Gender and Disability Mainstreaming 
Training Manual

Prepared for:
Disabled Women in Africa

Prepared by:
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The contents of this gender and disability mainstreaming training manual represent the opinion of the author and are not necessarily representative of the position of Deutschen Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH.
ACKNOWLEDGEMENTS

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The Malawi Ministry of Disability and Elderly and the Kenya’s Ministry of Gender, Sports, Culture and Social Services contributed significantly by allowing their Director and Deputy Director respectively to be part of the workshops where the training manual was piloted. Special thanks go to the participants who attended the workshops to pilot the gender and disability mainstreaming training manual in Malawi and Kenya for their valuable contributions. The following stakeholders are also acknowledged for participating in Stakeholders meeting in Malawi:

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Sigere Kasasi DIWODE
Mrs Emma Kayila NGO – Gender Coordinating
Mrs Zalira Malawi Congress of Trade Union
Xoliso Msebele DIWA Coordinator

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FOREWORD

The year 2012 was successful for DIWA as it undertook a pilot project on gender and disability mainstreaming in two selected countries within Southern Africa Federation of the Disabled (SAFOD) and East Africa Federation of the Disabled (EAFOD) regions which are Malawi and Kenya. The countries were selected by criteria such as functionality of National Federations of the Disabled, effectiveness of disabled women structures and already existent relationships between DPOs and government.

The idea behind this pilot project was to produce a training manual and also to train DPO representatives with a special focus on women with disabilities as mainstreaming experts with the aim of increasing their knowledge, building their capacities and to empower them to become change agents within their countries government ministries. With this approach we fill that commitment for gender and disability mainstreaming in these two countries will be created.

DIWA and all its members should always be at the forefront of their own development. “Nothing about us – without us”: That has been the guiding principle of our organisation. DIWA believes that disability mainstreaming must include people with disabilities and that women with disabilities should be the central actors in the process of ensuring that both gender and disability mainstreaming are considered at all levels.

The training manual will enable the government ministries and all other stakeholders to view disability as a developmental and human rights issue and that it cuts across all sectors.

By way of this pilot project on Gender and Disability Mainstreaming, DIWA acknowledges and are very thankful for the financial support that GIZ gave to DIWA. On behalf of the DIWA Committee and on my own behalf I would like to sincerely thank GIZ for supporting this important project and I call upon them to continue supporting DIWA in their other projects in future.

At the onset, I extend my special thanks to the consultant Dr Tsitsi Chataika, for her conscientiousness and sincere dedication despite her many engagements to come up with this training manual.

It is my prayer that DIWA will not lose its vision and will remain a formidable women’s organisation in Africa.

Rachel Kamchacha Kachaje

DIWA Chairperson
**ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of Children</td>
</tr>
<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>CSOs</td>
<td>Civil Society Organisations</td>
</tr>
<tr>
<td>DPOs</td>
<td>Disabled People’s Organisations</td>
</tr>
<tr>
<td>EAFOD</td>
<td>East African Federation of the Disabled</td>
</tr>
<tr>
<td>GAD</td>
<td>Gender and Development</td>
</tr>
<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>PAFOD</td>
<td>Pan African Federation of the Disabled</td>
</tr>
<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
</tr>
<tr>
<td>SAFOD</td>
<td>Southern African Federation of the Disabled</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WID</td>
<td>Women in Development</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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INTRODUCTION

1.0 Background to the Training Manual

The World Disability Report estimates that about one billion (15%) of the world’s population constitute persons with disabilities, and women outnumber men (World Health Organisation [WHO] and World Bank, 2011). The same report suggests that in most low-income and medium-income countries, women constitute up to three quarters of persons with disabilities; and between 65% and 70% of these women live in rural areas. The percentage could be even higher in Africa due to other compounding factors such as poverty, poor maternal health systems and civil wars. Although persons with disabilities are marginalised in Africa, the situation is even worse for women with disabilities who experience double marginalisation on account of their womanhood and impairment.

In patriarchal societies such as in Africa, the social role of women and girls is often primarily defined through reproduction. With few opportunities to fulfil such a role, women with disabilities usually experience more discrimination than non-disabled women. The forms of discrimination women with disabilities face are particularly acute as the convergence of the gender and disability factors increases the inequality margin in society. Although progress has been made in recognising the rights and equality of persons with disabilities, the situation faced by women with disabilities is often neither understood nor acknowledged. The dearth of bibliographical material on the specific problems women with disabilities have is highlighted in periodic reports submitted by States Parties to the United Nations Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). These reports either do not include information on women with disabilities, or do include information in an incoherent manner (Quinn and Degener, 2002).

There is lack of gender-specific thinking in development and disability programmes and projects of African governments and development organisations. The lack of gender-specific thinking definetely sometimes results in marginalisation. However, women and girls maybe not necessarily always be excluded from all benefits produced by development projects. Nonetheless, the marginalisation and social exclusion of women with disabilities reaches its lowest point particularly in Africa, where global research on gender patterns in relation to disability indicates that:

- **Double discrimination** - Women and girls with disabilities face double discrimination due to their impairments and womanhood; hence relegating them into chronic poverty when compared to women without disabilities and men with disabilities.

- **Education**: The literacy rate among people with disabilities is very low, and the situation is even worse with women and girls with disabilities according to some evidence available. For instance, some agencies estimate that 90% of children with disabilities
are not accessing school, and the majority of them are girls with disabilities (United Nations, 2004).

- **Employment**: It is reported that people with disabilities in general face more difficulties in entering the open labour market, but, seen from a gender perspective, men with disabilities are almost twice more likely to have jobs than disabled women\(^1\).

- **Gender-based Violence**: women with disabilities are more exposed to violence and rape than women without disabilities, and less likely to ask the police to intervene or seek legal protection.\(^2\)

- **Health services**: The mortality rate for girls and women with disabilities is higher due to negligence, lack of medical care and restricted access to food and related resources in low-income countries. Women with disabilities face singular challenges to avoid HIV infection due to the heightened risk of gender-based violence, a lack of access to reproductive health services, and a lack of knowledge that the virus can be transmitted from mother to child. The popular belief that people with sexually transmitted diseases can be cured if they have sexual relations with a virgin creates a particular risk for girls with disabilities due to the misconception that persons with disabilities are sexually inactive and, therefore, virgins.\(^3\)

- **Decision-making**: Women with disabilities are hardly part of policy or decision-making in families and development processes.

Although it is crucial to include persons (especially women) with disabilities into development processes, the challenge is that there is not yet a broad understanding of the concept of gender and disability mainstreaming. There has not been any training manual addressing both gender and disability mainstreaming in Africa. The challenge has been that gender and disability have been addressed separately when formulating and implementing equality policies. This has prevented greater progress from being made in understanding the ways in which these two factors cause discrimination and joint actions to combat discrimination. The implication is that women with disabilities are placed in a more vulnerable and unique position that deserves to be addressed differently, considering that women with disabilities are underrepresented in the disability movement in positions of power and decision-making (CERMI, 2012).

To overcome the obstacles preventing women with disabilities from participating fully and on equal terms with others, a mixed strategy is needed. This involves a renewed approach to greater gender and disability awareness and mainstreaming in order to increase the participation of women with disabilities in community and national development processes. It also involves the formulation of gender-sensitive disability and equality policies, drawing on the

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\(^1\) See [www.observatoriodeladiscapacidad.es](http://www.observatoriodeladiscapacidad.es)

\(^2\) See [www.observatoriodeladiscapacidad.es](http://www.observatoriodeladiscapacidad.es)

\(^3\) See [www.observatoriodeladiscapacidad.es](http://www.observatoriodeladiscapacidad.es)
rights and freedoms set out in the United Convention on the Rights of Persons with Disabilities (CRPD), which specifically links the principle of non-discrimination to women with disabilities exercising their fundamental rights.

Most countries have a specific Ministry on gender issues ensuring that gender is mainstreamed in development processes. To enable such a Ministry to carry out this mandate, policies have been formulated and structures established to carry out the exercise. In spite of the existence of the policy instruments and institutional frameworks, programmes on gender mainstreaming have however overlooked disability issues. One of the reasons has been lack of co-ordination between gender and disability initiatives. As indicated earlier, the other reason is the absence of a standard training manual that can be used by all stakeholders who are involved in gender and disability mainstreaming in Africa. This training manual will be used to fulfil this purpose. It has been made comprehensive, simple and user friendly so that it can be adopted as the standard manual for gender and disability mainstreaming in Africa and beyond.

1.1 Millennium Development Goals

The Millennium Development Goals (MDGs) and targets emanate from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly – A/RES/60/1, 2005). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between low and high income countries, aiming to create an environment, which is conducive to development and the elimination of poverty. However, these goals are incomplete if they do not explicitly address the aspirations and rights of people with disabilities. To this effect, the former World Bank president James Wolfensohn remarked unless people with disabilities are brought into the development mainstream, it will be impossible to cut poverty in half by 2015. The failure of the international community to explicitly incorporate disability into the MDGs is problematic in that it may be taken to reflect as neglect of and exclusion of persons with disabilities (particularly women with disabilities) from development. What is important as the MDGs are being extended, is to illustrate the relevance of disability across all these goals, rather than argue for the seclusion of disability into a new additional MDG.

1.2 Why this Training Manual is Important

This training manual brings together two key issues; these are gender and disability - aspects that have, for a long time, treated independent of each other by advocates of either gender or disability mainstreaming. Accordingly, this training manual is an instrument for capacity development so that participants use the gained knowledge to promote gender and disability mainstreaming in development processes. Reference is made to CEDAW, and the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Thus, we are attempting to simultaneously address the two realities (gender and disability), which until recently were largely ignored. Hence DIWA felt that:
The challenges in identifying the multiple discrimination faced by women with disabilities are largely caused by viewing their needs and demands in the context of a vulnerable group within another vulnerable group (people with disabilities); and are also marginalised by men with disabilities.

Gender and disability have been addressed separately by the women’s movement and the disability movement, and there has been a huge gap between the two movements. The feminist movement, despite talking about all women, has largely so far not included women with disabilities. On the other hand, the disability movement has also failed to consider multiple discrimination facing women with disabilities as its efforts have focused largely on a homogeneous group and its fight against the same discrimination suffered by all its members.

There has been a disconnection between legal instruments concerning gender-based discrimination and disability-based discrimination, despite significant developments in both fields.

Gender and disability indicators which enable us to gather real and accurate data regarding the living conditions of women with disabilities have not been part of the formulation process for both gender policies and disability policies prior to undertaking and implementing actions to further equality.

The CRPD is mandating State Parties to consider women through Article 6, which acknowledges that women with disabilities are experiencing multiple discrimination. As a result an obligation to take all appropriate measures to ensure the full enjoyment of all human rights and fundamental freedoms on an equal footing with others was introduced with the coming into force of the CRPD.

Article 7 of the CRPD adds age to the gender-disability pairing by explicitly mentioning girls with disabilities and placing an obligation on States to adopt specific measures to protect them in the exercise of their fundamental rights.

CEDAW, the Convention on the Rights of the Child (CRC) and the CRPD, base non-discrimination on the concept of equal opportunities. While CEDAW and CRC do not cover both aspects, the CRPD takes into account the double gender and disability factor and includes frequent references to the particular situation of girls and women in disability policies. The CRPD reinforces gender mainstreaming by including equality between men and women in Article 3 as one of the general principles.

Combining gender and disability mainstreaming does not only respond to the human rights perspective regarding women with disabilities, it is also cost and time effective, and therefore more likely to be implemented instead addressing those social issues separately.
Both representatives of disability movements and governments need to be prepared and capacitated for mainstreaming gender and disability in government ministries and departments. Accordingly, this training manual shall enable those who are trained, to able to advice the government and other stakeholders on issues pertaining to gender and disability mainstreaming in development processes.

1.3 Objectives of the Training Manual

The overall objective of this gender and disability training manual is to facilitate the mainstreaming of the needs and concerns of women, men, girls and boys with disabilities in all sectors of development initiatives and ensure that they participate and benefit from the development process. We recognise that without a coherent and comprehensive framework for guiding mainstreaming within the different sectors and ministries involved in development, the goal of gender and disability equality and equity will not be achieved. Although each of the five modules that make up the gender and disability training manual has its own specific objectives, the training manual has the following overarching objectives:

- To provide the trainer with targeted information enabling him/her to train representatives of Disabled People’s Organisations (DPOs) as experts in mainstreaming gender and disability.

- To increase the knowledge and capacities of the trained gender and disability representatives to become competent change agents within their organisations, government ministries and departments.

- Generate thrust for a holistic, integrated and highly interactive training that builds a core set of knowledge, skills and attitudes among potential change agents, and in the process, fulfil the obligations of the CRPD of gender and disability mainstreaming.

The above objectives are guided by the principle that participants should be equipped with skills that are of relevance and of immediate use in their daily work, from which key learning points can be drawn.

1.4 The Overview of the Training Manual

The training manual is divided into five self-contained modules designed to equip participants with gender and disability mainstreaming skills and competences that will enable them to engage in transformative gender and disability mainstreaming work. The modules are progressive in nature, starting with the fundamental concept, followed by practical issues, and then technical issues. To increase the universal applicability of the manual as a general tool, the trainer should pay more attention to the country context as both gender and disability are highly interlinked with culture specific stereotype thinking and stigmatisation behaviour. This could be done by adding case studies or best practice examples suitable for the country where
the training is taking place. The trainer should also consider using country specific information that includes national policies, laws, stakeholders and advocacy networks.

During group activities, the facilitator is strongly urged to visit all groups to see how they are proceeding and to answer any questions. Table 1 provides the topics covered in the training manual and why each topic is important:

**Table 1: Modules Topics and their Importance**

<table>
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<tr>
<th>Module</th>
<th>Topic</th>
<th>Importance</th>
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<td>Module 1</td>
<td>Concepts of disability, gender and mainstreaming, and promoting awareness</td>
<td>This module increases disability and gender awareness, and equips participants for gender and disability mainstreaming. In the process, they will be able to identify barriers to gender and disability mainstreaming, and establish mitigation strategies. The ultimate goal is for communities to appreciate disability and gender issues.</td>
</tr>
<tr>
<td>Module 2</td>
<td>Gender and disability analysis and approaches</td>
<td>This module prepares participants to carry out a gender and disability analysis in policies and programmes in order to address existing inequalities.</td>
</tr>
<tr>
<td>Module 3</td>
<td>The role of civil society and governments in gender and disability mainstreaming</td>
<td>This module enables participants to develop practical and effective strategies for developing linkages with various stakeholders to enhance gender and disability mainstreaming in development processes.</td>
</tr>
<tr>
<td>Module 4</td>
<td>Methods and strategies for gender and disability mainstreaming</td>
<td>This module introduces participants to different methods and strategies that can be used in gender and disability mainstreaming. It also assists them to identify levels of gender and disability mainstreaming and actions to be taken at all levels. Essential aspects to consider in gender and disability mainstreaming are also considered. Participants are also exposed to excuses that are usually used to avoid gender and disability mainstreaming in community activities. This prepares them to challenge those excuses and promote gender and disability mainstreaming in development processes, and be able to draw up practical action plans.</td>
</tr>
<tr>
<td>Module 5</td>
<td>Documentation, monitoring and evaluation of mainstreaming processes</td>
<td>This module enables participants to understand various methods of documentation, monitoring and evaluation in gender and disability mainstreaming interventions. It also equips participants to develop and monitor a gender and disability responsive budget.</td>
</tr>
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1.5 Who should use this training manual?

This training manual specifically targets representatives of DPOs with a special focus on women with disabilities as agents of change in mainstreaming gender and disability in development processes. Identified disability focal points within government ministries and government agencies whose support is critical to the successful implementation of gender and disability mainstreaming could also find this training manual useful. The training manual is also relevant to all stakeholders interested in gender and disability mainstreaming, and its activities are designed for both male and female participants. Thus, Government Ministries, State Corporations, NGOs, faith based organisations and community based institutions would find this training manual useful. It empowers them to become change agents of gender and disability mainstreaming within public and private sectors, civil society, and international agencies; thus promoting equality between men and women in development processes. The training manual can be used for:

- Training of Facilitators
- Training of Trainers
- Community level training.

1.6 Guidance to the Trainer

Before the training starts, it is important that the facilitator reads the entire manual to understand how the content is organised. Using this manual is relatively easy, as all it takes is putting into action the guidelines contained in the manual. The guide provides clear steps that should be followed in the indicated order. While the module is comprehensive, it still remains a guideline, and it can easily be adapted by coming up with pertinent questions, cultural and religious sensitive examples and case studies that stimulate understanding and unlock initiative among the participants within their own contexts. It is also important to make reference to policies, laws, and other instruments that are relevant to specific local contexts.

The facilitator does not necessarily need to follow all of the suggested activities. Therefore, the facilitator should adapt training activities to suit their contexts and needs of the target group. It is important to carry out a training needs assessment of potential learners to help identify training needs/gaps. Hence, it is essential for the facilitator to be patient and accommodating during the training sessions as participants operate at different levels. Time allocated to each activity is just a guide, and the facilitator should adjust according to the needs of learners.

1.7 The Development of the Training Manual

Several disability mainstreaming, gender mainstreaming training manuals and legal instruments that promote gender and disability equity were systematically reviewed. An open-ended questionnaire was sent the Southern African Federation of the Disabled (SAFOD) and East African Federation of the Disabled (EAFOD) to solicit information that fed into the draft
training manual. Sixteen completed questionnaires were returned and the responses contributed to the development process this draft training manual.

The draft gender and disability training manual was piloted between 15 and 26 October 2012 in Malawi and Kenya where 29 participants, of which the majority were women with disabilities were trained as gender and disability mainstreaming experts. In both countries, men were also represented. The gender and disability mainstreaming workshops lasted for five days in each country. Detailed evaluation forms were completed by participants, and the information was fed into this final training manual. Workshop reports from the two countries, including a detailed report on lessons learnt also informed this gender and disability training manual. Also, two stakeholders meetings took place in Malawi. The intention was to capture their contribution and buy-in of the training manual. The Sector Initiative Persons with Disabilities in GIZ also had their input into the training manual.

1.8 Organising Inclusive Training/Workshops

Training is the process of sharing knowledge and skills among learners in a formal or an informal situation, with the intention of changing the learners’ behaviours. Therefore, the trainer should take into account several factors when organising an inclusive training workshop. It is important to make sure that the content of the training is relevant and appropriate for the audience. Individuals may also be inhibited or shy about participating depending on their gender, social class, or age especially when discussing new and complex topics like gender and disability. Therefore, the workshop objectives should be results-oriented, related to an organisational strategy, and relevant for the participants. Being clear about objectives sets up realistic expectations for the participants and allows measurement of the activities’ success. Nothing is more disappointing than to raise hopes and not have a follow up plan to sustain the momentum.

It is important to keep track of time. This doesn’t mean that you should be a slave to your agenda, but rather, that you should be aware when you are deviating from it. In a lot of instances, it might make sense to ask the group how they would like to use their time: “We are running way over on this activity. Is that OK with you, or are there other things that are more important to you that we should get to?” If you think what’s happening is really important and shouldn’t be interrupted, don’t be afraid to say so. It is important therefore to get one of the participants to volunteer as a time keeper. At the same time, you should be considerate of the diverse needs of participants.

Try to present material in a number of different ways. This variation is important for two reasons: First, it helps to keep participants involved. There are many studies showing that human beings are intrinsically interested in and respond positively to variety, and it makes sense to take advantage of that trait. Second, variation speaks to differences in learning styles, and thus makes it more likely that everyone in the workshop will be able to grasp the material.
Try to be, and to make your activities, entertaining. Humour is an extremely important tool, even when your topic is not humorous at all. It can not only set a tone that makes learning more fun, but can serve to underscore important points as well.

If you really believe in what you are presenting, show it; it will help make participants more enthusiastic as well, and can have a huge effect on the success of your workshop. Below are some of the questions to consider when organising an inclusive workshop.
<table>
<thead>
<tr>
<th>Aspect</th>
<th>Questions</th>
</tr>
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</table>
| Analysis            | ☐ What is the political, cultural, and social context in which you are working?  
|                     | ☐ How will the participants use the information they will be receiving?      |
| Audience            | ☐ Who is the audience you are targeting?                                   
|                     | ☐ How will you handle an audience with diverse impairments, ages, genders, or professions?  
|                     | ☐ How will they be identifies and selected?                                
|                     | ☐ What do you expect from them and what do they expect from you?           |
|                     | ☐ What is their level of knowledge of gender, disability or other topics?  |
| Budget and Timeline | ☐ What is your budget, tasks, and responsibilities?                        
|                     | ☐ Have you realistically calculated costs for remote areas and for reasonable accommodations?  |
| Accessibility/ Accommodation | ☐ What are the barriers to full participation, such as, for travel, lodging, communication, literacy, language?  
|                     | ☐ Is the meeting room accessible?                                          
|                     | ☐ Is there a need for sign language interpretation, Braille materials, or other aids?  
|                     | ☐ How will you accommodate these needs?                                    |
| Design              | ☐ What do you hope to accomplish by bringing people together?               
|                     | ☐ How will you adapt your methodologies, presentations, and handouts to ensure that you take into account different learning styles and impairments?  |
| Delivery            | ☐ How will the facilitator create an environment of trust and openness, ensure equal participation, and guide the group to meet its workshop objectives?  
|                     | ☐ How will you involve persons with disabilities in the workshop design and delivery?  
|                     | ☐ Are you showing enthusiasm about the workshop?                            |
| Resource Persons    | ☐ Are there subject matter experts who can communicate key concepts?       
|                     | ☐ Are there government officials or other dignitaries, NGOs, or community leaders who you would like to invite to peak their interest |
|                     | ☐ How will they be briefed?                                                
|                     | ☐ Can they address the audience with simple and practical concepts?         |
| Evaluation          | ☐ What did the participants learn about the gender and disability mainstreaming and how to apply this to their own lives?  
|                     | ☐ What went well and what can be improved for next time? (Analysis of evaluation results areas that need to be corrected in future, and finally).  
|                     | ☐ How can they use ideas or methods in their jobs, or in their lives?       
|                     | ☐ How would their colleagues react?                                        
|                     | ☐ Were participants’ initial expectations appropriate, and were they met? If not, where were the gaps? How do you intend to fill in the gaps if any?  
|                     | ☐ Did you give and collect the evaluation forms?                            |
| Follow-up           | ☐ How will the workshop results be documented and communicated back to the participants? (e.g. compiling a report of the training).  
|                     | ☐ What are follow-up activities and how does this tie into your overall project objectives or organisational goals?  |
MODULE 1

Concepts of Disability, Gender and Mainstreaming

| Objectives | ❑ To define disability and its underlying concepts  
            | ❑ To define the term gender and its underlying concepts  
            | ❑ To describe the concepts of gender and disability mainstreaming  
            | ❑ To identify barriers to gender and disability mainstreaming |
| Duration   | 7 Hours |
| Key Terms  | Disability, gender, mainstreaming, disability mainstreaming, barriers |
| Suggested Training Methods | ❑ Brainstorming  
                             | ❑ Plenary  
                             | ❑ Group discussions  
                             | ❑ Buzzing  
                             | ❑ Group exercises  
                             | ❑ Question and Answer  
                             | ❑ Case studies  
                             | ❑ Role play/demonstration  
| Resources  | ❑ Flip chart/flipchart stand  
            | ❑ Marker pens  
            | ❑ Meta cards  
            | ❑ Stick stuff  
            | ❑ Computer/Laptop  
            | ❑ LCD Projector  
            | ❑ Handouts |

2.0 Introductions and Expectations (20 Minutes)

It is important to make sure that the facilitator and participants know each other. As such, each person introduces themselves; stating their name, what they do, and share one or two workshop expectations. These should be written on post-it notes and displayed for all participants to see, and these should be checked at the end of the workshop. (The facilitator is free to be innovative with regard to introductions and the generations of workshop expectations from participants).

2.1 Activity 1: Understanding Disability and Impairments (1 Hour)

Step 1 - Give each participant a small card and ask them to write one word or statement that comes to mind when they see, hear, or think about the word ‘disability’. Collect the cards, and read them to the whole group, without revealing the source. Keep the cards safe for later use when discussing models of disability. This exercise assists you to establish the disability awareness level of participants.
Step 2 - Each participant should have a piece of pen and paper. Pair the participants, preferably with someone they do not know very well. Without talking to each other, they have three minutes to look at their partner and try to guess (and write) the following about her/him.

- Partner’s favourite food
- Partner’s age
- Partner’s favourite TV programme
- Partner’s role model

Facilitator’s notes – The facilitator is at liberty to replace the above statements; e.g. partner’s highest educational qualification, totem, favourite holiday destination, etc.

Step 3 – Ask participants to reveal their answers to each other. Let pairs come to the front and share their answers to the bigger group. Each person reads the answers provided by their partner and indicate how accurate they were by providing the correct answers. Ask for general feedback:

- How difficult/easy was the exercise
- What makes it hard/easy to guess?
- How did people feel when their partner revealed their answers?

Relevance of Step 3 Exercise - This should lead into a discussion about assumptions based on clues such as physical appearance, gender, age, nationality or ethnic group. Basically this is our way of coping with life in such a complex social environment and can be very useful. However, it can also be a huge barrier when the assumptions made prevent others from succeeding. You will likely find that people who have not been exposed to awareness regarding disability (and any other forms of rights) could have very negative assumptions about people with disabilities. It is important to realise that no meaningful progress will be made on mainstreaming if these assumptions are not raised and challenged.

Step 4 - Share the following famous Hindu tale with participants to illustrate why concepts and understanding them is very important in our day-to-day lives and to this gender and disability mainstreaming training in particular:

Six wise blind people went on a trip and were shown an elephant. When they came back, they set down to share their experiences. ‘It’s wonderful’, said the first. ‘An elephant is like a rope, slender and flexible’. ‘No, no, not at all,’ said the second; ‘an elephant is like a tree, sturdily planted on the ground’. ‘Nonsense’, said the third, ‘an elephant is like a wall’. ‘Incredible’, said the fourth; ‘an elephant is a tube filled with water’. ‘What a strange and piecemeal beast this is’, said the fifth. ‘Strange indeed’, said the sixth; ‘but there must be some underlying harmony. Let us investigate the matter further’.
**Facilitator’s notes** - What the six blind people were looking for was ‘a concept’, the underlying harmony, commonness or important features that characterises the elephant in order to give form and substance. A concept is a mental abstraction which allows generalisation and the extension of knowledge from some known objects to others unknown. It does so by integrating two or more particulars into a common mental unit. Strong and vivid concepts have wide-ranging implications for gender and disability mainstreaming, hence the need to clearly understand them from the onset in order to leave no room for misconceptions.

**Step 4** – Share the following definitions of impairment, disability and persons with disabilities with participants, giving specific examples so that they can see the difference between the two terms.

<table>
<thead>
<tr>
<th><strong>Facilitator’s Notes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disability</strong> – is socially constructed as a result of the limitations imposed on persons who have impairments by attitudinal, institutional or environmental barriers, making them unable to meaningfully participate in societal activities.</td>
</tr>
<tr>
<td><strong>Impairment</strong> - A long-term physical, sensory or mental limitation a person has; it is purely the factual absence of or loss of function in a body part. In some, this problem may or may not be a restriction to one’s ability to function.</td>
</tr>
<tr>
<td><strong>People with disabilities</strong> - include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers [attitudinal, environmental and institutional], may hinder their full and effective participation in society on an equal basis with others —<strong>CRPD, Article 1</strong> (Take this opportunity to explain to participants that other disability activists prefer to be called disabled persons/people).</td>
</tr>
</tbody>
</table>

**Point to Remember** - It is helpful to separate ‘disability’ (social issue) from ‘impairment’ (medical issue). To separate the two issues enables one to take specific actions and approaches towards focused solutions.

**Step 5** - Discuss the difference between disability and impairment with participants using the illustration below. Make sure you verbally explain what is in the picture if you have participants with visual impairment.
Facilitator’s notes - Participants should be able to indicate that the person has physical or mobility impairments. They should also indicate that the bus is inaccessible, and therefore disabling the person to get onto it. Also, the person has no access to a wheel-chair, and therefore, has been disabled to move from point A to B.

2.2 Activity 2: Exposing the Myths of Impairment (1 hour)

Facilitator’s notes - In preparation for this activity, have handout 1 on impairments and their causes. This activity looks at the various forms of impairments and the common causes. This discussion unpacks some of the common myths surrounding the causes of impairments in the participants’ communities.

Step 1 - Divide the participants into small groups and ask them to write down on a flipchart some of the common myths about the causes of impairments in their communities.

Step 2 – Feedback from groups

Step 3 – The facilitator shares with participants the forms of impairments and their causes. Use handout 1 to assist you. It is also important to stress the enabling and disabling language associated with different terms used for various impairments – both English and local terms, and these should be discouraged. Have a list of appropriate and inappropriate terminology on disability and impairments handy (see handout 9).

Step 4 – Distribute Case Study 1 to participants for them to read. This case study clearly shows how some people still hold disabling assumptions about the causes of impairments.
Case Study 1: Experiences of Children with Albinism in Kenya

In Kenya, the Samburu people believe that having a child with Albinism is extremely unlucky. They do not understand how 2 black people can produce a child who is white so the father is allowed to question his paternity. They do this by laying the child at the gate of the cattle boma and leave it there as they let out the cattle. If the child is avoided by the cattle (i.e it survives) it is assumed the child is his. But there are other hazards the child has to endure. Mothers believe if they leave the child in the sun, its burns will eventually settle and cause the skin to darken appropriately. One can only imagine how much suffering this must cause the child and is likely to shorten its life expectancy dramatically.


Discuss the above case study with participants, and also ask if they can share any such examples from their communities.

2.3 Activity 3: Models of Disability (1 Hour)

In preparation for this activity, the facilitator needs handout 2 with information on models of disability.

Step 1 - Use information in handout 2 to explain the medical, charity and social models of disability. If presenting using a PowerPoint, you need to have the illustrations of the three models as shown in handout 2. Indicate to participants that they will be given handouts later so that they concentrate more on participation.

Step 2 - Discuss how persons with disabilities become aware that they share a lot of characteristics with other excluded (oppressed) groups such as women, and as such, have developed a way to illustrate the reasons for this exclusion.

Step 3 – Have the information generated during activity 2, step 1 ready (cards with information on what comes to mind what they see or hear the word disability). Having explained each of the different models, divide the participants into groups. Distribute the cards equally. Ask each group to put the cards under the heading medical, charity, social model, as they see fit. Each group should try and explain why they have placed words under a particular heading. Let each group give feedback to the wider group. Encourage participants to question whether they think that the words are under the most appropriate headings.

Point to Remember - It is important to share with participants that it is difficult to separate words in this way, since some words or phrases do not fit anywhere, or may fit into two categories. For instance, the need for a ‘wheelchair’ might be viewed as a medical model because it focuses on the person with a disability. However, it could be indicative of a social model approach if it relates to breaking of environmental barriers by ensuring that an individual is empowered to move from point A to B, and thus increasing participation. Therefore, encourage participants to think about meanings behind the words, while at the same time, not drawn into unproductive arguments.
Activity 3 is decisive to disability mainstreaming since it is important for participants to understand the differences between the models of disability as these will affect how they will view and advocate for disability inclusion in development processes. Of importance is to appreciate that the CRPD principles are based on the social model of disability. In development processes, the social model means taking the issues and wishes of people with disabilities into account at all stages of the project cycle. It is a cross-cutting issue that is relevant to all private and public development programmes. To enhance the position of people with disabilities in society, mainstreaming, awareness-raising and lobbying are key strategies.

**Step 4** – Repeat Step 3 of activity 3, and see if there is now a paradigm shift of the participants’ understanding of disability - ‘*Now, what comes to mind what you see or hear the word disability?’*. Let participants write the responses on meta cards. Collect them and display them next to the responses of the initial exercise and discuss the implications.

### 2.4 Activity 4: Learning about Gender, Sex and Related Terms (1 Hour)

In preparation for this activity, have handout 3 (gender concepts) and Exercise 1 (gender perceptions) ready.

**Step 1** – In plenary, ask participants to share and discuss their understanding of gender. Also, ask them to differentiate ‘sex’ from ‘gender’. Use handout 3 to assist you to explain the two concepts (do not give participants the handout at this stage).

**Step 2** – Let participants get into pairs. Distribute ‘Exercise 1’ document on ‘gender perceptions’ and let the pairs spend about 10 minutes on the activity. After completing the task, they report back to the bigger group.

**Step 3** – In groups, ask participants to right down proverbs, statements, songs or television advertisements that they feel are gender-insensitive within their communities. Participants should justify why they feel so, and how they impact on an individual, particularly women and girls. Participants report back, and the audience is allowed to comment after each presentation. The facilitator concludes the discussion by explaining why it is damaging to be gender-insensitive.

**Facilitator’s notes** - In preparation for next step, have Handout 3 (gender concepts) ready.

**Step 4** – Explain that there are several terms related to the word ‘gender’ that also need to be defined. Ask the group if they can think of such terms, and write them on a flip chart. The following terms should come out: Gender awareness; engender; gender sensitivity; gender responsiveness; gender transformation; gender-based violence; gender blindness; gender roles; gender discrimination; gender stereotyping; gender equality; gender equity. The facilitator should have the above list ready as PowerPoint or on a flip chart for Step 2.
Step 5 - Divide the participants into four groups and let each group attempt to define three terms that you will have allocated them. Participants feed back to the wider group. Let other participants contribute after each feedback session.

2.5 Activity 5: Disability Intersecting with Gender: Story telling (1 Hour)

Facilitator’s notes - In preparation for this activity, have four bowls of sweets (about 25-30 in the bowel/plate); four empty cups. Sweets can be replaced by anything that can be counted, e.g. bottle tops or small stones. Also, have Exercise 2 on ‘Game of Life’.

Step 1 – The facilitator creates enough space for 4 people at the centre, and the rest of the participants are seated around the edge of the room facing towards the volunteers.

Step 2 – Ask for four volunteers willing to represent the following groups: non-disabled men; disabled men; non-disabled women; disabled women, and they should imagine that their local environment is mostly rural with a small town nearby.

**Description of the community** - Levels of income poverty are generally quite high although most families have land and access to safe water. There are opportunities for indigenisation programmes introduced in their area, and health and educational facilities are situated in the nearby town. The facilitator should reinforce that the volunteers are representing a group of people within the described community, and they should respond accordingly. Encourage them to avoid thinking about specific impairments or basing decisions on their own life experiences. Also, their response should be based on what they think is currently accurate for their culture and situation, and not what it ought to be.

Step 3 – Assign each volunteer a role and explain how you will be telling a life story, taking the characters on a journey from birth to old age. As you reach each significant life event, you will ask them to respond as they think their character (or their family) would react. Refer to Exercise 2 – ‘The Game of Life’

After the ‘Game of life’ exercise, ask the following reflective questions:

**Reflections:**

- Who is in the best or worst position now? (count the number of sweets in each cup)
- Volunteers, how does this make you feel?
- Is it helpful as a tool for reminding us that gender and disability seriously affect people’s abilities to avoid poverty?
- What lessons can be drawn from this exercise?
- Has this exercise brought along any surprises?
Facilitator’s notes - This exercise can be a good tool to use with groups who may not have been confronted by this issue before – it can be quite powerful and may even upset people especially if the group includes persons with disabilities. The most powerful way to end this session is to ask the group to look once again at where the characters are standing. Recall that this was all taking place in a rural location where general levels of poverty are quite high. Even though the non-disabled characters are well ahead of the disabled ones, they’re by no means wealthy. Ask the group – who benefit most from development programmes in their organisations or communities?

2.6 Activity 6: Concept of Gender and Disability Mainstreaming (1 Hour)

Step 1 – Start with the question: Why is it important that we started a workshop on gender and disability mainstreaming disability with a couple of sessions on attitudes and assumptions? This discussion should bring back issues of assumptions and misconceptions discussed earlier and why it is important to change them if there is any hope of mainstreaming gender and disability into development work.

Step 2 - The facilitator introduces the concept of mainstreaming to participants by asking them what they think it means to them. After the discussion, the facilitator shares the definition below:

**Mainstreaming** – The process of engaging in a structured way with an issue as an organisation, at workplace, programme and policy level, in order to address, and avoid increasing the negative effects of that issue

Mainstreaming is an approach rather than a programme or project in itself, and requires the removal of attitudinal, institutional or environmental barriers in order to ensure that an issue is wholly included.

Facilitator’s note – Briefly discuss the history of mainstreaming. The facilitator may share that the term was initially developed as a way of promoting gender equality in development processes. The strategy was later used for people living with HIV and AIDS. Then later disability stakeholders borrowed the term as a way of promoting disability equality.

Step 3 - After discussing the concept of mainstreaming, participants get into small groups of 4. They attempt to define the concept of gender and disability mainstreaming. Participants report back and the discussion is followed by the facilitator providing the definition below, which they should compare with theirs.

**Gender and disability mainstreaming** - the process whereby the needs and rights of both men and women with disabilities are integrated into planning, development, implementation, evaluation and legislation. Effective mainstreaming of disability issues requires the inclusion of persons with disabilities in decision-making in all areas of policymaking, at all levels of government and elsewhere at all stages, including planning, implementing and evaluating the effectiveness of these policies.
The facilitator emphasises that following points with regard to gender and disability mainstreaming:

- Gender and disability mainstreaming is a matter of rights.

- It is essential that disabled people and their organisations play an active role in all mainstreaming activities.

- It is about building gender and disability into existing agendas, frameworks and processes, not adding on separate activities.

- Effective mainstreaming requires strong management commitment. It needs a clear structure, with ongoing activities and follow-up and appropriate budget and time allocated to it. It cannot be a ‘one-off’ activity, or left to individuals with no wider support.

- Remember that people with disabilities are not a single group – they have different priorities and face different levels of discrimination. In particular, women and girls may face double discrimination based on both gender and disability.

2.7 Activity 7: Barriers to Gender and Disability Mainstreaming (40 Minutes)

Prepare 3 flip papers showing three forms of discrimination (attitudinal, environmental and institutional). Make sure that you are familiar with the different types of barriers beforehand.

<table>
<thead>
<tr>
<th>Facilitator’s Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitudinal barriers</strong> – prejudice, discrimination and stigma cause the biggest problems for people with disabilities. They are assumed to be incapable, need to be cured, dependent, and have low intelligence.</td>
</tr>
<tr>
<td><strong>Environmental barriers</strong> – inaccessible public places and information/communication systems</td>
</tr>
<tr>
<td><strong>Institutional barriers</strong> – legal, cultural and social organisational practices and systems</td>
</tr>
</tbody>
</table>

**Point to remember!** - Barriers can block any gender and disability mainstreaming initiatives. However, once they are identified and broken down, gender and disability issues could more included in development processes.

**Step 1** – divide participants into groups of four to six, and the group work should take about 15 minutes. Ask them to think of their daily life – social, work, home or school. They should try and imagine what obstacles or barriers that might exist if they were a disabled person. They should imagine that they have a specific impairment when doing this activity. The facilitator can divide the groups into impairment specific groups to make sure that all forms of barriers are covered.
Each barrier should be written on a piece of card, and they should discuss and agree whether it’s attitudinal, environmental or institutional.

**Step 2** – bring the whole group together. Ask one representative from each group to come up and place their stickers onto the wall under the subheadings – attitudinal, environmental and institutional (the prepared flip papers) and justify their choices. The facilitator should lead this process to ensure that barriers are being posted onto the right section. This is also a way of assisting participants to understand the reasons behind barriers and categories.

**Step 3** – ask participants to discuss their experiences of identifying barriers and what they have learnt.

| Points to consider - This is a very good exercise to use with groups who have not thought about different forms of barriers people with disabilities face on a daily basis. Sometimes it is helpful when we can break down issues into categories in order to make them more manageable. It is also useful to be able to name something rather than keeping it as just a feeling or sense. You can pre-prepare the wall statements with some of your ideas about what barriers exist but then compare them to the ones identified during group work; and this can quite an eye-opener.

The biggest barrier is often that of attitudinal, and this should be stressed during this session. Attitudinal barriers can be minimised by awareness-raising events, campaigns and training. Institutional barriers can form the basis for an advocacy strategy. Environmental barriers can be dealt with when designing programmes and make provisions for appropriate access needs. |

**Step 4** – The facilitator should emphasise that attitudinal, environmental and institutional barriers limit persons with disabilities’ participation in society more than impairments as illustrated in the picture below.

![Figure 2: Barriers to Participation](Source: World Vision Uganda (2008))
Engage in a discussion of what is happening in the above picture. A description of the picture is important if there are participants with visual impairment.

**Facilitator’s notes** – The above picture is a classic example of discrimination on the basis of impairment. This means any distinction, exclusion or restriction on the basis of impairments which has the purpose or effect of restricting the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. Effectively this means any behaviour or sets of rules / policies which restricts or denies people with disabilities from participating in an activity. The facilitator and participants could discuss the excuses that could be given by various people and their organisations to avoid disability mainstreaming and write them on a flip chart.
MODULE 2

Gender and Disability Analysis and Approaches

| Objectives               | To explain the terms ‘gender analysis’ and ‘disability analysis’ and their purposes.  
|                         | To describe steps in gender and disability analysis  
|                         | To identify and apply the gender and disability analysis tools  
|                         | To discuss approaches to gender and disability  
|                         | To explain the existing gender and disability policies  
| Key Terms               | Gender analysis, disability analysis, disability policy, gender policy  
| Duration                | 5 Hours  
| Suggested Training Methods | Brainstorming  
|                         | Plenary/group discussions  
|                         | Group exercises  
|                         | Question and Answer  
|                         | Case studies  
|                         | Role play/demonstration  
| Resources               | Flip chart/flipchart stand  
|                         | Marker pens  
|                         | Meta cards  
|                         | Stick stuff  
|                         | Computer/Laptop  
|                         | LCD Projector  
|                         | Handouts  
|                         | Policy documents  

3.0 Activity 1: Concepts of Gender and Disability Analysis and their Purpose (1 Hour)

**Step 1** – Using question and answer method, ask participants to explain a scenario in their communities on how resources are shared between (i) males and females, (ii) females with disabilities and females without disabilities), (iii) people with disabilities and people without disabilities (making a clear distinction between men and women).

**Step 2** – Let participants discuss the implications of the group of people involved.

**Step 3** - Discuss the concepts of gender and disability analysis with participants and why this is important, making reference to the findings from Step 1.
**Facilitator’s notes**

**Gender analysis** – the process of collecting and examining sex-disaggregated information with a view to identifying gaps, raising concerns and addressing them; it is the investigation and identification of specific needs of girls and boys, women and men for policy and programme development and implementation. Gender analysis also facilitates the strategic use of distinct knowledge and skills possessed by women and men.

**Disability analysis** - Deriving from gender analysis, disability analysis is the process of collecting and examining disability-disaggregated information with the view to identify gaps, raising concerns and addressing them. Given that people with disabilities are subjected to various barriers in society due systemic discrimination and social exclusion, they have been forced to perform different roles from the non-disabled people in society, leading to them having different experiences, knowledge, talents and needs. Disability analysis also facilitates the strategic use of distinct knowledge and skills possessed by women and men with disabilities. Since gender roles ascribed to women with disabilities are different to the roles ascribed to women in general by society, the disability analysis will also be a gendered one in order to explore the multifaceted implications of these differences.

**Sex-Disaggregated Data** is data that is collected and presented separately on men and women. The same data can also be collected for people with disabilities.

**Questions to generate further discussion:**

- Why do the perspective of men and women differ towards each other’s activities, roles and responsibilities
- How do the schedules and workload of men and women differ in both rural and urban settings?
- Identify any perceived implications from the gender and disability workload difference in any programme planning and implementation of interventions?

**NB – Make sure disability issues are also analysed in relation to workloads.**

3.2 **Activity 2: Steps in Gender and disability Analysis** (1 Hour)

**Step 1** - Facilitator discusses with participants the steps taken in gender and disability analysis. Use handout 4 on steps in gender and disability analysis.

**Step 2** – Facilitator divides the participants into three groups. Give them a policy document each for them to do a gender and disability analysis. Give participants handout 4 (Steps in gender and disability analysis) to make reference to during this exercise.

**Step 3** – Participants report back, and the facilitator should make sure that live discussion is initiated from the feedback.
3.3 **Activity 3: Gender and disability Analysis Tool and its Application** (1 Hour)

**Facilitator’s notes** – compared to gender, not much has been developed on disability analysis. However, CBM designed a disability analysis tool that has been adapted to include gender, and this could be a very useful tool. Thus, Handout 5 has been adapted for this training to incorporate both gender and disability. Have some policy documents (e.g. National Development Plan) ready for this activity.

**Step 1** – Go through the gender and disability analysis tool (Handout 5) with participants

**Step 2** – Divide the participants into small groups, and ask them to analyse a document that you will have given them using the gender and disability analysis tool. If it is a national development plan they are analysing, each group could just analyse a specific section so that they have more time for the exercise.

**Step 3** – Group feedback. Make sure that the feedback session generates discussion.

3.4 **Activity 4: Approaches to Gender and Disability Mainstreaming** (1 Hour)

**Step 1** – Using a brainstorming method, let participants identify and explain some approaches that are used in gender and disability mainstreaming in development processes.

**Step 2** – In groups, let them provide reasons for the appropriateness of each approach. Use Table 2 below for this discussion.

**Step 3** – Feedback from groups.

<table>
<thead>
<tr>
<th>Table 3: Approaches to Gender and Disability Mainstreaming</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women in Development (WID)</strong></td>
</tr>
<tr>
<td>An approach to development projects that emerged in the 1970s, calling for treatment of women’s issues in development projects.</td>
</tr>
</tbody>
</table>
3.5 **Activity 5: Legal frameworks for Gender and disability Mainstreaming** (1 Hour)

**Facilitator’s notes** - Get a list of national, regional and international frameworks on gender and disability prior to the training.

**Step 1** – Ask participants to identify key national and international legal frameworks they know which deal with gender and disability mainstreaming.

**Step 2** – Lead participants in summarising the key legal frameworks in gender and disability mainstreaming.

**Step 3** – Discuss with participants the successes and challenges of these legal frameworks in gender and disability mainstreaming.
### MODULE 3

**The Role of Key Stakeholders in Gender and disability Mainstreaming**

| Objectives | • To identify key stakeholders and their role in gender and disability mainstreaming.  
|            | • To guide participants to develop practical and effective strategies for developing linkages with key stakeholders to enhance gender and disability mainstreaming. |
| Key terms  | Gender and disability mainstreaming, key stakeholders, media, linkages |
| Duration   | 4 Hours 45 Minutes |
| Suggested Training Methods | • Brainstorming  
|                          | • Plenary/group discussions  
|                          | • Group exercises  
|                          | • Question and Answer  
|                          | • Nominal Group Technique  
|                          | • Force Field Analysis |
| Resources | • Flip chart/flipchart stand  
|           | • Marker pens  
|           | • Meta cards  
|           | • Stick stuff  
|           | • Computer/Laptop  
|           | • LCD Projector  
|           | • Handouts |

**Facilitator’s notes** - To succeed, gender and disability mainstreaming must appeal to decision-makers at all levels, in government, in business, in the civil sector, homes and on the streets. Government is the starting point. To be effective and sustainable, gender mainstreaming must become a comprehensive process within all sectors of government. It must become integral to governmental planning, programming, budgeting, implementation, monitoring and evaluation. This requires strategic collaboration with government agencies to leverage the impact of gender-responsive initiatives and to maximise the limited resources available in Africa. This cannot be accomplished without connecting with, and influencing, the various players across the government bureaucracy, civil society, and the private sector.

**4.0 Activity 1: Key Stakeholders in Gender and disability mainstreaming** (1 Hour)

**Step 1** – The facilitator should introduce the subject by highlighting that given the complexity of gender and disability mainstreaming and the limited resources of most Disabled Persons Organisations (DPOs), it is particularly important during the early stages of the mainstreaming process to identify the most strategic agencies to link with. These key agencies may differ slightly in each country. The establishment of focal points within these agencies is critical to
effective gender and disability mainstreaming. Focal points are built around individuals in other agencies who have been designated to work towards the gender and disability mainstreaming goals of the agency in question.

Step 2 – The facilitator lead the discussion on establishing linkages with the government, which is a major player in any gender and disability mainstreaming initiatives. The following suggestions should serve as useful guides during the discussion:

**Oversight Agencies and Planning/Policy Making Bodies** - Link with people and agencies that have broad influence because of the roles that they play in planning, policy making, resource allocation and co-ordination.

**Line Agencies or Sectoral Ministries** - Identify relevant ministries that are capable of offering early successes. Often these will be those that have the greatest potential to model best practices in gender and disability mainstreaming. But sometimes they will simply be the ministries in which those at the controls are most empathetic to the goals of gender and disability equality. It is important at this stage for participants to identify government ministries/department/agencies/desks in charge of gender and disability issues in their countries. Here, use examples from other countries such as Uganda and South Africa.

**Central Statistical Agencies** - Develop a rapport with the government's national statistical agency to lobbying in collecting, analysing and distributing sex-disaggregated and disability-aggregated data required to make a case for gender and disability-responsive planning and to turn plans into effective programmes.

**Specific Sub-National Agencies** - Select the best sub-national agencies to pilot or model gender and disability mainstreaming strategies at provincial, state and local levels.

**Academic and training institutions** - Link with educational institutions to access support and resources for the development and provision of gender and disability training materials as well as gender and disability-based research.

Step 3 – In order for gender and disability mainstreaming to be successful, it should establish linkages with the civil society, which also plays an invaluable role in the governance of the country. In groups, ask participants to brainstorm and come up with a list of major players to be targeted. Participants should be encouraged to come up with practical examples and case studies using experiences from gender and HIV and AIDS mainstreaming in their country. The following could be some of the major players:

**Traditional and Religious Sectors** - These sectors are critical to the promotion of gender and disability equality. In many countries, cultural and religious beliefs are central to shaping group and individual values, perceptions, practices and identities. Cultural and religious leaders have an influential position in society, and could be the means to any gender and disability mainstreaming initiatives.
**Academic Sector** - The academic sector can be defined as researchers, teachers, professors and students within public and private universities, institutions and research centres, working across all disciplines. This sector is important to gender and disability mainstreaming because it is recognised for its knowledge transfer and generation of new knowledge.

**Cause-Oriented and Advocacy Groups** - These include cooperatives, labour unions, interest groups, citizens’ groups, I/NGOs and CBOs (community-based organisations) that have a voluntary membership and are autonomous.

**Media** - Media can be defined to include all technologies, organisations and individuals involved in the production and dissemination of information. This exceptionally diverse and influential sector is a source of countless opportunities for promoting any gender and disability mainstreaming initiatives.

4.2 **Activity 2: Effectives Ways of Developing Linkages to Enhance Disability and Gender Mainstreaming** (1 Hour)

**Facilitator’s notes** – The facilitator uses the Nominal Group Technique to generate and prioritise ideas that participants view as crucial in developing linkages to facilitate gender and disability mainstreaming. The Nominal Group Technique is a structured variation of a small group discussion used for consensual decision-making and was originally developed by Delbecq and Van de Ven in 1968. The purpose of the NGT is to generate ideas in response to a particular issue, which can then be prioritised through a group discussion, with full and equal participation.
Table 4: The Nominal Group Technique Procedure

<table>
<thead>
<tr>
<th><strong>Generating ideas</strong> - The facilitator clearly writes the following question on a flip chart:</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘What are the most important ideas crucial in developing linkages with policy makers and other stakeholders to facilitate gender and disability mainstreaming?’</td>
</tr>
<tr>
<td>Each participant writes two ideas individually, without discussing with fellow participants.</td>
</tr>
</tbody>
</table>

| **Recording ideas** – All the ideas are then put on a flip chart for everyone to see, without identifying the source. Through groups’ agreement, there should be elimination of redundancies (multiple mention of the same issue) unless group members feel that an idea provides a different emphasis or variation. Participants could seek clarifications but without generating debate, criticisms, or evaluation of the ideas. |

| **Discussing/clarifying ideas** – Ideas are then discussed to determine clarity and importance. Participants are invited to seek verbal clarification or request further information about any of the ideas written on the flip chart. The creator of the idea is not obliged to clarify or explain the item, but rather, any member of the group can play that role to ensure that no one knows who contributed each item. During this process, participants check again to see if there are any similar ideas that could be synthesised. |

| **Voting/rating ideas** - Using the generated list, participants are then asked to rank their preferred ideas, one being ranked the most preferred. |

| **Summing the Ratings** - The ratings are then transferred onto the flip chart. The rankings for each idea are then averaged providing a group consensual ranking of preferred ideas. |

4.3 Activity 3: Factors Facilitating or Hindering Effective Linkages (1 Hour)

**Facilitator’s notes** – There are several factors that may either facilitate or hinder effective linkages for gender and disability mainstreaming. These factors are usually dynamic and sometimes interdependent, and have a bearing with regard to the mainstreaming process. So, it is important that DPOs and other stakeholders are able to identify and take measures to address them.

**Step 1** – The facilitator leads the Force Field Analysis where participants establish factors that can either facilitate or hinder the implementation of each idea generated in Activity 2.

**Facilitator’s notes** - Constraining factors include but are not limited to the following:

- **Government agency personnel perceive gender and disability mainstreaming as an additional burden** - In order to establish good linkages, it is important to overcome
resistance and demonstrate from the outset how mainstreaming is relevant and adds value to inclusive development.

- Absence of participatory/inclusive methods alienates other agencies - Lack of commitment and apathy can be the result of DPOs not using inclusive and participatory processes to work with other agencies.

- Scarce human, financial and technical resources restrict linking and mainstreaming - DPOs are rarely in a position to provide the required funds or training for other agencies to engage in gender and disability mainstreaming. They must rely on macro-level budgeting bodies to allocate funds. Coming up with evidence to demonstrate that gender and disability mainstreaming adds social and political value to programmes will help solicit resources from national budgets and from within other ministries for mainstreaming activities.

- Resistance to change work against gender and disability mainstreaming - Resistance to change usually presents a significant challenge to gender and disability focal points working within an agency. Support from senior management and promotion or recognition mechanisms can help.

- Inappropriate person(s) in key position(s) - As stated earlier, gender and disability focal points are a key factor in establishing successful linkages. This person must be sensitive to issues surrounding gender and disability equality and have the capacity to mobilise others to take these issues seriously. Individuals who are identified by superiors and 'appointed' to the position may be lacking the political will and/or expertise in gender and disability mainstreaming processes.

- Lack of understanding concerning national gender and disability equality goals and rationale - Poor communication of the goals and rationale for gender and disability mainstreaming may inhibit effective linkages. Without clear justification for change, will usually hinder the mainstreaming process. Mainstream agencies need to understand the importance of gender and disability equality, and how DPOs can assist in creating a more equitable and prosperous society.

- Lack of professionalism or political skills within the DPOs. Establishing linkages with other agencies within a government bureaucracy requires reasonably well-developed political networking and negotiation skills. Most disability movements in Africa seem to struggle to have the skills that are required to dialogue effectively with mainstream bureaucrats. Building confidence and political skills within the disability movement, particularly women with disabilities is essential for establishing and maintaining useful links for change.
Case Study 2: Best Practice for Linkages in Gender and Disability Mainstreaming

The Gender and Disability and Development Centre (GDDC) in Kenya is a global professional association that assists governments and its respective agencies in promoting emerging best practices of mainstreaming gender, disability and advocacy for children’s rights. In collaboration with the National Council for Persons With Disabilities (NCPD), they have embarked on a Gender and disability Mainstreaming initiatives where all government institutions have to report on disability mainstreaming and other disability requirements to the NCPD using the disability reporting form stated in a document called ‘Performance Contracting’. The guidelines and form can be found and downloaded from the NCPDs Council website on www.ncpwd.go.ke. The Centre recently held its 1st Diverse Kenya 2012 competition where GDDC Awards were awarded on the 20 September 2012 to organisations that proved to be mainstreaming gender and disability in their policies and programmes. GDDC’s website is www.gddckenya.org

This is a good starting point for other African countries that are still yet to engage in gender and disability mainstreaming.

Step 2 – Make sure you have Case study 2 handy for group work. Participants should answer the following questions in groups and report back.

- What lessons can participants draw from the above case study?
- What should be put in place in order to initiate this kind of programme in respective countries, organisations or agencies?
- Why is it essential to engage in a multi-disciplinary approach to gender and disability mainstreaming?
- Step 3 – Come up with a lessons learnt list from all the groups and motivate them to go and implement such kind of a programme in their respective countries or organisations. The above case study is a good starting point to introduce Module 4.

4.4 Activity 4: Role Play on Establishing Linkages (1 Hour 45 Minutes)

Step 1 - Let participants get into manageable groups. They should role play a situation where they are supposed to establish links with other stakeholders. In this activity, they should discuss the strategy they intend to use to get sustainable linkages. They should be convincing enough to justify that gender and disability are cross-cutting issues that need to be mainstreamed in identified partner’s policies and programmes. They should also convince the other party on the need to join hands in advocacy and lobbying for gender and disability mainstreaming.

Step 2 – Role play report back and discussions.
MODULE 4

Methods and Strategies of Gender and Disability Mainstreaming

<table>
<thead>
<tr>
<th>Objectives</th>
<th>To identify and discuss excuses of gender and disability mainstreaming</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To discuss different methods and strategies in gender and disability mainstreaming</td>
</tr>
<tr>
<td></td>
<td>To identify levels of gender and disability mainstreaming and actions to be taken at all levels.</td>
</tr>
<tr>
<td></td>
<td>To analyse essential aspects to consider in gender and disability mainstreaming</td>
</tr>
</tbody>
</table>

| Key Terms                                       | Excuses of disability, Methods and strategies, gender and disability analysis |

| Duration                                        | 5.5 Hours |

| Suggested Training Methods                      | Plenary |
|                                                | Group discussions |
|                                                | Group exercises |
|                                                | Question and Answer |
|                                                | Brainstorming |
|                                                | Buzzing |
|                                                | Case studies |
|                                                | Role play |

| Resources                                       | Flip chart/flipchart stand |
|                                                | Marker pens |
|                                                | Meta cards |
|                                                | Stick stuff |
|                                                | Computer/Laptop |
|                                                | LCD Projector |
|                                                | Handouts |

5.0 Activity 1: Excuses for not Mainstreaming Gender and disability (2 Hours)

Facilitator’s Notes – Various reasons are given for not including gender and disability in development processes. Uncovering barriers as to why gender and disability issues are not routinely included is the first most important step to getting over the exclusion of women with disabilities. Identifying such excuses provides insights on perceptions, and therefore prepares participants to face communities who might react to their gender and disability mainstreaming plans.

Step 1 – In small groups, let participants answer the following questions:
Why are people with disabilities (particularly women) excluded from most mainstream programmes?

Step 2 – Group report back. Facilitator should encourage active involvement of all participations.

Possible excuses may include:
- Disability is contagious, and we do not want to catch it.
- We need to sort out the problems of ‘normal’ people first.
- It is too expensive, and we do not have the resources
- It is a punishment for what their parents have done, so why should we get involved?
- Our Ministry/Department is not responsible for disability issues, and there is a disability-specific Ministry/Department that should deal with those issues.
- We don’t have the skills’ to deal with disability issues
- Let’s create a special programme for them.

Step 3: Role Play – Divide participants into four or five groups. Allocate each group one excuse from the outlined possible excuses above. The group should imagine that they are confronted with people who are using that excuse to justify the exclusion of women with disabilities in their activities. Their job is to convince the community or government agency that gender and disability are human rights and development issues. The group members should appoint one person as an advocate, and the rest play the role of the community, Ministry or Department. Each group should present their role play to the rest of the group. Each presentation should be followed by a discussion.

Step 4: Facilitator and participants go through pre-planned excuses and reasons why it is important to use those excuses to discriminate against persons with disabilities.

Facilitator's notes - The social status of disabled women varies according to individual circumstances and to the country in which they live. Disabled women in poor countries usually experience a particular disadvantage. Here, it is not just difficult but often impossible for a disabled woman to get an education or find a job. She easily becomes marginalised; has no place in society. She does not meet the requirements society places on women: she cannot be a "good wife", nor a "good mother", according to common wisdom. She cannot earn her living because of barriers of access and attitudes (Disability Awareness in Action, 1996)

Uncovering barriers as to why women with disabilities are not routinely included is the first most important step to getting over their exclusion, and developing inclusive policies and programmes. By asking people to defend excuses in a light-hearted way, you’ll be providing them with insights into their own perceptions, and preparing them for how others might react to their plans for gender and disability inclusion.
5.1 Activity 2: Strategies and Methods in Gender Mainstreaming (1 Hour)

Step 1 – Ask participants to explain what they understand by the terms ‘strategy’ and ‘method’ by giving an example of each.

<table>
<thead>
<tr>
<th>Facilitator’s Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong> - a is a long term and broad plan for achieving an objective</td>
</tr>
<tr>
<td><strong>Method</strong> – a way of carrying out the activities</td>
</tr>
</tbody>
</table>

Step 2 – In small groups, let participants identify any strategy and methods known to them, which have been used either in disability or gender mainstreaming.

Step 3 – The facilitator uses Table 5 below and handout 6 (on gender and disability strategies) to discuss the methods and strategies for gender and disability mainstreaming. The facilitator and participants should come up with case studies that are relevant to their context, which could be used to generate discussions.

Table 5: Strategies for Increasing Gender and disability Mainstreaming

- Raise international, regional, national and local awareness of the issues affecting women and women with disabilities.
- Conduct awareness campaigns on the need for gender and disability mainstreaming through dramas and songs.
- Attend public gatherings (e.g. community meetings, church services, decision-making meetings, school events) and ask for time to talk about gender and disability issues.
- Wear T-Shirts and Caps with gender and disability mainstreaming messages
- Increase participation of women and women with disabilities in their communities and within disability organisations.
- Include women with disabilities in the mainstream women’s movement to ensure full participation in development.
- Increase the opportunity for education and training for women with disabilities
- Increase access to services, facilities and transportation.
- Provision of education to families of people with disabilities on the needs and rights of disabled women, and resources should be available for support in the community.
- Encourage women with disabilities to form local groups and self-help organisations, which will help them increase their self-esteem
- Carry out a gender and disability analysis regularly
- Conduct policy and programmes reviews to ensure gender and disability mainstreaming
- Conduct consultative meetings and feedback fora with diverse stakeholders
- Prepare and disseminate Information, Education and Communication (IEC) materials on gender and disability (e.g. posters, flyers)
- Create data banks and resource centres on gender and disability mainstreaming and support services
- Create membership associations of people and organisations involved in gender and disability advocacy
- Organise road shows and exhibitions on gender and disability mainstreaming
- Use various forms of media to lobby and advocate for gender and disability
5.2 Activity 3: Levels of Gender and disability Mainstreaming and Actions (1 Hour)

**Step 1** – Share with participants the gender and disability mainstreaming levels: international, regional, national, organisational, individual

**Step 2** – Let participants provide the rationale for mainstreaming gender and disability at the different levels

**Step 3** – Using Table 6, the facilitator and participants discuss on actions that can be taken to mainstream gender and disability.

### Table 6: Levels and Actions for Gender and disability Mainstreaming

<table>
<thead>
<tr>
<th>Level</th>
<th>Action to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>International</strong></td>
<td>There are a number of international legal instruments pertaining to the rights of women and women with disabilities. Use these documents to work for the rights of women with disabilities. Clauses or articles that specifically mention women or disability have been highlighted for your guidance.</td>
</tr>
<tr>
<td></td>
<td>• The UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities - Women with disabilities and their organisations should be continuously consulted in the national and international follow-up.</td>
</tr>
<tr>
<td></td>
<td>• International Covenant on Economic, Social and Cultural Rights: Articles 2, 7, 10.</td>
</tr>
<tr>
<td></td>
<td>• International Covenant on Civil and Political Rights: Articles 2, 5, 6, 23, 26.</td>
</tr>
<tr>
<td></td>
<td>• UN Convention on the Elimination of All Forms of Discrimination Against Women</td>
</tr>
<tr>
<td></td>
<td>• Declaration on the Elimination of Violence Against Women</td>
</tr>
<tr>
<td></td>
<td>• UN Convention on the Rights of the Child: Articles 2, 23, 24d.</td>
</tr>
<tr>
<td></td>
<td>• International Labour Organisation Convention 159 Concerning Vocational Rehabilitation and Employment (Disabled Persons)</td>
</tr>
<tr>
<td></td>
<td>• ILO Recommendation No. 168 on the same subject</td>
</tr>
<tr>
<td></td>
<td>• UNESCO Salamanca Declaration on Special Needs Education</td>
</tr>
<tr>
<td></td>
<td>• United Nations Convention on the Rights of Persons with Disabilities – it supersedes the other instruments as the most recent, specialised and comprehensive treaty to recognise the human rights of persons with disabilities and to clarify the obligations of States to respect, protect and fulfil those rights. You can get copies of all United Nations documents from your national UN information office, relevant agencies, or by simply downloading them on the UN website</td>
</tr>
</tbody>
</table>

| **Regional** | To meet the challenge of including disabled women in society is beyond the capacity of any one organisation. It is crucial that the priorities of disabled women be addressed in partnership between development agencies, regional bodies, national governments, women’s organisations and disability organisations. |
|              | • DPOs should unite on policy issues to have a strong impact on governments and societies and to emphasise an inclusive approach in all areas of equalisation of opportunities. |
|              | • DIWA, as the independent women’s wing of the Pan African Federation of Persons with Disabilities (PAFOD), together with its sub-regional structures, should form mutually beneficial partnerships with development agencies, regional bodies, national governments, and other civil society organisations (CSOs) to ensure knowledge sharing, cross-organisational learning and |
reflective learning.

- Women with disabilities should meet at a regional level to discuss issues of common concern.

### National

All states have a responsibility to create the legal base for achieving the objectives of full participation and equality for disabled women and men, in accordance with Standard Rule No. 15 and the CRPD, by recognising the principle of full and effective participation and inclusion and accessibility for people with disabilities in society, both in its public and in its private dimensions. Legislation should not discriminate against disabled people but should promote access to social services and participation in community activities and decision-making processes. Governments to take into particular consideration the needs of disabled women as a legal right.

- You can combine disability and women’s issues to lobby government.
- Organise representation on national committees and focal points for women’s issues, set up as part of CEDAW, and for disability issues, set up in accordance with the World Programme of Action Concerning Disabled Persons. National focal points can link with others in a regional network.
- In accordance with UN Standard Rule no. 17, national disability committees should be strengthened, if necessary, or established where they do not exist. Women with disabilities and their organisations should be active members.
- Women with disabilities should be actively involved in both disabled people’s self-help organisations and women’s organisations. Organisations of disabled persons at national and regional level should encourage the establishment of sub-committees of disabled women or independent disabled women’s groups.
- DPOs need to set up effective partnerships and cooperation with one another and with other organisations outside the disability movement, whether at the local or national level, including human rights bodies, women’s organisations and groups concerned with bioethical issues.
- There should be a stronger presence of women with disabilities in national delegations to international meetings, committees and commissions concerning issues of either women or disabled persons.
- The participation of women with disabilities should be generally encouraged, not just supported when topics related to them are specifically on the agenda.
- Governmental and non-governmental national, regional and international women’s organisations and bodies should include disabled women and issues related to them within the general women’s movement, implementing action plans according to the present recommendations, as well as the Platform for Action from the UN Conference on Women in Beijing in 1995.
- Commemoration of dates specific to disability, gender and human rights (e.g. International Day of the Disabled – 3 December).

### Organisational

- Coming together as part of a disability organisation or a women’s organisation is essential to work effectively at local, national, regional or international levels.
- Work with other women’s groups.
- Ensure that any organisations you join have by-laws or guidelines that guarantee the representation of women with disabilities.
- Ensure that organisations have projects specifically focused on empowering women with disabilities.
- Contribute gender and disability and human rights perspectives to decision-making processes, especially policy and programme planning, personnel issues and advocacy.
- Promote and facilitate media and inter-agency dialogue on gender, disability and human rights.
- Persuade and convince others of the need for gender and disability mainstreaming.
- Effectively analyse, collect and disseminate information on cross-cutting gender and disability issues, and on gender and disability mainstreaming practices.
- Network effectively with other gender rights and disability focal points, disability organisations and constituencies for the advancement of disability and human
rights.

- Intervene appropriately in policy advice and dialogue, ensuring that gender and disability equality considerations are taken into account in discussion and decision-making.
- Improving disability programme effectiveness through better access to local information and experience.
- Increasing legitimacy of development activities through greater popular engagement in gender and disability policy formulation.
- Assist in the creation of an active network, or community of practice among gender and disability actors, civil society actors, leading thinkers and development practitioners.
- Developing knowledge-sharing strategies; facilitating organisational reflection and learning; and embracing collaboration.

<table>
<thead>
<tr>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals can come up with a host of actions that promote gender and disability mainstreaming. The actions set out below are merely meant to stimulate you and should not be considered exhaustive.</td>
</tr>
</tbody>
</table>
- If there isn’t one, or not one that expresses inclusive views, set up disabled women’s network, perhaps using a regular newsletter, in your city or country.
- Pass this resource kit on to a neighbour, friend or organisation - or copy parts of it to councillors, members of parliament or members of government.
- Build networks for disabled women and links with the mainstream women’s movement.
- Support other women and encourage their development.
- Write to the UN Commission on the Status of Women about the inclusion of women with disabilities.

**Step 4** – In groups, participants read case study 3 below and draw lessons on methods and strategies used for gender and disability mainstreaming in development processes and report back.

**Case Study 3: The Tanzanian Experience**

Tanzania initiated the poverty reduction strategy process in 2000, and it was revised in 2005. It is known under the Swahili abbreviation MKUKUTA. DPOs were actively involved in the drafting process of MKUKUTA and disability is almost a cross-cutting issue, as it is included in seven sectors. Implementing organisations were CBM and MKUKUTA Disability Network, funded by the German Government via GTZ project ‘Systems of Social Protection’. The MKUKUTA Disability Network was established after a workshop on the inclusion of disability into the Poverty Reduction Strategy of Tanzania in 2005 popularly known as MKUKUTA. The main aims of the network are to ensure that disability issues are included in the PRS of Tanzania and to enable people with disabilities to actively participate in and benefit from the PRS of Tanzania. Its vision is that an enhanced environment exists for the full inclusion of disabled people in the implementation, monitoring and evaluation of the MKUKUTA towards a better quality of their lives (Source: Handicap International & CBM, 2007)

**5.3 Activity 4: The Process of Mainstreaming Gender and disability** (30 Minutes)

**Step 1** – Using the question and answer method, the facilitator leads a discussion on how gender and disability mainstreaming can effectively occur. The responses should be recorded on the flip chart.
Step 2 – The facilitator sums up the activity by outlining key issues on the participation of women and men with disabilities if gender and disability mainstreaming is to occur at each level. Effective gender and disability mainstreaming is possible if the following are considered:

- A clear gender and disability mainstreaming policy
- Practical coordination of all gender and disability mainstreaming initiatives
- A clear guideline on gender and disability mainstreaming and best practices
- Training and capacity development
- Awareness creation and advocacy on gender and disability mainstreaming
- Partnerships and networking with diverse stakeholders
- Research and information dissemination on disaggregated data on gender and disability issues
- Resource mobilisation
- Monitoring and evaluation

Facilitator’s notes - The facilitator could also discuss the above points with participants, which outline general actions aimed at mainstreaming gender and disability in daily activities.

5.4 Activity 5: Essential Aspects to Consider in Gender and Disability Mainstreaming (1 Hour)

Facilitator’s notes - Training, funding and research are essential components of promoting gender and disability mainstreaming, and the facilitator should also discuss these with participants.

Step 1 – Divide participants into three groups and each group is allocated an area to focus on (either training, research, or funding). The group discussion will be guided by the following questions:

- Why is it important to gender and disability mainstreaming?
- Who should be involved, and why?
- How should this be done?
- What are the resources that are required?
- What are the short and long term benefits to national development?
- What are the challenges that you might anticipate and how do you intend to overcome them?

Step 2 – Each group reports back to the bigger group, and others should be able to seek further clarifications and/or make additional comments or contributions.

Facilitator’s notes – The facilitator summarises the activity using information in the table below:
Table 7: Areas to Consider in Gender and Disability Mainstreaming

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>Training is a lifetime investment that empowers people, and enables them to take charge of their lives. Training-specific activities that advance gender and disability mainstreaming include the following:</td>
</tr>
<tr>
<td></td>
<td>• Women with disabilities should be encouraged to participate in training programmes within national bodies that organise leadership and management development.</td>
</tr>
<tr>
<td></td>
<td>• Programmes should also be designed specifically for disabled women, as well as be considered an integrated part of existing women’s training programmes.</td>
</tr>
<tr>
<td></td>
<td>• Leadership training seminars, educational programmes and job training programmes for establishing cooperatives and income-generating activities should be organised at local levels, including rural areas, to increase disabled women’s awareness of their own situation at the grassroots level and to stimulate their active participation.</td>
</tr>
<tr>
<td></td>
<td>• Special mentor programmes should be started and supported at local and regional levels, where women within the disability movement consciously support each other through the various phases of life in their personal development and empowerment.</td>
</tr>
<tr>
<td></td>
<td>• Various regional organisations as well as the UN system should assist disabled women in developing leadership skills through the elaboration of model curricula by ILO and UNESCO to be used at various levels of leadership in all countries and through technical cooperation. All efforts should be made to have disabled women as trainers.</td>
</tr>
<tr>
<td>Funding</td>
<td>Activities targeted at gender and disability mainstreaming cannot be effective if they are not supported by funding. That is why the Standard Rules and the CRPD specifically encourage member states to fund disabled people’s organisations. In view of this:</td>
</tr>
<tr>
<td></td>
<td>• The UN, specialised agencies and various other international, national and local donor agencies should also include funding of programmes for disabled women among their priorities.</td>
</tr>
<tr>
<td></td>
<td>• Mainstream funding programmes should earmark support for projects related to women with disabilities.</td>
</tr>
<tr>
<td></td>
<td>• When priorities do exist in favour of people with disabilities or women, favourable considerations should be given to the inclusion of programmes or components of programmes for women with disabilities.</td>
</tr>
<tr>
<td>Research</td>
<td>• There is a paucity of statistical data on disability especially, resulting from inadequate research on the subject. There is a need to have accurate facts and figures, based on the experiences of women with disabilities, to support demands for equal opportunities. In order for this to happen, and for gender and disability mainstreaming to be a success, the following should be taken into account:</td>
</tr>
<tr>
<td></td>
<td>• These facts and figures must be accurate and based on persons with disabilities’ experiences, particularly women.</td>
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<tr>
<td></td>
<td>• National governments should take early steps to incorporate the collection of gender-specific data on issues related to disability in existing statistical series.</td>
</tr>
<tr>
<td></td>
<td>• Each country should undertake nationwide surveys on disability to investigate the incidence of impairment in the country, its major causes and measures taken by individuals or families to deal with the situation. Of great importance is a model questionnaire for this purpose by the UN Statistical Office to highlight the issue of disabled women and which obtains such information as income level, employment and educational attainment, among others. Such a survey allows an analysis of the national situation and permits regional and international comparisons. It would also be advisable to have personnel trained in data collection on disabled women involved in household surveys and censuses.</td>
</tr>
<tr>
<td></td>
<td>• Any development programme for women with disabilities should investigate the actual living conditions of these women both in urban and rural areas, and coming up with ways of improving their livelihoods.</td>
</tr>
<tr>
<td></td>
<td>• Research should be stimulated and grants given to researchers in a large number of subject areas to investigate the situation of women with disabilities.</td>
</tr>
<tr>
<td></td>
<td>• Situational descriptions provided by disabled women themselves should be the most important source of information.</td>
</tr>
</tbody>
</table>
Other socio-economic and political studies concerning the social situation of women with disabilities should be encouraged.

Particular attention should be given to the exchange of research experiences, and a deliberate effort to recruit and educate suitably qualified disabled women as researchers should be encouraged.

Large-scale research is also necessary to investigate the amount and kind of violence women with disabilities encounter.

Step 4 – To conclude this activity, the facilitator could share with participants some organisational and operational structures from CERMI (2012, p.49) that are relevant to gender and disability mainstreaming. The facilitator should emphasise that in order to introduce equality once and for all, disability organisations and other stakeholders must mainstream gender and disability in their organisational and operational structures. Examples of organisational and operational structures are listed in Table 8 below for the facilitator’s guidance:

**Table 8: Organisational and Operational Structures**

<table>
<thead>
<tr>
<th>Organisational structure</th>
<th>Operational structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and, if necessary, amend constitutions, rules and by-laws to make sure the inclusion of equality and non-discrimination is clearly formulated and stated in the mission, vision, goals, strategies and values of disability organisations.</td>
<td>Boost diversity-management, arbitration and equality policies</td>
</tr>
<tr>
<td>Include a clear commitment to equality by putting in place procedures and joining key national and international efforts to promote equal opportunities.</td>
<td>Ensure the organisation’s financial resources are fairly distributed to cover the needs and interests of both men and women.</td>
</tr>
<tr>
<td>Break down stereotypes that divide tasks according to sex and ensure women hold positions of responsibility and men are involved in intervention roles.</td>
<td>Design a targeted strategy for women with disabilities in areas that require separate intervention from those involving men and women equally.</td>
</tr>
<tr>
<td>Promote gender equality from the very highest positions.</td>
<td>Include gender in communication outcomes and processes.</td>
</tr>
<tr>
<td>Treat all men and women equitably in the workplace, respecting and advocating for their rights, and ban discrimination.</td>
<td>Disseminate information on issues specifically affecting women with disabilities.</td>
</tr>
<tr>
<td>Further education, training and career development for women.</td>
<td></td>
</tr>
<tr>
<td>Introduce organisational development practices that strengthen women’s position and encourage them to take part in decision-making.</td>
<td></td>
</tr>
<tr>
<td>Promote equality through community-based initiatives and meetings.</td>
<td></td>
</tr>
<tr>
<td>Assess and disseminate progress made towards gender equality.</td>
<td></td>
</tr>
</tbody>
</table>
MODULE 5

Documentation, Monitoring and Evaluation of Mainstreaming Processes

Objectives

- To differentiate the terms documentation, monitoring and evaluation
- To explain the role of documentation, monitoring and evaluation in gender and disability mainstreaming.
- To discuss methods for documentation, monitoring and evaluation of gender and disability mainstreaming interventions
- To develop and monitor a gender and disability responsive budget

Key Terms

Documentation; monitoring; evaluation; indicators; intervention strategies; planning, implementation; gender and disability responsive budget

Duration

6 Hours

Suggested Training Methods

- Plenary
- Group discussions
- Group exercises
- Question and Answer
- Brainstorming
- Buzzing
- Case studies
- Role play

Resources

- Flip chart/flipchart stand
- Marker pens
- Meta cards
- Stick stuff
- Computer/Laptop
- LCD Projector
- Handouts

Facilitator’s notes - Documentation, monitoring and evaluation are important processes in any project cycle. In this module, focus is placed on these aspects, which are crucial in the gender and disability mainstreaming process. Monitoring and evaluation enables us to assess the quality and impact of our work, against our action plans and our strategic plans. We engage in monitoring and evaluation because we are concerned about the efficiency, effectiveness and impact of the work. For those of us whose main area of work is disability gender advocacy, we need to know the efficiency, effectiveness and impact of our gender and disability advocacy efforts, and be able to assess if we are making meaningful change to the lives of people whom we represent and to society in general.
6.0 Activity 1: Defining Documentation, Monitoring and Evaluation (1 Hour)

**Step 1** – In pairs, participate buzz with each other their understanding of documentation, monitoring and evaluation.

**Step 2** – Participants report back. Discussions should be encouraged.

**Step 3** – Using the notes below, the facilitator consolidate the definitions of the three terms.

**Step 4** – Facilitator leads the discussion on differentiating documentation, monitoring and evaluation - brainstorming.

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**Facilitator’s notes**

1. **Documentation** - materials that provide official information or evidence that serves as a record for lessons learnt and awareness. It is an important component of any complex project. In this case, materials that are related to gender and disability mainstreaming is, indeed, a complex process that requires proper documentation.

   **Examples** – flyers, posters, newsletters, reports, work plans, DVDs, CDs, photographs. Ask participants to add more examples.

2. **Monitoring** - a continuous management function that aims primarily at providing implementers and key stakeholders with regular feedback and early indications of progress or lack thereof in the achievement of intended results. Monitoring tracks the **actual performance against what was planned or expected according to pre-determined standards**. It generally involves the continuous collection and analysis of data on programme processes and results and recommending corrective measures, asking the question “Is the programme doing things right, in order to achieve its goals?”. Therefore, a monitoring system should continuously provide facts and signals in order to record what happens in relation to what was planned.

3. **Evaluation** - is a systematic and impartial assessment of, for example, an activity, project, programme, strategy, policy, topic, theme, sector, operational area, and institutional performance. It focuses on expected and achieved accomplishments, examining the results chain, processes, contextual factors and causality, in order to understand achievements or the lack thereof (reference). Evaluation is a periodic process.

   **NB:** Although the statement ‘monitoring and evaluation’ is often taken as one activity, **monitoring and evaluation are two distinct sets of organisational activities, related but not identical. They should thus not be used interchangeably.**

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6.1 Activity 2: The Role of Documentation, Monitoring and Evaluation (1 Hour)

**Step 1** – Divide participants into three groups and let each group discuss either the role of documentation, monitoring or evaluation in the gender and disability mainstreaming processes. They can put their presentations on flip charts,

**Step 2** – Participants present to the larger group. Participants should be encouraged to comment, seek clarifications, and add more information where necessary.
Facilitator's Notes

The Role of Documentation
- Information sharing
- Creation of database
- To show evidence on what has been done or not done.

The Role of Monitoring
- It tracks the actual performance against what was planned or expected according to pre-determined standards.
- Involves the continuous collection and analysis of data on programme processes and results and recommending corrective measures, asking the question “Is the programme doing things right, in order to achieve its goals?”
- In short, monitoring is about identifying gaps and instituting corrective measures – checks and balances.

The Role of Evaluation
- Determines the relevance, impact, effectiveness, efficiency and sustainability of the interventions.
- Determines contributions of various stakeholders in gender and disability mainstreaming.
- Provides evidence-based information that is credible, reliable and useful.
- Provides best practices or lessons from the interventions.

NB: Facilitator and participants can identify other roles not mentioned.

6.2 Activity 3: Monitoring Gender and disability Mainstreaming Interventions (1 Hour)

Step 1 – Facilitator and participants revisit the three forms of barriers to disability mainstreaming.

Facilitator’s notes - Under the social model of disability, persons with disabilities are part of society and should be included in all activities. Thus, the focus is on inclusion, and the elimination of the following three major barriers discussed earlier, which prevent the effective participation of people with disabilities in society:

- **Attitudinal barriers** – these are the most important to identify since they are the main factors prohibiting progress on disability inclusion. Negative attitudes, stereotypes, prejudices, cultural and religious issues and assumptions have led to many disabled people believing themselves to be worthless, dependent and in need of support. This cycle of charity and dependency can be difficult to break.

- **Environmental barriers** – they are often easiest to identify. These include inaccessible buildings, narrow pathways, uneven surfaces, and print and electronic information in inaccessible formats.
Institutional barriers  – these are some of the most difficult to identify. Without a proactive search for them, they won’t be as immediately evident. That is because they are often linked to social and cultural norms and written into policies and legislation. These include the legal system, employment laws, electoral system, education policies, health service provisions, social services, belief systems and religion, humanitarian/development agency policies.

Step 2 – Having acquainted themselves with the barriers, participants get into three groups to work on case studies provided by the facilitator (these could be more, depending on the number of the participants). The facilitator can come up with his or her own case studies that are relevant to the participants’ context. Each group should have a different case study.

Step 4 – From the case studies, groups should address the following questions:

- What kind of programme is it?
- Are people with disabilities included, particularly women and girls in this case study?
- If they are, how are they included?
- Is their participation measured on a regular basis in the periodic evaluations?
- Is their inclusion adequately resourced?
- Are there any barriers to their participation and if so, how can these be overcome?

6.3 Activity 4: Evaluating Gender and disability Mainstreaming Interventions (1 Hour)

Step 1: Levels of evaluation – using the question and answer method, the facilitator discusses the following three levels of evaluation:

1) Evaluation of outputs (Have the gender and disability mainstreaming objectives been met?)
2) Evaluation of outcomes (To what extent has the gender and disability mainstreaming goal in development been achieved?)
3) Evaluation of process (How were gender and disability mainstreaming outputs and outcomes delivered?)

Note: In order to carry out a comprehensive evaluation of gender and disability mainstreaming, there is need to look at every step and process of the evaluation process, and establish if it responds to the principles of gender and disability equality, and how well it responds to these considerations at every level.

Facilitator’s notes on gender and disability mainstreaming indicators  - Gender and disability indicators are used to identify the differences between the diverse situations women and men with disabilities find themselves in, particularly for the purposes of detecting and identifying inequalities. These differences inhibit inclusive development. It is therefore important to analyse these differences to see the opportunities to increase access to resources
and goods, and improve conditions, quality of life and possibilities for influence. By influencing changes in gender and disability constructions, a more sustainable and long-lasting inclusive development can be obtained. Gender and disability indicators enable decision makers to access progress towards the achievement of intended outputs, outcomes, goals, and objectives of gender and disability mainstreaming. As such, result-based indicators are an integral part of any monitoring and evaluation system.

6.4 Activity 5: Designing Gender and disability-sensitive Interventions (1.5 Hours)

Facilitator’s notes - The problems frequently encountered in implementing mainstreaming interventions can often be traced to the design of the intervention. It is necessary to ensure that, when designing interventions, the gender and disability dimension are clearly articulated at the various stages of the design format.

Step 1 – To assist participants to lobby and advocate for gender and disability mainsteaming in programmes, participants get into groups to discuss enabling ways of designing gender and disability-sensitive interventions. In groups, participants use the following information in Table 9 to design a gender and disability sensitive programme of their choice:

<table>
<thead>
<tr>
<th>Area</th>
<th>Key issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background and Justification</td>
<td>Is the gender dimension highlighted in the background information to the intervention? Does the justification include convincing arguments for gender and disability mainstreaming and gender and disability equality?</td>
</tr>
<tr>
<td>Goals</td>
<td>Does the goal of the proposed intervention reflect the needs of both men and women, and of women and men with disabilities? Does the goal seek to correct gender and disability imbalances through addressing practical needs of men and women, and men and women with disabilities? Does the goal seek to transform the institutions (social and others) that perpetuate gender and disability inequality?</td>
</tr>
<tr>
<td>Target Beneficiaries</td>
<td>Except where interventions specifically target men or women and men and women with disabilities as a corrective measure to enhance gender and disability equality, is there gender and disability balance within the target beneficiary group?</td>
</tr>
<tr>
<td>Objectives</td>
<td>Do the intervention objectives address needs of both women and men, and women and men with disabilities?</td>
</tr>
<tr>
<td>Activities</td>
<td>Do planned activities involve both men and women, and both women and men with disabilities? Are any additional activities needed to ensure that a gender and disability perspective is made explicit (e.g. training in gender issues, additional research, etc.)?</td>
</tr>
<tr>
<td>Indicators</td>
<td>Have indicators been developed to measure progress towards the fulfilment of each objective? Do these indicators measure the gender and disability aspects of each objective? Are indicators gender and disability aggregated? Are targets set to guarantee a sufficient level of gender and disability balance in activities (e.g. quotas for male and female participation)?</td>
</tr>
<tr>
<td>Implementation</td>
<td>Who will implement the planned intervention? Have these partners received disability gender mainstreaming training, so this perspective can be sustained throughout implementation? Will both women and men, and women and men with disabilities participate?</td>
</tr>
</tbody>
</table>
disabilities participate in implementation?

Monitoring and Evaluation

Does the monitoring and evaluation strategy include a gender and disability perspective? Will it examine both substantive (content) and administrative (process) aspects of the intervention? What tools will you use in monitoring and evaluation?

Risks

Has the greater context of gender roles and relations within society been considered as a potential risk (i.e. stereotypes or structural barriers that may prevent full participation of one or the other gender)? Has the potential negative impact of the intervention been considered (e.g. potential increased burden on women or social isolation of men; negative attitudes and the traditional cultural and religious explanations of the occurrence of causes of impairments)?

Budget

Have financial inputs been ‘gender and disability-proofed’ to ensure that both men and women with disabilities will benefit from the planned intervention? Has the need to provide gender sensitivity training or to engage short-term gender and disability experts been factored into the budget?

Research evidence and utilisation

Is there any existing research evidence on the impact of gender and disability in development process? How are you intending to utilise the existing research evidence?

Communication Strategy

Has a communication strategy been developed for informing various stakeholders about the existence, progress and results of the project from a gender and disability perspective?

Sustainability of gender and disability mainstreaming interventions

- How does your initiative fit into the “big picture”, i.e. more comprehensive government programmes and policy frameworks? What entry points for follow-up and complementary activities does this framework offer?
- Does your evaluation include concrete recommendations for follow-up initiatives? What other entry points can be accessed to ensure this follow-up?
- Does your evaluation point to implications for other ministries or stakeholders more broadly? How will you communicate these implications? Can you propose any concrete entry points?
- Are you documenting the process and results of your initiatives in a way that will guarantee institutional memory?
- How and to whom are you communicating the results of your gender and disability mainstreaming initiatives? While communication figures as the last step in this gender and disability mainstreaming guide, communication considerations themselves need to “mainstreamed” or integrated at all phases of the project or policy cycle. Communication with other stakeholders – e.g. government sectors, CSOs, NGOs, from civil society to your superiors – is necessary at all stages and all levels. In every case, the way in which you communicate (both pro-actively and reactively) will influence the success of your project.

6.5 Activity 6: Developing and Monitoring a Gender and disability Responsive Budget (1Hour)

Step 1 – Ask participants what a budget is, and its purpose.

Step 2 – Ask participants what a gender and disability responsive budget is and why it is different from other forms of budgets.
Step 3 – Let participants be in small groups and ask them to identify, discuss and agree on the components of a gender and disability responsive budget (use handout 7).

Step 4 – Feedback from participants.

Step 5 – The facilitator explains the process of preparing a gender and disability responsive budget. Use handout 7 for this exercise.

Step 6 – Using a brainstorming method, discuss how to monitor and evaluate a gender responsive budget. Again, use handout 7 for this exercise.

Facilitator’s notes
This module has put into perspective the overarching importance of documentation not only to ensure the traceability of interventions and provide an audit trail but also to allow for the replicability of interventions, recording of lessons learnt and best practices for posterity and facilitate knowledge sharing, cross-organisational learning and allowing for the building of a community of practice on gender and disability mainstreaming among DPOs, disability players and concerned organisations. The module has also highlighted the need for mainstreaming gender and disability dimension at every stage and level of the evaluation process in order to make sure that mainstreaming, which has tremendous potential for gender and disability equality and inclusion, ultimately becomes a reality and a success.
Exercise 1: Gender Perceptions

Distinguish which is “gender” (social construct) and which is “sex” (biological)

<table>
<thead>
<tr>
<th>Statement</th>
<th>True/False</th>
<th>Sex or Gender</th>
<th>Myth or fact? - Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women get pregnant; men do not</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls should be gentle; boys should be tough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men grow beards and moustache, women do not</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women menstruate, men do not</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women make poor leaders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All women gossip, men do not</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women develop breast that are usually capable of lactating, while men do not</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex is not as important for women as it is for men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only men can provide the sperm for fertilisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men do not cry; all women cannot hold back their tears</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Exercise 2: Game of Life

Participants need to take:
- Two sweets from the bowl/plate into the cup for a very positive or very successful experience
- One sweet from the bowl/plate into the cup for a positive or successful experience
- No sweet taken from either the cup or the bowl/plate for a not-so-positive experience
- Two sweets taken from the cup back to the bowl/plate for a negative or unsuccessful experience.

NB: If anyone does not have anything in their cup to take back to the bowl/plate, it means that he/she is in debt, and should pay back once they have something in their cup.

Tell the following life story to the participating volunteers:

1. **One fine day, after a long wait for nine months, your character is born. How does your family feel when they see who you are? Make your moves.**

**Note what might happen:**
- Family is very happy (non-disabled son is born) - **two sweets the bowl into the cup.**
- Quite happy (disabled son/non-disabled daughter) - **one from the bowl into the cup**
- not happy (disabled son) - **no sweet taken from either the cup or the bowl**
- very unhappy (disabled daughter) – **two sweets taken from the cup back into the bowl**

2. **Now you are about six years old, and it’s time to start thinking about school. How likely is it that you will be able to attend school? Make your moves.**

3. **Most of your age mates are now looking for employment, and you decide to also get a job. How easy will it be for you to find one? Make your moves**

4. **A few years go by. Everyone in your age group is forming relationships and thinking of getting married. How much do you think this will be possible for you? Make your moves.**

5. ‘**Now you’re in your 40s. You want to help your community by becoming involved in local politics. How likely are you to achieve this goal?**’ Make your moves.

6. **An opportunity arises for only one person to go and represent your community at a development conference in Malaysia. How likely are you going to be chosen by your community to go and attend this conference? Make your moves.**
Handout 1: Impairments and Causes

**Physical impairment** - affects a person’s body movement and/or appearance.

- **Potential causes:** polio, muscular dystrophy, club foot, joined fingers and toes, cerebral palsy, spinal cord injury, loss of limb(s), tuberculosis of the backbone, spina bifida, weak bones, etc.

**Sensory impairment** - affects a person’s sight, hearing, speech, smell, taste, sensation/feeling and/or physical balance.

- **Potential causes:** spinal cord injury, brain injury, trachoma, dry eyes, river blindness, measles, lack of iodine, meningitis, malaria, certain medicines, accident, etc.

**Neurological impairment** - affects a person’s nervous system, which affects a person’s speech, motor skills, vision, memory, muscle actions and/or learning abilities. Examples may be cerebral palsy, Alzheimer, multiple sclerosis, meningitis.

- **Potential causes:** epilepsy, brain injury, spinal cord injury, infections, etc.

**Intellectual impairment** - significantly affects a person’s intellectual and cognitive functioning and adaptive behaviour. The impairment has to originate before the age of 18. It can also be referred to as a learning disability. An individual with a learning disability has difficulty with the messages to the brain becoming jumbled, thus making it difficult for the individual to learn in one or more of the academic areas. People with learning disabilities do not have “mental retardation” nor are they “slow learners”. Learning disability is just a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities due to neurologic dysfunction.

- **Potential causes:** iodine deficiency, environmental conditions (e.g. lead poisoning), genetic or chromosomal abnormalities (e.g. Down’s syndrome), diseases such as rubella and syphilis in pregnant mothers, or birth complications and early contraction of certain diseases.

**Mental illness or psychiatric impairment** - affects and profoundly disrupts a person’s thinking, moods, ability to relate to others and capacity for coping with the demands of life. Mental illness includes disorders such as schizophrenia, and major depressive disorder. It can affect persons of any age, race, religion or income and are not the result of personal weakness, lack of character or poor upbringing.

- **Potential causes:** iodine deficiency, environmental conditions (e.g. lead poisoning), genetic or chromosomal abnormalities (e.g. Down’s syndrome), diseases such as rubella and syphilis in pregnant mothers, or birth complications and early contraction of certain diseases.

**Stress may trigger the illness, but is not the cause. Mental illness is treatable with medication, supportive counselling, self-help groups, etc. People who have a mental illness are amongst the most stigmatised and discriminated against.**

**Multi-impairments** – a person with more than one impairment

- A person may have Down’s syndrome (learning disability) may have hearing and/or visual impairment. Or a person who has cerebral palsy may have difficulty walking, speaking and learning. Or a person may be deafblind.
Handout 2: Models of Disability

Introduction

Human rights are enshrined in the 1948 Declaration of Human Rights. Unfortunately, people with disabilities (particularly women) have been marginalised for very long time. They have been treated as separate and specialised individuals. This treatment has excluded them from mainstream society. The CRPD emphasises the need for mainstreaming gender and disability issues in daily activities. There are several approaches to disability. In this handout, we outline the medical and charity model (individual models) that focus on barriers to participation being with the disabled people. Then the social model, which focuses on barriers being with society’s view of people with disabilities.

Medical Model of Disability (Individual Model)

Activities ‘fix’ disabled person, who is ‘sick’, so they can join ‘normal’ society. The following describes the medical model:

- **Impairment is the problem**
- A traditional understanding of disability
- Focuses on a person’s impairment as the obstacle
- Seeks to ‘cure’ or ‘improve’ individuals to ‘fit’ them into society
- Defines the disabled person only as a patient with medical needs
- Segregates disabled people from the mainstream
- Offers only medical help, carried out by specialists
- Expensive, tends to benefit relatively few people with disabilities
The Charity Model of Disability (Individual Model)

Activities ‘help’ the disabled person who is ‘helpless’ and outside the ‘normal’ society. This model is characterised by the following:

- **Disability is a problem in the person**
  - They are seen as ‘unfortunate’, ‘dependent’ or ‘helpless’
  - They are regarded as people who need pity and charity
  - Assumes people with impairments cannot contribute to society or support themselves
  - Provides them largely with money or gifts, such as food or clothing
  - Disabled people become long-term recipients of welfare and support
  - Aid provided by specialist organisations and not mainstream development
  - Disabled people are viewed and kept as a separate group

Figure 4: The Charity Model of Disability
The Social Model of Disability – Inclusive approach

Activities focus on inclusive practices and this approach sees people with disabilities as part of the wider society. The social model operated under the following:

- Focuses on society, not disabled people, as the problem
- Regards disabled people as part of society, rather than separate
- People are disabled by society denying their rights and opportunities
- Sees disability as the social consequences of impairment
- Disabled people’s needs and rights are the same as non-disabled people’s – e.g. belonging, health, love, education, employment
- Activities focus on identifying and removing attitudinal, environmental and institutional barriers that block inclusion
Handout 3: Gender Concepts

**Gender** - refers to the socially given attributes, roles, activities, responsibilities and needs connected to being men (masculine) and women (feminine) in a given society at a given time, and as a member of a specific community within that society. Women and men’s gender identity determines how they are perceived and how they are expected to think and act as men and women.

**Sex** - refers to the biological characteristics between men and women, which are universal and do not change. These sets of biological characteristics are not mutually exclusive as there are individuals who possess both, but these characteristics tend to differentiate humans as males and females.

**Gender awareness** - is an understanding that there are socially determined differences between women and men based on learned behaviour, which affect their ability to access and control resources. This awareness needs to be applied through gender analysis into projects, programmes and policies.

**Gender blindness** - the failure to recognise that gender is an essential determinant of social outcomes impacting on projects and policies. A gender blind approach assumes gender is not an influencing factor in projects, programs or policy.

**Gender roles** - these are learned behaviours in a given society/community, or other special group, that condition which activities, tasks and responsibilities are perceived as male and female. Gender roles are affected by age, class, race, ethnicity, religion and by the geographical, economic and political environment. Changes in gender roles often occur in response to changing economic, natural or political circumstances, including development efforts. Both men and women play multiple roles in society. The gender roles of women can be identified as reproductive, productive and community managing roles, while men’s are categorized as either productive or community politics. Men are able to focus on a particular productive role, and play their multiple roles sequentially. Women, in contrast to men, must play their roles simultaneously, and balance competing claims on time for each of them.

**Gender discrimination** – unequal or preferential treatment of individuals or groups on the basis of gender that results in reduced access to or control of resources and opportunities.

**Gender stereotyping** – the assigning of roles, tasks and responsibilities to a particular sex policy on the basis of pre-conceived prejudices.

**Gender equality** - refers to the equal rights, responsibilities and opportunities of women and men, and girls and boys. Equality does not mean that women and men will become the same, but that women’s and men’s rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognising the diversity of different groups of women and men.

**Gender equity** – refers to the practice of fairness and justice between men and women, boys and girls in the distribution of benefits, access to and control of resources, responsibilities, power, opportunities and services.
Gender Analysis - Refers to the variety of methods used to understand the relationships between men and women, their access to resources, their activities, and the constraints they face relative to each other. Gender analysis provides information that recognises that gender, and its relationship with race, ethnicity, culture, class, age, disability, and/or other status, is important in understanding the different patterns of involvement, behaviour and activities that women and men have in economic, social and legal structures.

Engender – the process of ensuring that planning and programming is appropriate for, and takes into accounts the female and male differences and concerns.

Gender-sensitivity - encompasses the ability to acknowledge and highlight existing gender differences, issues and inequalities and incorporate these into strategies and actions.

Gender-based violence – Any act of violence that results in, or is likely to result in physical, sexual, or psychological harm or suffering to women, girls, boys and mean on the basis of gender.
Handout 4: Steps in Gender and Disability Analysis

Step 1 - Identifying, defining and refining the issue
Policy analysis usually begins with identifying a problem or an opportunity requiring policy development or analysis. This stage involves determining the nature, scope and importance of the issue within the context of the current policy environment that warranted placing it on the policy agenda.

Step 2 - Defining desired goals and anticipated outcomes
In this stage, desired goals and anticipated outcomes for the policy are proposed. An analysis of intended/unintended outcomes usually examines the degree to which the policy can meet or hinder other policies or government objectives. Outcome indicators, monitoring processes, partners in defining outcomes, and accountability for achieving outcomes are usually considered in this phase.

Step 3 - Defining the information and consultation inputs
This step is most often done along with the research phase. It looks at what knowledge is needed, and what sources can best provide it. Available and relevant data sources and partners in data gathering and analysis are identified.

Step 4 - Conducting research
This stage clarifies the research design, and the type of analysis to be done (e.g. cost/benefit, social impact, relationships to government, etc.). It is here that tasks and methods of analysis and approaches to data presentation are discussed.

Step 5 - Developing and analysing options
An analysis of options and their outcomes and implications are articulated and refined. The relationship of options and their impact on existing policies, programmes and legislation are also studied for example: economic, social, equity, community, environmental. Impact analyses are developed preferably for each option while responsibility for implementation and the resources required are also examined.

Step 6 - Making recommendations
The recommendation of options is often a collaborative effort, and sometimes draws directly on public input and consultation. The rationale for the recommendations is derived from the analysis of options, and presents the recommendation in terms of its favourable and unfavourable impacts, implications, and the policy environment.

Step 7 - Communicating policy
Communicating the recommended policy can play a significant role in its acceptance and implementation. Timing, choice of media, language, and public involvement are important to ensure that government intent and the impacts of the policy, programme and legislation are
understood. The participation and acknowledgement of partners and consulting groups can be a key part of communicating policies inside the government and to the public.

**Step 8 - Assessing the quality of analysis**
At this stage it is important to review the analysis process.

### Handout 5: Gender and disability Mainstreaming Analysis Tool

<table>
<thead>
<tr>
<th><strong>ASPECT</strong></th>
<th><strong>MACRO LEVEL</strong></th>
</tr>
</thead>
</table>
| Stakeholders’ analysis for national institutions (e.g. parliament, line ministries, universities, etc.) | - What is the decision-making process like?  
- How are women and men with disabilities represented in the system?  
- Do national disabled people’s organisations (DPOs) exist?  
- If DPOs exist, are they gender sensitive in their decision-making position?  
- Is there a disability ministry or a specific ministry in charge of disability issues?  
- Is there disability mainstreaming in the Ministry of Gender/Women’s Affairs (if it exists)?  
- Are there gender and disability desks? National Disability Councils?  
- Do national disability I/NGOs exist? Do they mainstreaming both gender and disability? National Service providers?  
- Do disability stakeholders (especially DPOs) have working relationships with other national institutions (governmental and non-governmental agencies, including women’s organisations)?  
- Are there universities or other organisations providing trainings or doing research that include a gender and disability perspective in their curricula? (Health, education, social work, etc.).  
- What are formal and non-formal institutions that prevent or promote the participation of persons with disabilities in a specific sector? |
| Legal frameworks | - Are gender and disability components incorporated into the National Constitution?  
- Has the government signed and ratified the UN Convention on the Rights of Persons with Disabilities?  
- Has the government signed and ratified CEDAW?  
- Has the country got national disability legislation- e.g. a national Disability Act? Is it gender sensitive?  
- Has the country got a Gender policy? If so, does it specify women and girls with disabilities?  
- Has the country in-cooperated gender and disability issues National Development Plans (e.g. Poverty Reduction Strategy Papers)?  
- Does the disability movement participate in National Development Processes?  
- Has the government developed national and sectoral policies and strategies in relation to disability  
  - for rehabilitation services?  
  - for equal employment opportunities?  
  - for inclusive education?  
  - Others |
| Impact of policies and programmes | - How do current policies, laws and regulations impact on social services provision to people with disabilities, and specifically to women with disabilities?  
- Is the country mainstreaming gender and disability in existing policies and programmes? |
| Statistics | - Do national statistics report on disability data  
- If so, is the data disaggregated?  
- Do these statistics consider persons with disabilities (including women and girls with disabilities)  
- How do the disability stakeholders consider the relevance and accuracy of these data  
- Is there any data the causes and prevalence of disability? |
<table>
<thead>
<tr>
<th>ASPECT</th>
<th>MESO LEVEL</th>
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</table>
|        | • Do local governments have specific mandates in relation to gender and disability?  
|        | • Do disability stakeholders (especially DPOs) have working relationships with governmental and non-governmental institutions?  
|        | • What are formal and non-formal institutions that prevent or promote the participation of women and men with disabilities?  
|        | • Do service delivery structures (for example health, education, labour, transport, etc.) provide services to women and men with disabilities too?  
|        |   - Do they develop specific services?  
|        |   - Do they adapt their services to include women and men with disabilities?  
|        | • Do service delivery structures employ women and men with disabilities?  
|        | • What are formal and non-formal institutions that prevent or promote the participation of women and men with disabilities?  
|        | • Do service delivery structures employ women and men with disabilities?  
|        | • What are formal and non-formal institutions that prevent or promote the participation of women and men with disabilities?  
|        | • How is the disability sector organised at meso level? |

<table>
<thead>
<tr>
<th>ASPECT</th>
<th>MICRO LEVEL</th>
</tr>
</thead>
</table>
|        | • Do some service delivery structures provide community-based rehabilitation? Rehabilitation services?  
|        | • Do service delivery structures at this level (education, health, etc.) provide services women and men with disabilities?  
|        | • What are the main beliefs about disability/impairments? (perceptions, attitudes, etc.)  
|        | • What are the main causes of impairments (anecdotal or statistical evidences)?  
|        | • Who are the most socially excluded persons with disabilities?  
|        | • What is the inequalities level between women and men with disabilities?  
|        | • Are there differences in needs among subgroups of the persons with disabilities (e.g. women, girls, elderly) |

NB: Make sure that when addressing the above questions, the discussion is gender-balanced

Adapted from: CMB - Tool: Framework for a disability analysis at the Country Level: Guiding questions for a disability analysis at different levels [www.make-development–inclusive.org](http://www.make-development–inclusive.org)
Handout 6: Gender and disability Mainstreaming Strategies

Information on rights and instruments in the fight against discrimination - Women with disabilities are generally unaware of their rights and the legal instruments at their disposal to combat discrimination. Campaigns are needed which use various communication methods - leaflets, posters, mass media, etc. - to inform them of their rights and anti-discrimination mechanisms. These campaigns should target women with disabilities and public authorities, the media and organisations representing people with disabilities and their families.

Empowering women with disabilities to be agents of change - Integrate empowerment strategies in programmes targeting women with disabilities; including raising self-confidence, autonomy, by offering training in transformational leadership, acquiring social skills, communication skills and self-determination. Create systems and structures to enable women with disabilities to participate actively as agents for change in both organisations of persons with disabilities and mainstream women’s organisations.

Networking with organisations of women with disabilities and other stakeholders – Support/development organisations, groups and networks of women with disabilities as they advocate for their own collective interests, while respecting their management processes. Promote the collective dimension to empowerment among women with disabilities to join forces, participate and fight for their rights.

Building alliances with gender and development organisations - Build partnerships between organisations of persons with disabilities and organisations active in gender and development so that the latter include girls and women with disabilities in their activities and the former incorporate the gender perspective.

Regulatory reform to safeguard the rights of women with disabilities - Laws, regulations, customs and habits in disability matters and gender issues should be reviewed, reformed and implemented to guarantee freedom from discrimination and equal opportunities for women with disabilities.

Disaggregated data, analysis and monitoring system – Putting in place mechanisms to gather data not only enables us to get to know the living conditions and discriminatory situations suffered by women with disabilities; it also provides an opportunity to assess discrimination spread and monitor progress in anti-discriminations measures.

Gender and disability as cross-cutting issues in national development plans (e.g. poverty reduction strategy papers [PRSPs]) - Include gender and disability in national development plans as both cross-cutting and sectoral issues. Draw up strategic action plans on gender-sensitive disability mainstreaming in development policies, including concrete goals, timelines and an assessment methodology using verifiable indicators.
Promoting studies on discrimination against women with disabilities - Supporting and funding research that includes indicators for social exclusion among women with disabilities would facilitate a deeper understanding of discrimination against them and efforts to combat it.

Monitoring for Public Compliance - Public interventions in the fields of disability or gender must be subject to monitoring and control to ensure they are effectively implemented. A dynamic system for infringements and sanctions must be put in place and agencies to combat discrimination set up or improved. These should ensure all steps taken to protect the rights of women with disabilities are implemented and effective.

Education and training – governments should a deliberate effort to provide disabled women and girls with suitable education disadvantaged group in training and employment within the larger group of persons with physical, sensory, intellectual and mental disabilities. Education is the gateway to unlimited life opportunities.

Addressing issues of gender and violence - Initiatives to prevent violence must include those measures necessary to combat violence as a whole, and specific measures targeting women with disabilities, who are currently largely ignored. The frustration of women with disabilities' experience become greater when they are rejected socially and removed from the group of 'women', as it is constructed by patriarchy. Therefore, education in equality forms the basis on which to combat and eliminate violence against women with disabilities.

Establish a focal point for gender and disability to promote mainstreaming - deliver technical guidance to all units and offices and other actors in the field of development, in order to ensure that projects do not lead to the creation of new barriers for men and women with disabilities and guarantee that resources are used optimally to generate wellbeing for people with disabilities also.

Gender and disability mainstreaming becoming part of university curricula - Include gender and disability as core themes in actions related to education for development and a compulsory part of pre and post higher education curricula, and therefore, part of the training for future actors in the field.
Handout 7: Gender and disability Responsive Budgeting

What is a budget?

A budget is a financial plan expressed in quantitative terms showing how resources shall be acquired and used over a specified period of time and designed to achieve a specific objective.

Budgets are categorised according to how they are used. In government operations, there are two types of budgets:-

- Recurrent budget
- Capital budget

In other organisations, the budgets are commonly categorised as:-

- Cash budget
- Operational budget
- Capital budget

A recurrent budget refers to a budget for covering mainly the operational cost and costs which are incurred on a continuous basis.

A capital budget refers to a financial plan to deal with expenditure on long term development projects.

What is gender responsive budgeting?

Budgeting is the process through which budgets are prepared. Gender responsive budgeting therefore is a process of preparing a budget that takes into consideration gender concerns and ensures that they are incorporated in the entire process from start to the end of period.

Purposes of budgeting

- To state the expected goals in clear, formal terms to avoid confusion and make sure they are attainable.
- To communicate expectations to all concerned so that they are supported, clarified and implemented.
- To coordinate the activities and efforts in such a way that the resources are properly used.
- To provide a means of measuring and controlling performance.
- To analyse the impact of country’s national and local expenditure as well as revenue policy on disabled women and men, girls and boys.
- To achieve gender and disability equality/equity, and alleviation of poverty, especially within women and girls with disabilities who are usually excluded from development processes.
Characteristics of a Gender and disability Responsive Budget

- A gender and disability responsive budget is not separate from the mainstream budget.
- It is based on analysis and identification of gender and disability gaps
- Assessment of gaps between policy statements and resource allocation to both women and men, including those with disabilities
- Ensuring public money is spent in more gender and disability equitable ways
- Ensuring that spending is adequate for women and men’s needs, including those with disabilities.

Process of Preparing a Gender Responsive Budget

The process of gender and disability budgeting has the following main steps:-

**Step 1:** gender and disability situation analysis - This is carried out before the preparation of the budget. It seeks to determine how spending is targeted at needs of women and men with disabilities in relation to their activities. The identification of different gender and disability needs helps to target the revenue and spending priorities in a way that is gender and disability sensitive.

**Step 2:** Setting/Review of the Budget Period

**Step 3:** Forecasting

**Step 4:** Integrating forecasted amount into a comprehensive budget.

How to Monitor a Gender and disability Responsive Budget

This can be done using the following principles:-

1. *Internal control systems with continuous checks and audit as follows:*
   - Follow accounting principles
   - Assign tasks to specific persons with clear reporting systems

2. *Budgetary control system*
   - Reports (monthly, quarterly and annual)
   - Reviewing the budget period
   - Budget review – done periodically as needs arise.
Handout 8: Appropriate Terminology

When speaking people with disabilities, people are often afraid of saying the wrong things and or offending them. To help ease some of that uncertainty, here are some general suggestions for speaking to and about people with disabilities. Although each person has her or his own style of communication, these guidelines may assist with interactions. In referring to people with disabilities, it is preferable to use language that focuses on their abilities rather than their disabilities. Therefore, the use of the terms ‘handicapped’, ‘able-bodied,’ ‘physically challenged’, and ‘differently abled’ is discouraged. It may also be helpful to keep the following points in mind when communicating with or about people with disabilities:

- Never use the article "the" with a specific impairment to describe people with that impairment. The preferred terms, "people with disabilities’ or ‘disabled people’ stress the humanity of the individuals and avoids objectification:

- Be wary of implying that people with disabilities deserve to be pitied, feared, or ignored, or that they are somehow more heroic, courageous, patient, or ‘special’ than non-disabled people.

- Terms such as ‘victim’ or ‘sufferer’ should not be used to refer to people who have an impairment or disease as this is dehumanising and implies powerlessness. E.g. do not say ‘AIDS sufferer’; instead use a person with HIV/AIDS.

- The table below summarises the terminology subject. The facilitator should be also aware that as disability activism is intensifying, so is the issue of terminology and these are also changing. The facilitator is therefore advised to keep abreast with the issue of appropriate terminology as it changes over time.

<table>
<thead>
<tr>
<th>Inappropriate terminology</th>
<th>Appropriate terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>the disabled</td>
<td>people with disabilities or disabled people</td>
</tr>
<tr>
<td>the handicapped</td>
<td>disabled person, person with a disability</td>
</tr>
<tr>
<td>wheelchair-bound/ confined to a wheelchair</td>
<td>Avoid using terms that define a person’s impairment as a limitation Use: wheelchair or uses a wheelchair</td>
</tr>
<tr>
<td>Visually handicapped</td>
<td>Person with visual impairment</td>
</tr>
<tr>
<td>The blind</td>
<td>A person who is blind</td>
</tr>
<tr>
<td>confined to a wheelchair</td>
<td>wheelchair user</td>
</tr>
<tr>
<td>cripple, spastic, victim</td>
<td>disabled person, person with a disability</td>
</tr>
<tr>
<td>mental handicap</td>
<td>intellectual impairment</td>
</tr>
<tr>
<td>mentally handicapped</td>
<td>intellectually impaired</td>
</tr>
<tr>
<td>Normal/able bodied</td>
<td>Non-disabled person</td>
</tr>
<tr>
<td></td>
<td>Never use the word ‘normal’ to refer to non-disabled people in contrast to people with disabilities. Avoid saying: ‘Alice is good at her work just like normal people’; instead say: ‘Alice is good at her work’</td>
</tr>
<tr>
<td>Mad</td>
<td>Person with mental illness/psychiatric impairment</td>
</tr>
<tr>
<td>Suffers from autism</td>
<td>Has autism</td>
</tr>
</tbody>
</table>
1. THE EDAMAT TOOLKIT

The toolkit provides a framework for collecting evidence to ensure that policy-making has indeed taken disability as a mainstream issue. The tool comprises three elements, which can be used as separate stand-alone components, or together to make a comprehensive tool:

- **Element 1:** Framework for Mainstreaming Disability in the Planning of Laws, Policies and Programmes. The first element is aimed primarily at policymakers who can use the framework to include disability issues as an integral part of the policymaking and development process.

- **Element 2:** Checklist for Assessing the Mainstreaming of Disability in Laws, Policies and Programmes. The second element provides a checklist to assess mainstreaming issues in the context of the four Principles underpinning EDAMAT. The checklist can be used to compare the perceptions of policymakers, organisations of persons with disabilities’ and persons with disabilities on the degree of mainstreaming in any law, policy or programme over time and in different countries.

- **Element 3:** Advocacy Guidelines for Mainstreaming Disability in Laws, Policies and Programmes. The third element seeks to enable persons with disabilities and other stakeholders to hold policymakers to account in terms of their commitment to mainstreaming and to promote the use of the EDAMAT policymaking tool.

The EDAMAT toolkit can be accessed at: [http://www.edamat-europe.org/](http://www.edamat-europe.org/)

2. RAPID HANDICAP ANALYSIS, VERSION 4 (RHA 4)

Rapid Handicap Assessment (version 4 is a 10-point checklist is a simple tool with which one can assess disability mainstreaming in a systematic way. It assess if there is discrimination against people with disabilities in an adequate way.

The assessment tool is available at: [http://info.stakes.fi/ssd/EN/disabilityandpoverty/guidelines/policies/rapid.htm](http://info.stakes.fi/ssd/EN/disabilityandpoverty/guidelines/policies/rapid.htm)

**NB:** Where necessary, the toolkits can be adapted to suit the user's context, and they should be gender sensitive
EVALUATION FORMS
Gender and disability Mainstreaming Workshop Daily Evaluation Form

We kindly request you to complete this evaluation form so that we can get feedback of the gender and disability mainstreaming training you got today.

<table>
<thead>
<tr>
<th>ASPECT</th>
<th>Excellent</th>
<th>Good</th>
<th>Neutral</th>
<th>Bad</th>
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</thead>
<tbody>
<tr>
<td>Objectives of the workshop</td>
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<tr>
<td>Relevance</td>
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<tr>
<td>Value for time</td>
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<tr>
<td>Language/words used</td>
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<td></td>
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<tr>
<td>Group activities</td>
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<td></td>
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<tr>
<td>Training Methods</td>
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<td>Spacing of sessions</td>
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<tr>
<td>Ice breakers</td>
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<tr>
<td>Time keeping</td>
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</table>

Please write down 4 important things you have learnt from this workshop.

What was the most useful session today? Please give reasons for your answer.

What can you say about the facilitator(s)?

What did you like most about this workshop?

What did you not like about this workshop?

Please write any other comments you might have that relate to this workshop.
Gender and disability Mainstreaming Manual Evaluation Form

We kindly request you to complete this evaluation form for us to get feedback of this gender and disability mainstreaming training workshop:

<table>
<thead>
<tr>
<th>ASPECT</th>
<th>Excellent</th>
<th>Good</th>
<th>Neutral</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you rate the relevance of the Gender and disability Mainstreaming Training you have obtained in the last five days?</td>
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<tr>
<td>Value for time</td>
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<tr>
<td>Language/words used</td>
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<tr>
<td>Group activities</td>
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<tr>
<td>Training Methods</td>
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<tr>
<td>Were activities allocated enough time?</td>
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<td>Which topics did you find useful to your work?</td>
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<td>Which topics were least applicable to your work?</td>
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<td>What areas do you think should have been covered?</td>
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<tr>
<td>What have you learnt from the training that you will apply to your work?</td>
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<td>What can you say about the facilitation?</td>
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<tr>
<td>What did you like most about this workshop?</td>
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<tr>
<td>What did you not like about this workshop?</td>
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<tr>
<td>Please write any other comments about the draft training manual and workshop activities</td>
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</tbody>
</table>
SOME READING MATERIALS


Gender and Disability Development Centre, Kenya. Available at: http://www.gddckenya.org/


Persons with disabilities are often excluded from the mainstream of the society and denied their human rights. Discrimination against persons with disabilities takes various forms, ranging from undesirable discrimination, such as the denial of educational opportunities, to more subtle forms of discrimination, such as segregation and isolation because of the imposition of physical and social barriers. Effects of disability-based discrimination have been particularly severe in fields such as education, employment, housing, transport, cultural life and access to public places and services. This may result from distinction, exclusion, restriction or preference, or denial of reasonable accommodation on the basis of disablement, which effectively nullifies or impairs the recognition, enjoyment or exercise of the rights of persons with disabilities. Below are some of the legal instruments that have been instituted to promote human rights (focusing on gender and disability):


- **1992** – International Day of Persons with Disabilities – (December, 3) is an international observance promoted by the United Nations since 1992. The observance of the Day aims to promote an understanding of disability issues and mobilise support for the dignity, rights and well-being of persons with disabilities. It also seeks to increase
awareness of gains to be derived from the integration of persons with disabilities in every aspect of political, social, economic and cultural life.


- **1995** - **Beijing Platform for Action** - Article 32 mentions girls and women with disabilities and refers to the need for them to be included in decision-making processes - [http://www1.umn.edu/humanrts/instree/e5dplw.htm](http://www1.umn.edu/humanrts/instree/e5dplw.htm)

- **1999** - The African Decade of Persons with Disabilities – initiated by the Organisation of African Unity (now African Union) to raise awareness about disability issues in the region and to identify solutions specific to Africa. The Decade was extended in 2010 to 2019 - [http://safod.org/African%20Decade/Secretariat_African_Decade.pdf](http://safod.org/African%20Decade/Secretariat_African_Decade.pdf)

- **ILO Convention concerning Vocational Rehabilitation and Employment (Disabled Persons)**

- **Convention on the Rights of the Child** (article 23);

- **African Charter of Human and People’s Rights** (art. 18(4));

- the **African Charter on the Rights and Welfare of the Child** (article 13);
