**Policy Guidance for Inclusive Sustainable Development Goals**

**Training materials**

**Trainer’s guide**

**for face-to-face training**

**Module 3**

**Good health and well-being**

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**Module 3**

**Good health and well-being**

**About module 3**

Module 3 on SDG 3 focuses on policies and practices to ensure good healthcare and promote well-being for all, including persons with disabilities.

It is highly recommended that module 1 be given prior to this module or any of the other modules in these training materials as the concepts explained in module 1 underpin the content of all subsequent modules. At a minimum, keys concepts from Module 1 – Foundations should be reviewed with participants. Session 1 Activity 3.1.3. Key concepts – Foundations was designed with this purpose in mind.

It is also important to carefully read the Introduction to this trainer’s guide, before undertaking any module, as it contains important information regarding the methodology, as well as the planning and conduct of the training.

A thorough reading of the related Policy Guidance is strongly recommended before undertaking each module. For module 3, it is [Policy Guidance](https://www.ohchr.org/EN/Issues/Disability/Pages/SDG-CRPD-Resource.aspx#policy) on Good health and Well-being.

**Objectives**

By the end of this module, participants should be able to:

* Explain the barriers persons with disabilities face in accessing healthcare and how lack of access to good healthcare impacts them.
* Identify concrete steps that policymakers can take to ensure effective measures are in place to implement the Sustainable Development Goal (SDG 3) on good health and well-being in a way that is inclusive of persons with disabilities.
* Determine how to obtain additional information to support access to health in their context.

**The module consists of three sessions:**

**Session 1 -** Getting started

**Session 2 -** Persons with disabilities and health and well-being

**Session 3 -** Wrap up and next steps

**Module 3**

# **Session 1**

**Getting started**

**Activity Time**

**Activity 3.1.1.** - Welcome and introductions 35 min

**Activity 3.1.2.** - Verifying needs and contributions 20 min

**Activity 3.1.3.** - Key concepts – Foundations (optional) 60 min

**Description**

This first session serves to welcome participants and enable them to get to know one another. Participants reflect on their needs and contributions and how they can work effectively as a group. They review the objectives and agenda for the module overall and the content of the session as well as foundational concepts.

**Activity 3.1.1. Welcome and introductions**

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| **Objectives** | To enable participants and members of the training team to: * get to know each other
* build an effective group dynamic based on mutual trust
 | **Trainer notes**To prepare for the activity:Make the required number of copies of the info cards (one card for each participant, i.e., 20). See **Materials:** Participant info cards Information on the card includes:* Name
* Organization
* Occupation/position
* Something I care deeply about.

Display **Computer slide** **2:** Welcome! as participants enter the room. |
| **Time** | 35 min |
| **Materials** | * **Computer slide** **2:** Welcome!
* **Materials:** Participant info cards
* Flipchart and markers
 |
| **Description** | **Part A** (10 min)1. Divide participants into groups of two.
2. Hand out one info card to each participant and go over the information on the card with the whole group.
3. Ask participants to complete the info card.
4. Inform them that in **Part B** of this activity they will introduce themselves to the group and also share their responses to statement on the info card.

**Part B Whole group discussion** (25 min) 1. Invite each participant to, in turn, briefly introduce themselves and share something they care deeply about.
2. Once each participant has had a turn, lead a whole group discussion. Ask participants to share their reflections. Some guiding questions are provided below.
* What did you notice about the group?
* What caught your attention about what others shared?
1. Address any questions participants may have.
2. Post the completed info cards on a wall in the room for easy reference throughout the training.
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**Activity 3.1.2. Verifying needs and contributions**

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| **Objective** | To have participants review their needs and what they can contribute in relation to the objectives and content, as well as for the effective functioning of the training | **Trainer notes**Prior to the training, participants completed a pre-training questionnaire, in which they provided information about their needs and contributions and other information for the training. Use information provided in the questionnaires about participants’ needs and contributions to prepare the flipchart for **Part A** of this activity. For the objectives of module 3 you can either display **Computer slide 3** or prepare a flipchart with the objectives.In a participatory training process, where it is essential to foster a safe and friendly learning environment, addressing people’s human needs as well as their learning needs is equally important. For example:*a person with disability may have particular needs that extend beyond the category of “learning” needs*. In carrying out this activity, the trainer should also encourage participants to express human needs and contributions. |
| **Time** | 20 min |
| **Materials** | * A flipchart of participants’ needs and contributions and a second flipchart of the learning objectives for module 3
* **Computer slide** **3:** Objectives of module 3
* **Computer slide** **4**: Agenda
* Copies of the agenda for module 3 (one copy for each participant)
* A flipchart entitled “Parking lot”
 |
| **Description** | **Part A Needs and contributions** (10 min)1. Post the flipchart you prepared of participants’ needs and contributions. Ensure to also include trainers’ needs and contributions.
2. Invite participants to add any other needs or contributions they feel should be included.
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|  | **Part B Objectives and content** (10 min) 1. Distribute the copies of the agenda for the module.
2. Review the objectives and content of the module referring to the participants’ needs and contributions.
3. Point out any needs that cannot be met during this training. Explain the idea of a parking lot, where participants can list issues, topics and questions not necessarily addressed during the training, but which are nonetheless of interest to participants. The parking lot issues can be listed on the Parking lot flipchart posted in the room and discussed informally during breaks.
 | Prepare a detailed agenda or schedule and make a copy for each participant.You can also display the agenda you have prepared on a slide using **Computer slide 4**.Also prepare a flipchart entitled ”Parking lot”.Encourage participants to meet with other members of the group who may have complementary needs and contributions. Make a calendar of possible meeting times, such as lunch periods, morning and afternoon breaks, and invite participants to sign up for a meeting with a person in the group. |

**Activity 3.1.3. Key concepts – Foundations (optional)**

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| **Objective** | To review key concepts that underpin a human rights-based approach to disability-inclusive policies | **Trainer notes**This activity provides the opportunity to review some of the basic concepts presented in Module 1 – Foundations. It is particularly useful for participants who have not completed module 1. However, all groups can benefit from this activity as it reviews the concepts that are key to the development and implementation of policy and programmes inclusive of persons with disabilities. It has been labeled optional as it is left to the discretion of the trainer based on the participants’ knowledge and experience, according to the needs assessment performed before the training.Make the required number of copies of the **Handout:** Five core pillars of inclusive policies (one copy for each participant)Cite the report of the UN Special Rapporteur on the rights of persons with disabilities on the impact of ableism in medical and scientific practice, [A/HRC/43/41](https://undocs.org/en/A/HRC/43/41); OHCHR report on awareness-raising, [A/HRC/43/27](https://undocs.org/en/A/HRC/43/27)). |
| **Time** | 60 min |
| **Materials** | * Flipcharts and markers
* **Computer slide 5:** Categories of barriers
* **Computer slide 6:** Models of disability
* **Computer slide 7:** Human rights model of disability
* **Computer slide 8:** Video - What is ableism? [Watch on Vimeo](https://vimeo.com/492480733)
* **Computer slide 9:** What is ableism?
* **Computer slide 10:** Five core pillars of inclusive policies
* **Handout:** Five core pillars of inclusive policies
 |
| **Description** | **Part A Barriers faced by persons with disabilities** (10 min)1. Begin by explaining to participants that as stated in the preamble to the CRPD:

“… disability results from the interaction between persons with impairments and **attitudinal** and **environmental barriers** that hinders their full and effective participation in society on an equal basis with others.” 1. Divide participants into five groups.
2. Display **Computer slide 5:** Categories of barriers. Ask participants to share with the members of their group the types of **attitudinal** and **environmental** (i.e., physical, communication, policy) barriers that persons with disabilities face in their contexts and in areas that relate to their area of work, such as education, employment, etc. Ask participants to write down the barriers identified during their discussion. (10 min)
3. Have each group in turn, share the barriers they identified with the larger group and list these on the flipchart.
4. Highlight the attitudinal barriers and explain that these are particularly pervasive and disabling, as they can lead to apathy towards addressing the other barriers.

**Part B – Models of disability presentation** (15 min)Explain to participants that societal beliefs about and attitudes towards persons with disabilities have defined models of intervention. Display **Computer slide 6:** Models of disability.Then briefly explain the models as follows. **Charity model**Historically, persons with disabilities have been judged in terms of deficiency. They have been described as people who cannot do something (see, walk, hear, etc.) and are solely beneficiaries of charity initiatives.**Medical model**In other instances, disability has been considered purely a medical/health issue, and related policies and programmes focus on “curing” or “fixing” persons with disabilities, not on removing the barriers that prevent them from fully participating in society. This view is reflected in policies that assign everything related to disability to the health authorities.Display **Computer slide 7:** Human rights model of disability.**Human rights model**A human rights model requires viewing disability as the relation between a person’s impairment and the barriers they face in their environment. It is then possible to develop public policies that establish the supports needed for persons with disabilities to participate in society, on an equal basis with others.Despite the significant advances in the recognition of the rights of persons with disabilities at international and national levels, the deeply-rooted negative perceptions about the value of their lives continue to be a prevalent obstacle in all societies. Those perceptions are engrained in what is known as **ableism.****Part C What is ableism?** (15 min)1. Introduce the concept of ableism, using the short animation video **[What is ableism?](https://vimeo.com/492480733)** produced by the UN Special Rapporteur on the rights of persons with disabilities.
2. Display **Computer slide 8:** Video - What is ableism? and click on the link to show the video.
3. Then review with participants key features of ableism as presented in the video. Display **Computer slide 9**: What is ableism?
4. Address any questions the participants may have.
5. Ask participants to share how ableism is present in their daily lives and in their work. Underline that ableism leads to social prejudice, discrimination against, and oppression of, persons with disabilities, as it informs legislation, policies and practices. Ableist assumptions lie at the root of discriminatory practices.
6. Record participants’ reflections on a flipchart for future reference.

**Part D – Five core pillars for inclusive policies** (20 min)1. Begin by explaining to participants that the Policy Guidance for Inclusive Sustainable Development Goals – [Foundations](https://www.ohchr.org/EN/Issues/Disability/Pages/SDG-CRPD-Resource.aspx#policy), outline five core pillars that are necessary to construct an inclusive policy framework. Also explain that these pillars should be considered in the design and implementation of any public policy or programme, both disability-specific and mainstream programmes.
2. Display **Computer slide 10**: Five core pillars of inclusive policies. Briefly review the pillars.
3. Have participants work in the same five small group as in **Part A** above.
4. Provide each participant with a copy of the **Handout:** Five core pillars of inclusive policies.
5. Assign one pillar to each group. Ask participants to provide one or two examples of effective implementation of the pillar in policies and/or programmes to ensure they are inclusive of persons with disabilities.

Some examples are provided below.* ***Non-discrimination:***

*prohibiting discrimination based on disability in laws/policies** ***Accessibility:***

*adopting accessibility standards; providing training on accessibility standards** ***Support services and assistive technology:***

*availability of a diverse range of support services and assistive technologies** ***Participation:***

*existence of consultation mechanisms and guidelines for consultation with persons with disabilities* * ***Awareness-raising:***

*campaigns targeting the public on the rights of persons with disabilities*Participants are encouraged to draw on their own work experience for examples.1. Have each group, in turn, share their examples with the larger group. Invite participants from other groups to comment, ask questions or provide other examples.
 |

**Module 3**

# **Session 2**

**Persons with disabilities and health and well-being**

**Activity Time**

**Activity 3.2.1.** Persons with disabilities and health – the data speaks 60 min

**Activity 3.2.2.** Barriers and disparities in healthcare 60 min

**Activity 3.2.3.** Stories of persons with disabilities Video - SDG 3 150 min

**Activity 3.2.4.** Advancing healthcare and well-being in your own context 15 min

**Description**

In this session participants begin by exploring the current situation of persons with disabilities, in terms of healthcare, expressed in data. They then examine the barriers that persons with disabilities face in the health system and the necessary structural elements to develop policies and practices for improving the responsiveness to and inclusion of persons with disabilities in health systems. Participants then reflect on the application of these elements within their own contexts.

**Activity 3.2.1** **Persons with disabilities and health – the data speaks**

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| **Objective** | To explore the impact of lack of inclusive health policies on persons with disabilities | **Trainer notes**Some examples of possible responses from participants to the questions could be:For Question 1 –* persons with disabilities have specialized healthcare requirements that are often not available
* barriers (e.g., physical, attitudinal, financial) to accessing quality healthcare services adapted to their needs

For Question 2 - * health systems must address barriers to access and inclusion for persons with disabilities
* improve quality of health services
* improve access to health services
* aim for improved health outcomes

Government action must:* ensure healthy lives and promote well-being for all at all ages
* ensure universal health coverage and access to quality health services, medicines and vaccines
* promote inclusive, human rights-based and community-based mental health services
* mobilize resources and develop the health workforce

To note, **Computer** **slide 14** outlines main reasons behind the healthcare gap between persons with disabilities and others. Participants will likely provide examples of other reasons based on their experience in their respective countries. Help participants link their examples to the main action areas in **Computer** **slide 15**. |
| **Time** | 60 min |
| **Materials** | * Flipcharts and markers
* **Computer slides 11 and 12:** Persons with disabilities and health-the data speaks
* **Computer slide 13:** Discussion questions 1 and 2
* **Computer slide 14:** Question 1 - suggested answer key
* **Computer slide 15:** Question 2 –

suggested answer key* **Computer slide 16:** Question 2 – suggested answer key cont’d
 |
| **Description** | **Part A Exploring gaps and government actions**1. Divide participants into three small groups.
2. Display **Computer slides 11** and **12** Persons with disabilities and health-the data speaks, and go over the information on the slide with participants. Display the slides in succession, giving a brief explanation. See below

Data shows that in low-income countries:* + 1 out of 2 persons with disabilities cannot afford healthcare (compared to 1 out of 3 for the broader population); and
	+ 28 per cent of persons with disabilities incur catastrophic health expenditure (compared to 18 per cent for others)
	+ More recent data from the European Union indicates that 30 per cent of

persons with disabilities report unmet health needs due to lack of affordability.1. Display **Computer slide 13:** Discussion questions 1 and 2. Explain that together they will discuss the two questions below.

**Question 1**What are some of the reasons for the healthcare gap between persons with disabilities and others?**Question 2**What can governments do to ensure that all persons with disabilities can access inclusive, quality healthcare and realize SDG 3? Provide some examples from your countries. Encourage participants to link their suggestions to the reasons they listed in question 1.Ask participants to note their responses to each question.**Part B Large group discussion**1. Reconvene the large group.
2. Begin with question 1 and ask each group in turn to share their responses. As each group presents, list their responses on a flipchart. Ask groups to add to the responses of the previous groups and not to repeat responses that are similar. Repeat the process for question 2.
3. Once all three groups have presented, invite them to share their observations and reflections.
* For question 1 you can display **Computer slide 14:** Question 1 -suggested answer key.
* For question 2 you can display **Computer slides 15 and 16:**

Question 2 - suggested answer key cont’d respectively.Encourage participants to make links between the reasons they listed for question 1 and the actions they suggested for question 2.  |

**Activity 3.2.2.** **Barriers and disparities in healthcare**

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| **Objective** | To examine the barriers and disparities in access to healthcare for persons with disabilities | **Trainer notes**For **Part A** make the required numbers of copies of the **Handout**: Health services rating chart (one copy for each participant).For **Part B**, build the Road to health diagram. Some ideas are provided below. For an example, see **Materials:** Road to health diagram.How to build the diagram:* select an object to represent quality health care and place it in the middle of the room (e.g., a fruit basket, flowers, a candle).
* leading outwards from the centre towards the sides of room, use masking tape to mark five rows, to represent five levels of care.
* label the rows 1, 2, 3, 4, 5, where 1 is closest to the centre.

The centre represents the best healthcare services, with Level 1 representing the least barriers to receive adequate services and Level 5 representing the most barriers to receive adequate services.Enlist the help of participants to help you build the diagram.In **Part B**, participants explore the disparities that exist between persons with disabilities and persons without impairments, and among those with different impairments, in health care systems. The experiential nature of this part of the activity is meant to enable the participants to experience the differing levels of treatment in health services.As you move through the activity, you may not have to ask all the mini-debrief questions each time. You may feel that it is not necessary to go through all the health services and leave more time for the last discussion question. |
| **Time** | 60 min |
| **Materials** | * **Handout:** Health services rating chart
* **Computer slide 17**: Health services rating chart
* **Materials**: Road to health diagram
* Materials to build the Road to health diagram (e.g., coloured paper, masking tape, markers)
 |
| **Description** | **Part A Small group work** (30 min)1. Linking back to the data presented in the previous activity, explain that, currently, persons with disabilities face many barriers to accessing quality health services adapted to their individual needs. This situation contributes to poor health outcomes, furthering disadvantage and exclusion.
2. Inform participants that in this activity they will examine barriers to accessing healthcare services that persons with different impairments can face.
3. Divide participants into five groups.
4. Provide the members of each group with a copy of the **Handout:** Health services rating chart and display **Computer slide 17**: Health services rating chart.
5. Explain the task as described in the **Handout:** Health services rating chart.
6. Ask the groups to complete the task.
7. Address any questions the participants may have.

**Part B –** **Analyzing levels of exclusion**(30 min)1. Assemble the Road to health diagram as described in the trainer notes above.
2. Reconvene the large group.
3. Using the **Materials**: Road to health diagram explain that participants will analyze the relationship between types of impairment, barriers, and access to health services experienced by a range of persons with disabilities.
4. Explain the Road to health diagram as follows.
	* The centre represents the best healthcare services, with Level 1 representing the least barriers to receive adequate services and Level 5 representing the most barriers to receive adequate services.
5. Explain the process as follows.
6. You will call out one of the health services in the table, for example: going to the ER.
7. You will invite a volunteer from one of the small groups to come forward as a person with no impairments.
8. You will ask this person to place themselves physically on the number on the Diagram, that their group assigned to the ER experience.
9. You will repeat steps (ii) and (iii), asking for a volunteer each from the remaining groups, to represent the other four persons in column one of the chart, for the same health service, i.e., going to the ER.
10. Once the four other persons have also placed themselves on the Road to health you will conduct a mini-debrief. A sample debrief is provided below.
* Begin by asking the participant at Level 1 to explain why they feel they are at Level 1.
* Then ask participants at the other levels (e.g., 4 and 5) to share how they feel and why they think they are at that level.
* Ask participants to share any other observations, feelings they may have.
1. Explain that you will repeat these steps (i) to (v) for each of the health services in the chart. Try to ensure that it is not the same participant(s) coming forward as volunteers, so all participants have an opportunity to experience their position on the Road to health.
2. As a large group, have the participants share their reflections on the questions below.
* What have we learned about disparities in health services faced by persons with disabilities?
* How should this inform our work as policy makers?
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**Activity 3.2.3.** **Stories of persons with disabilities**

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| **Objective** | To determine specific government actions needed to provide inclusive, quality healthcare for persons with disabilities | **Trainer notes**For **Part A,** make enough copies of each of the stories in the handout, to provide each member of each group with a copy of the story for their group.For the task in **Part B**, prepare six flipcharts, (one for each action) as illustrated in **Materials:** Actions by targets and questions, i.e., one flipchart for each of the six action areas below.1. leadership, governance and legal framework
2. financing
3. service delivery
4. health workforce
5. medicines and technology
6. health information systems

Post each flipchart in a different part of the room, far enough apart so participants can circulate from one flipchart to another.Make enough copies of each of the stories in the **Handout:** Extended character storiesto provide each member of each group with a copy of the story for their group.Also make the required numbers of copies **Handout:** Actions by targets tables (one copy for each participant).Highlight how different dimensions (e.g., gender, age, living in urban or remote community) shape the challenges faced by the individual as well as family members.Note: In order to avoid repetition, you may want to ask groups that as they move to subsequent stations, to review the actions proposed by previous groups. If an action already proposed also applies to their character, then instruct them to just add their different-coloured sticky note to that action. This will also help participants discover commonalities as well as differences.Place two or three pads of the same color sticky notes in the middle of the room for easy access by the participants. These should be of a different colour from the ones used in **Part B.**The aim of the debrief is to lead participants to conclude that policymakers need to develop health system to adapt to the needs of a range of people and there is no one size fits all approach that works. |
| **Time** | 150 min |
| **Materials** | * Flipcharts, markers and tape
* **Computer slide 18:** [**SDG 3 - Video**](https://www.ohchr.org/EN/Issues/Disability/Pages/sdg-crpd-resource.aspx)
* **Handout:** Extended character stories
* **Handout:** Actions by targets tables
* **Materials:** Flipcharts for six stations (models)
* Six flipchart sheets, one for each action area, prepared according to the models
* Different coloured sticky notes for each character (5 colours)
 |
| **Description** | **Part A SDG 3 video and discussion** (25 min)1. Inform participants that they will view a video which tells the stories of four individuals with disabilities and their families. These are:
* Akari’s story
* Samuel’s story
* Amara’s story
* Ian’s story
1. Divide participants into four groups and assign one story to each group.
2. Ask participants to pay attention to the different characters highlighted and the

issues shared and proposed. Ask them to focus on the challenges the individuals and their families face as well as the actions proposed to address the challenges. Ask participants to pay particular attention to this information for the story assigned to their group.1. Display **Slide 18 – SDG 3 video** and click on the link to show the video.
2. After viewing the video give the groups some time to discuss the story of the individual and family assigned to their group. (5 min)
3. Ask the groups to share some of the things they noted about the individuals assigned to their group, as they watched/listened to the video. Address any questions they may have. (10 min)

**Part B Small group work** (75 min)1. Participants work in the same small groups as in **Part A**.
2. Set up the six stations as described above.
3. Provide each group with copies of the handout containing the extended character story for their group (one copy for each participant).
4. Explain the task as described in the instructions in the **Handout:** Extended character stories .
5. Distribute copies of **Handout:** Actions by targets tables and go over the tables with participants. Explanatory notes are provided below.

**Explanatory notes*** Begin by explaining that the first page of the handout lists general actions applicable to all SDG 3 targets organized according to six building blocks of the health system that are represented by the six stations in this activity, i.e., Station 1: leadership, governance, and legal framework; Station 2: Financing; Station 3: Service delivery, and so on.
* Then explain that on the subsequent pages more detailed actions related to specific SDG 3 targets are provided, e.g., universal healthcare, mental health, resources and health workers
* Explain that groups will use the **Handout:** Actions by targets tables, to identify actions governments should take to improve the health and well-being of their character in relation to each of the building blocks represented by the different stations and outlined on the first page of the handout. Participants should also consult the subsequent pages of the handout for other actions. Some examples are provided below.

***For Station 1:****Leadership, governance and legal framework - participants should also consult recommendations related to law and policy under specific Goal 3 targets in 3.8, 3.b, 3.4, 3.c.****For Station 2:****Financing - participants should also consult recommendations related to Goal 3 target in 3.c.****For Station 3:****service delivery participants should also consult recommendations related to Goal 3 targets in 3.8, 3.b, 3.4.*1. Address any questions the participants may have.
2. To begin the activity, direct each group to a different station.
3. After 10 minutes, ask the groups to rotate to the next station. Repeat this until all the groups have visited all six stations.

**Part C Work in groups of two** (20 min)1. Reconvene the large group.
2. Explain to participants that they will review the actions proposed so far.
3. Ask participants to team up with a person who is from a different group, and together go around the room looking at the actions proposed at the different stations for their two characters.
4. Ask them to discuss their characters and their individual needs and to determine how or whether the proposed actions meet the needs of both characters.
5. Invite participants to propose additional actions, if necessary. Ask them to write these actions on the different coloured sticky notes provided and post them on the flipchart.
6. Ask participants to also take note of the connections among the different actions at the different stations.

**Part D Large group discussion** (30 min)1. Reconvene the large group.
2. Conduct a large group debrief. Some guiding questions are provided below.
* How was it to go through this activity? How did your group determine the actions? Was anything difficult about the process?
* Did you find actions that connected across stations? How was that process? What did you find? What were the connections you observed?
* What conclusions can be drawn from the different stories about the health care needs of persons with disabilities?
* Based on your analysis how should healthcare systems be organized in order to provide inclusive, quality healthcare for persons with disabilities?
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**Activity 3.2.4.** **Advancing healthcare and well-being to your own context**

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| **Objective** | To have participants reflect on how what was discussed in the previous activity relates to their own country  | **Trainer notes** |
| **Time** | 15 min |
| **Materials** | * Flipcharts and markers
* **Computer slide 19:** Journal – individual reflection
 |
| **Description** | **Journal - individual reflection**1. Explain to participants that they will now have an opportunity to briefly reflect on the actions to advance health and well-being of persons with disabilities discussed so far, and the applicability of the actions in their own countries or regions.
2. Ask them to journal their ideas and reflections. Explain that these will be useful in developing ideas for next steps in **Activity 3.3.2** Next steps. See below.
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# **Session 3**

**Wrap up and next steps**

**Activity Time**

**Activity 3.3.1**. – End of Module 3 debrief and evaluation 25 min

**Activity 3.3.2**. – Next steps 15 min

**Description**

In this session, participants will reflect on their learning and complete an evaluation questionnaire.

**Activity 3.3.1. – End of Module 3 debrief and evaluation**

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| --- | --- | --- |
| **Objective** | To have participants reflect on their learning and evaluate the training | **Trainer notes**Prepare an evaluation questionnaire for module 3 using the resources provided in the introduction. Make the required number of copies of **Handout:** Evaluation questionnaire for module 3 (one copy for each participant). |
| **Time** | 25 min |
| **Materials** | * **Computer slide 20:** Closing circle
* **Handout:** Evaluation questionnaire for module 3. (to be prepared by the trainer)
 |
| **Description** | **Part A Closing circle** (10 min)* Explain to participants that they will now have an opportunity to share one commitment they are making to advance health policies in their country, to benefit persons with disabilities, drawing on their learning from module 3. They will also be asked, to identify who, in their specific context they can hold accountable for health policies that are not inclusive of persons with disabilities. Display **Computer slide 20:** Closing circle, for easy reference to the instructions for this part of the activity.
* Invite participants to stand in a circle in the middle of the room and ask for a volunteer to begin.
* Go around the circle until all participants who want to, have had the opportunity to share their commitment.

**Part B – Evaluation** (15 min)Have participants complete and return the evaluation questionnaire you prepared. |

**Activity 3.3.2. – Next steps**

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| **Objective** | To have participants reflect on follow-up actions | **Trainer notes**Prepare a list of next steps for your particular target audience and add these to **slide 21.** These should include follow-up steps you will undertake as well some steps to which the participants should commit. |
| **Time** | 15 min |
| **Materials** | * **Computer slide 21:** Next steps
* **Computer slide 22:** Thank you!
 |
| **Description** | 1. Display **Computer slide 21:** Next steps. Review the next steps. Begin by explaining what follow-up you will do, for example:
* Share training materials with them (e.g., slides, handouts, links to resources)
* Prepare an evaluation report of this training and share it with the participants

Then explain follow-up steps the participants can undertake. 1. To close the training display **Computer slide 22:** Thank you! Share any thanks or recognitions due - to interpreters, support staff, etc.
 |