme. This move to the ICF signalled an important recognition by the WHO of a need to better understand functioning and disability as a dynamic interaction between health conditions and contextual factors, both personal and environmental. It reflects the shift in paradigm from a purely medical model approach to an **integrated bio-psychosocial model**, with recognition of the interaction of three core components: body functions and structures; activities and participation (also known as life domains), and personal and environmental factors (context factors). See the WHO guide for more information. http://www.who.int/classifications/icf/icfbeginnersguide.pdf?ua=1

Although the ICF is an attempt to take on board a more social approach to disability there is again a good deal of criticism that it is still medicalised with a limited view of participation.[36]

Alternative voices and narratives

It is also important to consider when discussing the appropriateness and relevance of the different models of disability to our work in CBM that most of the models thus far discussed, the medical, social and synthesised models, have been developed in Europe and the USA. Yet in contrast, as Miles cites 'at least 70% of global disability is experienced in countries and contexts upon which western ethics and philosophies impinge on peripherally'.[37] Raymond Lang[38] further comments that the social model calls into question the notion of individual empowerment which he claims presupposes that rights are exercised and that decisions are made in accordance with the preference and wishes of the individual. He highlights how this can be contrary to accepted social customs and practices found within many developing countries, where decisions are usually made in consultation with the wider family and kinship networks.

In many developing contexts DPOs have been supportive of other approaches to disability such as: the culture model, the family model and the affirmation model and these too may be relevant to consider in the contexts within which we work. An outline of some of these are presented as food for thought, but a more thorough analysis and critique of these and other models and concepts of disability can be found in Disability Equality Training: Action for Change[39], Carr, Drake and Kuno (2012). **Again as with the medical and social models each of these concepts has their limitations**, be this from potentially reproducing and sustaining gender stereotypes and exclusive hierarchies, to promoting cultural norms that whilst affirmative of some may be negating of others.

3.1 Disability as a cultural issue: evolving concepts and notions

Nancy, 14 years old with cerebral Palsy from a community in the Andes-Peru is being pushed by her schoolmates to school. © CBM/Gonna Rota

Culture model of disability: here disability is viewed as a minority rights issue, that differences are not based on the physical but rather on cultural differences. For example, the particular circumstance of members of the deaf community is often cited in this model. 'In the future, in every country, I believe deaf people will be recognised as a cultural variation, instead of a pathological group'[40] (Anderson 1994). This position is one held by the World Federation of the Deaf, where many people who are deaf, prefer recognition as a minority linguistic group, who wish to maintain and preserve their cultural identity within and separate to the mainstream.

Affirmation model of disability: positively views difference in function as a unique identity, with attributes that are both embraced and celebrated. In this view of disability, impairment, particularly profound impairments are not seen as negative or embarrassing, but a unique beautiful, and important contribution to the diversity of human kind that needs to be affirmed and celebrated (French 1997[41], Swain and French 2000[42]). This model can be an important way to affirm human diversity and the importance for those with disability who are traditionally the most excluded, even from the disability movement themselves.

Family approach: although not formally established as a model in the literature but referenced in discussions,[43] this approach recognises that each member of the family shares and experiences disability to some degree, be this in terms of economic, social or political exclusion.

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In more collective and less individualistic societies this can be a more pertinent analysis, especially where there are high degrees of inter-dependence on and within the extended family. This approach, as with many community development approaches affirms a broader understanding of the primary stakeholders involved in disability.

In cultures where identity is not a purely individual matter and with stronger affiliation to wider family networks and kinship groups the impact on family members of disability can be much stronger, especially in low and middle income countries. Some examples are: shared economic impact on the whole family where there is little or no social protection mechanisms provided by the state; reduced educational and economic participation where family members are required to provide assistance and care roles; reduced social and political participation, affecting opportunities such as the marriageability of a person with disability but also their siblings, exclusion of the family in part or as a whole from key social gatherings and decision making events.

This said the understanding of disability affecting a family member does not compare or equate with the direct lived experience of a person with disability, but rather recognises the wider impact on the immediate and wider family and community network. This approach also naturally lends itself to a wider community development approach, typical of many CBR programmes which support more sustainable participatory approaches to inclusion: with the focus not just on the person or the immediate family, but the extended family and the wider community network.

In all these discussions it is important for CBM programme staff to have a **holistic and more encompassing and critical approach to understanding disability**, one that recognises the diversity of understanding and approaches that are prevalent and which will affect women and men, girls and boys of all impairments differently. **Ultimately, we cannot be complacent or simplistic, we need to address disability as a complex socially constructed phenomenon** that is highly influenced by the very different social and cultural dynamics and political and economic factors that affect the contexts within which CBM operates. **Ultimately for CBM, we view disability as a human rights and development issue**.

Disability – a human rights based approach: recognising power differentials, agency, capability and diversity

In 2006, the Convention on the Rights of Persons with Disabilities was adopted and has signalled a transformation in how people with disabilities are viewed the world over. In essence, the CRPD heralded a **human rights based approach to disability**, requiring States, duty bearers and all actors in development to recognise **people with disabilities as rights-holders**, fully capable of participating in their life decisions and in society.

CBM, in our development framework, subscribes to a human rights based approach to disability-inclusive development. A human rights framework when

applied to the specific situation of people with disabilities, **defines rights across a broad legal spectrum of civil, political, economic, social and cultural rights**. The CRPD with its conceptualisation of disability defines CBM's development work in a number of key ways:

First of all, **it provides the basis for the power of decision making to be placed in the hands of people with disabilities**. This is one of the most significant developments for people with disabilities and signifies a total transformation from positioning the power originally with experts to recognising that people with disabilities are experts in their own right – particularly when it comes to their own lives. However, it is not without its challenges and one of the key areas for reform across all States is legal capacity for people with disabilities so they are enabled to make their own life decisions. **Many countries still have restrictive laws, particularly affecting people with psychosocial or intellectual disabilities**. On a basic level it can affect very mundane areas of life; for example, in many countries people with disabilities are restricted from opening a bank account, or from owning or inheriting property. Such restrictions create barriers for people with disabilities wishing to form businesses or take micro-credit loans and in the long-term limits opportunities for self-sustainability. In more significant cases, it can restrict the most basic of human rights, the right to freedom of movement where people with disabilities, including people with HIV, can be incarcerated in institutions against their will.

Secondly, **the CRPD provides 'agency' for people with disabilities**. Amartya Sen describes agency as the effective participatory role of individuals, 'who act and bring about change'.[44] The CRPD on a number of occasions cites the importance of how people with disabilities are central to decision making. For example, its preamble recognises that persons with disabilities should have the opportunity to be actively involved in decision making processes about policies and programmes. Article Four (General Obligation) paragraph 3 states that 'in the development of legislation and policies to implement the Convention and in other decision making processes concerning issues relating to persons with disabilities that State parties shall closely consult with and actively involve persons with disabilities'.[45]

Thirdly, the CRPD, similar to Sen's concept of capability, **identifies restricting factors, which impact on the freedom of persons with disabilities**. These factors can be environmental (such as inaccessible buildings) or they could be because of being a particular gender, e.g. woman with disability, or other key aspects of a person's identity. This is important for CBM's work in development, which has as its main objective to improve the quality of life of persons with disabilities; expanding the range of opportunities available from being healthy and well nourished, meeting lower level basic needs, to being knowledgeable and to participate in community life to meet higher level aspirations. CBM's approach to including people with disabilities in development is also a process of analysing the different obstacles or barriers that prevent women and men, girls and boys with different impairments from achieving their life choices and exercising their freedom alongside their peers.

3.1 Disability as a cultural issue: evolving concepts and notions

Finally, **the CRPD recognises how persons with disabilities experience multiple discrimination**. This is particularly important to CBM as it works in different cultural, social, economic and political contexts. Removing a barrier to inclusion in these different contexts may not be as simple as a structural modification of a programme (e.g. installing a ramp). Instead it might require a deeper understanding of how intersecting axes such as disability, gender and poverty coupled with cultural and political contexts result in discrimination of women, men, girls and boys with disabilities. See the diagram below which indicates a number of critical factors that can exclude and discriminate.

The CRPD in recognising the multi-dimensional aspects of people with disabilities' lives **places a specific emphasis on women with disabilities and children with disabilities** and requires positive actions to be taken with respect to both. The CRPD's approach to recognising diversity among people with disabilities aligns with the growth of intersectionality[46] in human rights, where responses to human rights violations are taking a broader more holistic approach rather than focusing on looking through one single lens such as a disability lens. For CBM it is therefore critical that we can apply a gender and intersectionality lens to understanding how we can promote non-discrimination and celebrate multiple identities and diversity.
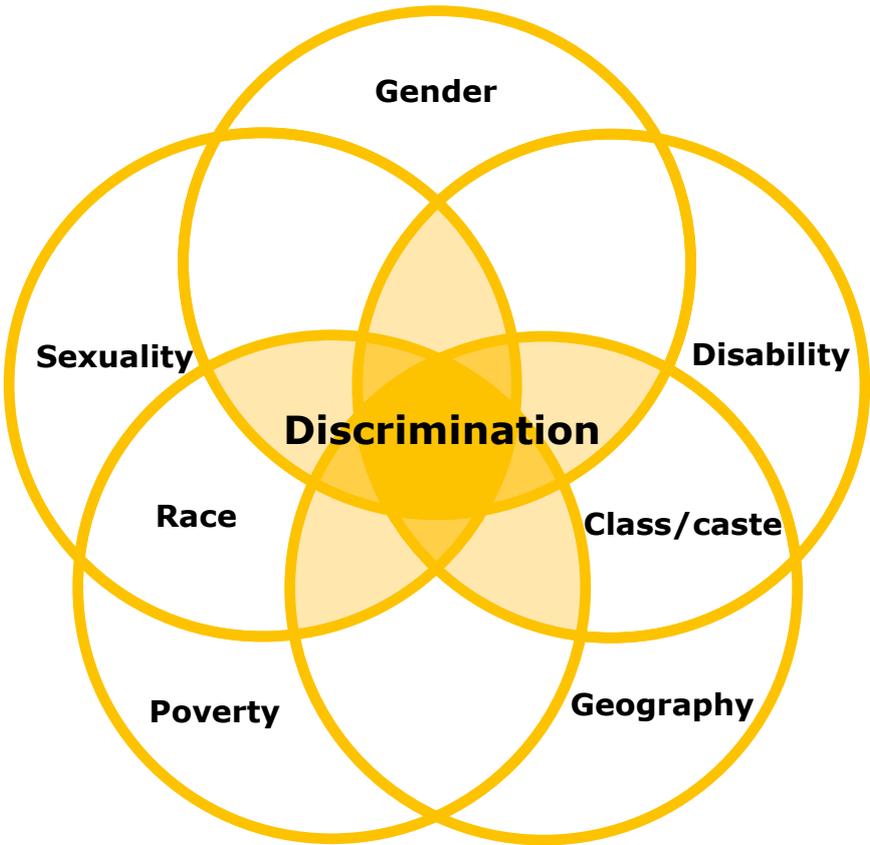
The visual depicts a series of intersecting circles: gender, disability, sexuality, race, class/caste, poverty, geography. All important factors that help to shape our self-identity; but equally ways in which communities and societies may differentiate, stereotype or indeed discriminate against/or between people.

Facilitation tip: It can be helpful to provide time to discuss the complex dynamics at play that define our identities. As a warm up you might ask people to share three things that define them, that describe their identity, sharing in the round. This can be used as a way to get to know participants better and how they prioritise and choose identifiers for themselves. Another way can be to ask participants to write down on a piece of paper the three things that best describe their identity. Collect the papers and read each one out in turn, asking people who identify with what is read out to move to the centre of the room and hold hands with others who also share and identify with this. For those who do not join the circle and are surrounding they are asked to clap and give a round of applause in appreciation of this identity to celebrate the diversity within the group.

This can lead to some discussions and reflections in plenary on the importance of recognising and affirming different identities, but also on the more serious concern that these same identities can be used to discriminate against individuals.

A second exercise can be to use the diagram above to ask participants to reflect individually on either the dimensions that have most influenced their own personal lives, or which dimensions are most significant in the cultural contexts where they work in terms of discrimination. (The former should only be used if there is a strong group dynamic of trust already established.) In pairs participants can be asked to share their thoughts. You can develop this exercise further by asking participants then in larger groups of four to explore how and if we assess how these different identities influence each other and work together throughout the planning cycle: from initial assessments, design, implementation and monitoring through to evaluation? You can ask groups to feedback in plenary in a number of different ways such as:

- what they consider to be the top three factors that intersect to cause exclusion in the area/or context within which they work.
- share three positive examples of where they have analysed some inter-sectional barriers to overcome exclusion/discrimination.
- share examples of how having people who straddle more than one group can create linkages for stronger networking/advocacy/understanding.
- share their thoughts on which aspects are strongly considered within their programme work at all stages of project cycle management (PCM) and those which may require more explicit attention.
- share reflections on how inter-sectionality is addressed within decision making at different levels of society from, family and community, district, national and regional levels.

In plenary it will be important to discuss how some inter-sectional issues such as gender will be critical to consider in all programme contexts, whilst others may be too sensitive in some cultural contexts. For example in some countries where homosexuality is considered illegal, even a capital offence, it would

be inappropriate and a risk to address this issue directly related to disability. This said we would still need to monitor that our own programmes in these contexts are non-discriminatory towards all people of disabilities, regardless of their sexual orientation or any other identity.

Please note:

- No timings are given for this exercise as it depends very much on the prior exposure and confidence of the group.

- You may also wish to use some of the End the Cycle videos which looks particularly at gender issues, as a helpful introduction to the topic. http://www.endthecycle.org.au

- Make sure there is a follow up process to formally document any good practice examples which can be used as examples for future training sessions.

- As CBM works across different sectors and many different contexts it is likely that a workshop setting will provide a good diversity of experience and views amongst participants. With an experienced facilitator this can be used well, however if a facilitator is not confident in managing conflicting opinions then it is important to call upon the support of a more experienced colleague.

- **It is important to conclude by reminding participants of the indivisibility of rights and that this equally applies across disability, we cannot focus on supporting non-discrimination in one area and exclude in another.**

This exercise may raise and be a good opportunity to address difficult and sensitive issues of abuse, protection and security for women, men, girls and boys with disabilities. Make sure to build in sufficient time and support to be able to support and if necessary ensure follow up counselling if required from other colleagues and advisors.

3.2: Human rights as a core foundation underpinning our work

Human rights and development for many years have been seen as separate processes. At times, they have been perceived as being in conflict with each other. As economic and social development can result in human rights violations, e.g. displacement of people from their land and human rights processes can be seen to 'slow down' development. In 2000, the United Nations Development Programme (UNDP) addressed this dichotomy between human rights and development and concluded that **human rights are not a 'reward' of development – they are critical to achieving development**, and that both are important to ensure the freedom, well-being and dignity of all people.

The UNDP identified how human rights can add value to development by drawing attention to the accountability of providing all people with rights, providing a moral legitimacy to development; shifting priority onto the most deprived and excluded societal groups; and directing attention towards the need for information and the creation of a political voice for all people. They also identified how development is an asset to human rights through creating a dynamic, long-term perspective on the fulfilment of rights and focusing attention on the socio-economic context for rights to be realised.

More recently, **human rights, development and humanitarian approaches are rightly seen as interlinked**. Until the adoption of the Convention on the Rights of Persons with Disabilities, people with disabilities had largely remained on the periphery of all three areas. This section focuses on human rights as a core basis and underpinning of our development and humanitarian work with people with disabilities.

Human rights and people with disabilities

> "Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible" – (Office of the High Commissioner for Human Rights)

Despite the obvious that human rights issues affect all persons with disabilities, the rights-based perspective on disability is relatively new. In many contexts in which CBM works disability is still viewed and responded to through a mixture of charity, paternalism and social policy; with the main focus being on maintaining people with disabilities, rather than creating opportunities for their rights and inclusion in the mainstream.

Furthermore, in many contexts in which CBM works, human rights are seen as a Western conceptualisation and imposition, and further that individual rights are not considered a legitimate concern above or separate from the economic development and well-being of the collective. In such contexts a more nuanced approach to inclusion and participation as a positive contribution toward

collective development needs to be used. Indeed in all contexts, but especially the ones where there are contested or ideological differences, **a thorough assessment of risks and security for people with disabilities and their organisations needs to be addressed as part of programming and the underlying budget considerations included during the project proposal application process**.

As more countries ratify and accede to the Convention on the Rights of Persons with Disabilities (CRPD), this results at minimum in making people with disabilities more visible before the law and helps to ensure that they can benefit from 'the rule of law' and indeed that national legislation can be reviewed to be better aligned with the purposes of the CRPD.

The CRPD as an international law specific to persons with disabilities also helps to strengthen recognition of the human rights of people with disabilities within earlier international treaties and to reinforce the essential three qualities that define human rights as:

Universal: human rights apply to every person in the world. They apply equally and without discrimination to each and every person. The only requirement for having human rights is to be human.

Inherent: human rights are a natural part of who you are. Article 1 of the Universal Declaration of Human Rights (UDHR) begins "All human beings are born free and equal in dignity and rights".

Inalienable: human rights automatically belong to each human being. They do not need to be given to people by their government or any other authority, nor can they be taken away.

Furthermore, all treaties are applicable to all people. It is equally important to be confident in understanding how international treaties relate to each other, namely that human rights are: **indivisible**, human rights cannot be separated from each other; **interdependent**, human rights cannot be fully realised without each other and **interrelated**, human rights affect each other.

Self-study and learning: It is important to be familiar with key international treaties besides the CRPD. Each has its own monitoring body and information is available from the Office of the High Commissioner for Human Rights (OHCHR)

http://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx

- **International Convention on Economic, Cultural and Social Rights** (ICECSR), 1966 http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx
- **International Convention on Civil and Political Rights** (ICCPR), 1966 http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx
- **Convention on the Elimination of Discrimination Against Women** (CEDAW), 1979 http://www.un.org/womenwatch/daw/cedaw/

- **Convention on the Rights of the Child** (CRC), 1989 http://www.ohchr. org/en/professionalinterest/pages/crc.aspx

To read more about how these treaties include persons with disabilities, read the publication from the Office of the High Commissioner for Human Rights 'Human Rights and Disability' at http://www.ohchr.org/ Documents/Publications/HRDisabilityen.pdf

The Convention on the Rights of Persons with Disabilities (CRPD)

As already discussed the negotiation process[47] and the eventual adoption of the CRPD and its Optional Protocol by the United Nations in 2006 has significantly reconceptualised disability as a human rights issue. People with disabilities can no longer be viewed as objects of charity rather they are rights holders entitled to the full array of human rights and are entitled to enjoy those rights on an equal basis with others.

The CRPD combines civil and political rights as well as economic, social and cultural rights under an overarching theory of non-discrimination. The CRPD is intended as a human rights instrument with an explicit, social development dimension. **It clarifies and qualifies how all categories of human rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced**.

The key principles of the CRPD are stated in Article 3 and they are applicable across all of its articles. These include:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;

- Non-discrimination;

- Full and effective participation and inclusion in society;

- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;

- Equality of opportunity;

- Accessibility;

- Equality between men and women;

- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

To read the CRPD in detail, click on the link below: http://www.ohchr.org/EN/ HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx

Signing, ratification, confirming and acceding to the CRPD

How a country/State Party signs up to and ratifies an international treaty depends on their political and administrative systems. In general, if a country/State Party signs the CRPD, this means that there is intention for eventual ratification. Signing also creates an obligation in the period between signing and ratification or consent to be bound, to refrain from acts that would defeat the object and purpose of the treaty.[48]

When a country/State Party decides to ratify, a process must take place at national level where the State might have to ratify the treaty in accordance with its own constitutional or legal provisions before it expresses consent to be bound internationally. The second process is then at international level where the State deposits the necessary documents to bind it legally from an international perspective. See the box below that explains the different stages.[49]

> **The difference between signing, ratifying, formally confirming and acceding to a Convention**
>
> **Signing** indicates the intention of a State to take steps to express its consent to be bound by the Convention and/or Optional Protocol at a later date. Signing also creates an obligation in the period between signing and consent to be bound to refrain from acts that would defeat the object and purpose of the treaty.
>
> **Ratification** legally binds a State to implement the Convention and/or Optional Protocol, subject to valid reservations, understandings and declarations.
>
> **Formal confirmation** legally binds a regional integration organisation to implement the Convention and/or Optional Protocol.
>
> **Accession** legally binds a State or regional integration organisation to implement the Convention and/or Optional Protocol.
>
> For the most up to-date status of countries which have signed/ratified the Convention and the Optional Protocol please use the UN enable link https://www.un.org/development/desa/disabilities/

CRPD implementation: immediate versus progressive realisation

As stated above, the CRPD combines both civil and political rights and economic, social and cultural rights and it requires States Parties to ensure and promote the full realisation of these different rights. However, a distinction is made between immediate and progressive realisation for these rights. **States Parties to the CRPD are required to immediately implement civil and political rights. Civil and political rights** are covered by: the right to life (Article 10); the right to equal recognition before the law (Article 12); freedom from exploitation, violence and abuse (Article 16); and the right to participation in political and public life (Article 29).

In contrast **States Parties to the CRPD can progressively realise economic, social and cultural rights over time**. These rights are essential for people with disabilities and help set the terms of access, entry and participation for people with disabilities in the mainstream. They enable people with disabilities to live a genuinely independent life and to participate in their communities. Economic, social and cultural rights were included in the CRPD and tailored to tackle the various barriers faced by persons with disabilities in achieving a life of independence as well as inclusion. Economic, social and cultural rights include the right to education (Article 24), the right to work (Article 27), the right to an adequate standard of living (Article 28) and the right to health (Article 25). **These rights reflect a blending of the principle of non-discrimination (immediately achievable) with obligations that are more progressive in character**. See box below for definition of obligations and progressive realisation.[50]

What is progressive realisation?

Each State must take measures to realise economic, social and cultural rights progressively, using the greatest amount of available resources to do so. This obligation, commonly referred to as progressive realisation, acknowledges that it often takes time to realise many of these rights fully.

For example, in education progressive realisation may be understood that all children, including girls and boys with disabilities have a right to universal primary education and to attend their local school. This education may not be ideal, improvements may be required to make the infrastructure fully accessible, adapting the curriculum, training teachers, or providing technical aids to access the curriculum, as well as adapting examination and accreditation systems to be inclusive. These improvements can be developed over time; but this does not reduce the right for each child to attend their local school alongside their peers.

While progressive realisation gives States Parties, particularly developing countries, some flexibility in achieving the objectives of the Convention, it does not absolve States Parties of the responsibility to protect and work towards achieving these rights.

CRPD infrastructure: national and international

Article 33 of the CRPD sets out the infrastructure it requires for national implementation, of which there are four parts[51]:

1. A government focal point;

2. An optional coordination mechanism within government;

3. A monitoring body or framework independent of government; and

4. Mandatory involvement of civil society in the monitoring process.

Article 34 of the CRPD sets out the international infrastructure to monitor the

CRPD – the Committee on the Rights of Persons with Disabilities. The Committee comprising of 18 independent experts examines the periodic reports submitted by States, considers individual communications, conducts inquiries, and formulates general observations and recommendations.[52]

Read more about the Committee's work http://www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDIndex.aspx

CRPD reporting requirements

Once a State ratifies the CRPD, they must provide regular reports to the CRPD Committee on the progress they make in implementing the Convention. Upon ratification, the State must submit an initial report within two years. After that, the State must submit a report every four years.[53] As the State prepares and submits its report, NGOs and organisations such as CBM can prepare shadow or alternative reports. A shadow/alternative report gives civil society an opportunity to have its voice heard on how the State is implementing the CRPD.

✓ **Facilitation tip:** It is important that there is a clear analysis of what structures exist in a country. In groups ask participants to read Article 33 and what it asks States to do. Get participants to think about how their country implements the CRPD, e.g. do they have a national body on disability? Is there a national human rights institution and does it include disability in its work? Does the government have a focal point on disability? What initiatives are currently being undertaken by DPOs, human rights and disability and development actors? These types of questions are important as part of the country planning analysis and can help to inform CBM's future advocacy, networking and programming direction as well as identify opportunities.

Case study: **self-help group in Ghana: empowerment and rights**

Gathering of self-help group for people with psychosocial disabilities in Ghana.
© CBM/Dr Emeka Nwefoh.

Ghana has high numbers of people with mental illness and epilepsy. They face discrimination in their community. Most are unaware of their rights and hence unable to stand up for these. Many are poor, with no means of livelihood. They often cannot afford their medications. The result is that people do not access mental health care when they could greatly benefit from these services.

Self-help groups have been instrumental in empowering and building the capacity of persons with psychosocial disabilities in Ghana.

People with psychosocial disabilities in northern Ghana report that they are more aware of their own rights and that as a result of being actively involved in a self-help group have found that discrimination by family members and the community has reduced significantly. The self-help groups' initiative was launched by CBM partner the Presbyterian Community Based Rehabilitation (CBR) in Sandema after Maxwell Akandeme, a CBR coordinator, attended a presentation on self-help groups at a conference in Uganda. Inspired by what he saw, he set about promoting a similar community mental health strategy based on human rights and the empowerment of service users, encouraging their active participation in service provision. There are now 23 self-help groups in the upper-east region of Ghana, each with up to 100 members. Read more about the self-help groups here and also in CBM's Inclusive Development publication.

3.3: Understanding the complexity of development

Development, just like disability, is a multi-faceted, complex socio-economic and cultural phenomenon. It is highly contested and invariably political in nature. Historically, many, if not most, development theories have failed to effectively define or promote development: promoting either a narrow definition of development as economic growth or failing to recognise the extent of diverse socio-political and cultural influences.

This section introduces the theoretical approaches to development as a basis for understanding the motivation behind many of the current and past international cooperation and economic aid policies. It then raises some key development issues that directly impact the wider area of development as well as disability-inclusive development.

History of development

> "Almost every decade a new approach to development comes into fashion. In the '70s the focus was on welfare and charity, the '80s are known for the 'basic needs' approach and in the '90s supporting the empowerment of deprived communities was the trend. Each approach was based on learning from the failures of the previous approach. Yet it became apparent that none of the above approaches focused on the importance of sustainability, equality and participation. They were still short-term initiatives that were not addressing the underlying causes of poverty".[54]

The history of development is organised in two parts: the first part brings us up to the start of the 21st century and the second part focuses on the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs).

Part 1 – from European colonialism to the late 1990s

Western-led approaches: from the era of European colonialism to the 1980s

Timeframe	Development theory
European colonial era	Philanthropic initiatives: • Improve the quality of life of indigenous populations • Thus, increase their compliance and productivity • Resulting in benefits to the economies of the colonial powers These initiatives were substantially reduced in the 1930s.

Timeframe	Development theory
Following World War II	Modernisation theory: key assumption that economic progress through industrialisation, urbanisation and modernity leads to wealth creation and development. • Moral undertones of bringing Western enlightenment and civilisation to developing states Establishment of the: • United Nations (UN) • International Monetary Fund (IMF) • World Bank (WB)
1950s and 1960s	Linear stages of growth model, as exemplified by Walt W. Rostow's five stages of economic growth: from traditional societies to modern consumerist free-market democracy[55] • This approach underpins the policies and investments of the IMF and WB, largely resulting in greater dependency and de-development of many low-income countries. Emanating from Latin America, structuralism develops in response to the linear stages of growth approach. It promotes internal government investment to support self-reliance, increased trade agreements between developing countries and the reduction of adverse trade agreements with developed countries.

1970s	'Basic needs' approach is coined and promoted by the International Labour Organisation (ILO)
	• Its goal: to provide everyone with their basic needs[56] – poverty alleviation
	• Its aims:
	  – To target the most marginalised and
	  – To promote more equitable approaches and access to cover basic needs
	
	Main criticisms of this approach:
	• Welfare focused
	• Insufficient focus on the underlying structures and systems causing poverty[57]
	
	Key contribution: the notion of a poverty threshold.

Focus: the establishment of a poverty line has helped to differentiate between low income communities and countries, particularly targeting interventions at the most marginalised – including marginalised communities or populations in middle income countries as well as communities within low income countries.	

Timeframe	Development theory
1970s and 1980s	Marxist theory, neo-colonial dependency theory[58] and dependency theory view the existence of under-development as due to external factors: • The basic factor that developed and sustained the system of dependency of low income countries on more developed economies is the inequitable distributions within international capitalist systems Main criticism of these theories: • They describe what is happening rather than provide alternative models to promote change These theories are now largely used for conceptual analysis only rather than development intervention.
1980s	Context: • Increasing debt crisis facing many developing countries • Global economic downturn and financial crisis • Rising energy costs • Reagan (USA) and Thatcher (UK) conservatism has considerable influence on the policies of the IMF and WB, for example, Structural Adjustment Programmes (SAPs) Neo-liberal and neo-classical theories of development emerge and, supported by the economic policies of the USA and UK, gather ground[59]. They promote: • Free market economic principles • Fiscal austerity • De-regulation • Privatisation • Free trade agreements And are typified by the SAPs imposed on countries requiring loans, which resulted in greater inequity, environmental degradation and increasing long term debt burdens for developing countries.

Timeframe	Development theory
Late 1980s and 1990s	Post development theory develops: • Questions the assumption that low income countries should model their progress on Western definitions of development • Promotes locally determined culturally affirming approaches to development Participation, empowerment and agency as determined by communities in Africa, Asia and Latin America lead to many community development initiatives. For example, Participatory Rural Appraisal (PRA) and Participatory Learning in Action (PLA).[60] A sustainable development approach emerges recognising the negative impact of globalisation on the environment. Key milestones in support of this approach: • The Brundtland Report, 1987, 'Our Common Future', commissioned by the World Commission on Environment and Development[61] • The First Earth Summit, 1992, Rio[62]
The 1990s and global change in approaches to development	Questions of accountability, governance, quality and sustainability are asked of all development actors, and the focus turns to result-orientated development processes. At the dawn of a new millennium a global responsibility and moral imperative to address poverty, inequity and environmental responsibility lead to a series of UN conferences. These conferences aim to build consensus on development priorities but also serve to highlight deep rifts and a polarisation of views on sensitive issues, for example, reproductive rights. Some international milestones • 1994: Cairo conference on population (UN) • 1995: Beijing conference on women (UN) • 1999: Poverty Reduction Strategy Papers (PRSPs) introduced by the IMF and WB

Timeframe	Development theory
2000 to 2015: aid effectiveness and international cooperation (excluding the MDGs)	In addition, with the new millennium there is a strong global focus on the effectiveness of aid and international cooperation. The general framework of aid effectiveness develops as a result of a number of international conferences. They reflect the move away from models and theories to more pragmatic approaches and principles based on learning from practice: • 2003: the Rome Declaration • 2005: the Paris Declaration • 2008: the Accra Agenda for Action • 2011: the Busan Partnership for effective development cooperation • 2014: First High-Level Meeting of the Global Partnership for Effective Development Cooperation • 2015: the Addis Ababa Action Agenda

Part 2: A new millennium and a new approach to development

The Millennium Development Goals (MDGs)

In April 2000, Kofi Annan, the then Secretary General of the UN, prepared the Millennium Report. It called on the UN, in an era of unprecedented globalisation and inter-dependence, to reposition itself to meet the realities and responsibilities of the new millennium. This report led to much debate at the Millennium Summit in September 2000 and resulted in the UN General Assembly adopting the Millennium Declaration. This recognised the collective responsibility of States to uphold the principles of human dignity, equality and equity for all of the world's people—especially the most vulnerable. Considered a 'road map for development', the Millennium Declaration embodied the international community's commitment to ensure that every person's right to development is realised.

To deliver the Millennium Declaration, the MDGs were agreed in 2001, and they helped to frame international cooperation policy throughout the first decade of the twenty-first century. Although not legally binding, the MDGs significantly influenced national and international development efforts. Throughout the fifteen years it was in existence it greatly contributed to substantial progress in several areas of human well-being; for example:

• World poverty was halved

• Global under-five mortality rates declined by more than half

- Mortality rates for malaria fell

- Disparities in primary school enrolment between girls and boys also fell.

However, the impact of the MDGs was not felt by all. Persons with disabilities were not explicitly included in any of the goals and targets, nor in the reporting mechanisms. Not explicitly referring to disability in the MDG targets and indicators meant that progress for persons with disabilities could not be effectively monitored and measured, including in relation to participation rates in education and access to health.

Shaping the post-2015 development agenda

The UN Secretary General established the High-Level Panel to help shape the post-2015 development agenda. Between 2013 and 2015, the UN and the High-Level Panel organised an inter-governmental process in order to adopt an ambitious and transformative agenda to eradicate poverty and achieve sustainable development by 2030. High level meetings and documents from the UN and High-Level Panel all pointed to the need to include people with disabilities in global development efforts to ensure that no one is left behind.

CBM took an active role as part of the global civil society campaign to influence the post-2015 agenda, Beyond 2015. Civil society actors recognised the need to have strong global, regional and national coalitions to ensure that the concerns of civil society were heard as part of the formulation of the new global development framework. Critical for CBM and our alliance partners was that disability received formal recognition alongside other inter-sectional issues in the Sustainable Development Goals (SDGs). Agenda 2030 and the SDGs were adopted in September 2015.

Agenda 2030 and the SDGs

The 2030 Agenda for Sustainable Development has an ambitious agenda. Its adoption brings a fundamental shift for all people and the planet and seeks to promote, protect and fulfil human rights for all. Although the goals are not legally binding in any country, they gain moral force from being adopted by consensus after three years of in-depth and intense negotiations in which people with disabilities and CBM were actively involved.

The SDGs are the main tool for the implementation, follow-up and review of Agenda 2030 and are particularly important at the national and regional levels. The SDGs contain 17 global goals (see page 106) and 169 targets focused on the three pillars of sustainable development: social, economic and environmental inclusion for all people throughout the world. Where the MDGs only focused on developing countries, the SDGs apply to all countries. Significantly, disability is explicitly referenced in the Agenda, goals and global SDG indicators (adopted in March 2016).

However, it is important to remember that Agenda 2030 and the SDGs are

universal. Regardless of explicit references, they apply to all – in other words, all goals and targets apply to persons with disabilities. This universality is underscored by the overarching theme of Agenda 2030 – "leave no one behind". Additionally, in line with paragraph 23 whenever "vulnerable" groups are referenced throughout the Agenda (18 times), these provisions directly apply to persons with disabilities. Moreover, the 2030 Agenda cites a number of UN documents that include references to persons with disabilities, including the Beijing Platform for Action, the Sendai Framework for Disaster Risk Reduction 2015 – 2030, the SIDS Accelerated Modalities of Action (SAMOA) Pathway, the Addis Ababa Action Agenda, the Report of the Open Working Group of the General Assembly on Sustainable Development Goals, and Resolution 67/290.

Agenda 2030, the SDGs and persons with disabilities – some statistics

- Agenda 2030 contains eleven explicit references to persons with disabilities within the following sections:
  - In the Human Rights, Vulnerable Groups and Education paragraphs of the Declaration section
  - In the follow-up and review section on data disaggregation by disability
- The SDGs make seven specific references to persons with disabilities across five goals:
  - Education (Goal 4)
  - Employment (Goal 8)
  - Reducing inequalities (Goal 10)
  - Sustainable and inclusive cities (Goal 11)
  - Means of implementation, data (Goal 17)
- There are currently eleven SDG global indicators that reference persons with disabilities in the areas of:
  - Poverty eradication
  - Education
  - Employment
  - Reducing inequalities
  - Sustainable and inclusive cities
  - Peaceful and inclusive societies

THE GLOBAL GOALS
For Sustainable Development

1 NO POVERTY

2 NO HUNGER

3 GOOD HEALTH

4 QUALITY EDUCATION

5 GENDER EQUALITY

6 CLEAN WATER AND SANITATION

7 RENEWABLE ENERGY

8 GOOD JOBS AND ECONOMIC GROWTH

9 INNOVATION AND INFRASTRUCTURE

10 REDUCED INEQUALITIES

11 SUSTAINABLE CITIES AND COMMUNITIES

12 RESPONSIBLE CONSUMPTION

13 CLIMATE ACTION

14 LIFE BELOW WATER

15 LIFE ON LAND

16 PEACE AND JUSTICE

17 PARTNERSHIPS FOR THE GOALS

THE GLOBAL GOALS
For Sustainable Development

José Eduardo, 8 years old with Spina Bifida attends school in Quiche-Guatemala. During breaks he is participating with his friends in all types of games. © CBM/Gonna Rota

Monitoring the implementation of Agenda 2030 and the SDGs

With our focus on disability, CBM recognises the shift in the discourse in development between the SDGs and their predecessor, the MDGs. At a fundamental level, disability is now explicitly featured in Agenda 2030 and the SDGs; therefore, there is now a need for effective financing and data collection to ensure that the SDGs can be implemented and the outcomes and impact measured for people with disabilities.

The High-level Political Forum (HLPF) is the main mechanism for the global follow-up and review of Agenda 2030. It is held annually at the UN Headquarters and countries volunteer to give national reviews on SDG implementation. CBM has an important and unique role to play here. We can focus on the implementation of Agenda 2030 with partners around the world, particularly at the national and regional levels with linkages to the global level. Additionally, we can contribute to ensuring that the CRPD serves as a guiding framework for Agenda 2030. While heads of state and governments committed to Agenda 2030, the CRPD is legally binding. Therefore, strongly linking the two complementary frameworks can truly create a world inclusive of people with disabilities.

Key development themes and issues

As CBM works to strategically develop its portfolio of work on disability and development in line with the CBM Federation Strategy 2021, it becomes increasingly important that we can effectively engage with issues in global mainstream development discussions. Some of the most relevant are briefly highlighted here as an introduction. It will be important for programme staff in regions to engage in closer analysis of these and other priority development issues with partners and stakeholders in each of the contexts in which we are working.

Facilitation tip: There are different exercises that can be used to support CBM staff to reflect more deeply on the quality of our programmes in terms of development themes and issues. The starting points can be very different and will be highly dependent on the experience and portfolio of current and planned projects, as well as priorities decided at country level.

Exercises with regional teams might range from a very general discussion on the principles of the Busan Partnership to more specific exercises with country teams on how to engage in PRSPs to ensure inclusion of people with disabilities. For discussions on the Busan Partnership the final report can be used to assess how we measure up to these broader international development principles. Handicap International provides information and tools on making PRSPs inclusive, which can be found at the following link: http://www.making-prsp-inclusive.org/en/3-entry-points-for-the-civil-society-in-the-prs-process.html

Equally, if countries are looking at strengthening the approach of their education or health portfolio, returning to core principles of Health for All and Education for All can be helpful. Similarly, the Brundtland report can provide a basis to reflect on addressing environmental issues. For programmes wishing to address disaster risk reduction management (DRRM), the Sendai Framework is a must read, as well as resources produced by CBM's Emergency Response Unit. These resources can be found at the following two links:

1. http://www.cbm.org/article/downloads/82788/Climate_change_and_Disaster_Risk_Reduction___mainstreaming_disability.pdf;

2. http://www.cbm.org/article/downloads/54741/Disability_Inclusive_Disaster_Risk_Management.pdf

A good way to decide the best approach for your staff is to use the training design methods suggested in chapter 4. These methods can help you decide what are the most relevant topics, learning outcomes and depth of discussion in cooperation with managers, advisors and participants.

The key text reference box below gives links to key resource documents only. CBM technical advisors can also provide additional support and help to adapt and signpost other relevant resources.

Key reference documents

Health for All: Alma Ata (1978) http://www.who.int/publications/almaata_declaration_en.pdf

People's health movement and people's health charter (2000) http://www.phmovement.org/en/resources/charters/peopleshealth

Education for All: Jomtien declaration (1990) http://www.unesco.org/education/information/nfsunesco/pdf/JOMTIE_E.PDF

Education for All: Salamanca (special education) (1994) http://www.unesco.org/education/pdf/SALAMA_E.PDF

Women: Beijing Declaration (1995) http://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf

Environment: Brundtland Report: (1987) http://www.un-documents.net/our-common-future.pdf

Rio Declaration on Environment and Development: (1992) http://www.unep.org/Documents.multilingual/Default.asp?DocumentID=78&ArticleID=1163

MDGs: http://www.undp.org/content/undp/en/home/mdgoverview.html

Making PRSPs inclusive: http://www.making-prsp-inclusive.org

The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action http://www.oecd.org/dac/effectiveness/34428351.pdf

Busan Partnership Document http://www.oecd.org/dac/effectiveness/49650173.pdf

High Level Panel Report Post 2015 http://www.post2015hlp.org/the-report/

Hyogo Framework: (2005) http://www.unisdr.org/2005/wcdr/intergover/official-doc/L-docs/Hyogo-framework-for-action-english.pdf

RIO +20 – UN conference on Sustainable Development (66/28) https://sustainabledevelopment.un.org/rio20

Post-2015: A New Global Partnership to Eradicate Poverty and Transform Economies through Sustainable development: (2013) http://www.post2015hlp.org/wp-content/uploads/2013/05/UN-Report.pdf

Open Working Group on Sustainable Development Goals: Outcome Document http://sustainabledevelopment.un.org/focussdgs.html

Gender and development

The Fourth World Conference on Women was held in Beijing, China, in 1995. The theme was Action for Equality, Development and Peace and outcome was the Beijing Platform for Action. This is seen as the defining moment in which gender and the promotion of gender equality become a development principle. More than 20 years after Beijing this initial and highly influential declaration is still used by the feminist movement to hold the international development community accountable. There are diverse views and indeed polarisation in some cases when it comes to interpreting women's rights, gender roles and entitlements within different cultural contexts. However, the combined efforts of academics, practitioners and activists have been highly influential in establishing monitoring frameworks with which to assess core development paradigms and what is meant by terms such as participation and empowerment. The feminist movement has looked to promote transformative development approaches which address inequity for women, men, girls and boys. These approaches are equally relevant to the field of disability and in particular the different gendered experience of disability across cultures.

The development sector has long been concerned with gender equity. However, different attempts to monitor and measure it, including the Gender-related Development Index (GDI) and the Gender Empowerment Measure (GEM), have been criticised. The latest instrument, the Gender Inequality Index (GII), was introduced by UNDP in the 2010 Human Development Report (HDR), and it attempts to learn from criticisms of the previous monitoring indices. While learning in this field is highly pertinent to CBM's work in terms of gender, it is also more widely applicable to the disability and development sector. With the explicit referencing of disability in Agenda 2030 and the SDGs, the disability and development sector is now being asked to find clear indicators to measure and evidence change in terms of participation, empowerment and quality of life.

Two further resources on current learning within the field of measuring empowerment, and monitoring, evaluating and learning in the field of gender and development are listed below:

1. 'Capturing Change in Women's Realities' by Srilatha Batliwala and Alexandra Pittman (2010): https://bigpushforward.files.wordpress.com/2011/01/awid-capturing-change1.pdf

2. Gender and Development Journal, Special Issue on Monitoring, Evaluation and Learning (2014): (Open-Source) http://www.tandfonline.com/toc/cgde20/22/2#.U85XBbFBk24

Many of the theoretical and practical approaches to promote gender equity through mainstream development processes can equally apply to disability. However, it is highly important to note that while working with disability, ignoring the gender aspects of disability will lead and has so far led to inequity among women, men, girls and boys with disabilities. Therefore, CBM in its current approaches to disability-inclusive development views disability and gender as integral, twinned and interlinked in its development work. To further support

CBM in its understanding and commitment to promote gender equity within its development work, a position paper on gender and disability and training materials are being developed. These will support better understanding of how gender and disability intersect and its implications for programmes as part of further DID training modules in 2017.

For further information and support please contact Mary.Keogh@cbm.org, Senior Advisor on Disability and Gender Equality.

Population, food security and resources

The 2012 UN Population Division report estimates that the world population will be 9.1 billion by 2050 (with a variance between 8.3 and 10.9 billion). The majority of this growth will be in developing countries and levels of inequity as reported by the World Bank are only likely to increase. Currently, 1.2 billion people lack access to electricity, 870 million are malnourished and 780 million do not have access to clean, safe drinking water[63].

The rising youth demographic, reduced child mortality rates and an aging population will all increase demands on limited natural resources, water and food security. Due to the negative impact of climate change the level of food production will likely decrease and, with the increased demand, will result in further scarcity and increase the price of food. The level of internal migration from rural to urban areas may increase as rural living becomes unviable, and with an associated increase in economic migration across borders refugee systems will be further stressed. Conflicts within and between countries, especially over water resources are also likely. We know that in 2008 the increase in food prices led to serious food riots in Haiti and Egypt. With growing populations in developing countries, poor reliability of crop yields and more erratic weather cycles there will be more frequent food crises in the future. These are likely to have deeper and wider impacts, particularly on vulnerable groups and fragile states.

Food insecurity is also exacerbated by shortages in access to affordable fuel sources and by the increase in demand for cheap bio-fuels reducing the number of hectares for food production. These trends if not addressed are likely to see further insecurity and marginalisation of vulnerable groups such as children, older people and people with disabilities. Food and water insecurity is forecast to increase in regularity and scale in the coming decades unless alternative means of production and resource enhancement are found.

Urbanisation is also increasing demands on the world's limited resources. By 2030 it is estimated that 60% of the world's population will live in urban areas.[64] Currently almost 1 billion people live in 'low-income settlements'. A significant proportion of these people have been displaced by climatic, environmental and food security factors. Once they are living in urban environments people tend to become net food consumers,[65] rather than producers and often have limited access to water, sanitation, energy needs and other services. They often face other environmental risks such as indoor air pollution from cooking fires and

Ibrahim, owner of a survival yard in south west Niger. He lost his leg when he was 25 years old, when it had to be amputated after a bone infection. Now, he works daily in the survival yard, which he established with the support of the CBM partner PRAHN. Thanks to the survival yard, he and his family can grow lettuce, fruit and other vegetables throughout the year. © CBM (Tobias Pflanz)

atmospheric pollution, which lead to chronic respiratory diseases and a heightened risk of tuberculosis, which is a significant cause of disability.[66]

Climate change, environment and disaster risk reduction

The Intergovernmental Panel on Climate Change (IPCC) defines climate change as 'any change in climate over time, whether due to natural variability or as a result of human activity' (IPCC 2001).[67] The impacts of climate change – extreme weather, sea level changes and agriculture productivity changes, leading to food insecurity – will particularly affect the world's poorest people. For example, 80% of the 300 million people who live within five metres of sea level are in developing countries.[68] The emergence of sustainable development placed the responsibility for taking care of the climate and our natural resources with all of us. As defined by the Brundtland Commission, sustainable development 'meets the needs of the present without compromising the ability of future generations to meet their own needs' – what has come to be seen as good environmental stewardship.

Since the recogntion of climate change and protection of the environment as development themes, increasing numbers of donor agencies include the issue of environmental impacts in their development policies. The result: prospective development partners must set out what impact their proposed project will have on the environment. Some donor agencies require that environmental enhancement opportunities are outlined in proposals as well as any negative

impacts. This is the approach adopted by CBM. Not only is it positive in terms of environmental sustainability, it can provide an entry point for disability-inclusive development. For example, where a community environmental or water committee is to be established there is an opportunity in terms of DID to ensure representation by people with disabilities.

The CBM Environmental Stewardship Working Group is also developing resources to help us assess the impact of our own programming. Furthermore, these resources will assess how, through our partnerships, we can work to increase environmental awareness and support the enhancement of the environment for longer term sustainable development. Five key areas that CBM are considering are:

1. Environmental footprint – how can the 'environmental footprint' of our projects/programmes be reduced? Some of the ways in which we can do this are: using efficient lighting and appliances, installation of solar panels, fuel efficient vehicles, clustering of meetings to reduce travel, insulation of buildings, environmentally friendly construction, water conservation and harvesting, appropriate resource use – reduce, re-use, recycle.

2. Environmental risks, hazards and enhancement – how can potential risks to the environment or environmental hazards to communities be reduced? For example, correct handling of medical waste and effluent, efficient use of limited ground-water supplies, seeking to use firewood efficiently or changing to other cooking energy sources. Are there opportunities to enhance the environment? For example, can we plant shade trees or clear rubbish and debris?

3. Environmental sustainability, DID and mainstream programmes – how women, men, girls and boys with disabilities can contribute to and benefit from sustainable development opportunities. For example, are they included in mainstream environmental programmes and local and national committees?

4. Disability activism, DPOs and environmental sustainability – are people with disabilities able to exercise their right to be part of debate, advocacy and responsibility within their communities on environmental issues? Are DPOs and self-help groups included and aware of community training and forums on issues related to the environment that affect their lives? Is information available to them in accessible formats?

5. Creating networks and alliances for environmental activities – are we aware of the key actors that our programmes and local DPOs should engage with to promote environmental sustainability and environmental enhancement in DID activities?

For further information and support please contact David Lewis, Coordinator Environmental Stewardship working Group. Email: david.lewis@cbm.org

Actions for building community-based climate change adaptation, disaster risk management and disaster risk reduction can be directly linked to the growing threats from climate change. All these actions are, by necessity, closely

connected. They are aimed at assisting local communities to develop resilient livelihoods and improved access to and use of scarce resources in the face of climate change, and to mitigate against and lower the impact of disasters.

As with wider development, people with disabilities are generally overlooked throughout the disaster management cycle. This is especially the case during relief operations. For example, a study conducted by Help Age International found that less than 1% of European Union humanitarian aid targets older people and people with disabilities.[69] The vulnerability of people with disabilities to disasters and emergencies is further highlighted by the UNSIDR. In this study, it was found that 70% of people with disabilities had no personal preparedness plan and only 17% knew about any disaster management plan in their community.[70] Exacerbating the situation is the reality that while people with disabilities are more vulnerable during food crises, weather related disasters, conflicts and displacement, they are seldom considered as important actors in climate change discussions or actions. For example, the Hyogo Framework for Action, though providing good guidance to government and civil society for efficient disaster risk reduction is in breach of Article 11 of the CRPD. It does not include disability as a core crosscutting issue, nor people with disabilities and their representatives as key stakeholders and resources as required under Article 11.

Human security, peace building and fragile states

Human security is a contentious concept that has gathered weight in development paradigms since the 1990s. As development cooperation is increasingly aligned with national foreign policy agendas, this can lead to a dangerous conflation of understanding on the role and motivations of state and non-state actors. The Arab Spring is a case in point. There were mixed responses and contrasting interventions by the international community in terms of the use of force and isolation. For example, intervention in Libya with its high oil reserves and European interests to secure energy supplies in contrast to a non-interventionist policy in Syria, despite proven use of banned chemical weapons. This has led in turn to a range of interventions by state and civil society actors which have been questionable in terms of compliance with the four foundational principles of humanitarian aid: humanity, neutrality, impartiality and independence.

The increasing complexity of political interests, contested agendas and concern for the wider knock-on effects of foreign intervention policies, has seen a greater burden falling on development and humanitarian agencies to address the issues of large scale vulnerability of populations displaced by internal conflicts, violence and threats of terror where hosting states cannot manage.

In such environments, it is impossible for humanitarian and development actors and programmes to be unaffected by factors that affect human security. For example, armed conflict and intervention; genocide and mass crimes; organised crime/criminal violence; human rights and good governance; health and development; environment and resources. Former UN Secretary General Kofi

In response to the crisis in Gaza which flared up in June/July 2014, CBM supported Dan Church Aid (DCA) to provide food and hygiene kits to the population, including families with persons with disabilities. DCA is working hand in hand with the Jabalia Rehabilitation Society and Atfaluna Society for Deaf Children (ASDC) to identify persons with disabilities, including deaf and hearing impaired children, and ensure that they have access to relief.

August 2014 - Ahlam, a 5th grade student of Atfaluna School, with her brothers, looking at the rubble of their house and trying to understand what happened to the house and why.
© ASCD

Annan advocated for a broadening of our understanding of peace and human security:

> "Peace means much more than the absence of war. Human security can no longer be understood in purely military terms. Rather, it must encompass economic development, social justice, environmental protection, democratisation, disarmament, and respect for human rights and the rule of law".[71]

This inter-disciplinary understanding of human security also raises questions as to how we engage to protect and promote human rights and security in contexts of increased vulnerability, especially in fragile and failing states. The rise in conflicts in many parts of Asia, Africa and the Middle East, as well as the growth in black market economies based on illegal trade of drugs, weapons and human trafficking is increasing the numbers of people living in intolerable conditions, conditions which are even more hazardous for vulnerable groups such as women, children, people with disabilities and older people. A deterioration in human security requires increased investments and capacity development to protect the safety and security of resources, staff and populations and to promote sustainable and effective programming.

Over the past three years CBM has recognised the need to develop awareness and capacity of all staff on safety and security as an approach that underpins all our work across programmes. The 'CBM Global Security Management Plan'[72] is an important guide to help staff wherever they are based to analyse,

address and support strengthening security as part of our day-to-day practice to ensure dignity and well-being of staff and partners. CBM operates a global safety and security (S&S) approach based on acceptance by local communities and key stakeholders. This fits well with our ethos of being a community based development organisation operating in cooperation with local partner organisations.

Case study example: Whenever CBM train staff and managers on risk prevention and travel security we draw on our staff and partners who have a disability to support training by building disability-inclusive scenarios into the training sessions and simulations. This gives practical experience and examples of the challenges that people with disabilities face in real life situations. It gives staff the opportunity to experience, learn and ask what a fellow traveller with a disability may need to stay safe in a chaotic and potentially dangerous situation. Such situations may be a road block, a crime scene or even a natural disaster. While the main focus is on the prevention of hurt and trauma, from a management perspective the training also raises awareness on the importance of planning ahead and preparation to enable adequate responses to a crisis situation. Each session is unique and all participants come away having learned new things about inclusion and how to apply it in a potentially dangerous situation. In such situations having the knowledge and skills this training offers truly matters; it could be the difference between life and death.

HIV/AIDs and development

Globally there are 34 million people living with HIV. While there has been a decrease of 20% in new HIV cases between 2001 and 2011, the HIV epidemic continues to outpace the response. The majority of those who live with HIV infections, estimated by the WHO as more than 95%, live in developing countries. Two-thirds live in sub-Saharan Africa, where over 28 million people are living with HIV. Infection rates are lower in Asia and the Pacific: over 7 million are infected. However, there is a risk that localised epidemics involving mainly high-risk groups could spark off major epidemics in some of the world's most populous countries. People who live with HIV/AIDs are often stigmatised and face barriers to services and social and economic inclusion.

People with disabilities are sometimes erroneously assumed to be asexual and therefore less vulnerable to HIV/AIDs. However, research is showing that this assumption is incorrect and that the HIV infection rate among people with disabilities is up to three times as high as people without disabilities. In some countries people with disabilities also face a wide range of human rights abuses that increase their risk of HIV. These include higher risk of violence and lack of legal protection, lack of education and lack of sexual health information, as well as erroneous myths that promote unprotected sexual practice with a person with disability as a cure to HIV. For example, in terms of education, one third of children who are not in school have a disability and are therefore likely to miss out on reproductive health education.

Facilitation tip: In some countries, especially in sub-Saharan Africa, HIV/AIDs will be a major development issue affecting people with disabilities. In such countries, it is useful to think through what are the current barriers and opportunities to access services. Again, dependent on prevalence and infection rates, this can be an important aspect to consider as part of country planning. The Human Rights Watch Fact Sheet is a brief reference sheet that can support discussion and be used as a hand out. The Fact Sheet can be accessed at the link below:

http://www.hrw.org/sites/default/files/related_material/HIV_Disability_Fact_Sheet_FINAL_formatted_June11%20%282%29.pdf

Case study: **accessing mainstream health in the Philippines**

Dennis, who is blind and his colleagues from a DPO in Abucay, Cavite are consulting with the municipal doctor and health staff on how to improve accessibility features at the health centre. © CBM

Two municipalities in the Philippines are showing how local government can work with people with disabilities to bring about big changes in inclusive health. In the coastal municipality of San Jose de Buenavista, Philippines, government leaders are working with persons with disabilities, families, communities, and external disability non-governmental organisations (NGOs), including CBM, to ensure communities own their Community Based Rehabilitation (CBR) programmes.

The Local Government Unit (LGU) has taken comprehensive action, in partnership with persons with disabilities and their representative organisations, to include persons with disabilities in a whole range of public services, including those in the field of health. To do this, it established a local committee on disability affairs which links the Municipal Development Council, a disabled people's organisation (DPO), family groups, health professionals and the business sector. Persons with disabilities and their families feed into the planning.

Local governments in the Philippines are embracing Community Based Rehabilitation to deliver inclusive health solutions to their communities.

In the second region, accessibility is the key strategy for including persons with disabilities. At Cervantes LGU, in the mountainous area of Ilocos del Sur, there has also been systematic action to ensure health services are accessible to persons with disabilities. Mayor Benjamin Maggay is convinced that CBR is one of the best strategies to attain its development objectives, and a good entry point for including its entire population in its development aspirations. Mayor Maggay commented: "If I won't act for persons with disabilities, it's as if I'm discarding them as my constituents. Under the law, we all have the same rights to be respected. For survival, we have the same stomachs that need food. Therefore, I must deliver the services that the person with disability needs on an equal footing with other persons".

Both of these regions in the Philippines have made good progress towards disability inclusion in healthcare. Read more about the work at the following link http://reliefweb.int/report/philippines/accessing-mainstream-health-philippines

3.4: Inclusive programme implementation

The complex, multi-dimensional and evolving nature of disability, human rights and development discussed so far in this chapter leads to how CBM is addressing its role as a disability-inclusive development actor in the wider development and humanitarian sector. Many of the wider sector questions and debates as to what is important; what should be prioritised; and how to work in a multi-disciplinary and collaborative approach, are highly relevant for CBM.

As mentioned in chapter 2, CBM has recognised the importance of being able to communicate its own theory of change. This has been develloped and seeks to demonstrate not only how CBM engages with the wider development agenda but also how it intends to transition as an organisation to better demonstrate our core values and our commitment to DID within a human rights and sustainable development agenda. All of this requires a complex process of change, reflection and engagement with people with disabilities, partners, alliances and wider development actors.

Within this process of change there are some key initiatives that CBM's Programme Department is working on to address internal change mechanisms, as well as response and analysis to external drivers. Five of these key initiatives are signposted here and links and contacts given to support staff to better engage with these initiatives and processes to improve our disability-inclusive development approach.

1. **Inclusive project cycle management** capacity as an underpinning methodology for our programme work.
2. **Inclusive monitoring indicators** through the Monitoring on Inclusion pilot, which will help to identify and measure change over time at individual, organisational and societal levels.
3. **Reference guides** on each of our technical programme areas that will support regions and partners in quality assurance of programme planning, monitoring and evaluation.
4. **Country planning toolkit** to support country offices and regional offices with strategic analysis and planning moving forward to ensure a holistic and well-grounded programme is developed.
5. **Programme feedback mechanism** to increase transparency, trust and accountability with partners.

Inclusive project cycle management (IPCM)

CBM as standard practice uses project cycle management (PCM) as a tool to initiate, plan, implement, monitor and evaluate projects with partners, target groups and communities. Our commitment is to do this in line with our values and to ensure that we use an inclusive approach at all stages of the project cycle.

The approach helps us to have a look at our programmes through an inclusive lens right from the very first formulation of the initial project idea. That is, IPCM is not something different from standard project management, in fact, it

contains the same tools. However, it sharpens the focus on their participative and disability-inclusive use. By doing this, IPCM:

- Addresses the WHAT? of our work: it can be used to design activities that are directed to the removal of barriers and to the creation of a conducive environment for the empowerment of people with disabilities (doing the right things);

- Addresses the HOW? of our work: it could be used as a tool in an inclusive way itself, determining inclusive ways to analyse the context, to plan together with people with disabilities, communities and partners, to facilitate the learning and adapt to it, and thus to make every single project step more inclusive (doing the things right);

- Addresses the WHY? of our work: it can be used to ensure quality projects with people with disabilities because we believe it is their fundamental, undeniable and inalienable human right to have access to this quality in order to achieve equity.

In addition to CBM's Project Cycle Management handbook available for download from CBM's intranet (http://portal.cbm.org/knowledgebase/ID/ipcm/Shared%20 Documents/Forms/by%20stage.aspx), there is also a complementary Inclusive Project Cycle Management training package available in English and French language versions from SharePoint. The English version is also available online if you should wish to share with partners.

https://www.cbm.org.au/content/our-work/resources-and-factsheets/inclusive-project-cycle-management-training

There is also the online toolkit, Make Development Inclusive, developed with the International Disability and Development Consortium (IDDC) http://www.inclusive-development.org/cbmtools/

In addition to these resources, there is also a resource pool of disability-inclusive development staff across regions who are part of the DID Community of Practice who can be called upon for support. See CBM intranet link: http://portal.cbm.org/worldwide/io/programme_development/resources/GPS/PDDocuments/The cbm Project Cycle Management Handbook_2008.pdf.

PD focal person for IPCM: Christian Garbe, Programme Officer Quality Assurance and Designated Funding Support. **Email:** Christian.Garbe@cbm.org

Monitoring on inclusion

CBM's Monitoring on Inclusion tool aims to assess the progress of disability inclusion in our development programmes. It has been developed so that CBM and its partners can better understand the situation of people with disability in their community and monitor the changes that our programmes contribute to - in improving the quality of life of persons with disabilities and achieving an inclusive society for all.

Monitoring on Inclusion: a way for organisations to reflect and act on disability inclusion

The tool can measure **changes and improvements in 5 areas:**

...in the quality of life and resilience of **individuals**
*   their self-worth
*   their autonomy
*   their social, cultural and economic participation
*   their participation in political life

...in the quality of life and resilience of **their families**
*   the acceptance of disability within the family
*   the family's economic situation
*   the family's social participation in their community
*   the family's hope for the future

...in **communities** that people with disability live in
*   their view about whether people with a disability participate in community life
*   their access to development programmes
*   their access to public services (health, education, employment, legal)

...in the **broader society**
*   changes in government policies, practice and budget for the inclusion of persons with disabilities
*   changes in organisations - systems, policies and practices

...and in CBM, its partners and in **any development organisation**
*   changes towards inclusive policies and practices
*   inclusive programmes or services

The CBM Monitoring on Inclusion tool provides a pool of statements for each of these 5 areas of change: individual, family, community, society and organisation. Statements are chosen and contextualised jointly with representatives of the target groups. A survey approach is then used to collect data using a simple tool

where people (with disabilities, family members, and other community members) rate statements using a smiley scale. The survey process provides a prompt with participants for further discussion about inclusion.

The first round of surveys is used to take a baseline on inclusion, and then this is repeated at the mid-term point of a project, or at the project's end. Analysing changes in responses gives an understanding of changes in inclusion. Organisations doing the Monitoring on Inclusion approach can choose to survey on just one domain (e.g. individual) or multiple domains (e.g. individual, community and organisation).

As a highly participatory tool, Monitoring on Inclusion supports partners, project staff and target groups to better understand how inclusive their work is and where they need to adjust. Some CBM partners are using the results as indicators to measure project outcomes. It helps define and adjust project goals, develop stronger objectives aimed at inclusion as well as corresponding indicators and activities that are useful for themselves and the target groups. Results prompt consideration of whether there are areas that require more focus, or whether, for example, people with a certain disability type are being overlooked in programmes, what barriers exist, or whether particular government sectors or services have responded well (or not) to advocacy on inclusion.

PD focal person for monitoring on inclusion: Petra Kiel, Evaluation Manager. **Email:** Petra.Kiel@cbm.org

Reference guides

CBM is developing reference guides for each of our technical mandate areas of work in coordination with global advisors as part of an investment to support improved quality of our programme work with partners. These are intended to give technical guidance but not intended to be prescriptive or taken as a blue print, especially given the diverse contexts in which CBM works. The reference guides therefore aim to:

- Give guidance on how to develop an outcome focused yet simple project/ programme plan that is in line with technical standards;

- Support planning processes, from initial assessments through to design, giving standards of what to consider and how to define appropriate objectives, results, activities and indicators;

- Help to support monitoring, evaluation and learning, as a guide that can also be used to reflect on projects at any point in time;

- Be a form of technical reference to support teams that can then ask for more detailed technical support from local, regional and global advisors as needed. The technical guides do not replace the requirement to draw upon local technical advisors who can help ensure standards are adapted to suit local contexts and realities.

The reference guides are currently under development by a group of global advisors working with the Programme Department (PD) to cover core areas of

our programme work on health, education, livelihoods and inclusive community development. Core foundational development principles of disability inclusion, gender and environment are being considered through each of these technical guides to help ensure consistency of standards.

PD focal person for reference guides: Christian Garbe, Programme Manager Planning Monitoring and Learning. **Email:** Christian.Garbe@cbm.org

Country planning

CBM's programme work for the period 2016 to 2021 is determined by the CBM Federation Strategy 2021 (please refer to page 44 for outline of CBMs Federation Strategy 2021). In order to drive change, CBM has identified seven thematic initiatives for which Initiative Plans will be developed describing the future strategic direction of all programmatic and advocacy work within that thematic area. CBM is currently in the process of developing country plans in all its strategic countries to contextualise and operationalise the CBM Federation Strategy 2021 and link up with the Initiative Plans which are developed under the strategy.

In the CBM Federation Strategy 2021, Disability Inclusive Development represents the framework underlying all of CBM's work and as such, should be reflected in each country plan. In order to effectively work towards disability inclusive development outcomes in any given country, the CBM country level priority objectives that are defined need to take into account the national framework of that country, existing legislation and national development plans, and be complementary to national and other actors' systems, procedures and activities. The country planning process is therefore an important opportunity for Country Office teams to reflect on their work, resources and the key factors affecting people with disability so as to prioritise areas of work and activities that will best contribute to reducing and/or eliminating barriers and promoting an inclusive environment. Applying a strong development and equality analysis to develop country plans through an inclusive, consultative process with our stakeholders allows CBM to:

- Align its work with international development agendas relevant to its mandate, such as the Sustainable Development Goals (SDGs) and the wider Agenda 2030 as well as the Convention on the Rights of Persons with Disabilities (CRPD);

- Review activities to improve and increase the mainstreaming of disability into national and development agendas and to contribute more significantly to the scaling up of services in specific work areas;

- Increase the quality of CBM's global programme work;

- Nurture and increase ownership of CBM's joint work among target groups, partner organisations, local governments, as well as internal stakeholders;

- Align the activity portfolio with CBM's capacity and strengths as well as those of its partners.

3.4 Inclusive programme implementation

The country planning process at CBM can be broken down into four key phases as illustrated by the chart below:

PROCESSES

Country Planning Initiation	Country Analysis	Country Strategic Plan	Operational Plan
• Draft process for developing country plan • Dialogue with LST on draft and required support and resources • Kick-off orientation/ workshop with internal and external stakeholders	• Background analysis, including country situation, partnerships, stakeholders and gaps • Stakeholders consultations • Identify CBM's and partners' capacities and strengths	• Agree CBM's development niche for the country • In consultation with stakeholders, develop high-level strategic statements and outline of development pathways/options for each key result area	• Develop detailed operational plan including logframe and budget/cost plan for each strategic programme area as well as M&E plan

Review point → **Review point** → • **Endorsement** • **Recommendation** • **Approval**

ROLES

	Country Planning Initiation	Country Analysis	Country Strategic Plan	Operational Plan
CO	• Lead the process • Develop process • Dialogue with LST • Kick-off orientation	• Undertake country analysis • Dialogue with stakeholders	• Dialogue with stakeholders • Develop CSP incl. high-level budget	• Develop OP incl. logframe, cost plan and M&E plan • Resource mobilisation
RO	• Quality assurance • Support & capacity building	• Technical support • Quality assurance	• Technical support • Quality assurance • Recommend CSP	• Technical support • Resource mobilisation
IO	• Assign focal person to LST • Support & capacity building • Ensure advisor involvement	• LST to confirm/ validate country analysis – stage gate to next phase	• Provide input to CSP • LST to endorse CSP • Submit recommendation to decider	• Document learnings of CP process
MA	• Determine lead MA • Assign lead MA focal person to LST	• Input to country analysis and MA needs • Lead MA to consolidate input; involve advocacy teams	• Reflection of options • Feedback to CSP • Endorsement of CSP incl. investment commitments	• Input/feedback to OP • Budget commitments

OUTCOMES

Country Planning Initiation	Country Analysis	Country Strategic Plan	Operational Plan
• Process agreed and owned by CO • Understanding of strategic framework and importance of Country Plan by internal & external stakeholders • Clarity on who provides support	• Understanding of the country's development context • Understanding of CBM & partners' capacities • Needs, gaps, evidence and other stakeholders identified	• High level contry strategic plan is developed with key result areas and outline of resource estimation (financial & human)	• Effective and appropriate operational plan incl. logframe, cost plan and M&E plan that will translate into individual MYPs

On-going dialogue with stakeholders throughout the process

Legend: CO – Country Office; RO – Regional Office; IO – International Office; MA – Member Association; LST – Learning and Support Team; CSP – Country Strategic Plan; OP – Operational Plan; MYP – Multi-Year Plan; M&E - Monitoring & Evaluation

By the end of the first three phases, the country planning process should lead to the development of a Country Strategic Plan (CSP) spelling out the strategic direction of the country programme and an indicative budget. The process will then be completed with the development of an operational plan. Both plans should facilitate and improve communications with relevant stakeholders as they will help communicate programme objectives, activities and desired outcome. They will also help contribute to a more efficient alignment of resources within CBM and better inform decisions on project approvals and funding allocations.

As a means of support, a **Learning and Support Team** (LST) is established for each country planning process at the onset of initiating the process. The LST includes the Country Representative, the Regional Director or a delegate, the lead Member Association focal person, an IST (International Support Team) member from the International Office, and a DID focal person. The role of the LST is to accompany the whole planning process and beyond, from initiation to approval and throughout implementing and monitoring of the Operational Plan, and provide input to all draft documents. The LST monitors the process and output of each planning stage and takes a joint decision on moving to the next stage.

Another function of the LST is to provide support and capacity building to the country team where needed and document the learnings of the country planning process.

A **country planning toolkit** has also been developed to provide an overview of the recommended processes, roles and responsibilities of involved stakeholders, as well as tools and resources developed by CBM staff and others, to help country teams to navigate the planning process. Country teams can refine the planning process based on the local context, as well as existing relationships and resources available.

The **'Country Planning Toolkit' and related resources** are available on CBM's intranet: http://portal.cbm.org/worldwide/io/programme_development/ resources/countryplanning/_layouts/15/start.aspx#/

For more country specific DID resources that can support country level planning and implementation, please also visit the **'DID Country Resources'** page on the intranet: http://portal.cbm.org/knowledgebase/ID/DIDCP/SitePages/Home.aspx

In addition, some of the exercises suggested in this chapter of the DID toolkit may be helpful to support analysis of country programmes. The last section in chapter 2 in managing change processes may also be useful in helping to manage change with staff and partners as the programme portfolio aligns with the CBM Federation Strategy 2021.

PD focal person for country planning: Kerstin Borkowski, Country Planning & Programme Standards Manager. **Email:** Kerstin.Borkowski@cbm.org

Programme feedback mechanism

The feedback mechanism has been developed to create a means for stakeholders involved in our programmes to give feedback on the quality and efficiency of CBM's programme work, particularly for issues of concern that need to be addressed or remedied. This system has been openly communicated by posting on the CBM worldwide page: http://www.cbm.org/Worldwide-252062.php.

The feedback process is fully explained in a position paper which is also available on CBM's website. http://www.cbm.org/article/downloads/89964/Feedback-Complaints_Handling_Position_Paper_PD.pdf

The system has been set up at the international office for external feedback and complaints handling. It is being developed further with a pilot with the regional office in India for partners in Asia South region. The plan is to further develop this capacity in regional and country offices on an incremental basis, building on learning as we go.

Focal person for programme feedback mechanism: Karin Ott, Programme Development – Strategy Support. **Email:** Karin.Ott@cbm.org

With all these change initiatives, there is an underlying expectation that programme staff will pro-actively engage and be part of an iterative learning dialogue on the use and development of these tools and processes. Equally that CBM management recognises the diverse and mixed skill-sets, experience and capacities within and across country and regional teams and that appropriate capacity development and mentoring support is given. For more information on engaging positively with change processes see chapter 2, section 2.4, page 69.

Chapter 3: Endnotes

[24] Morris (1991), Pride against Prejudice: transforming attitudes to disability

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[26] WHO and World Bank (2011), Chapter 1, page 3

[27] CRPD, preamble

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[44] See Sen, Development as Freedom, 1999, p.19

[45] CRPD, Article 4

[46] Intersectionality as a concept was first used by Kimberle Crenshaw who used it to explain the various ways in which race and gender interact to shape the multi-dimensions of black women's employment experiences. It is more widely used now to understand the intersection between forms of oppression, domination or discrimination

[47] The CRPD was negotiated during eight sessions of an Ad Hoc Committee of the UN General Assembly from 2002 to 2006, which made it the fastest negotiated human rights treaty in the history of the United Nations. It was also the first convention to have included the user group about which the convention applied in the drafting. DPOs and civil society organisations working in disability were included in the development process

[48] UN, OHCHR and IPU (2007), From Exclusion to Equality: Realising the Rights of Persons with Disabilities

[49] Ibid

[50] Some of this text is amended from the source material for training delivered to EU delegations, CBM authored the source material. To see the full training modules and also source material go to http://capacity4dev.ec.europa.eu/disability-and-development-network/terms-%5Bog-id%5D/categories/thematic/disability-and-development-cooperation?page=3

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Chapter 4: Inclusive training and facilitation

This chapter is mainly focussed on supporting CBM staff and partners to develop confidence and capacity in inclusive facilitation and training. It stands as a complement to the first three chapters of the DID toolkit which are focussed more on content.

Chapter 4 is in five main parts:

4.1 Gives an introduction to critical education and principles of adult learning

4.2 Provides an introduction to learning and facilitation styles, preferences and cultures

4.3 Gives an introduction to some methods to use when designing workshops or learning events

4.4 Helps to reflect on when training is not the appropriate means for capacity development and looks at some alternatives to consider

4.5 Looks at beginnings, middles, ends and follow up, giving prompts to support inclusion and participation

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4.1: Some basics: critical education and principles of adult learning

> If you are repeating what you did two years ago, is something wrong? When in doubt do something new, be of good heart, fail forwards, bounce back, celebrate learning and experiment…
>
> Robert Chambers, 2002 [73]

Whether you are using the DID toolkit as a basis to help you design a workshop, or simply for a short refresher session or meeting, it is good to challenge yourself to go beyond your comfort zone and try new approaches. This chapter will introduce some key concepts and principles of adult learning, how to design training and facilitation, as well as monitor, mentor, reflect and energise groups towards action orientated learning to promote disability rights and inclusion.

Given disability is a social justice issue that seeks to transform unjust systems and practice, it is only fitting that any training and facilitation should use approaches which equally reflect a commitment to rights, inclusion, participation and voice.

The critical education approach of Brazilian educationalist Paolo Freire does just this: he challenged traditional pedagogy to assert an understanding of education as a liberating and emancipatory process that is:

- never neutral;
- always relevant to the learners/participants;
- a problem-posing process;
- involves a process of dialogue;
- involves action and reflection;
- leads to radical transformation.

Freire's approach was ground breaking and has widely influenced both adult learning and community development approaches, particularly social justice movements which require an analysis of power and agency in transforming unjust systems and practice.

In summary Freire's approach is based on a central premise that people cannot be liberated but can only liberate themselves. Freire introduced the term 'conscientisation', or 'critical consciousness' as a process by which individuals must:

> "… achieve a deepening awareness of both the socio-cultural reality which shape their lives and of their capacity to transform that reality through action upon it".[74]

Disability-inclusive development training should equally seek to support people to recognise and use their own agency. It requires of trainers and participants alike a genuine commitment to:

- critically analyse the power relations which can marginalise or exclude;
- self-reflect on our own individual agency and that of others;
- make a commitment to act to transform unjust systems and practice, starting with ourselves and our own practice and daily actions.

Principles of adult learning

To be effective facilitators of adult learning we need to be mindful of some basics. Adults come with complex lives, a rich experiential knowledge of the world, often very established ways of thinking and doing, with little time to engage in learning that is not relevant to their personal and professional lives. In addition creating open, safe and non-judgemental environments is critical in supporting adults to explore and challenge sometimes deep rooted and entrenched beliefs and assumptions. Particularly when looking at social and human rights issues such as disability and development.

The **key role of a facilitator/trainer is to support adults to become more critical and conscious of their own knowledge and attitudes and how to analyse these in light of new information, ideas and approaches**. Facilitating opportunities for critical reflection helps people question their own attitudes and practice, but also refine their ideas through dialogue and peer-learning with fellow participants.

The 12 principles of adult learning presented in the next table, have been adapted from the work of Jane Vella[75] and can help facilitators reflect throughout all stages of training preparation, delivery and follow up. Whilst there is no prescription or formula for adult learning, particularly when challenging and changing attitudes, bearing in mind the approach of critical education and reflecting on core principles of adult learning can be a good basis from which to start.

✅ **Facilitation tip for training of trainers (TOT) courses:** Get participants to reflect individually on a positive and negative experience of learning they have had at any time of their lives. Ask participants to share in pairs or small groups their examples and discuss what characterised these different experiences.

In plenary ask each pair in turn, to share, first some of the positive characteristics and then the negative ones (be sure to emphasise the instruction to share characteristics and not examples).

You can use the discussion as an introduction to the 12 principles of adult learning, printing out the table and asking participants to discuss which of these principles they feel they are currently strong at applying and which are overlooked and why. This reflection can feed into individual and team development plans. In plenary invite reflections and analyse any commonalities.

12 principles of adult learning, adapted from the work of Jane Vella [76]	
1	**Needs assessment:** Discover what the group really needs to learn and what they already know. Listening and responding to learners helps ensure training is relevant and shows respect for their prior knowledge and experience.
2	**Safety:** Creating a safe environment which is inclusive and accessible for all; an open, inviting environment for sharing and learning.
3	**Sound relationships** between facilitators and learners and between learners. Ensuring there are clear boundaries, trust and respect is critical to engage in dialogue and learning, especially of challenging and for some, sensitive issues.
4	**Sequence and reinforcement:** Developing knowledge, skills and attitudes to change practice is a process, working progressively from simple to more complex ideas; from group to individual tasks. Try to capture, consolidate and reinforce. Building this into the training process gives greater confidence to learners.
5	**Praxis – action with reflection:** Promote and model an experiential and critical approach to learning by doing: an iterative process of reflection, inquiry, doing and testing, challenging, retrying and continual reflection.
6	**Respect learners as subjects of their own learning:** Learners are critical thinkers and decision makers, not objects but active agents with individual styles, preferences and skills that are a valuable resource.
7	**Ideas, feelings, and actions:** People learn holistically with ideas (cognitive), feelings (affective) and actions (psychomotor). Be creative to engage people's minds, bodies and souls, use a diversity of techniques and mediums and a multi-sensory approach to learning. Even in the most formal settings a video, poem, music or testimony can be a far more powerful way to convey an idea.

8	**Immediacy – teaching what is really useful:** Engage both content and processes with the immediate professional and personal interests of learners. Connect to what makes a difference in people's lived experience.
9	**Clear roles and role development:** Facilitators can play purely a facilitator role, or may also be a technical resource person, or mentor. Equally learners may be technical resource persons and co-facilitate. It is important to clarify depending on the training and participants, establishing joint responsibility and commitment.
10	**Teamwork and use of small groups** is a more inclusive and participatory approach. Tasks can be differentiated to suit and draw upon the diverse knowledge and experience of learners and can better ensure contributions from all participants.
11	**Engagement of the learners in what they are learning:** Get participants involved in training design and thinking about content ahead of time. You can use a pre-training questionnaire or task. If this is not possible then create space to review the programme and share expectations at the beginning. Be ready to negotiate and adapt.
12	**Accountability:** How do they know they know? Accountability to participants and also DPOs, partners and CBM. Questionnaires, practical exercises, demonstrations can help assess if training can be applied. Think about longer term and how to monitor if training made a difference – for example the Kirkpatrick model on measuring training effectiveness – which looks at reaction, learning, behaviour, results.[77]

4.2: Learning and facilitation: styles, preferences and cultures

> What I hear, I forget.
> What I hear and see, I remember a little.
> What I hear, see, and ask questions about or discuss with someone else, I begin to understand.
> What I hear, see, discuss, and do, I acquire knowledge and skill.
> What I teach to another, I master.

The Active Learning Credo, Mel Silberman, 1996.[78]

There are many ways in which we learn and people are very different in their aptitude and preferences. What suits some is exclusive for others, what is usual practice in one culture may be exceptional or unacceptable in another. People of different ages, with different impairments, from different occupations and cultures will have been exposed to very different learning and teaching styles and this may significantly affect their preferences and expectations of training.

As a facilitator it is important to self-reflect on what type of learner you are and your own cultural bias. This will help to enhance your own learning opportunities and also your ability to recognise and respond to the different styles and preferences of others. By nature, we tend to default to our own preferred learning style and cultures when facilitating which can be exclusive and/or off putting to others when not moderated and varied.

Facilitation tip: Provide participants with a sheet of A3 paper. Ask them to fold the paper in half: on the left hand side drawing a picture of how they see themselves as a participant/or learner and on the right hand side how they see themselves as facilitator or trainer.

Support people to be relaxed about drawing and using any means they like to express themselves – a mix of colours, symbols, words, pictures. Don't exclude people with visual impairment from this exercise, or people that say they cannot draw. Often people with visual impairment are excellent at creating visual images. Rather give people a choice: to draw and express by themselves, dictate to a buddy to draw, or to audio describe their picture. Often people who say they cannot draw are very good at painting a verbal picture. Remind people it is not a test, just a different way of sharing and that it is good to try something new.

In plenary ask participants to post the picture up on a shared wall as a gallery. Gather around the gallery in a semi-circle and ask each participant in turn to describe and explain their picture and share how they see themselves in the different roles of learner/participant and as a facilitator or trainer and how they found the exercise. What they discovered about themselves and others; and how comfortable they felt with the exercise. There is likely to be a wide range of responses from those who enjoy the creativity to those that will have been pushed beyond their comfort zone.

Use the plenary to reinforce key messages on the strength of having a

diversity of skills and approaches; that no one style is better and that different subjects will naturally fit to different styles, the importance of being eclectic in approach and sensitive and supportive of participants who find methods unfamiliar.

This exercise can be used as a warm up conversation ahead of looking at different types of adult learners. It is also a good exercise to do with a team who will be co-facilitating to become more familiar with each other's different styles/skills/preferences and to reinforce the importance of developing complementary co-facilitator teams.

Types of learner

Learners have traditionally been defined as of three types: visual; auditory; and kinesthetic learners; with more recently a fourth type, read/write learners. Many people identify with more than one style, whilst others will identify strongly with only one. A learning style or preference is not highly evidenced, or set in stone. Personal preferences will change over time and be dependent on the subject matter being taught, who peer learners are and the learning context, especially the level of formality.

The text below summarises these four learner types and provides some general strategies that might support and enhance these different learning styles.

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

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

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

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

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

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

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

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

For all facilitators, including facilitators with different impairments, it is important to create opportunities to try out and test new boundaries, using new or adapted methods and approaches.

Cultural dimensions

In CBM we work cross culturally, therefore it is essential to reflect on different cultural influences within a training and facilitation context. Some people are heavily influenced by the cultures they have grown up within, and others from the educational or organisational cultures they have been exposed to (not always the same – especially in development contexts).

As an organisation we value cross cultural working as a key performance competence and it is expected that as facilitators we will recognise and be responsive to these different cultural dimensions.

This entails:

* recognising our own cultural influencers and preferences;
* ensuring we do not carry pre-conceived ideas or prejudices into training;
* being vigilant and addressing the cultural dimensions and sometimes opposing dynamics at play from and between participants in training.

4.2 Learning and facilitation: styles, preferences and cultures

A helpful text to read is Deborah Rhodes and Ernest Antoine's Practitioners Handbook for Capacity Development: a Cross Cultural Approach (2013)[79], which is a must read[80] for CBM DID trainers and capacity development managers. They describe the work of Robert House (2004) who defined eight dominant cultural dimensions, based on a 62 country-wide study[81]:

1. **Power distance** (hierarchy): the distance between those in power and those not.

2. **Uncertainty avoidance:** the degree to which societies tolerate ambiguity about problems affecting life.

3. **Humane orientation:** a value which emphasises concern for other people.

4. **Individualism/collectivism:** the difference between societies that place great value on the importance of the individual or the collective.

5. **Assertiveness:** the beliefs as to whether people should be encouraged to be forthright when expressing their views/behaviours; as opposed to societies which value non-assertive behaviour.

6. **Gender egalitarianism:** the contrast between societies that value gender egalitarianism, as opposed to those which value and amplify difference in gender roles.

7. **Future orientation:** the degree to which societies are prepared to forgo short term gratification for long term rewards.

8. **Performance orientation:** the extent to which a society encourages innovation, high level of performance and quality outputs.

These eight dimensions of culture are important to consider in all training for all participants. However, some have particularly profound implications for disability-inclusive development work, especially gender egalitarianism and power distance. In addition, uncertainty avoidance and assertiveness can also play a significant role in the quality of DID training in terms of voice, quality of representation, participation and decision making of people with disabilities.

Facilitation tip: Ask participants to individually reflect on previous training or work experiences where they have experienced obvious cultural differences which resulted in tensions, conflict or even breakup of the group or stimulated new insights and understanding. Ask them to consider which of the eight dimensions of culture may have contributed to the conflict? What impact did it have, how was it managed and could anything have been done differently?

Ask participants to then share these reflections in small groups. Ask them to rank the eight dimensions, or prioritise at least the top three in terms of which are the most dominant dimensions that affect training and work or partner relations in their own contexts? Ask them to discuss what strategies they have used to manage or indeed use these tensions to enhance training/develop capacity? You might consider organising groups by region/ organisation/department and/or by gender/occupation/role to draw out differences in perspectives and contexts.

Bring back groups to plenary and ask each to share their reflections on the most important cultural dimensions and the potential strategies they can use to positively manage these. Remind participants that it is not always good to avoid conflict: often it is a necessary and memorable learning technique – but equally that conflict is also not a pre-requisite for learning and discovery.

Different cultural styles of managing conflict: It can be helpful to consider how different cultures view and manage conflict. The Intercultural Conflict Style (ICS) Inventory, developed by Mitchell Hammer suggests that there are two elements in all conflicts: facts and feelings. He has defined four main conflict resolution styles which can be understood against the axis of high or low emotions and high or low facts.

Different cultural styles of managing conflict

It can be helpful to consider how different cultures view and manage conflict. The Intercultural Conflict Style (ICS) Inventory, developed by Mitchell Hammer[82] suggests that there are two elements in all conflicts: facts and feelings. He has defined four main conflict resolution styles which can be understood against the axis of high or low emotions and high or low facts.

Discussion style (high facts/low emotion)	**Engagement style** (high facts/high emotions)
• Reliance on factual information • Emotionally restrained • Adversarial	• Verbally direct • Emotionally expressive • Sincerity is judged by intensity of verbal and non-verbal expressions
Accommodation style (low facts/low emotion)	**Dynamic style** (low facts/high emotions)
• Indirect approach • Emotionally restrained • Promotes ambiguity of language to avoid conflict • Emotionally calm to foster inter-personal harmony • Indirect speech, stories, metaphors	• Use of indirect methods • Employs emotionally intense expression • Strategies include – repetition, associated argument, ambiguity, stories, metaphors and intermediaries

These general types can be loosely associated with different societies but indicative, rather than a blue print. Individualistic societies tend to consider conflict as a healthy way to debate; whilst collective societies tend to prefer indirect means that value harmony, dialogue and collective wellbeing.

There are no simplistic answers. Differences in gender, economic status, education and class can all play a factor in the cultural expectations of how we manage conflict. Many people will identify with a style that is not necessarily in line with their own cultural background but rather one that has been developed over time, be it through personal conviction, self-development, assertiveness training or through exposure to different professional, educational, or organisational work cultures.

Managing conflict is an essential skill for DID facilitators: a skill which develops with experience and practice. First steps are:

- becoming aware of the dominant styles of managing conflict in your environment: your own and those of others;

- identifying and using your strengths;

- working with mentors and line managers to develop skills and strategies to engage with those who have a different conflict management style.

✓ **Facilitation tip:** Ask participants to individually reflect on which of the four styles they most identify with: discussion, engagement, accommodation and dynamic. Ask them to think about a time when they have:

- successfully managed a conflict situation, be it in a training or work context.

- when someone else has constructively helped them to resolve a situation.

In small groups of 3-4 ask participants to share their experiences and to identify the key elements needed to constructively manage a conflict. Ask groups to then make up a role play to demonstrate these key elements. Their role play could either model a situation of conflict which has been well managed, or the opposite, as long as it prompts discussion. In plenary have people share their role plays and ask participants to note down different strategies in use, from methods, tone of voice, body language, willingness to change, reliance on procedures, use of gender, disability or any other cultural dynamics at play.

You can increase the level of challenge for more experienced trainers by asking participants to develop their own scenarios to give other groups. Such as: a difficult training scenario; or disagreement between different

stakeholders on who should be supported, or allowed to attend a training; or a situation where a visiting trainer or manager is involved in training but is off message, or using culturally inappropriate approaches and needs to be diplomatically redirected.

Using role play is a good way to simulate very realistic scenarios that trainers will meet in their work. It can give people confidence to try out strategies in a safe environment and can help people tap into personal reserves they did not know they had.

This quick tip sheet from the global learning partners can be a good hand out to give to reinforce some simple strategies on what to say and how to manage ten of the most stereotypical learner behaviours: talkative; hostile; silent; helper; know-it-all; class clown; negative; personality clashes; resistor; and strong resource person. http://www.globallearningpartners.com/downloads/resources/10_Types_of_Learners.pdf

Core cultural values for DID trainers relevant in all contexts are to:

• Demonstrate respect and honesty in our actions;

• Be reflective, self-aware and self-critical;

• Be humble, model the ability to learn from mistakes;

• Create inclusive, open spaces that are affirming;

• Communicate clearly and promote dialogue;

• Promote participatory processes: be responsive and flexible;

• Be accountable for our actions;

• Be sensitive towards participants, who, in all their diversity have different views, needs, (cultural) backgrounds.

4.3: Training and facilitation design: some methods

Good training and facilitation is based on having a strong analysis of what is needed and why. There are a number of systems for planning but two are presented here: the Jane Vella 8 step design process[83] and Robert Chambers 21 set checklist. Using either method will help you to have a clear logic, a participatory process and a result orientated approach, be it for planning a meeting, a workshop or any other learning event.

The Jane Vella 8 step process is suited for design with more experienced trainers, or within more developed organisational structures; whilst the Robert Chambers checklist is elaborated to include more detailed logistics that can be helpful for less experienced trainers or those working in smaller organisations, or less well-resourced settings.

The Jane Vella 8 step design is helpfully visualised as a triangular pyramid on four levels to show the inter-relatedness of the stages.

The learning tasks
How?

The content
What?

The achievement-based objectives
What for?

The time and timing
When?

The place and space
Where?

The people
Who?

The anticipated change
So that?

The current situation
Why?
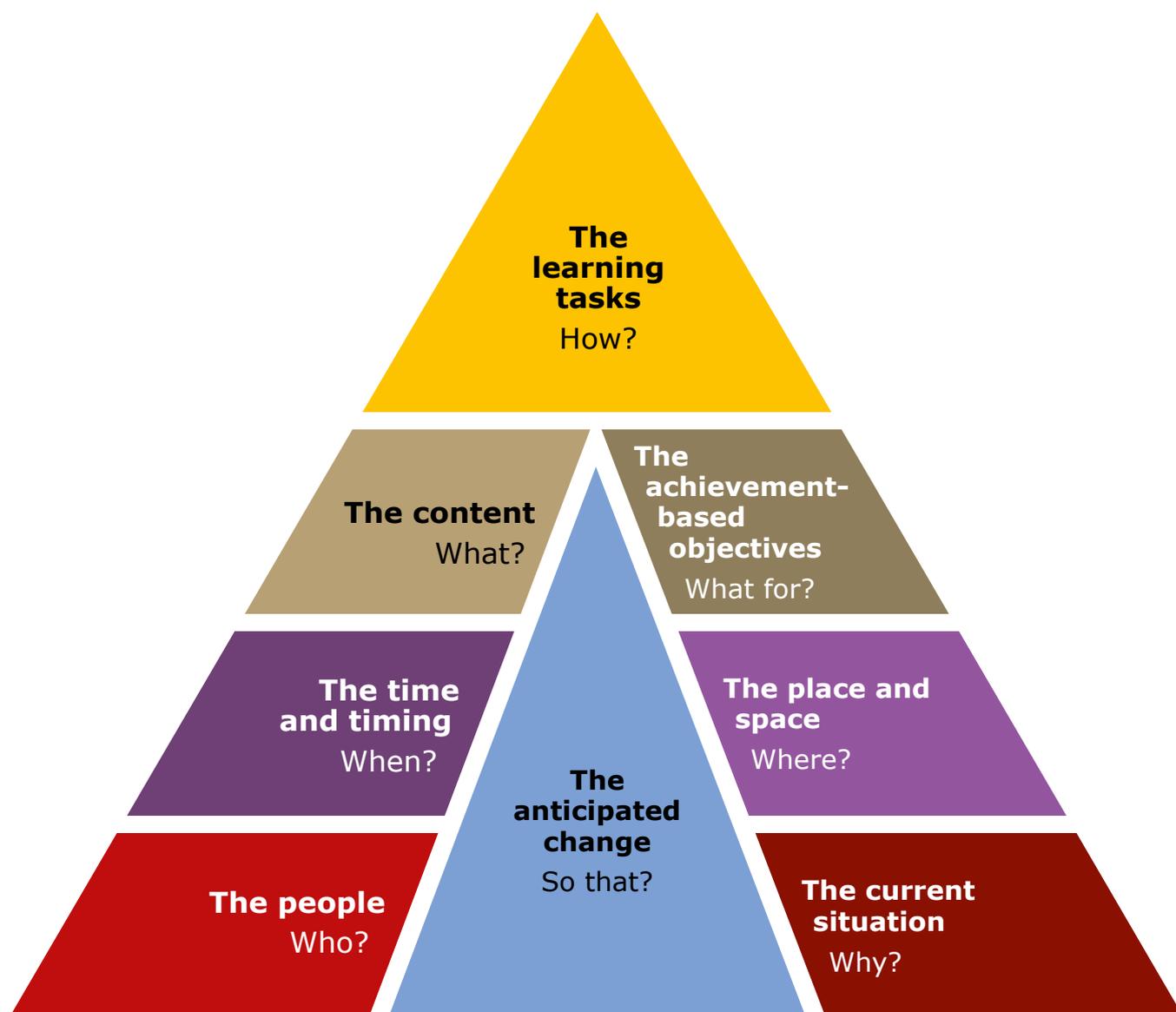
The description of the Jane Vella 8 step design visual is as follows:
Working from bottom up over four levels: On the first base line level is the WHO and WHY stages: these are two blocks either side of the SO THAT stage which is presented as a central, internal triangle which reaches high up through the middle of the pyramid to level two and three. On the second level is the WHEN and WHERE, again either side of the SO THAT internal pyramid. The third level is the WHAT and WHAT FOR stages, either side of the SO THAT internal pyramid. On the top level, on its own, above everything else is the HOW stage: the learning tasks. These eight stages are elaborated on below.

1. **Who? The people:** A deep understanding of who will participate in the learning programme/event. What background, experience and expectations do participants have? You might use a pre-training assignment, a training assessment survey, have a focus group to better ascertain in advance.

2. **Why? The current situation:** An insightful look at the day-to-day work of the participants and how it connects to the topics of the training or meeting. You need to have a clear purpose for the training and how it is situated and will be relevant and meaningful for participants (who initiated, asked for the training and for what purpose/aim? Confirm purpose/aim with initiator and participants). Ensure you have clear direction from organisations and support, buy in and advice of line managers.

3. **So that? The anticipated change:** A realistic vision of what will be different as a result of the training/learning event. It is essential that you can define a clear purpose at an overall level but also clear learning objectives for each session.

   Warning If you cannot clearly answer the first three foundational questions on the first level: the WHO, WHY and SO THAT, then do not proceed. It would be a waste of time and resources. All training needs a strong foundation.

4. **When? The time and timing:** A detailed description of the time available for the learning, noting how this influences the possible amount and depth of content. Think about how much time do you have? What time of the day/or year and the overall time frame in terms of participants' attention and ability to contribute effectively.

5. **Where? The place and space:** A decision on the best location: logistics and budget definition to accommodate participants, schedules, and the needs of the learning event. Ensure that training logistics have considered key inter-sectional issues that can optimise safety, protection, gender equality, sustainable development and transparent accountability. Ensure accessibility considering gender, disability, age, culture, ethnicity, language and any other factor that might affect participation across venues, timings, planning, materials etc.

6. **What? The content:** Carefully-constructed content that addresses the agreed purpose and learning objectives. Content should be sufficiently challenging but also diversified to engage and be meaningful for all participants.

7. **What For? Achievement-based objectives:** A specific description of what learners will do with the content areas. It is not enough to provide opportunities to deepen knowledge and share experience but participants also need to engage actively with how they will apply their learning to their work after the event. Follow up and action planning is a fundamental principle behind any DID training that needs to be embedded within the session or workshop design as part of an agreed process with line managers and team leaders.

8. **How? The learning tasks:** A guide for the facilitation of learning exercises in which all learners build their skills and share their learning. It is important to recognise participants' expectations and value and build on their contributions. People have very different learning styles and preferences. Make sure that different methodologies and approaches are planned to maximise participants' contribution. A diverse resource facilitation team can also help to better deliver this.

Robert Chambers: 21 questions

This checklist has been developed from over 20 years' experience of using Participatory Rural Appraisal (PRA) and Participatory Learning in Action (PLA) approaches in developing countries.

It has been adapted here for disability-inclusive training and helps to promote reflection on your own agency; that of others and the wider elements and dynamics at stake.

	21 questions: when preparing for participatory workshops (elaborated from Robert Chambers, Participatory Workshops (2002)[84])
1	**Why?** What is the purpose? Who determines it? What experience, sharing, analysis, learning or other end is sought?
2	**How does it fit?** How does this workshop/event fit into the longer term process of learning and change? If there is no such long term process should you undertake it at all? Or should you negotiate with the sponsors/organisers for greater commitment? Is there strategic value in continuing?
3	**Who and how many?** Who will the people be? How should they be selected and against what criteria? How many should/or will there be?
4	**What expectations?** What will they expect? How can you find out? How will you manage conflicting expectations?
5	**How participatory?** What sort of process? How participatory can and should it be? How much can participants do themselves? Where is the voice of women and men, and if appropriate girls and boys with disabilities in the process? Have you planned to ensure processes are fully inclusive?
6	**What is your part?** What is your role, contribution: trainer, facilitator, co-learner? What dynamic (positive or negative) might you bring to the event?
7	**Who else?** Who else could, should or will help, take part or co-facilitate? What role have people with disabilities played/will play in the process?
8	**Where?** What venue should be sought, against what criteria? Have you ensured it is fully accessible, conducive to learning and appropriate in terms of costs/supporting local development?
9	**When?** When should it be? How long should it take? What should the timetable be for preparation? Are there adequate breaks? Do the times – time of day/week/year suit women and men?

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

✅ **Facilitation tip:** Choose either the adapted Jane Vella or the Robert Chambers materials to support facilitators to plan for, or reflect on previous training. If you have a large training of trainers (TOT) group you might use both, assigning different groups to use different planning methods for contrast. Organise groups into work teams who would be working/or interested in similar training content/levels.

The materials can be put in table format with a column added for reflection or comments. Some or all of the following can be used:

- Ask participants to brainstorm what planning methods/stages they currently use and which elements have been most successful.

- Then give out the two types of materials to different groups (the list of 8 steps and/or the 21 questions) and ask them to compare with what is their current practice. They can tick areas they are strong on, highlight areas that are gaps or they need to strengthen, or add areas/aspects from their practice that have not been considered.

- Bring the group back to plenary to share their reflections, perhaps other useful methods to also share and to check if any aspects need clarification.

- In interest groups related to work ask participants to work as a facilitation team to plan for a real training/learning event. Let them choose which method they prefer and to come up with a first draft plan. In plenary ask each group to share their first draft plan and for other groups to constructively critique as peers.

- This can also be a follow up task between training where participants jointly deliver a training and then feedback at next training and can build in mentoring and feedback mechanisms.

Whichever method is used it is important to reflect on what has worked well and how they might adapt or improve for next time. None of these tools are static and trainers have a responsibility to reflect, adapt, learn and share as they go.

Accessibility checklist for meetings: key points to consider

This has been adapted from Save the Children, Access for All: Helping to make participatory processes accessible for everyone, 2000.[85]

1. **Meetings, presentations and discussions**
- Consult participants before the event to understand everyone's needs;
- Create an open, honest and enabling atmosphere where everyone can express their accessibility needs and feel comfortable when communicating;
- Provide preparation time and support for participants to develop their presentations or arguments;
- Provide information and training on accessible communication;
- Provide a range of communication formats so that everyone gets a chance to communicate in some way;
- Think about the speed, clarity, volume of your speech, etc.;
- Employ qualified sign language interpreters and language interpreters, rather than relying on participants to interpret for each other. Arrange backup interpreters to be available in case of emergencies or during long events;
- Provide interpreters with papers, data, etc. well in advance so they are prepared;
- Provide accessible travel arrangements; people can only participate in a meeting or event if they can actually get to it;
- Think about physical environments, accessible meeting facilities and accommodation;
- Provide participants with information regarding emergency, evacuation routes and meeting points of the venue;
- Think about room signage system, room layout, lighting, seating, background noise;
- Think about timetabling, regular breaks, working days to suit all participants;
- Put plenty of time and effort into planning and organisation before the event
  – there are lots of little things which can help, or hinder, people's participation and communication.

2. **Simple language**
- Keep documents brief and make sure that the content is well organised;
- Avoid jargon and too many long words;
- Use short, simple sentences because:
  – not everyone speaks your language as their first language
  – not everyone reads, speaks, writes or understands things in the same way
  – not everyone is able to or wants to pay attention for a long time
  – it takes longer to read and is harder to browse through a Braille document;
- Sign language is a language in its own right, with regional and local differences, as with spoken languages. Remember:
  – sign language interpreters need breaks and to be situated in places with

maximum visibility, those using sign language interpreters also need good lighting but not with direct sun light

- make sure there are two sign language interpreters for long meetings and that deaf participants have approved those being employed as meeting standards

- make sure presenters give sufficient time for sign language interpreters to complete translation and to swap between interpreters on long sessions;

- Don't forget about 'body language' and facial expressions – they are simple but can convey a lot;

- Remember when working cross culturally to be mindful that there is very diverse understanding and acceptance of different gestures/expressions.

3. **Written documents**

- Consult potential users before producing documents;

- Consider: print size, weight, font, contrast, case, colour, paragraph style, margins, line spacing, shading, paper quality;

- Provide: Braille versions, audiotaped versions, language translations as requested;

- If your presentation will be viewed via projector:

  - ensure that the type size is large enough to read easily, the type should be larger than on printed handouts

  - make sure there is high contrast between the background and the text, the contrast often needs to be more pronounced than on printed material

  - use simple slide transitions or avoid animation-like effects altogether

  - don't overcrowd slides with text. Three to seven bullet points per slide is a good guide

  - make sure video captions and audio transcription are available

  - use Alt Text to explain pictures, images, graphics, graphs, tables and flowcharts, so that a screen reader can access them.

4. **Planning and financing**

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

- Braille

- Audio cassette

- Large print

- Easy read versions

- Language translations

- Usual production costs (proof-reading, design or typesetting, printing).

For meetings you will also need to budget for:

- Sign and other language interpretation

- Personal assistants who may assist participants with disabilities

- Facilities, equipment, modification and accessibility adjustments to the venue

- Support staff to help with logistics and documentation.

4.4: Recognising when training is not the only answer: alternatives

The reality in many development organisations, including CBM, is that we can mistakenly understand training as a panacea to fix all ailments and over invest in training to the detriment of other key capacity development processes. This can lead to staff and partner training fatigue, or a 'work-shopping culture' where training is seen as a perk and an outing without any real commitment to change. When training is not well grounded and meaningful, it wastes valuable resources and good will. It can potentially destroy relationships and credibility rather than build them and fail to address the underlying problems that were of initial concern. Indeed when working on disability inclusion, training may not be the best means to change attitudes, policies and practice.

Therefore it is important to consider **other strategies for capacity development** which can be complementary, or an alternative to training such as: peer to peer support, mentoring, coaching, self-directed learning, online learning, shadowing or exchange programmes or taking up accredited professional courses.

Peer to peer support and pairing can be an effective way for people to develop and maintain a support network for ongoing critical reflection and day to day problem solving. It often needs to be nurtured within an environment that welcomes openness to critical reflection, problem solving and dialogue as part of a wider community of practice.

Mentoring can be a good way of ensuring that newer or less experienced practitioners can be supported by and learn from more experienced, skilled staff. Mentoring is a relationship based on confidentiality, trust and mutual respect. It has the advantage that it can holistically address both personal and professional development matters. Having a written agreement between mentor and mentee can also greatly help to manage successful mentoring expectations and outputs.

Coaching can be a good way to support staff members that need more specific technical support to gain skills or confidence in a particular area. This strategy can be very effective to address specific skill gaps, or confidence in practice. Coaching is more time limited and results orientated with specific performance improvements expected. For both coaching and mentoring the human resource department at CBM International Office have short agreement templates that can be used and/or adapted to support.

Self-directed learning: With increased open access to information there has never been such a rich environment for self-learning. Some prefer this more private route to learning, to suit their interests and time. Self-directed learning requires a high degree of motivation and self-discipline and is not for everyone. This cannot be instigated by organisations but line managers can support and encourage and give opportunities for dedicated self-learners to share and exchange with peers.

E-learning: There are many opportunities for online learning, from formal distance learning courses to more informal communities of practice and online discussion forums, as well as opportunities through practitioners groups through

social networks such as Linkedin or Facebook groups. CBM is piloting the 'lingos' online resource that gives a wide range of courses. You can arrange courses through your line manager. http://ngolearning.org/default.aspx. It is good to keep an eye open for opportunities through local networks which will often have more variety of materials in local languages.

Shadowing or exchange programmes: Both shadowing colleagues and peers for on the job exposure to how colleagues work and agreed exchange programmes between institutions or offices, can be a good option to give people exposure to different ways of applying disability inclusion and broaden experience. When internally arranged it can build better co-worker appreciation and more integrated ways of working, whilst external exchange arrangements can be very strategic at strengthening partnerships. Successful exchange programmes are based on identifying that both sides will gain, whilst shadowing can be a great way to give people exposure to new areas.

Accredited courses: Sometimes there is no substitute for formal accredited qualifications, but investments need to be carefully assessed to ensure they are relevant. Such opportunities are especially important to consider for staff with disabilities that may have had less formal educational opportunities than peers. If people are funded from organisational budgets rather than private means there also need to be clear agreements in place.

All of these options can be considered instead of, or as a complement to training to optimise learning and development. Whatever the choice, it is important to ensure the **strategies used**:

- Are clearly linked to people's professional development plans;
- Are formally agreed as part of key performance objectives with line managers;
- Are regularly reviewed and monitored for quality and relevance;
- Promote self-responsibility and ownership of personal and professional development;
- And that reflections are documented and learning shared.

✅ **Facilitation tip for training of trainers (TOT) courses:** Get participants to brainstorm different strategies for capacity development beyond just training. Once a list is developed split participants into groups to consider what they think are the pros and cons of these different strategies; sharing examples of learning from their own experiences.

Ask groups to document their sharing on flip charts of pros and cons for each and what advice or learning to share with other groups.

Remind groups to take into consideration implications of these options for women and men, people with different impairments, older and younger people, as well as people from different cultural backgrounds.

Ask groups to display posters and then give each group a different colour poster pen and go round the room to read each other's work. As groups go

round ask them to mark or add comments: a tick to indicate agreement; a smiley face to indicate resounding endorsement; an exclamation mark for anything they do not agree with; a question mark for anything they do not understand.

Ask groups to go back to their poster and review the comments left and then give each group five minutes to respond and discuss with the wider plenary.

Workshop at CBM's international office in Bensheim. © CBM

4.5: Beginning, middle, end and follow up

If all the planning has gone well and the programme and content agreed and prepared then the final stage is delivery. Like a story, a workshop or learning event needs a good beginning, middle and end, as well as a clear strategy for follow up.

The best policy to minimise disappointment and mitigate against potential failure is by being well prepared, having a good team of support and enough shared resources and alternatives up your sleeves. The following table gives the key elements that need to be undertaken at each stage of a workshop but there is lots of scope to do these in whichever way or combination that best suits the size of group, length of workshop, make-up of participants and subject at hand.

Prompt sheet		
Beginning	**Middle**	**End**
Preparations: room lay out: preparing the space, checking equipment and materials, hand-outs, pens, paper and props	**Daily monitoring:** personal journals; review and blog teams; graffiti walls; parking lots; moodometers	**For participants:** **Evaluation:** individual/ group evaluation – written/verbal/shared/ anonymous/public
Welcome and warm ups: greet and meet	**Energisers:** pick me ups/calm me downs/ reflections and filler ins/ games, prizes, sweets and motivators	**Making commitments:** action plans; follow up; contracts and agreements – personal/ shared
Managing expectations: clarifying, negotiating and affirming objectives	**Managing time:** time keepers/time saving strategies	**Validation:** certificates, presents, awards and goodbyes
Ground rules: agreeing ways of working, inclusion and participation	**Managing dynamics:** defining and re-defining groups; managing tensions: creating different spaces, seating and sequencing/ changing pace and direction/order of programmes	**Networking:** coordination mechanisms and contact lists/details for keeping in touch
Monitoring and feedback: Establishing feedback mechanisms, roles and responsibilities	**Giving instructions:** clear, precise and confirmed: written/ verbalised/displayed/ repeated back and monitored/clarified	**Housekeeping:** logistics for travel home/check out etc., receiving final workshop report/presentation and materials
Housekeeping: health, safety and logistics	**Housekeeping:** notices and logistics	**For Facilitators:** the above plus • Facilitation team de-brief and learning (needs to be daily not just at the end) • Evaluation analysis • Workshop report • Monitor and mentoring follow up plans

Beginning

A good start for a workshop allows participants to feel reassured on why they are participating, who the other participants are, what they will have to do, when and where the learning will take place (including breaks), how and who to ask for help if they are not feeling well or happy with events.

As a facilitator working with colleagues it is important to set the right tone: so be prepared and even if things are going wrong (as frequently they will), keep calm and friendly and be of generous spirit. The worst is to be negative or blame colleagues, organisers or indeed participants themselves. There will of course likely be some late comers, some will not have received, read or completed the pre-reading tasks, whilst others will be struggling to keep awake from lack of sleep and overnight travel. The teas and coffees may not arrive on time, or at all, the room may be too small or big and not the one agreed, and the carefully prepared hand outs dropped in a puddle of water or lost between the car park and the hall. At times like these remember some golden rules of facilitation:

Training essentials:

Honesty   Respect   Warmth   Good humour   Common sense

The actions that demonstrate these are being able to: apologise and take responsibility when things go wrong, keep a positive and open outlook, be practical and collaborative in finding alternative solutions and whatever you are feeling inside exude calm and reassurance rather than panic or frustration.

Having a clear structure for the beginning and choosing appropriate introductory exercises for the type and make up of participants is critical. Getting people to constructively share their hopes and fears of the workshop can be a good way to start but there is a great deal of scope depending on the level of intimacy and depth of reflection that you are hoping to achieve. Creating a safe environment, with an atmosphere of respect and clarity on expectations and roles and responsibilities is the main objective of your opening sessions.

The middle

Keeping positive momentum and varying the pace and formats of your sessions, as well as managing competing dynamics can be challenging. Having a team of facilitators helps to ensure different styles and voices and peer-support to better observe and pick up on unfolding dynamics.

Often the simplest techniques of changing seating and room layout from one session to the next can positively shift dynamics. Using space and seating sends clear messages about the intimacy and expectation of the session and allows participants to behave and learn in different ways. For example, sitting in a circle can help to create a more intimate space, café styles allow for more informal learning and sharing, whilst plenary in a U-shape or classroom style gives formality. Having a variety of different spaces to suit your purposes and sufficient

break out spaces allows for greater flexibility and for participants not to feel hemmed in, particularly in longer workshops.

Using a variety of methods for re-arranging groups can also be a fun way to create new dynamics and help participants to get to know each other better. Also never underestimate the power of quizzes, competitions and games with sweets and prizes to motivate and inspire.

✅ **Facilitation tip, time keeping:** Be realistic, often discussion of disability issues prompts very personal sensitive and meaningful sharing. Allow sufficient time for your sessions and build in longer break times that give a greater degree of flexibility. It is good to negotiate ahead of time on how to manage changes in timeframes if they are required, so you know in advance what is comfortable for all participants and respectful of different cultures. You can also use time saving techniques for feedback such as:

- Have groups feedback by wall displays rather than verbally in plenary. This method is more inclusive of people who are deaf and hard of hearing and read/write learners, though be sure people with visual impairment have a reading buddy.

- Give time bound and focussed tasks: rather than open ended questions limit or define tasks/questions given for consideration. For example: a table to complete, specific questions to answer; or a limited number of issues or ideas to feedback within a set time for each group.

- Have groups work in parallel on different issues/questions and then feedback for plenary learning rather than all groups doing all aspects of a task.

- Agree with participants their role as time keepers to keep mutual accountability: you can have a time keeper for each group, but also an overall time keeper – this makes the job of time keeping a joint responsibility.

- You can also ask participants how they want to manage participation and time keeping as part of the ground rules setting at the beginning of the workshop. When participants suggest active participation you can ask: So what do we do if people do not participate? How do we encourage everyone to take a turn in talking; and what do we do if others are talking too much and taking up time? Some suggestions might be:
  Have green and red talking sticks which are owned by the group and can get passed to request people to speak (green) or stop speaking (red); or having assigned people or an agreed system to prompt reminders of agreed rules; or with a trusting group a system of fun forfeits. This can include that the quietest participants of the day get nominated to do the next day's review and feedback; whilst the noisiest participants of the day will be nominated to do documenting tasks next day.

- Be creative and trust participants to contribute, lead and suggest: remember what comes from participants is more likely to be accepted and used by them.

The end

It is important to have time for reflection and closure at the end of a workshop. Reflection and evaluation processes give opportunities for validation of learning, clarifications and planning forward, for both collective and individual commitments. Whilst it may bring up unresolved issues it also helps to capture learning and to plan forward to address issues that remain.

For disability-inclusive development, active self-reflection at the end of any type of training event is critical for participants to take forward their commitments but also feel secure in asking for further support. Linking training outcomes to ongoing professional development can be done as part of formal processes with line managers, or more informally through mentoring and peer support mechanisms (see section 4.4).

The options are many and the methods chosen should be proportionate to the length, depth and content of the training. It also needs to take into consideration the dynamics that have been in evidence during the training. Facilitators may need to change the planned evaluation mechanisms; particularly if there have been difficult or sensitive dynamics during the workshop. This might be to provide moderated feedback processes in groups, or personal and confidential means, rather than open collective methods.

Closing a workshop or learning event well allows participants to leave with a new network of peer friendships, the confidence to use and apply new skills and knowledge, a clear plan to apply learning and agreed follow up support with mechanisms agreed for keeping in touch. Daily learning journals[86] can be a good way to help participants reflect during training and also use as a post training prompt for follow up and learning.

For facilitators and trainers the end is never the workshop. Debriefings for the facilitation team, analysis of evaluations and processing of the workshop documentation and reporting all need to be completed, as well as follow up mechanisms agreed and re-strategising with organisers and managers.

If possible it is helpful to have a later feedback and evaluation mechanism at an appropriate time after training, once the honeymoon period is over. This can be helpful to assess: if the training was valuable; how/if it has been applied in practice and if/what has been passed on to colleagues and communities. This can also act as a prompt to refresh the training content and remind people of their previous commitments.

Facilitation tip for training of trainers (TOT) exercises: Trainers will all have their favourite types of exercises, be they introductions and start-ups, energisers, methods for monitoring and reflection or closure – ones they have invented, experienced or adapted. It is good to leave time to tap into this experience and give opportunities for sharing.

Set up three café style spaces where you cover the table space with flip charts that have been taped together to form a large table cloth. Leave a

range of coloured paper, scissors, crayons, pens and masking tape or glue for sticking, in the middle of the table cloth. Each café is for a different stage of a workshop: Beginning, Middle and End, corresponding to the prompt table. As an introduction give out the prompt sheet (see page 154) as a hand out and ask for some examples of each to get started. Once participants have the idea and the prompt sheet is clear, split the participants into three groups. Invite them to spend 20 minutes at each of the three café spaces, where they can share and discuss their favourite methods at each table naming, drawing, describing them for each of these stages. Each group will have the opportunity to visit each café and add to the work done by previous participants. They can add comments and endorsements if people have also mentioned methods they have used.

Spend a final 30 minutes visiting each café space in turn for people to see the final record and give an opportunity for participants to ask questions if there is any method that needs further clarification. Make sure to write up the work of the groups as part of the workshop record and emphasise the importance to have a diverse bank of ideas to be able to be responsive and flexible.

Here are some more resource links for ideas:

Sure-fire Ice-breakers and Group Games by Mark Collard from http://www.inspireyourgroup.com/ebook.htm

100 ways to energise groups: games to use in workshops, communities, meetings, Aids Alliance 2002 http://www.aidsalliance.org/assets/000/001/052/ene0502_Energiser_guide_eng_original.pdf?1413808298

Workshop Training Resources: creative facilitation techniques: Permaculture Facilitator's Resource Book for Training and Assessment http://www.teindia.nic.in/files/teacher_trg_module/8_creative_facilitation_techniques.pdf

The inclusive learning and teaching handbook, by Elena Rodriguez-Falcon, Marie Evans, Claire Allam, John Barrett, Dave Forrest, University of Sheffield 2010 http://www.sheffield.ac.uk/polopoly_fs/1.18989!/file/The-inclusive-learning-and-teaching-handbook.pdf

Training for Dummies, by Elaine Biech, Wiley Publishing Inc. 2005

How to Run a Great Workshop: The Complete Guide to Designing and Running Brilliant Workshops and Meetings, by Nikki Highmore Sims, Pearson Education Ltd. 2006

Access for all: helping to make participatory processes accessible for everyone, Save the Children UK, Nov 2000. http://www.savethechildren.org.uk/resources/online-library/access-all-helping-make-participatory-processes-accessible-everyone

Follow up, looking at sustaining change

Successful training and learning events have strategic value and are meaningful beyond the individual participant interests, to support change within organisational structures and systems and wider communities. Training can be a great means to create critical mass, awareness and an appetite to bring about change. It can equally be a valuable and efficient means to build individual and team capacity and skills. However it comes at a cost. Training is highly resource intensive: from the time to prepare and develop an appropriate curriculum, to the time away from other work deliverables to join learning events, to the time necessary for follow up activities to ensure training is being applied in practice. It is a large investment and it is therefore essential to consider how it is embedded in longer term plans and initiatives to be an effective and efficient use of resources.

The most effective training and learning events are where there have been clear follow up and commitments made by participants and organisations. Not only do participants know why they are attending training but they come with a prior commitment to use and apply their learning in on-going practice. Equally their organisations, line managers and co-workers value and support the training. To help consolidate this wider understanding of training as an organisational investment there are a number of key aspects to consider for follow up, namely that:

* Participants go away with a clear plan of action or strategies to apply their learning in practice and that these are also clearly communicated to line managers and co-workers;

* Resource materials developed are shared with participants to support them in cascading and sharing learning with peers, such as final documentation reports, statements and contact lists for networking;

* Organisers/managers hold participants to account for the commitments they have made but equally provide a nurturing environment to support people to apply their learning and meet follow up targets/agreements;

* Monitoring, mentoring and peer support mechanisms are agreed and put in place that are appropriate to the level and scope of training;

* There is recognition or accreditation of learning. This can be in many forms: an organisational newsletter, a certificate issued at the time or post training on delivery of agreed follow up, a letter of recommendation or a reference to support professional development. It is important to analyse what motivates and is relevant and appropriate for the context;

* Evaluation of outcomes from learning events is regularly undertaken and shared to reflect on best use of human and financial resources.

Ultimately inclusive facilitation and training events are just one aspect of a much larger dynamic to promote capacity development and awareness for change. As such it is important that the strategic value of how such initiatives fit with broader organisational purpose and outcomes are always considered.

Chapter 4: Endnotes

[73] Chambers Robert, Participatory workshops: a sourcebook of 21 sets of ideas and activities. Earthscan, 2002 page 1

[74] Freire, Paolo, Pedagogy of the oppressed 1970, page 27

[75] Jane Vella is an educator in the US who has developed her practice based on critical education and experience from working in community development in East Africa

[76] Learning to listen, learning to teach, Jane Vella, San Francisco, Jossey Bas Publications 1994 pages 1-27, (revised edition 2002)

[77] Kirkpatrick's 4 levels has been adapted and used widely in business – see link for more information – https://www.mindtools.com/pages/article/kirkpatrick.htm

[78] Mel Silberman defined the active learning credo, based on the ancient wisdom of Confucius: 'What I hear, I forget. What I see, I remember. What I do, I understand'.

[79] Practitioners' Handbook for Capacity Development: A Cross Cultural Approach, Deborah Rhodes and Ernest Antoine, Leadership Strategies 2013

[80] Copies of the handbook have been given to each Regional Office in 2013 and a reference copy is available for the International Office with the Knowledge, Learning and Training department

[81] Rhodes and Antoine, 2013, pages 23-43

[82] M.R. Hammer / The Intercultural Conflict Style Inventory: A conceptual framework and measure of intercultural conflict resolution approaches. http://www.icsinventory.com/media/files/pdfs/ICS%20Validation%202005.pdf

[83] http://www.globallearningpartners.com/about/about-dialogue-education/the-8-steps-of-design

[84] Participatory workshops: a sourcebook of 21 sets of ideas and activities, Robert Chambers, Earthscan, 2002 pages 10-13

[85] The full version is available from https://www.iidh.ed.cr/multic/UserFiles/Biblioteca/IIDH/10_2011/1518.pdf

[86] Inclusive Project Cycle Management Participant folder has a useful example of a daily personal journal template which can be used and/ or adapted. https://www.cbm.org.au/documents/FactSheets/Inclusive%20Project%20Cycle%20Management/IPCM%20Participants_Stage%201_01.pdf

Glossary of key terms

These terms have been taken from CBM documents but also from other sources such as OECD and Human Rights Resource Centre, which can also be useful references as a learning aid:

OECD (2012), "Glossary of development terms", in Development Co-operation Report 2012: Lessons in Linking Sustainability and Development, OECD Publishing. http://www.oecd-ilibrary.org/docserver/download/4312011ec052.pdf?expires=1403354927&id=id&accname=guest&checksum=995B896BD-67440F08DB1ACD8E7076390

Human Rights Resource Centre: Appendix 3 – Glossary of Human Rights http://www1.umn.edu/humanrts/edumat/hreduseries/hereandnow/Part-5/6_glossary.htm#Anchor-Declaration-43098

Accession: this is a way in which a country can become a States Party to a convention. Normally a country will sign and then ratify the convention to which it wants to become a States Party. Accession is where a country signs and ratifies all at the same time. When a country does this we say that it has "acceded" to the convention.

Accessibility: means ensuring that people with disabilities are able to have access to the physical environment around them, to transportation, to information such as reading material, to communication technology and systems on an equal basis with others. Accessibility requires forward thinking by those responsible for delivery of private and public services to ensure that people with disabilities can access services without barriers.

Action research: is an approach commonly used for improving conditions and practices in a range of environments. Its focus is on generating solutions to practical problems by engaging development practitioners and people with disabilities with the research and the subsequent development or implementation activities.

Agency: the socially determined capability to act and make a difference. Economist and Nobel Prize winner Amartya Sen defines this agency as 'what a person is free to do and achieve in pursuit of whatever goals or values he or she regards as important'.

Agenda 2030: This is another way to call the Sustainable Development Goals. (See definition of the Sustainable Development goals below)

Barriers: when discussed in relation to people with disabilities, barriers can have a number of meanings. They can be structural barriers, such as physical barriers (e.g. stairs), also structural in terms of how a society organises itself in areas such as welfare and support services, opportunities to own or control resources and decision making. Barriers can also be attitudinal, for example prejudice and negative perceptions of people with disabilities can create barriers hindering their full and equal participation in society.

Civil Society: Civil society is the term used to describe non state actors (individuals or groups that are not part of the government). It is made up of a wide range of people and groups such as charitable or not for profit organisations,

self-help groups, unions, indigenous people organisations, faith based groups and many other activist groups advocating for rights. Disabled Persons Organizations (DPOs) have an important role to play as part of civil society.

Community Based Rehabilitation (CBR): is focused on enhancing the quality of life for people with disabilities and their families; ensuring inclusion and participation. It is a multi-sectoral strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services. CBR is implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and non-government health, education, vocational, social and other services. (WHO CBR guidelines definition).

Convention: a legally binding document, in writing, between two or more countries. (Also sometimes known as a "treaty," "protocol," "covenant," "agreement," or "pact.") Conventions are stronger than Declarations because they are legally binding for governments that have signed them. When the UN General Assembly adopts a convention, it creates international norms and standards. Once the UN General Assembly adopts a convention, Member States can then ratify the convention, promising to uphold it. The UN can then censure governments that violate the standards set forth in a convention.

Convention on the Rights of Persons with Disabilities (CRPD): The CRPD is an international human rights treaty, which protects the rights and dignity of persons with disabilities. Parties to the Convention (those who have ratified it) are required to promote, protect, and ensure the full enjoyment of human rights by people with disabilities.

Core international human rights conventions: This term refers to the group of UN human rights conventions; a committee of experts has been established to monitor implementation of each one. There are currently nine such core conventions of which the CRPD is the most recent. The core conventions are:

- International Convention on the Elimination of all Forms of Racial Discrimination;
- International Covenant on Civil and Political Rights;
- International Covenant on Economic, Social and Cultural Rights;
- Convention against Torture and Other Cruel, Inhuman or Degrading Punishment;
- the Convention of the Elimination of all Forms of Discrimination against Women;
- the Convention on the Rights of the Child;
- International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families;
- International Convention for the Protection of all Persons from Enforced Disappearance; and the
- Convention on the Rights of Persons with Disabilities (CRPD).

Critical education: also sometimes known as critical pedagogy, is a philosophy of education that combines education with critical theory and looks to bring about a transformation in inequitable systems. It is based on the notion of active critical learning that demands a constant process of reflection, questioning and evaluation.

Glossary of key terms

Cultural identity: A snapshot of unfolding meanings relating to self-nomination or ascription by others. Thus, cultural self-identity can be understood as a description of ourselves with which we identify. Social identity would refer to the descriptions others have of us. Cultural identity relates to the nodal points of cultural meaning, most notably class, gender, race, ethnicity, nation and age.

Declaration: is a document stating agreed standards but it does not carry legally binding obligations. UN conferences, like the 1993 UN Conference on Human Rights in Vienna and the 1995 World Conference for Women in Beijing, usually produce two sets of declarations: one written by government representatives and one by NGOs. The UN General Assembly often issues influential but legally non-binding declarations.

Disability: Article 1 of of the CRPD states that 'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.

Disability-inclusive development: focuses particularly on the rights and inclusion of people with disabilities. It actively seeks to ensure the full participation of people with disabilities as empowered self-advocates in all development processes and emergency responses and works to address the barriers, which hinder their access and participation. While CBM's focus is disability-inclusive development, we adhere to the general principles of inclusive development in our work.

Disabled people's organisations (DPOs): are usually self-organised organisations where the majority of control at board level and at membership level is with people with disabilities. The role of a DPO is to provide a voice of their own, on all matters related to the lives of people with disabilities.

Disaster risk reduction management (DRRM): is the systematic process of using administrative decisions, organisation, operational skills and capacities to implement policies, strategies and coping capacities of the society and communities to lessen the impacts of natural hazards and related environmental and technological disasters. This comprises all forms of activities, including structural and non-structural measures to avoid (prevention) or to limit (mitigation and preparedness) adverse effects of hazards.

Duty bearers: a human rights based approach to development defines States (governments, national and local authorities, public officials and service providers) as duty bearers.

Empowerment: is a process by which people, organisations or groups who are powerless become aware of the power dynamics at work in their life context, develop the skills and capacity for gaining control over their lives, exercise their control without infringing on the rights of others and support the empowerment of others in the community.

Entry into force: this is when a convention becomes active, meaning that States Parties must act to implement their obligations under the convention. Usually a convention will specify that a certain number of countries must become States Parties before the convention can enter into force.

Environmental sustainability: is based on a simple principle: everything that we need for our survival and well-being depends, either directly or indirectly, on

our natural environment. Sustainability creates and maintains the conditions under which humans and nature can exist in productive harmony, that permit fulfilling the social, economic and other requirements of present and future generations.

Equality: There are three definitions of equality. Formal equality refers to being respected equally that all persons irrespective of their background or characteristics are born equal. Equal opportunities is a process to ensure that all people regardless of age, sex, race, disability or any other characteristic have access to the same opportunities in life as others in the community and are able to participate equally in the public sphere. The third definition is de-facto equality where people have equality of outcomes.

Equity: is where there is formal recognition that women and men, girls and boys have different interests, preferences, needs which may necessitate different treatment and opportunities. It demands a redistribution of typical power relations, structures and resources; transformation in unjust power relations, hegemonies and structures; opening up of access to resources and participation for traditionally marginalised groups. Equity ultimately is about achieving fairness or equality of outcomes for all – in effective de-facto equality.

Gender: refers to the social attributes and opportunities associated with being female and male and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialisation processes. They are context/time-specific and changeable.

Habilitation: refers to healthcare services that help a person acquire, keep or improve, partially or fully, and at different points in life, skills related to communication and activities of daily living. These services address the competencies and abilities needed for optimal functioning in interaction with their environments. Examples include therapy for a child who isn't walking or talking at the expected age. Habilitative services include physical therapy, occupational therapy, speech-language therapy, audiology and other services for people with disabilities in a variety of inpatient and/or outpatient settings or community based settings.

High Level Panel (HLP): established by UN Secretary-General Ban Ki-moon to advise and make recommendations on the vision and shape of the post-2015 global development framework and on key principles for reshaping the global partnership for development and strengthened accountability mechanisms; the HLP, which consisted of 26 'eminent persons' from governments, the private sector, academia, civil society and youth, appointed in their personal capacity, submitted its report to the Secretary General in May 2013.

Human diversity: is an important concept to ensure that diversity of people with regard to race, class, colour, culture, gender, disability is recognised.

Human rights: these are the rights that everyone has just by being human, irrespective of citizenship, nationality, race, ethnicity, language, gender, sexuality, or abilities. You don't have to be a member of a particular group, and nobody needs to give you your rights. Everyone is automatically entitled to enjoy the full range of human rights just because they are human.

Human rights model of disability: The human rights model takes universal human rights as a starting point. People with disabilities are seen to have a right to access all within their society on an equal basis with other. Disability-inclusive

development takes a rights-based approach.

Hyogo Framework for Action (HFA): is the first plan to explain, describe and detail the work that is required from all different sectors and actors to reduce disaster losses. It was developed and agreed on with the many partners needed to reduce disaster risk – governments, international agencies, disaster experts and many others – bringing them into a common system of coordination. The HFA outlines five priorities for action, and offers guiding principles and practical means for achieving disaster resilience.

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

Implementation (of a convention): involves States Parties taking whatever actions they need to in order to comply with their legal obligations under a convention.

Inalienable rights: refers to rights that belong to every person and cannot be taken from a person under any circumstances. To be human is to have inalienable rights. They do not need to be given to people by their government or any other authority, nor can they be taken away. Nobody can tell you that you do not have these rights. Even if your rights are violated or you are prevented from claiming your human rights, you are still entitled to these rights.

Inclusive development: ensures that marginalised groups actively participate and benefit from the development processes and outcomes, regardless of their age, gender, disability, state of health, ethnic origin, sexual orientation, religion or any other characteristics. It seeks to address the deepening inequality and consequent lack of access to opportunities for those who are excluded from development gains and processes[87].

Individual autonomy: is an idea that is generally understood to refer to the capacity to be one's own person, to live one's life according to reasons and motives that are taken as one's own choices and not the product of manipulative or distorting external forces.

Indivisible rights: refers to the equal importance of each human rights law. A person cannot be denied a right because someone decides it is 'less important' or 'nonessential'. All rights are equally owned.

Inherent dignity: is a basic recognition that human rights are a natural part of who you are. The text of Article 1 of the Universal Declaration of Human Rights (UDHR) which begins "All human beings are born free and equal in dignity and rights." is where the concept of inherent dignity originates.

International Bill of Human Rights: this is the name used to refer to the three foundational documents of all international human rights law: the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the International Covenant on Civil and Political Rights (ICCPR).

International Classification of Functioning, Disability and Health (ICF): known more commonly as ICF, is a classification of health and health-related domains. As the functioning and disability of an individual occurs in a context, ICF also includes a list of environmental factors.

Glossary of key terms

International Statistical Classification of Diseases and Related Health Problems (ICD 10): The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes. This includes the analysis of the general health situation of population groups. It is used to monitor the incidence and prevalence of diseases and other health problems.

Intersectionality: this originated in feminist theory. At its core is the recognition that the intersection itself of different identities produces a particular experience of oppression, and one cannot arrive at an adequate explanation by using an additive strategy of gender plus race, plus class, plus sexuality such as in the case of multiple or additive discrimination. For example a middle class, educated professional man with a physical disability who lives in Europe will experience different types and forms of discrimination than a young woman with a learning disability from a rural village in Asia or Africa.

Legal capacity: means the capacity to have rights and the power to exercise those rights. Practically, legal capacity is the law's recognition of the validity of a person's choices.

Lived experience: is a term used to describe the first-hand accounts and impressions of living as a member of a minority or oppressed group.

Medical model of disability: focuses on the individual and sees disability mainly as a health condition, an impairment located in the individual. It assumes that by addressing the medical ailment this will resolve the problem. In this approach a person with disability is primarily defined as a patient, in terms of their diagnosis requiring medical intervention. Disability is seen as a disease or defect that is at odds with the norm and that needs to be fixed or cured.

Models of disability: are the different ways to conceptualise disability. The main recognised models are the medical model, the social model and the human rights model.

Millennium Declaration: this has eight chapters and key objectives, and was adopted by 189 world leaders during the summit of the United Nations in 2000: The Declaration, after the Vienna Declaration and Programme of Action, stresses the observance of international human rights law and international humanitarian law under the Principles of the United Nations Charter as well as the treaties on sustainable development. The Declaration reaffirmed Member States' faith in the United Nations and its Charter as indispensable for a more peaceful, prosperous and just world. The collective responsibility of the governments of the world to uphold human dignity, equality and equity is recognised, as is the duty of world leaders to all people, and especially children and the most vulnerable.

Millennium Development Goals (MDGs): The MDGs are an international set of goals that were established following the adoption of the United Nations Millennium Declaration. There are eight goals in total.

The New Urban Agenda: was adopted in October 2016 at the UN Conference on Housing and Sustainable Development, also known as "Habitat III". It is an action-oriented document which sets out global standards of achievement in sustainable urban development for the next 20 years, guiding the efforts around urbanization of a wide range of actors: nation states, city and regional leaders, international development funders, United Nations programmes as well as civil society, including the private sector.

Glossary of key terms

Non discrimination: requires that people are entitled to equal treatment irrespective of their particular characteristics. It is used to assess apparently neutral criteria that may produce effects, which systematically disadvantage persons possessing those characteristics. Non-discrimination is fundamental to the human rights based approach and one of the underlying principles of the CRPD.

Open Working Group Process: A 30-member Open Working Group (OWG) of the General Assembly was mandated by the Rio+20 Outcome document to prepare a proposal on Sustainable Development Goals (SDGs) for consideration by the Assembly at its 68th session (September 2013 – September 2014). The Open Working Group was established on 22 January 2013 by decision of the General Assembly. The Member States decided to use an innovative, constituency-based system of representation that is new to limited membership bodies of the General Assembly. This means that each seat in the Group is shared by 1-4 Member States. These country teams will decide themselves how they will be represented in the OWG meetings.

Paris Declaration: The Paris Declaration (2005) is a practical, action-oriented roadmap to improve the quality of aid and its impact on development. It gives a series of specific implementation measures and establishes a monitoring system to assess progress and ensure that donors and recipients hold each other accountable for their commitments.

Participatory learning in action (PLA): an umbrella term for a wide range of similar approaches and methodologies, including Participatory Rural Appraisal (PRA), Rapid Rural Appraisal (RRA), Participatory Learning Methods (PALM), Participatory Action Research (PAR), Farming Systems Research (FSR), Méthod Active de Recherche et de Planification Participative (MARP), and many others. The common theme to all these approaches is the full participation of people in the processes of learning about their needs and opportunities, and in the action required to address them.

Participatory rural appraisal (PRA): is a label given to a growing family of participatory approaches and methods that emphasise local knowledge and enable local people to make their own appraisal, analysis, and plans. PRA uses group animation and exercises to facilitate information sharing, analysis, and action among stakeholders.

Post-2015 agenda: refers to a process led by the United Nations (UN) that helped define the future global development framework that succeeded the UN Millennium Development Goals (MDGs) which came to an end in 2015.

Power analysis: means identifying and exploring the multiple power dimensions that affect a given situation, so as to better understand the different factors that interact to reinforce poverty and inequality.

Reasonable accommodation: is an adjustment made in a system to accommodate or make fair the same system for an individual based on a proven need.

Reflective practice/reflective practitioner: reflective practice is often associated with the work of the educationalist Donal Schon, in his seminal book 'The Reflective Practitioner' (1983). The term is used to describe a key ability for practitioners to problem solve, to deploy an ability to reflection-on-action (reflecting on experiences to draw upon learning for future events), as well as to think on their feet and to apply reflection-in-action (for a practitioner to apply

previous experiential learning – beyond abstract learning – to problematise, analyse and resolve a situation). Reflective practitioners are expected to develop skills to document, share and support peer review and learning as part of a wider professional practice community.

Rehabilitation: refers to health care services that help a person keep, restore or improve skills and functioning for daily living and skills related to communication that have been lost or impaired because a person was sick, injured or disabled. These services include physical therapy, occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/ or outpatient/community based settings. It is helpful to differentiate between the terms habilitation and rehabilitation: the main difference being that whilst rehabilitation focuses on regaining skills lost, habilitation focuses on learning/ acquiring new skills (see definition on habilitation).

Rights holders: are people who enjoy all fundamental rights and freedoms, without conditions. Usually, rights holders are defined by the Constitution of a country, along with special provisions in some laws. People have rights and freedoms as an essential part of their being human.

Self-determination: is a characteristic of a person that leads them to make choices and decisions based on their own preferences and interests, to monitor and regulate their own actions and to be goal-oriented and self-directing.

Sendai Framework: was adopted in March 2015 and is a voluntary, non-binding agreement which recognises that the State has the primary role to reduce disaster risk, but that responsibility should be shared with other stakeholders including local government, the private sector and other stakeholders. Through its seven targets and four priorities for action, it aims for the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

Social model of disability: this model identifies discrimination not because of an impairment but as a result of limitations imposed by the particular context in which people live. The focus therefore is on removing 'disabling barriers'.

States or State actors: are national governments. State Actors are responsible to ensure that everybody's human rights are respected in their country. Another term that can be used to describe state actors is the term **duty bearers**. This is because they have the duty to provide for its citizens. This can be used to describe governments and the ministries - such as the Ministry of Health, Education, Social Welfare, Youth, Employment, Agriculture etc. that are responsible to ensure that all citizens equally access opportunities and resources.

Structural adjustment programmes: are economic policies for developing countries that have been promoted by the World Bank and International Monetary Fund (IMF) since the early 1980s by the provision of loans conditional on the adoption of such policies. Structural adjustment loans are loans made by the World Bank. They are designed to encourage the structural adjustment of an economy by, for example, removing 'excess' government controls and promoting market competition as part of the neo-liberal agenda followed by the World Bank.

Sustainable development: was defined in the Bruntdland Report (Our Common Future, 1987) as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs". The

report identified the importance of sustainable development in eradicating poverty and halting further environmental degradation and moving to sustained economic growth.

Sustainable Development Goals: were established by the United Nations in September 2015. It is a joint plan that has 17 goals highlighting three dimensions of development: economic, social and environmental. Governments, UN agencies, non-governmental organisations and business sector have agreed to work in partnership to try to end poverty, promote peace, share wealth and protect the planet by 2030. This plan is also known as 'Agenda 2030'.

Transformative (re development processes): is as a result of a process whereby positive development results are achieved and sustained over time by institutionalising policies and projects within national strategies. It embodies the concept of institutionally sustained results – consistency over time. This is in order to exclude short term, transitory impact, but address the deeper underlying structures, systems and relationships that bring about change.

United Nations General Assembly: one of the principal organs of the UN, consisting of representatives of all member states. The General Assembly issues Declarations and adopts Conventions on human rights issues, debates relevant issues, and censures states that violate human rights. The actions of the General Assembly are governed by the United Nations Charter.

Universal Declaration of Human Rights (UDHR): adopted by the General Assembly on 10 December 1948. Primary UN document establishing human rights standards and norms. All member states have agreed to uphold the UDHR. Although the declaration was intended to be non-binding, through time its various provisions have become so respected by States that it can now be said to be Customary International Law.

Universal Design: involves designing products and environments so that the widest range of people possible can use them, without need for adaptation or specialised design. Universal Design evolved from Accessible Design, a design process that addresses the needs of people with disabilities. Universal Design goes further by recognising that there is a wide spectrum of human abilities. Everyone passes through childhood, periods of temporary illness, injury and old age. By designing for this human diversity, we can create things that will be easier for all people to use.

Washington Group: was formed as a result of the United Nations International Seminar on Measurement of Disability that took place in New York in June 2001. An outcome of that meeting was the recognition that statistical and methodological work was needed at an international level in order to facilitate the comparison of data on disability cross-nationally.

Glossary: Endnotes

[87] Adapted from DfID (2000). Disability, poverty and development, poverty and disability – a vicious cycle.

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