



Disability-Inclusive Primary Health Care

Evaluation Report

Disability-Inclusive Primary Health Care Training

Phase 2 – Leave no one behind!: Mainstreaming Disability in Humanitarian Action

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The first virtual sector-specific training on "**Disability-Inclusive Primary Health Care**", targeting humanitarian actors working in the health sector, was successfully completed! As part of the project "[Phase 2 – Leave no one behind!: Mainstreaming Disability in Humanitarian Action](#)", it led to a deeper understanding about **disability-inclusive health programming** among the participants.

“Once again thanks so much for your very valuable training.”

What was the objective of the training?

The training aimed to provide participants with a **better understanding of the human rights-based approach** to disability and inclusion in humanitarian action, with a specific focus to health care. It followed the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action and the health chapter therein.

In that way, the training enabled participants **to increase their capacity on disability-inclusive health programming** and to **identify possible entry points for change in their programmes and organisations**.

What key topics were covered in the training?

- General understanding of disability
- Impact of the absence, disruption or lack of adequate health care on women, men, girls and boys with disabilities, including risks, barriers and enablers they face
- Key actions along the humanitarian project cycle phases (i.e. assessment, planning and design, implementation, monitoring and evaluation) to deliver disability-inclusive health care services
- Key practical recommendations and promising practices for disability-inclusive health care programming

What methods were used?

The training was facilitated by two **global inclusive humanitarian specialists with vast in-country experience** on disability inclusion, and co-facilitated by an inclusive health specialist working in Iraq. Additionally, the training invited three guest speakers, a representative of a Nepalese organisation of persons with disabilities, a representative of a local Bangladeshi organisation working for persons with disabilities and a mainstream actor to share **good practices on disability-inclusive health programming**.

In order for the training **to be very interactive and for participants to have many opportunities to ask questions**, it included a mix of input presentations, group and scenario work, plenary discussions, open knowledge and experience exchanges.

The facilitators hosted the training in Zoom and used Padlet as an interactive and collaborative online tool. The training strived to be as accessible as possible, complying with different accessibility requirements and providing reasonable accommodation, e.g. live captioning.

Who took part?

The training primarily targeted **programme and project staff** of German humanitarian organisations **working in health**.

Alongside the health sector, attending organisations are also working on Water, Sanitation and Hygiene, Disaster Risk Reduction and Food and Nutrition. Their regional focus mainly lies with South and East Africa, as well as Asia and Pacific.

Participants indicated that they hold rather senior to middle management positions, having 6-10 years or more than 10 years of experience in the humanitarian context. Additionally, attendees specified that they are **mainly working in programme and project management and technical coordination**, as well as **in monitoring and evaluation** positions. A

Lastly, it is worth highlighting that participants stated that they already had a good knowledge and experience in mainstreaming disability and/or inclusive programming (47%) before the training.

What did participants say about the training?

The feedback received by participants was very positive, with a few constructive suggestions and technical/accessibility considerations for improvement.

On a positive note, the group work was well received as it gave participants the opportunity to network and exchange about **different experiences from various actors and countries**, which was beneficial to their learning process.

To improve future trainings, participants suggested inviting guest speakers from the regions they are mainly working in. For example, having more best practice examples from South/East Africa, instead of sharing lessons learned from the Middle East and Asia.

Another interesting point that was highlighted by participants is the linkage between the health sector and other sectors that attending organisations are working in.

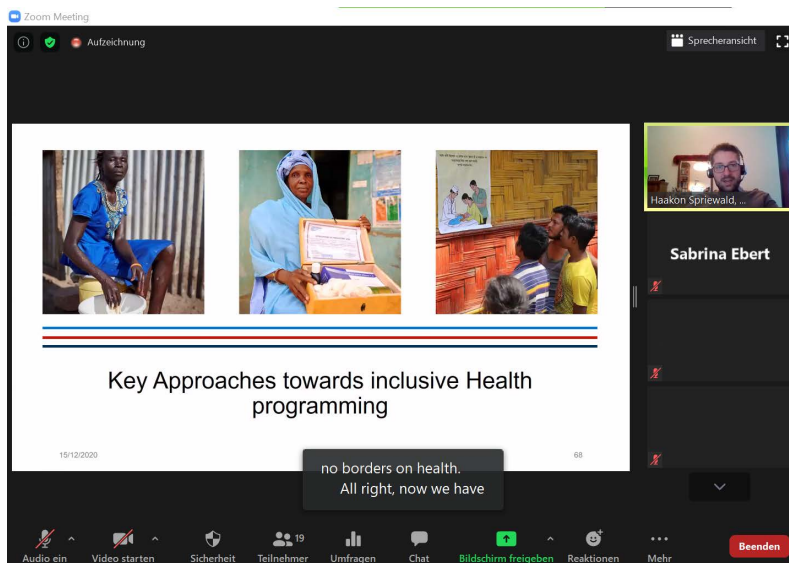
Participants would have been keen **to receive additional cross-sectorial recommendations on disability inclusion**.

With regard to technical/accessibility improvements, some participants recommended always turning the cameras on to ensure better interaction. At the same time, participants stated that the introduction round could be reduced in length. Lastly, it shall be reconsidered to provide internet packages for sector-specific trainings as well.

In summary, participants are very keen to receive additional support and advice through a help desk and additional training(s).

How did participant benefit from the training?

The feedback from the virtual training showed that topics such as “What is Inclusive Humanitarian Action – Key Approaches & Must-Do-Actions in Inclusive Health Programming?” provided participants with useful tools to **understand the basics of disability inclusion and apply these in health programming**. For example, participants were very keen to learn about and apply the must-do-actions in the session on “Inclusion in the Assessment Phase”.



Overall, participants indicated that their organisation is likely or will definitely become more disability-inclusive in future.

For example, participants stated that they want to become more disability-inclusive in future by ensuring the participation and consultation of persons with disabilities in the assessment, planning and design phase. Additionally, they are encouraged to conduct a disability inclusion audit within their own organisation.

About the project “Phase 2 – Leave no one behind!”

During humanitarian crises, persons with disabilities are often excluded from relief efforts.

Environmental, institutional and attitudinal barriers prevent them from accessing humanitarian action. Hence, raising awareness in a comprehensive way and building professional capacities in order to mainstream inclusion in humanitarian action is absolutely necessary.

For this reason, the project “Phase 2 – Leave No One Behind!” promotes the anchoring of disability in humanitarian action. It is financed by [the German Federal Foreign Office](#) and implemented in cooperation with the [Christoffel-Blindenmission Christian Blind Mission e.V. \(CBM\)](#) and [the Institute for International Law of Peace and Armed Conflict \(IFHV\)](#) at the Ruhr-University Bochum.

More Information

- To stay informed about upcoming trainings, click [here](#).
- To get more information about the project “Phase 2 – Leave no one behind!: Mainstreaming Disability in Humanitarian Action”, click [here](#).
- To contact us, click [here](#).