



# Disability Inclusive Ultra-Poor Graduation Approach:

Considerations for Implementing  
Best Practices. A Case of Northern Uganda





**Disability Inclusive  
Ultra-Poor Graduation**  
**Approach:** Considerations for  
Implementing Best Practices,  
A Case of Northern Uganda



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## 01 PREFACE

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BRAC strives to empower people and communities in situations of poverty, illiteracy, disease and social injustice. BRAC interventions aim to achieve large scale, positive changes through economic and social programs that support our vision of a world free from all forms of exploitation and discrimination, where everyone has the opportunity to realize their potential.

It is as such critical to take intentional, focused, and effective steps to create solutions and interventions that specifically focus on supporting persons with disabilities that are among the poorest and most vulnerable people, and whose needs have not been brought into focus by mainstream development and humanitarian programs serving the agenda of extreme poverty and vulnerability. Based on more than a decade of development, research, and expansion, the Graduation Approach has demonstrated its potential to support set millions on a trajectory of sustainable pathways out of extreme poverty.

Graduation targets people who are well below the USD 1.90 per day threshold for extreme poverty, a category of people described as the “ultra-poor, poorest of the poor, chronic poor, invisible poor and destitute”. Their lives are characterized by food insecurity, poor health, minimal education, unreliable incomes, low social capital, prevalence of disability, a lack of assets and land ownership. Daily, they face the risks of health crises, climate change, and other shocks and stresses and often live in remote and hard to reach rural areas, lacking access to financial systems and are often excluded from poverty programs through governments or non-governmental organizations (NGOs).

Consideration to be made when designing, implementing, and evaluating a Disability Inclusive Ultra-Poor Graduation Approach encompasses learnings taken from the Disability Inclusive Graduation (DIG) project in Uganda implemented by BRAC, Humanity and Inclusion and the National Union of Women with Disabilities of Uganda (NUWODU).

This Implementation Best Practices Considerations (hereafter referred to as the DIG Considerations) therefore seeks to document and create a knowledge base of best practices for consideration by programs that seek to contribute to alleviation of extreme poverty through adapting BRAC’s Ultra-Poor Graduation approach with disability inclusive lenses. Learnings in this case will focus on documenting best practices for consideration that will ensure the ‘Graduation Approach’ is tailored to meet the needs of extremely poor persons living with disabilities.




The DIG Considerations are tailored to ensuring all core Graduation Approach Pillars are adapted to meet various needs of ultra-poor persons with disabilities. Adapting graduation pillars further ensures that reasonable accommodation is available throughout all program interventions to support ultra-poor persons with disabilities who have barriers to active participation in development initiatives bridged to create opportunities for them to increase their functional autonomy. This will contribute to ensuring that ‘no one is left behind’ as the world works towards meeting the ambitious Sustainable Development Goal to “end poverty in all of its forms everywhere” by 2030.

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## DIG Considerations: The Time-line and Pillar Adaptations

The following section illustrates when various program pillar adaptations and interventions would be most helpful during your planning and implementation process.

### The Time-line

1	2	3
		
<b>Program Planning</b> (Needs & Stakeholder Assessment Phase)	<b>Program Design</b> (Inception Phase)	<b>Program Implementation</b> (Implementation Phase)
<p><b>DURATION:</b> 6 months</p> <p><b>PURPOSE:</b> To determine organizational capacity and stakeholders needed to implement a disability inclusive Graduation program</p> <p><b>COMPONENTS:</b></p> <ul style="list-style-type: none"> <li>• Inclusive multi-stakeholder considerations</li> <li>• Disability inclusive context analysis</li> </ul>	<p><b>DURATION:</b> 6 months</p> <p><b>PURPOSE:</b> To design a disability inclusive program roll out to best serve your target population</p> <p><b>COMPONENTS:</b></p> <ul style="list-style-type: none"> <li>• Disability inclusive market analysis</li> <li>• Inclusive staff recruitment and development of a reasonable accommodation standard operating procedures</li> <li>• Adapting the Graduation pillars to be disability inclusive</li> <li>• Development of inclusive training materials</li> <li>• Development of a complementary services linkage plan</li> <li>• Disability inclusive MEL framework</li> </ul>	<p><b>DURATION:</b> 24 months</p> <p><b>PURPOSE:</b> To adapt specific components needed to implement a targeted, holistic and time-bound Graduation program</p> <p><b>COMPONENTS:</b></p> <ul style="list-style-type: none"> <li>• Disability inclusive targeting or Participant Selection using the Washington of Group Questions</li> <li>• Participants with disabilities rehabilitation needs assessments and treatment planning</li> <li>• Enterprise Selection</li> <li>• Home and Work Adaptations</li> <li>• Disability inclusive Asset Transfers</li> <li>• Assistive Device Transfers</li> <li>• Consumption Stipends</li> <li>• Home Visits/Life Skills Training</li> <li>• Rehabilitation and Mental Health Support</li> <li>• Psycho-Social Support training</li> <li>• Inclusive Savings and Financial Education</li> <li>• Health Services and linkages to complementary services</li> <li>• Social Integration</li> </ul>

## 03

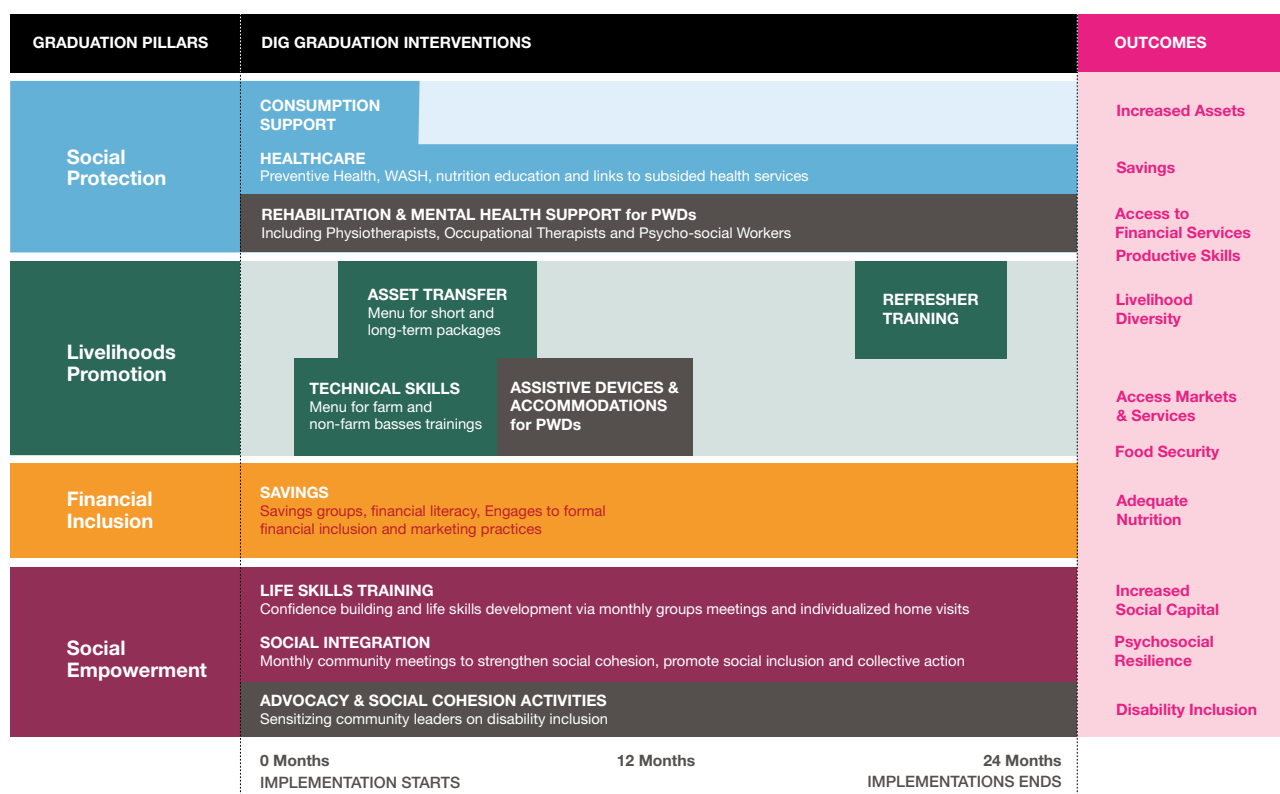
## The Disability Inclusive Graduation (DIG) Design

The disability inclusive graduation approach is an intervention designed and inspired by the cause, ‘leave no one behind’, through implementing a tested solution that responded to poverty alleviation for vulnerable people living under ultra-poverty. The approach was tailored with disability inclusive features that was ingrained into the standard ‘Graduation’ approach pillars to ensure interventions delivered to the ultra-poor people with disabilities are robust and inclusive to set them on a sustainable route out of extreme poverty. In partnership with Humanity and Inclusion for technical support on disability inclusion and the National Union of Women with Disabilities of Uganda (as a local Organization of Persons with Disabilities), BRAC set out to adapt, test and pilot the Disability Inclusive Graduation

design in four districts in Northern Uganda. Results of the pilot were positive: after 10-16 months 70% of the total 2700 participants and 74% of 454 persons with disabilities successfully met the graduation criteria with regards to diversified productive asset ownership, doubled monetary value of household owned productive assets, improved nutrition, savings, increased functional autonomy, social empowerment index and social capital.

Adapted from BRAC’s Graduation approach, the DIG project was adapted in a way which is demonstrated in figure 1 to ensure it is well adapted to respond to the specific needs of persons with disabilities:

Figure 1: Disability Inclusive Graduation Design





Specific disability inclusion interventions and the rationale for embedding them into Graduation Approach designing, implementation and evaluating a disability inclusive graduation project could include the following:

**Table 1: Graduation pillar wise adaptations included:**

Graduation Pillars	Adaptations	Rationale
Livelihood promotion	<ul style="list-style-type: none"> <li>• Transfer of individualized assistive devices</li> <li>• Home and work environment adaptation and modifications</li> <li>• Door to door delivery of livelihood assets for persons with disabilities as opposed to centralized asset transfers</li> </ul>	<ul style="list-style-type: none"> <li>• Improve functional autonomy of project participants with disabilities.</li> <li>• Enhance accessibility of service and participation of persons with disability to livelihood opportunities.</li> </ul>
Social Protection	<ul style="list-style-type: none"> <li>• Individualized rehabilitation services (occupational and physiotherapy)</li> <li>• Psychosocial support</li> <li>• Mental health support</li> </ul>	<ul style="list-style-type: none"> <li>• Enhance access to rehabilitation services ( occupational Therapy, Physiotherapy and psychosocial support).</li> </ul>
Financial Inclusion	<ul style="list-style-type: none"> <li>• Formation of inclusive Village Savings and Loans Associations (VSLAs)</li> <li>• VSLA seating in accessible locations for persons with disabilities</li> <li>• Leadership roles for persons with disabilities in VSLA committees</li> </ul>	<ul style="list-style-type: none"> <li>• Improve financial inclusion of persons with disability.</li> <li>• Increase social capital of persons with disability by including them in the VSLA network , in enhancing their confidence to take leadership positions in the VSLAs hence demonstrating that persons with disability are productive just like counterparts without disability through equalization of opportunities.</li> </ul>
Social Empowerment	<ul style="list-style-type: none"> <li>• Formation of inclusive Village Poverty Reduction committees with persons with disabilities in leadership</li> <li>• Sensitization of community leaders on disability inclusion</li> <li>• Advocacy and social cohesion activities</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction of stigma associated with disabilities in the target communities.</li> <li>• Enhancing participation of persons with disability in the communal work by taking part in the decision making process of the issues affecting them and their communities.</li> </ul>



### **Disability Inclusive Needs and Complementary Support Services Assessments:**

To effectively work with and actively involve people with disability in all project interventions, their involvement from the initial project design phase is paramount. This ensures that ultra-poor persons households and community representatives of persons with disabilities contribute to creating, refining and improving the programmers understanding of the needs, realistic and workable probable solutions to challenges and needs specifically faced by persons with disabilities within the targeted regions. Additionally, the practical understanding of the needs of ultra-poor people with disabilities contributes to properly relating the needs of persons with disabilities in a given context, availability and access to complimentary social service to the graduation pillars and approach. This strengthens and provides information of

adaptations needed for the various graduation pillars to ensure they are disability inclusive through removing or minimizing accessibility barriers and ensuring that focus in increasing functional autonomy is inbuilt into all the graduation approach interventions design.

In practice, mapping complementary support services facilitates and creates an understanding of access barriers that ultra poor persons with disabilities specifically face and available social networks that ultra-poor persons with disabilities may be linked to strengthen all forms of capital for them as they embark on a sustainable route out of extreme poverty. The complementary support services identified then are organized into a social safety net linkage plan that can be used by project staff to create awareness about available social services within the area to project participants but also ensure participants are supported to access the available social services.



## 04

## How Does the Disability Inclusive Graduation Design Works?

The disability inclusive graduation design works through the adaptation of the BRAC graduation model or approach to be disability inclusive. This is attained through the twin track approach i.e. in one track you provide direct service to persons with disabilities such as in provision of rehabilitation service (Physiotherapy, occupational therapy and psychosocial support) and provision of assistive aids and home and work adaptation. The other track involves mainstreaming disability inclusion in all the graduation pillars. This ensures that persons with disabilities receive all interventions in the graduation pillars just like their counterparts without disability. This design approach also works to entrench the community perception of the productivity of persons with

disability, foster equalization of opportunities for all in addition to village poverty reduction committees. Resultantly, this contributes to the attainment of the sustainable development agenda 2030 in regard to poverty reduction in all its form (SDG 1) and reduction of inequalities (SDG 10) . This also aligned to article 4 of the the United Nation Convention of person with disabilities (UNCPR, which call for inclusion/ participation of person with disabilities through their agencies (DIG helped create the agency of persons with disability through creation of local grassroot network of person with disabilities to champion their inclusion in local districts development agenda).

### What Works (Best Practices)



#### **Inclusive employee recruitment and development of a reasonable accommodation standard operating procedures:**

Unless an organization is widely accepted as a disability inclusive organization and their talent recruitment process and policy is structured in such a way that ensures responses from persons with disabilities respond to the job adverts, it was noted that simply indicating the 'persons with disabilities are encouraged to apply' does not necessarily attract applications from them, especially for organizations not known to be traditionally disability focused. Partnering with a local Organization of Persons with Disabilities (OPDs while designing a disability inclusive graduation project ) and sharing all talent recruitment advertisements in all OPDs sector working groups and platforms through

the project local OPD partner ensures that talent or staff recruitment attracts qualified persons with disabilities. To further ensure that access barriers are bridged or removed, and that the work environment is inclusive for all employees, considerations should be made to develop Reasonable Accommodation Standard Operating Procedures (RA-SOP) or adopt one. The RA-SOP aims to provide a framework for provision of reasonable accommodation for employees and applicants with disabilities by enabling them to: a) have equal opportunity in the job application process, b) perform essential functions of all jobs, and c) enjoy equal benefits and privileges.



#### **Organization policy review, accessibility audits and disability inclusive adjustments**





#### **Individual household centered participant targeting approach:**

Generally there is a lot of stigma associated with disabilities in many rural households. There have been many instances where persons with disabilities are locked up in homesteads with limited freedom to associate in community. Given these circumstances, a community centered targeting approach would have had high exclusion for such vulnerable participants because in many cases they are not even known by community members outside their family, some do not even have names but also the family members would not mention them in a community meeting out of fear of stigmatization from other community members. Therefore, DIG opts for the household survey method which is adopted to target participants while ensuring that each household responds to the targeting survey questions within their homestead, minimizing any stigma associated with responding to similar questions in a community meeting session. The use of Washington Group of Questions (WGQs) eases identification of persons with disabilities, as the WGQs are non intrusive and hence help persons with disabilities to easily share the difficulties they are encountering in the 6 domains covered by WGQs. Furthermore, the household centered approach gave an opportunity to persons with various disabilities to actively take part in the participant selection process as this approach to participant selection minimized and or removed mobility barriers various disabilities would pose for active participation in the same process but organized centrally at the community level.



#### **Engage Organizations of Persons with Disabilities (OPDs):**

Engaging with OPD is another key element to ensure the inclusion of participants with disability has access to available benefits in their area. In geographical targeting and identifying agglomerations OPD databases, where available, can be used to identify relevant OPD locations in the selected or proposed project sites. The project team then can work with OPD partners in the locations, District Community Development Officers and the Disability desk officers to access any available registration data for persons with disabilities in the selected sites. This will identify for example social protection services such as cash transfer for persons with disabilities in Uganda. This information can then be triangulated with household survey data to ensure minimal inclusion and exclusion errors during participant targeting. Furthermore, OPDs in target sites organized community campaigns to raise awareness around available OPD services and increase identification of people with disabilities in these communities as a critical step in pre-identification of potential participants. This further supports addressing likely exclusion of the most vulnerable persons with disabilities that are typically unable to afford membership fees or are excluded from available mainstream and government services and development programs more generally due to challenges of information asymmetry and stigma.





### **Disability inclusive market assessment:**

The core goal of a disability inclusive market assessment is to determine a catalog of profitable livelihood options relevant for ultra-poor households of persons with disabilities in the project areas. Furthermore, an inclusive market assessment ensures the project is able to match identified livelihood options into a livelihood enterprise catalog that create sustainable livelihoods for project participants in order to build resilience of the poorest persons with disabilities households, to face and recover from shocks and stresses while following a viable trajectory out of poverty.



An inclusive market assessment identifies barriers and facilitators for inclusion at the market such as social, cultural and environmental barriers that Persons with Disabilities face in accessing labor markets and access to the usual local produce and general merchandise markets. Since Graduation programs are distinct for their upfront injection of capital provided to participants in the form of a productive assets, determining the specific livelihoods to which asset transfers are to be linked requires careful and disability inclusive market and value chain assessment pegged to the skills and market opportunities ultra-poor persons with disabilities households possess.



While soliciting a vendor to undertake the assessment, it is important to source a firm with experience undertaking disability inclusive studies and assessments (the local project DPOs partners could have good recommendations for this). In cases where finding an experienced and disability inclusive firm to undertake the assessment is challenging, a disability expert organization or stakeholder can be engaged to provide technical oversight for the assessment to ensure it is designed to address questions and barriers to inclusion in livelihood markets and value chains. Consequently, the results of the report should take into consideration or specifically report profitable livelihood options challenges and barriers faced due to the various disability types ultra-poor person's face actively participating in the various livelihood options identified. Finally, since ultra-poor households receive individual household assets linked to market demand and matched with skills and available resources households possess, recommendations of home and work adaptations, assistive devices such tricycle that enhance the mobility of persons with disabilities to reach the markets and transact their business and that may be needed to ensure ultra-poor persons with disabilities can actively participate in livelihood activities through bridged or removed accessibility barriers should be made.







### Development of inclusive training materials:

Training material is informed majorly by community project needs assessment (informing the relevant life skills topics) and the market assessment (informing the livelihood options and modules). Inclusive training material in the form of flip books are designed and translated into training and communications materials that will be used for home and group technical and life skills coaching. The material could be tailored to the level of understanding of low-literacy populations, designed and delivered in inclusive formatting (e.g. Easy to Read) and inclusive videos with captioning. Accessibility of material including sharing PowerPoint presentations, word documents and PDFs to trainees prior to commencement of training. Using large fonts for those with low vision, using accessible devices such as android phones and tablets to deliver training to trainees with disabilities, in addition

to designing accessible online training content to accommodate staff and participants with disabilities.



### Graduation Pillar Interventions Adaptation for Disability Inclusion:

The pillar adaptations ensure that the design creates context specific and responsive solutions to identified barriers (such as social, cultural and environmental barriers) and as such creates an enabling environment to facilitators for inclusion in all project interventions at individual, household and community levels to ensure Persons with Disabilities build increased functional autonomy, actively personally take part in project activities but also have increased access available services. Specific adaptations made to each graduation pillar in the DIG project specific to the needs of the context included: Livelihood Promotion, Social Protection, Financial Inclusion, Social Empowerment





Table 2: A - Livelihood Promotion

Pillar Adaptation Components	Inclusion Interventions
Transfer of individualized assistive and mobility devices (AMDs)	AMDs are intended to support participants with disabilities to be able to actively participate in activities of daily life more independently. The rehabilitation team undertakes a rehabilitation needs assessment to determine individualized AMDs needs for participants with disabilities. This ensures that specific assistive and mobility needs for each participant are adequately addressed through the AMDs transfers and rehabilitation treatment plan.
Home and work environment adaptation and modifications	Home and Work environment adaptations and modifications seek to ensure homes and work environments are accessible and support participants with disabilities to use these spaces more independently. These are in the form of e.g. ramps for wheelchair use, hand grabs in washrooms and asset houses, laundry platforms among others.
Training local artisans and program frontline staff on home and work adaptation	Modification or adaptation of doorways, grocery shop shelves, ramp construction, bathing, dish washing and laundry platforms and livestock asset houses to improve, increase and ease accessibility and participation of persons with disabilities in activities of daily life and income generation.
Door to door delivery of livelihood assets as opposed to centralized asset transfers	Livelihood assets are delivered at the doorstep of participants with disabilities. This form of reasonable accommodation for participants ensures that participants with mobility difficulties or challenges have easy access to productive assets at their homesteads to overcome accessibility barriers such as rough and rugged terrain in the project implementation area.





Table 3: B - Social Protection

Pillar Adaptation Components	Inclusion Interventions
Individualized rehabilitation services assessments (occupational and physiotherapists and psychosocial workers)	Conduct general assessment of persons with disabilities enrolled into the project to capture general information e.g. A comprehensive assessment is also undertaken to determine the specific physiotherapy, occupational therapy and psychosocial support needs for each of the participant to propose a rehabilitation plan per case
Psychosocial Support (PSS)	<p>Providing psycho education on disability management, use of assistive and mobility devices to build strength, courage and confidence among persons with disabilities. Explores individual and family feelings and perceptions in relation to assistive and mobility devices and how these will impact on their individual and family lives.</p> <p>PSS training for participants with disabilities and caretakers is geared towards enhancing mental health information and skills by enabling participants to build skills to enable them to independently support themselves, family members and community who are psychologically affected. The training incorporates lessons on psychosocial well being, health seeking behaviors and emotional wellbeing practices to manage home-related stress and prevent vicarious trauma. The training builds capacity of participants and caregivers to be part of problem solvers in their society.</p>
Linkages to complementary health support services for persons with disabilities	Linkage to social safety nets is important in enhancing sustainability of the project interventions. It ensures awareness is created on available social services and accessibility mechanisms. For mental health support, linkages ensure participants with mental health needs are linked to available service providers such as psychologists who are very hard to find in rural health facilities as these are mostly located in major district health facilities. These linkages ensure that participants are support to develop a treatment plan and awareness is created about the treatment they require which usually is ongoing beyond the project period.



Table 4: C - Financial Inclusion

Pillar Adaptation Components	Inclusion Interventions
Formation of inclusive Village Savings and Loans Associations (VSLAs)	Inclusive VSLA groups ensure: a) groups seat in accessible venues. Venues are identified in nearest proximity of living for participants with severe mobility barriers and b) at least 30% of the VSLA leadership positions are to be taken up by participants with disabilities. This ensures purposive engagement of persons with disabilities in saving activities but also builds their leadership skills, confidence and ownership of the project

Table 4: D - Social Empowerment

Pillar Adaption Components	Inclusion Interventions
Formation of inclusive Village Poverty Reduction committees (VPRC) with persons with disabilities in leadership	30% of VPRC members are persons with disabilities and VPRC planning meetings are held in access venues. VPRC drama sessions include sessions on creating awareness about disability and disability management in the community
Sensitization of community leaders and civil service officers e.g. police, health workers etc. on disability inclusion	Creating awareness among duty bearers about what disability and inclusion is, and their responsibility to delivering accessible public services
Advocacy and social cohesion activities such as training paralegals	Paralegals are grassroot advocates that are instrumental in reporting the Sexual and Gender based Violence (SGBV) cases, advocating for rights of girls and women with disabilities and most vulnerable in community. They advocate for access to justice through litigation and response while seeking concrete solutions to instances of injustice and inequality. Working directly with the communities they serve to report SGBV cases through available referral pathways, support mediation, provide counseling and advocacy services strengthening community level formal and traditional responses.



## Recommendations for further DIG Programming



**It is paramount to ensure that the rehabilitation team** is brought onto the team during the targeting process, to ensure mental Health and Psychosocial Support (MHPSS) services are planned and undertaken earlier in the

project (at the onset of participant enrollment onto the project) to allow adequate time for follow up on individualized action plans for each participant to support them achieve the treatment plans drawn



**Assessment, measurement and casting of fabricated AMDs**

by local Orthopedic Workshop technologists, with oversight from a disability inclusive expert is paramount. This ensures that assistive devices being provided meet the needs of participants for who they are intended and that the assessment data from the project rehabilitation team is triangulated with the to do door to door rehabilitation needs assessment and measurement undertaken by the local Orthopedic technologists.



**Identify locally available orthopedic workshops and service providers** to engage on the field assessment, measurement, casting and provision of both ready made and fabricated Assistive and Mobility

Devices (AMDs). This ensures that participants are linked to service providers nearest to them and even once the project phases out they can continue going to the service provider for replacements and servicing of the devices if any breakdown or malfunction or replacement is required. To the down side, if the service providers are in far away areas, there is a risk that some participants may fall back to using 'traditional' AMDs that may continue causing further injury to their health instead of the properly fitted ones in health centers and orthopedic workshops in a bid to avoid travel expense to reach distance orthopedic service providers.



**A list of participants with disabilities**

that require further specialized services during the home visits can be prepared by the rehabilitation team to ensure proper support is provided across the project period. A further follow up on training for use for AMDs both the ready made and fabricated types even once participants for the fabricated AMDs are discharged from the health service provider after fitting of prosthesis are done can bring tremendous changes in making the life of persons with disability much more comfortable. With follow ups, participant will be able to build their own fabricated AMDs with someone's help even after the project phase ends



### Another recommendation is providing assistive and mobility devices

before or during asset transfers period. This will ensure that access barriers are bridged or removed for participants with disabilities to actively take part in project activities. If not planned around this time, there is a probability of participants with disabilities that require them to delegate participants in project activities to care givers due to accessibility limitations. This will mean their engagement and participation will be limited and this may have a direct relationship to ownership of livelihood assets but also benefits released through the project interventions.



### Strengthening linkages for some specialized services

e.g. hearing aids assessments and limb surgeries as these services may not be provided by local orthopedic technologist, or health service providers locally available in the project implementation area. These services are however important to ensure participants with hearing impairments or severe limb injuries are provided support to bridge barriers they face to active participation in livelihood and activities of daily life.



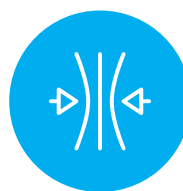
### Participants with Disabilities and their caregivers

should be trained on MHPSS and home visit follow ups made on progress towards achievement of milestones towards improved and empowered mental health throughout the project period.



### Training local artisans

(carpenters, builders and masons), caregivers and project frontline staff on home and work adaptation by Occupational Therapists (OTs) is important before the actual process of adapting the home and work spaces. The orientation undertaken by the occupational therapists guides local artisans, frontline staff and participants with disabilities or caregivers on importance, the process and how to do the adaptations to ensure these do not cause harm. This ensures that capacity is built in the community, participant household level and among staff about considerations when building or constructing a home or work adaptation or modifications for various needs of persons with disabilities that are suited for their needs. Best and durable locally available material should be considered, as participants can continue to access this within their area whenever there is need. However, it should be noted that some local material such as un-treated wood is highly prone to pests such as termites that may in the long run compromise the integrity of the structures made and pre-dispose the participants using them to harm or injury.



### Home and work adaptations

should be designed, budgeted and synchronized to be done at the same time as asset house construction. This will ensure that adaptations are made alongside asset house or extensions constructions and avoid having to tear down inaccessible livestock shelters/ house extensions that participants may make as per the local knowledge they have. Further this will call for occupational therapists and livestock sector specialists designing accessible work structures that can meet both accessibility and livestock health requirements.





### **Continuous individualized Psychosocial support services and sessions**

should be provided by psychosocial workers to participants with disabilities and their family members. This involves providing them with psychosocial education on disability management, the use of assistive and mobility devices to build their strength, courage and confidence, while exploring their feelings and perceptions in relation to assistive and mobility devices received and how it will impact on their lives. They provide more awareness on disability, access to justice and they also handle issues related to gender and domestic violence, child and family neglect at household level.



### **A complementary health support services linkage plan**

for persons with disabilities could be developed. This serves to map out all available social service providers within the area, services they provide, costings for services, frequency services are required and provide contact information for access to the services. This supports frontline staff creating awareness on social services available within different geographical areas but also supports linking project participants to the service providers. This has great capacity to improve participants' health seeking behaviors but also bridges information asymmetry about social services available for them and the process of accessing these if any.



### **Inclusive project budgeting**

where considerations should be made to allow for caregivers for participants with disabilities to be adequately facilitated and catered for during project activities e.g. skills training will ensure accessibility barriers are bridged or removed and as such enabling participants with disabilities are supported to not only access but actively participate in project activities. This provision of reasonable accommodation for participants with disabilities will remove project activity participation barriers allowing for increased participation.



### **Sequencing rehabilitation services**

at specific points in the graduation approach implementation is paramount to maximizing the benefits of rehabilitation services provided to participants. If not undertaken well, realizing improved functional autonomy and increase social empowerment index for participants with disabilities maybe minimal



### **Ensure VSLA group meeting spaces and venues are accessible**

for persons with disabilities, caregivers are given an opportunity to also participate in savings and persons with disabilities take up a percentage of the leadership roles in the VSLAs will build and strengthen inclusive active participation in VSLA activities

## Challenges and Risks to Guard Against



### Rehabilitation needs assessments

can be quite lengthy depending on the settlement dispersion of participants that require these services. It is important to simultaneously undertake these assessments with orthopedic technologist local service provider mapping if transfer of assistive and mobility devices will be undertaken during the asset transfer period



### Context relevant and sustainable home and work adaptations

(i.e. weather and vermin durable) matching with asset house extension construction is paramount to minimize having to re-adjust structures constructed to meet accessibility needs later in the project



### Changing conditions of participants with disabilities

if a long period passes between the assessment and provision of AMDs, PSS and home and work environment adaptations. Some conditions will continue to deteriorate if quick action is not taken to respond to them and as a result, some participants with disabilities that may not require assistive and mobility devices, home and work adaptations, psychosocial support during the assessment will require these services extensively. It is as such important that the rehabilitation services are delivered soon after the assessment is undertaken.



### Incentives for caregivers

if not planned for during the budgeting may affect project delivery since they are key to support participants with disabilities build up their strength, provide labor for livelihood management within the household, they may be local sign language interpreters for participants that are predominately conversant with local sign language, they are in many ways an information source especially in the early stages of the project while participants with disabilities are building confidence and in many cases are mentors in the households. It is as such paramount to ensure that where there is need they are engaged in project activities.



### Inclusive budgeting

is paramount in all aspects for both participants and administrative costs. This ensures that the project design is inclusive and aspects such as reasonable accommodation are taken into account as budget lines for each activity are developed. Shortcomings to careful consideration on specific accessibility needs in budgeting may render the project design incapable of ensuring a disability inclusive graduation approach design. This will limit the ability of participants with disabilities to fully personally participate in all aspects of the project.





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