

## Disability inclusive health training in Ethiopia, Mozambique, and Rwanda



### Location & scale

Ethiopia, Mozambique, and Rwanda; regional scale

### Type of disability

All people with disabilities

### Involved actors

- SeeYou Foundation
- Regional health authorities
- National and regional Organizations of Persons with Disabilities (OPDs)
- Ethiopian Center for Disability and Development (ECDD) - Ethiopia
- Umbrella of Organizations of Persons with Disabilities in the fight against HIV&AIDS and for Health Promotion (UPHLS) – Rwanda
- ComuSanas – Mozambique
- 8 health centres and 2 youth centres focussing on sexual and reproductive health.
- 3 health centres and 1 regional programme focussing on eye care.

### 1. Description

*Every Life Matters* programme aimed to promote disability inclusive health services; particularly in sexual and reproductive health, eye care and neglected tropical diseases. The team was composed of at least 25-30 people in each country, including headquarters, regional offices, and collaborating partners.

The programme pursued system level change, through multiple interventions, including:

- 1) **Data collection** (e.g., surveys, focus-groups, etc.)
- 2) **Capacity strengthening** (e.g., training of health staff and OPDs)
- 3) **Accessibility** (e.g., infrastructure, information, and communication tools)
- 4) **Outreach** (e.g., peer educators, community health workers (CHWs), etc.)
- 5) **Monitoring and evaluation** (e.g., disability disaggregated data, follow-up visits, etc.)

It also developed several resources, targeting:

#### Health centers:

1. [Disability Inclusion Score Card](#)
2. [Accessibility Audit](#)
3. [Monitoring tool for joint monitoring visits](#)

#### Health workers:

4. [Inclusive health game](#)
5. [Communication posters in various languages](#)
6. [Image books on family planning, pre-natal care, birth, and post-natal care](#)
7. [Sexual and reproductive health sign language manuals](#)
8. [Training toolkit on inclusive health](#)

#### People with disabilities and OPDs

9. [Disability inclusive sexual and reproductive health education materials](#)

### 2. Origin

- People with disabilities often have poorer health outcomes than the general population and face barriers to accessing health care.
- Inclusion of people with disabilities is essential to achieving universal health coverage and SDG3 globally.
- The *Every Life Matters* programme on inclusive health services was developed between 2017 and 2020 to find practical solutions and help close this health gap.

### 3. Impact

- Increased utilization of services (9931 people with disabilities between 2018-2020) and user satisfaction.
- Improved physical accessibility of health centers and health service provision.
- Improved governance: ECDD and the MoH in Ethiopia developed a disability inclusive health manual and established a disability focal person.

- Increased use of disability inclusive health materials in health clinics in Rwanda. Also, UPHLS trained NGOs to provide disability inclusive health services.

#### 4. Critical success factors

- Initial assessment of local needs (e.g., focus group discussions, baseline surveys, accessibility audits, etc.).
- Funding of around 900.000 euros available and provided by several donor organizations and private donors.
- Initial training of healthcare workers; key to involve also administrative and management staff.
- Existence of disability focal persons in health centers; ideal role for administration and management staff, who have a lower turnover.
- Involvement of community health workers; specially for outreach and referral of people with disabilities.
- Development of accessible health materials.
- Participatory approach and engagement with multiple stakeholders (OPDs, health providers, health authorities, etc.).
- Regular joint monitoring visits.
- Record keeping of people with disabilities who visited health centers.
- Awareness raising among people with disabilities, their families, and communities, by OPDs and other relevant actors (CHWs, NGOs, etc.).

#### 5. Lessons learned

- Persons with disabilities were identified through self-report or observation. Adequate planning and improvement of **disability data collection** is essential. However, the introduction of a parallel tool such as the Washington Group questions could have put administrative pressure on health centers and requires long-term efforts for its introduction into government health information systems at national level.
- Health workers found training in **sign language** helpful; however, it is difficult to advance or retain knowledge due to high staff turnover, low numbers of deaf users or few deaf users who sign. The development of alternative communication tools could be helpful, and also for other groups.
- OPDs and **community health workers** must continue to reach out to people with disabilities to increase their awareness, autonomy and utilisation of health services. In Rwanda, more than 60% of people with disabilities were referred by CHWs.
- The costs of transport, treatment and assistive technology have an impact on the use of services. Utilisation of services improves when **affordable health insurance** is available.

#### Sources & links

[Taking steps towards disability inclusive \(sexual and reproductive\) health – Report](#), February 2022

[Project Every Life Matters, SeeYou Foundation – YouTube video](#) (5:57 min) closed captions in Dutch.

[Project Every Life Matters, ECDD Ethiopia – Facebook video](#) (19:55 min), closed captions in English and sign language available.

[Impact of Every Life Matters, ECDD Ethiopia – YouTube video](#) (34:36 min), closed captions in English and sign language available.

#### Acknowledgments

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