TRAINING REPORT

Disability-Inclusive Humanitarian Action Training for Humanitarian Actors and Civil Society Organizations for Displaced Populations and Host Communities in the Health and Protection Sectors in West and Central Africa

June 24, 2025

EXECUTIVE SUMMARY

On 24 June 2025, Family World International (FAWOI) in partnership with Presbyterian Community Rehabilitation Services (PCRS) and Christian Blind Mission International (CBM) successfully convened a one-day training on Disability-Inclusive Humanitarian Action for Humanitarian Actors and Civil Society Organizations for displaced populations, and host communities in the Health and Protection Sectors in West and Central Africa, attended by 25 humanitarian actors from:

- Family World International (FAWOI)-07
- Humble Friends Association (HUMFRIEH)-01
- Community Initiative AIDS Care and Prevention Program (CIACP)-02
- Royalty World -02
- Women Imparting Values for Development (WIVADEV)-02
- Make Them Smile Foundation (MTS)-01
- Beautiful Gate for Adolescent Reproductive Health (BEGARH)-02
- DIBA Holistic Wellness Care-02
- Nkwa for Change Solutions (Nkwa4Change)-01
- Movement for Democracy, Development and Transparency (MDDT)-01
- Lesley Foundation-01
- Others-03

This training was aimed at enhancing the capacity of humanitarian actors in designing and implementing inclusive services, aligned with the Inter-Agency Standing Community (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action to improve living conditions and foster access to inclusive humanitarian action as part of the Leave No One Behind Phase 4 project to reach 16,100 people, including 14% of IDPs and Refugees in Cameroon, Niger, Nigeria and Democratic Republic of Congo.

The training began at 09:00 AM at Family World International's Conference Hall and ended at 4:36 PM. Facilitators combined technical expertise on Disability Inclusion Development with Monitoring, Evaluation and Learning. The participants deepened their understanding of impairment versus disability, practiced data collection using the Washington Group Short Set, explored universal design and accessibility, and reviewed the IASC Guidelines. Interactive group work generated actionable recommendations. By the end, each participant committed to specific inclusion practices, laying a strong foundation for integrating disability inclusion across their respective organization and association's project life-cycles.

FACILITATORS

Mr. Julius Penn Nchumulu
Project Manager - PCRS Kumba, Cameroon

Mr. Luku Henry
MEAL - PCRS, Cameroon

REPORTING

The following persons reported and reviewed the training reports:

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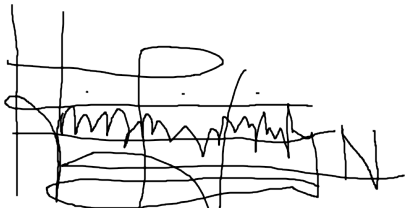
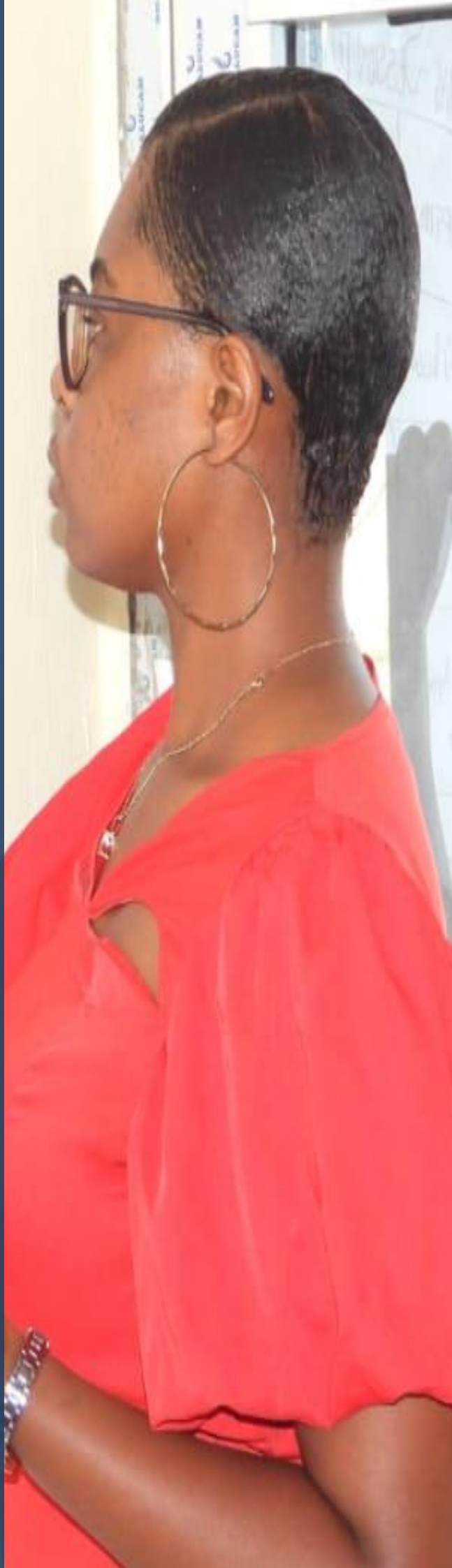


KEY WORKSHOP ACTIVITIES

- Introduction & Background
- Objectives of the Training
- Expectations
- Setting Ground Rules
- Pre-Training test
- Project & Training Overview
- Training Session 1
- Training Session 2
- Training Session 3
- Training Session 4
- Group Work
- Post-Training Test
- Commitments
- Training Evaluation
- Closing Remarks & Conclusion
- Launch, Networking & Departure



1. BACKGROUND AND OBJECTIVES

1.1. Background

Persons with disabilities face multiple barriers-attitudinal, communication, environmental, institutional-in crisis-affected North-West/South-West regions of Cameroon. Funding gaps and insufficient corporate social responsibility further marginalize persons with disabilities. The situation in the NW/SW highlighted that over 482,094 persons were reached with health responses including 5,015 persons with disabilities amidst the conflict-related barriers and funding constraints highlighted. Dedicated to "Leave No One Behind", CBM (est. 1908) through the *Disability-Inclusive Humanitarian Action for Humanitarian Actors for Displaced Populations, and Host Communities in the Health and Protection Sectors in West and Central Africa*, Project implemented by the Presbyterian Community Rehabilitation Services (PCRS) in Cameroon sought to build capacity among humanitarian actors to mainstream disability-inclusion in their humanitarian actions, thus the urgency of this training.

1.2. Objectives

- Clarify concepts of impairment vs. disability and disability models.
- Equip participants to collect and analyze disability data using the Washington Group Short Set (WGSSQ).
- Demonstrate practical accessibility measures and universal design adaptations.
- Foster inclusive attitudes through etiquette guidelines.
- Review the IASC Guidelines' Four Must-Do Actions for disability inclusion, namely: Promote meaningful participation; Analyse and remove barriers; Empower persons with disabilities; support them to develop their capacities and Disaggregate data for monitoring inclusion.
- Engage participants in group problem-solving to identify barriers and solutions.
- Secure individual commitments to implement inclusion practices.

1.3. Methodology

The methodology employed for the delivery of the training was a mixed approach made of:

- Interactive lectures with slides and case studies
- Scenarios & role plays on barriers and accommodations
- Hands-on exercises using real data collection templates
- Group work (2 groups) to map barriers & solutions
- Pre-/post-training knowledge tests
- Commitment writing for post-training follow-up

1.4. Expectations

The participants, set out the following expectations grouped by thematic:

1. Understanding impairment and disability

- Clarity on the definition and distinctions between *impairment*, *disability*, and *handicap*.
- Learn how impairments affect the daily lives of persons with disabilities and their access to humanitarian services.

2. Disability models and concepts

- Learn about the Medical**,** Social, and Human Rights models of disability.
- Critically assess how these models influence policy and practice in humanitarian work.

3. Identifying barriers faced by persons with disabilities

- How do I recognize physical, attitudinal, institutional, and communication barriers.
- How are barriers manifested in humanitarian settings

4. Gain skills in handling and including persons with disabilities

- Learn respectful and inclusive communication techniques.
- Understand the importance of informed consent, dignity, and autonomy in interacting with persons with disabilities.
- Practice inclusive approaches through role plays or real-life scenarios.

5. IASC Guidelines and strategies for inclusion

- Become familiar with the IASC Guidelines on the inclusion of persons with disabilities.
- What are the key strategies to operationalize inclusion throughout the project cycle: assessment, planning, implementation, monitoring, and evaluation.

6. Mainstreaming disability in humanitarian interventions

- How to integrate disability inclusion in sectoral interventions (e.g., health, WASH, protection, shelter, food security).
- Acquire tools for participatory and inclusive program design.

7. Applying the Washington Group Short Set of Questions (WGSSQ)

- Understand the purpose of the WGSSQ in identifying persons with disabilities.
- Practice how to use the WGSSQ in needs assessments and data collection.
- Know the importance of disaggregated data to ensure inclusive humanitarian responses.

2. TRAINING SESSIONS

2.1. TRAINING ON UNDERSTANDING IMPAIRMENT AND DISABILITY

Facilitated by the Mr. Julius Penn Nchumulu, Project Manager, PCRS Kumba, Cameroon, focused on enabling participants to:

- Differentiated impairment (loss of body function) vs. disability (interaction of impairment + societal barriers).
- Identified six impairment types (speech, visual, physical, psychosocial, intellectual, multi-impairment) and three barrier categories (attitudinal, environmental, institutional).
- Compared four disability models of charity, medical, social, rights-based:
    i. **Charity model** sees persons with disability as subjects of pity; people just receiving and constantly in need of support.
    ii. **Medical Model** focuses on persons with illness and needs to be in hospitals and be taken care of.
    iii. **Social model** focuses on looking at disability to be the responsibility of the society responsible for their structures
    iv. **Rights-based model** focuses on equity and rights and looks to include all people equally regardless of their background.

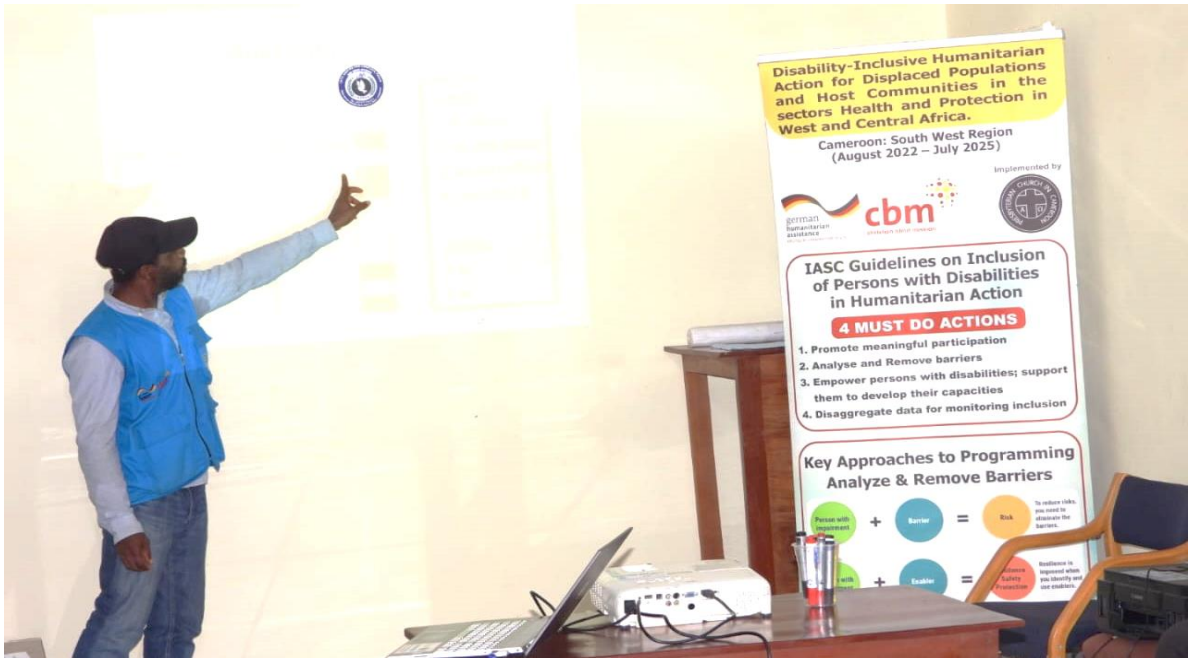
- Defined inclusion pillars:
    i. Full and effective participation,
    ii. Accessibility broken down in two: Physical Access, (RECU) and; Institutional Access: following HOPS principle: Human resources, Organizational systems, Programming, Service delivery.
- **Disability Concepts:** Exclusion, Segregation, integration and inclusion

2.2. Training on Washington Group Short Set of Question (WGSSQ)

The session was facilitated by Mr. Luku Henry. It was dedicated to empowering participant on collecting and analysing data on disability in humanitarian response. It explored WGSSQ objectives, advantages, limitations, and domains (seeing, hearing, walking, cognition, self-care, communication). Responses on this was to range from the category below:

Reviewed response categories: **No difficulty → Cannot do at all.**

He further demonstrated the integration of WGSSQ into needs-assessment tools and data-entry templates. The facilitator strongly recommended that the WGSSQ be include in need assessment form or school admission forms with the six (6) questions which make up the WGSSQ was examined and aligned to their respective domains of seeing, hearing, walking, cognition, self-care and communication.



2.3. Training on Accessibility for Persons with Disability

This session looked into what Access means and Accessibility of Services means to persons which disability (Available, Accessible, and Affordable). The session advocated for service providers to ensure equal access of persons with disabilities with others to the physical environment, transportation, to information and communication. Reasonable accommodation was emphasized to advocate for modifications and adjustments to ensure persons with disability have the same enjoyment with others with any undue stress on them.

The session provided practical ways to support equal access including, assisting persons with disability to fill forms, give them short breaks, assist them in malls, explain complex theories for person with persons with cognitive disability and much more. It also raised the consciousness of participants to avoid using words and phrases like: Disable, handicap, PWD, normal person, the blind, the deaf, to name a few.

2.4. Training on tips for Disability Etiquette

This session empowered participants on ethical ways to engage and interact with persons with persons with disabilities in the field or in their daily interactions. Some of the tips offered by the trainers included:

- Speaking directly to a person with disability and not their personal assistants, companions or interpreters.
- Positioning oneself at eye level when speaking with persons with disability
- Identifying oneself first before speaking to person with disability
- Informing persons with visual impairment before moving them away.
- Not asking a person who has a speech difficulty to repeat themselves
- Approaching persons with disability from side or front and not from behind
- Speaking clearly and in short sentences
- Not being patronizing
- Not touching or moving any mobility aides like wheel chairs, or white canes, unless asked to do so.

2.5. Training on Inter-Agency Standing Committee (IASC) Guidelines

This session reviewed standard guidelines setting out essential actions that humanitarian actors must take in order to effectively identify and respond to the needs and rights of persons with disabilities who are most at risk of being left behind in humanitarian settings.

Four must do actions of the IASC guidelines were iterated, namely:

- Promoting meaningful participation of persons with disability and their representative organizations,
- Removing Barriers,
- Empowering person with disabilities and support them to develop their capacities,
- Disaggregating data for monitoring inclusion.

3. GROUP WORK

Two groups of averagely 10 members per group were created. GROUP 1 worked on barriers face by person with physical/mobility and visual impairment and recommendations to remove these barriers. GROUP 2 worked on barriers faced by persons with speech/hearing/intellectual impairment and recommendations to remove these barriers. Each group presented in plenary, and consensus recommendations were incorporated into Disability Inclusion Action Plan.

Focus	Key Barriers Identified	Recommended Actions
Physical & Visual Impairments	Uneven terrain; narrow doorways; lack of tactile guides	Build local ramps; widen entrances; install tactile floor markers
Hearing, Speech, Intellectual Impairments	Poor sign-language support; complex forms; stigma	Provide interpreters; simplify language; inclusion-awareness campaigns
Institutional Barriers & Policies	Absence of SOPs; non-inclusive budgets; no persons with disabilities input in planning	Develop SOPs; allocate 3–7% project budget; include persons with disabilities in design teams
Communication & Attitudinal	Use of derogatory terms; non-inclusive signage; negative staff attitudes	Staff etiquette training; inclusive signage; periodic attitude surveys

4. PRE-TRAINING/POST-TRAINING TEST AND COMMITMENTS

A Pre-training/post-training test was issued and taken by all participants. The goal was to assess participants' knowledge on disability inclusion before and after the training

4.1. COMMITMENTS

All participants took commitments to return and implement real action that ensures the promotion of the inclusion of persons with disability in their programs. They reaffirmed that person with disabilities have equal opportunity to access their services. Each participant wrote down his/her commitments on sheet of paper and submitted to the training team for follow up to ensure the participants takes the action to fulfil in the short- and long-term. Below are the commitments categorized by organization.

4.1.1. Immediate Commitments (Goals)

FAMILY WORLD INTERNATIONAL (FAWOI)

- Train all staff and members on Disability Inclusion in Humanitarian Action.
- Collaborate with Organizations of Persons with Disabilities (OPDs).
- Build inclusive communication and action plans.
- Collect, disaggregate data by disability and use for decision making with fidelity.
- Design project proposals in collaboration with persons with disability and include them in implementation, monitoring and reporting.
- Be an ambassador for change relating disability inclusion
- Develop a disability inclusion policy and roll out implementation

NKWA4CHANGE SOLUTIONS

- Begin drafting a Disability Inclusion Policy.
- Intentionally include Persons with Disabilities (PWDs) in organizational teams and programs.
- Train all staff on disability-inclusive practices.

ROYALTY WORLD

- Train Protection staff on disability inclusion.
- Include Washington Group Short Set of Questions (WGSSQs) in needs assessments.
- Start collecting disaggregated data on PWDs and use for decision making (including in education programs

WIVADEV

- Sensitize staff on appropriate interactions with PWDs.
- Include PWDs in current humanitarian interventions.
- Provide reasonable accommodations (physical, communicational, etc.)
- Include WGSSQs in data collection tools

DIBA HOLISTIC WELLNESS CARE

- Partner with disability-focused NGOs for mental health support.
- Collect disaggregated data using WGSSQs.
- Begin production of mental health materials in braille.

HUMBLE FRIENDS ASSOCIATION

- Community sensitization on respect and inclusion of all persons.
- Learn sign language to improve communication.

COMMUNITY INITIATIVE AIDS CARE AND PREVENTIONS CIACP

- Train team members on disability inclusion
- Begin community awareness campaigns on disability inclusion.
- Ensure data is disaggregated to include disability factors.

LESLEY FOUNDATION

- Identify and support PWDs' and facilitate access to basic services.
- Use inclusive language and improve disability-sensitive communication.

4.1.2. Med-Term Commitments

- Finalize and implement Disability Inclusion Policies across participating organizations-FAWOI
- Institutionalize disability-related training for all operational levels-Lesley Foundation
- Strengthen data systems for regular and inclusive disaggregation-FAWOI
- Roll out inclusive programs based on identified needs and community input-FAWOI
- Improve accessibility in facilities and program materials-FAWOI

4.1.3. Long-Term Commitments

- Sustain partnerships with disability advocacy groups and service providers-FAWOI
- Advocate for inclusive policies within governmental and humanitarian structures-FAWOI
- Establish monitoring & evaluation frameworks for tracking inclusion progress-CIACP
- Collaborate with educational stakeholders to make schools and learning materials accessible-FAWOI.
- Design and implement projects that mainstream disability and impairment inclusion at all levels-FAWOI

5. CLOSING REMARKS & CONCLUSION

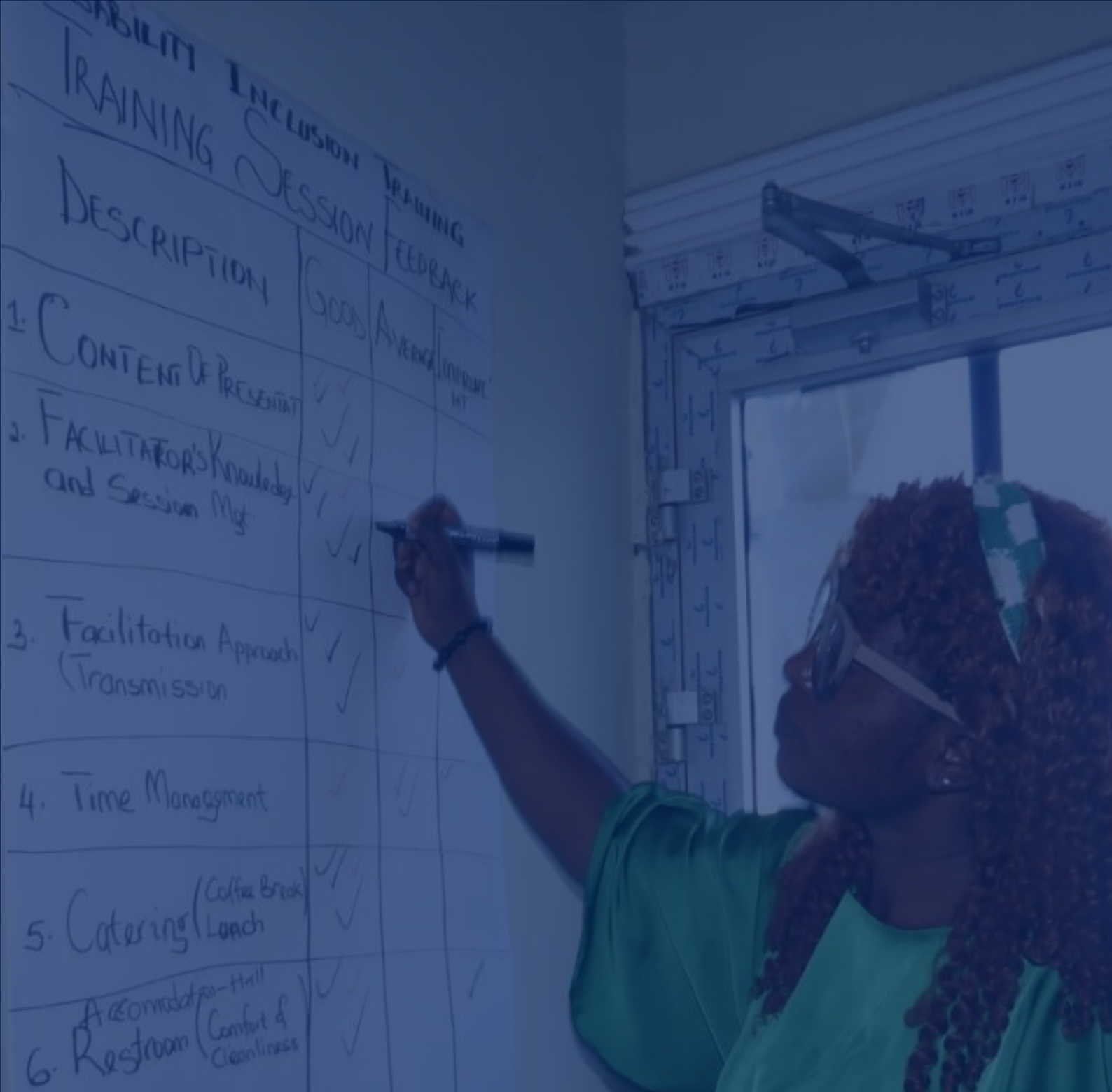
Mr. Julius Penn Nchumulu and Mrs. Tankoh Marceline, the Executive Director of FAWOI (pictured), commissioned the participants to return with the knowledge gained and make the training impactful by empowering their teams, intentionally promoting the inclusion of persons with disability in operations, and ensuring that persons with disabilities have equal opportunities to access their humanitarian and development services.

5.1. Conclusion and Next Steps

The training achieved its objectives and expectations as participants left with a clear understanding of disability inclusion, practical tools (WGSSQ, accessibility checklists), and institutional guidelines (IASC). As for next steps FAWOI and partners will:

1. Integrate WGSSQ into all their needs assessments and project logs.
2. Update their SOPs to allocate 5% of budgets for disability accommodations.
3. Retrofit their offices and field sites with local-material ramps and signage.
4. Recruit persons with disabilities in their staff with a disability inclusion focal point.
5. Conduct quarterly follow-up reviews of participant commitments and report progress to CBM and UN cluster leads.

Embedding these actions, FAWOI and its partners will ensure that persons with disabilities are no longer left on the margins of humanitarian response but stand at the center of inclusive, rights-based programming.



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cbm
together we can do more

PRESBYTERIAN CHURCH IN CAMEROON

FAMILY WORLD INTERNATIONAL
The Arts and Science of Boosting Quality of life

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