



Impact of Training Programmes for People with Disabilities

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Query: What is the evidence on the impact of training programmes on employment and/or livelihoods outcomes for people with disabilities in low and middle income countries? What types of interventions are used to reduce barriers and support people with disabilities into employment? (NB: we will have a preference for Nepal and other countries in South Asia).

Purpose: To support the Skills for Employment programme and its implementing partners.

Enquirer: Priti Prajapati, DFID Nepal

Contents

1. Overview
2. Methodology
3. Summary of evidence base and gaps
4. Types of interventions and evidence of impact
5. Case studies
6. References

1. Overview

People with disabilities have the right to work on an equal basis with others and to participate in work environments that are open, inclusive and accessible.¹ In Nepal, survey data shows that 42% of people with disabilities are currently working² – 22 percentage points less than people without disabilities. Women with disabilities and younger people with disabilities are less likely to be working.³ Studies in Nepal (and globally) have observed that people with disabilities face a range of barriers in earning an income, including: inaccessible workplaces; negative stereotypes; a lack of educational opportunities; low uptake of government assistance⁴; and quality of training/vocational courses (Bhatta et al, 2018; Eide et al, 2016; Wapling, 2016; Banks et al, 2018). Supporting people with disabilities into employment is important not only in providing income, but research in Nepal has shown positive life changes including increased confidence, social status, and acquiring new skills (Lamichhane, 2012). This document provides a rapid review of the evidence of the types of interventions used to reduce barriers and support people with disabilities into employment, as well as the impact of training programmes on employment and/or livelihood outcomes (Section 4). Case studies are included in Section 5 and Annex 1 to give further details on key learnings.

¹ United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol

² Currently working includes formal/informal, paid employment, self-employment, and part time work. Data from 3,457 persons for the National Study on Living Conditions among People with Disabilities in Nepal in 2014-2015 (Eide et al, 2016)

³ Among respondents with disabilities, 24.3% females and 47.5% males were currently working. The figure for respondents without disabilities was 36.6% females and 70.3% males. (Eide et al, 2016)

⁴ In Nepal, entitlements in employment and vocational training for disability cardholders include: a 5% quota for people with disabilities in public sector jobs; tax breaks and other incentives for private sector employers to hire people with disabilities; free vocational training from approved sources; discount on income tax; and retirement pensions available seven years earlier for civil servants with disabilities (Banks et al, 2018)

Overall, there is a limited evidence base on the impact of training programmes on employment and/or livelihoods outcomes for people with disabilities. Existing evidence has limited focus around the effectiveness of different types of trainings, models of delivering, and assurance of inclusivity around the different types of disabilities. Sample sizes are often small, use a variety of evaluation methods, and have limited follow-up. This review has also considered the evidence from less rigorous studies and innovative programming, based largely on qualitative methods.

Particular gaps in the evidence and therefore priorities for future research include: the effectiveness of mainstream training and employment programmes for reaching people with disabilities (most interventions are targeted at people with disabilities); interventions for people with psychosocial disabilities; gendered analyses; systematic examination of how interventions can best address intersecting inequalities such as disability, gender, race/ethnicity, age, caste, sexual orientation, and religion; safeguarding risks in training programmes; and the sustainability, replicability and scalability of programming. There is also a gap in the evidence from humanitarian contexts.

Training programmes often form part of a broader package of support to reduce barriers and support people with disabilities to enter, re-enter and maintain employment, such as community-based rehabilitation; treatment/therapy; assistive devices and accommodations; financial assistance; and awareness campaigns. This variation in intervention approaches, coupled with the range of implementation settings, duration, intensity and target groups, makes it difficult to conclude what types of interventions are most effective.

Overall, the evidence reveals positive, but relatively small and inconclusive, impacts on a range of employment and livelihood outcomes, including:

- A small but significant impact on securing employment.
- Some evidence of improved self-employment outcomes.
- Small, mixed findings on income, including earnings and self-employment profits.
- Improved professional and personal social skills for training programmes which aim to help develop work-based social skills for people with disabilities.
- Improved motivation to find work.
- Better well-being and quality of life outcomes, including increased social acceptance, self-esteem, more social opportunities and learning new skills.

Although this query did not explicitly look for lessons learned, a number of **practical lessons** emerged from the case studies, research and evaluation, including:

- **Ensure the meaningful participation of people with different types of disabilities** and their representative organisations in the design, delivery and governance of programmes, as well as national strategies around skills development, government programmes around technical educational and vocational education (TVET) and monitoring the effectiveness of such interventions. Different disabilities require tailored approaches, and engaging with people with a wide range of disabilities, disabled persons organisations (DPOs), and other organisations with disability specific expertise can improve the effectiveness and inclusiveness of training programmes.
- **Build in activities to address social and gender barriers, discrimination and barriers in the workplace,** as well as ensuring that sufficient time is spent in awareness and orientation for employers. Disability-inclusive programmes should include training and sensitisation activities for staff and other project beneficiaries. In addition, evidence suggests that women and girls with disabilities often face 'double discrimination' and it is important that programmes build in gendered analysis to support the inclusion of women and girls.

- **Ensure training and tools are inclusive** and match the participants' aspirations, skills, abilities, financial resources, and opportunities available in the labour market. When providing vocational training, participants should be trained in tool repairs and maintenance.
- **Support participants to access other available opportunities and schemes** (e.g. micro-credit where participants are seeking self-employment) or government assistance programmes for people with disabilities.
- **Ensure training is affordable and accessible**, for example by providing access to assistive devices, personal assistance, sign language, Braille, and accessible transport.
- **Provide longer-term support to smooth the transition to employment** and ensure the programme outcomes are sustainable. For example, providing ongoing coaching and other support when needed – particularly important for younger participants or those who have never been in employment/self-employment.
- **Ensure that DPOs are part of the accountability and that M&E processes disaggregate data by disability and gender** for mainstream programmes, and include targets for including people with disabilities. Ensure that all data collection tools are adapted to use the Washington Group questions and data collectors are trained on disability.
- **Accessible technology can also be a useful tool** in helping to match job seekers with employment opportunities, for example Leonard Cheshire's Jobability and Virtual Livelihoods Resource Centre (see Section 5).
- **Partnerships with local employers, training institutions and financial schemes** are also essential factors in ensuring programmes are more effective and sustainable.

2. Methodology

This rapid research query has been conducted as systematically as possible within 4.5 combined days of researcher and expert time. Evidence was mapped onto an Excel Spreadsheet (see Annex 1). The methodology is described below.

Search strategy: Studies were identified through a variety of search strategies;

- **The review prioritised existing syntheses, evidence reviews, and systematic reviews** where possible in order to draw on the fullest range of evidence possible (Tripney et al, 2015 and 2017; Trenaman et al, 2014; Nevala et al, 2014; Sightsavers, 2016; Jones et al, 2018).
- **DFID Disability Inclusive Development Programme consortium partners⁵ and relevant experts were contacted** for evidence recommendations (see Section 6 for experts who responded).
- **Google and relevant electronic databases** (PubMed, Science Direct, and Google Scholar) for priority sources using a selection of key search terms⁶ used in other systematic reviews to identify more recent materials. The review also considered programmes which may have useful lessons but were excluded from systematic reviews, due to less rigorous evaluation methodologies.

⁵ The Disability Inclusion Helpdesk is funded under the DID programme. The DID consortium partners are ADD International, BBC Media Action, BRAC, Institute of Development Studies (IDS), International Disability Alliance (IDA), Humanity & Inclusion, Leonard Cheshire Disability, Light for the World, Sense, Sightsavers and Social Development Direct.

⁶ Key search terms included: job training, in-service training, supported employment, vocational education, technical education, special education, employment support, vocational rehabilitation, occupational rehabilitation, work rehabilitation AND women, girls, access, uptake AND disabled / disability / disabilities, impairment, deaf, blind, wheelchair AND interventions, programmes, evaluations, reviews, research, study.

- **Review of key disability portals and resource centres**, including the Leonard Cheshire Disability and Inclusive Development Centre, Disability Data Portal, Source, International Centre for Evidence in Disability, the Impact Initiative, and Sightsavers Research Centre.
- **Disability-focused journals**, such as Disability & Society, and the Asia-Pacific Disability Rehabilitation Journal.

Criteria for inclusion: To be eligible for inclusion in this rapid review of the literature, studies had to fulfil the following criteria:

- **Focus:** Training programmes on employment and/or livelihoods outcomes for people with disabilities in low and middle income countries.
- **Time period:** 2008⁷ – 2019.
- **Language:** English.
- **Publication status:** publicly available – in almost all cases published online.
- **Geographical focus:** low and middle-income countries, with a preference for evidence from Nepal and other countries from South Asia.

3. Summary of evidence base and gaps

Overall, there is limited evidence on the impact of training programmes on employment and/or livelihoods outcomes for people with disabilities in low and middle income countries, assessed according to DFID's (2014) How to Note on Assessing the Strength of Evidence. Although some robust evidence exists, it tends to be limited in scope – the most comprehensive systematic reviews found that only 14 studies met the inclusion criteria (Tripney et al., 2015 and 2017; Trenaman et al, 2014). The sample sizes are often small (two studies had sample sizes of under 50 people), with limited follow-up and using methods open to a high degree of bias. This review has also considered the evidence from less rigorous studies of innovative programming, based largely on qualitative methods (see Section 5 for case studies). However, even when including less robust evaluations and studies, there remains a scarcity of documented evidence. As noted by Sightsavers (2016) in their supplementary review⁸ of the evidence, "we have to remain cautious about drawing strong inferences from the findings of this body of literature, due both to nature of the research (where establishing causality is not feasible), and the heterogeneity of the evidence base" (p.44).

Most evidence looks at the impact of multi-component interventions, which makes it difficult to attribute outcomes between intervention components. For example, 13 of the studies included in Tripney et al's (2015) systematic review were multi-component programmes, involving a range of types of intervention approaches: treatment and therapy (4); assistive devices and accommodation (2); occupational rehabilitation (4); community-based rehabilitation (4); and financial services (1). Indicators also vary widely in nature making comparisons difficult.

Particular gaps in the evidence include:

- **The effectiveness of disability-inclusive programming:** Most of the evidence looks at interventions targeted at people with disabilities, rather than mainstream training programmes which are disability-inclusive. For example, all the interventions in Tripney et al's (2015) systematic

⁷ Note: The Disability Inclusion Helpdesk reviews evidence from 2008 onwards as this is the year that the Convention on the Rights of Persons with Disabilities and its Optional Protocol came into force.

⁸ Sightsavers (2016) reviewed publications that were excluded from the Tripney et al.'s (2015) systematic review on methodological grounds (n=98) and reassesses them on adapted inclusion criteria to see what additional insights were available, if any

review were targeted at people with disabilities, with some designed for people with a specific impairment or diagnosis.

- **Effectiveness of interventions for people with psychosocial disabilities:** Most of the reviewed studies looked at interventions targeted at people with physical or sensory disabilities, with only one study of an intervention for people with psychosocial disabilities.
- **Gendered analysis:** Although several studies disaggregate data by gender, and some find gendered differences in employment outcomes (e.g. Nuri et al, 2012), further research is needed to explore why some types of interventions have been more effective for women or men with disabilities in particular contexts.
- **Lack of systematic examination of how interventions can best address intersecting inequalities** such as disability, gender, race/ethnicity, age, caste, sexual orientation, and religion.
- **Safeguarding risks in training programmes:** Little evidence was identified on how to safeguard against risks of increased violence, sexual harassment, exploitation or abuse for women with disabilities, although available evidence suggests that violence at technical and vocational education institutions and programmes, is increasing globally (Schauerhammer, 2018) and people with disabilities can face increased risks and barriers to reporting incidents of violence (see forthcoming query).
- **Sustainability:** Short follow-up for most of the evaluated programmes means we understand little about how outcomes are sustained.
- **Replicability and scalability of programming:** Several studies highlight the importance of context, but do not explore questions of replicability given the unpredictable contextual differences which are likely to substantially affect outcomes. In addition, there is a need for more research to understand what interventions are scalable, how they can be scaled and how to improve the cost-effectiveness of programming (Tripney et al, 2017).
- **Humanitarian contexts:** There are limited studies of training programmes for people with disabilities in humanitarian contexts were found during this rapid research (Jones et al, 2018).

4. Types of interventions and evidence of impact

4.1 What types of interventions are used to reduce barriers and support people with disabilities into employment?

Training programmes often form part of a broader package of support aimed at reducing barriers and supporting people with disabilities to enter, re-enter and maintain employment. Other ways of improving labour market outcomes for people with disabilities include: occupational rehabilitation; community-based rehabilitation; treatment/therapy; assistive devices and accommodations; regulations, legislation and policy; financial assistance; and awareness raising campaigns. In order to understand the impacts of employment interventions for people with disabilities, Tripney et al (2015) produced a logic model to understand the barriers to participation, how to support participation, and how these can affect the outcomes for people with disabilities (see figure below).⁹

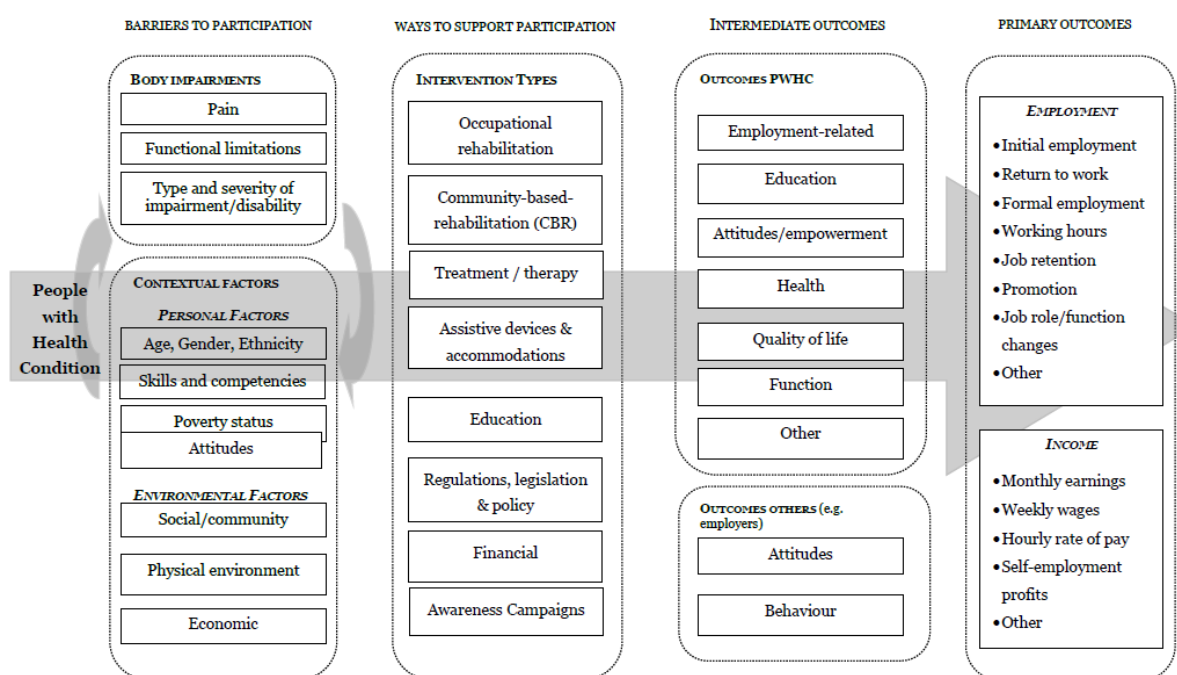
⁹ Please note that this model does not explicitly refer to the role of the private sector or include interventions working with businesses to improve workplace environments, including shifting employer attitudes. There is limited work on this in the development sector, however global businesses are beginning to recognise the value of disability inclusion and disability inclusion was one of the main messages at the 2019 World Economic Forum in Davos.

As well as using a diverse range of strategies to reduce barriers, intervention approaches also vary in the following ways:

- **Strategies used** from complex, multicomponent programming to single strategies (the latter being rarely used).
- **Implementation settings** from being based in the community to the workplace, including healthcare facilities, community-based rehabilitation (CBR), and technical and vocational training colleges.
- **Frequency, duration and intensity of delivery** from short six week interventions to over a year. In most cases, the studies do not specify duration and intensity of the intervention.
- **Stage of delivery in the employment process** from pre-employment, transition to employment and supporting people once in employment. Some interventions support people with disabilities at all stages, whereas others are targeted at particular stages.
- **Target groups** vary by age (e.g. focusing on adolescents and young people), gender, type of impairment, or particular occupational groups (e.g. former veterans). Most studies focus on interventions targeted at people with disabilities rather than broader mainstream disability-inclusive interventions.

How do intervention types affect labour market outcomes for people with disabilities?

Logic Model suggested by Tripney et al (2015)



This variety in intervention approaches makes it difficult to assess “what interventions are likely to work, for whom, and when” (Tripney et al, 2015: 9), particularly due to the lack of high-quality impact evaluations. Nevertheless, the evidence base as a whole indicates positive results, and there are a number of promising approaches with lessons learned (see following sections).

4.2 What is the evidence on the impact of training programmes on employment and/or livelihoods outcomes for people with disabilities in LMICs?

Overall, the evidence reveals positive impacts on a range of employment and livelihood outcomes, but these impacts remain relatively small and inconclusive (if conclusions are based on rigorous impact evaluation). The following section provides a summary of the findings on the impact on key outcomes, with examples from evaluations of training programmes:

- **A small but significant impact on securing paid work:** In India, a study of two community-based rehabilitation (CBR) programmes found that people with disabilities in CBR areas performed slightly better in having paid employment in the four-year period, with a small but statistically significant increase in the proportion of participants in paid work from 32% to 36%, while the proportion in the control group in paid work overall declined from 27% to 24% (Biggeri et al, 2012). In Egypt, a programme focusing on building skills¹⁰ for young adults aged 18-30 with mental disabilities found that 50% of participants were successfully employed and maintained their job, 20% were able to work sporadically (UNICEF MENARO, 2015). In Lebanon, the Economic and Social Inclusion (ESI) programme¹¹ found employment for 25% of its participants (young people with disabilities, aged 18-24) in the formal sector, of whom 50% were young women (UNICEF MENARO, 2015). In Bangladesh, a study evaluating a vocational training programme by Madhab Memorial Vocational Training Institute found that 60% of participants¹² secured employment after training (35% in self-employment and 25% in the formal labour market). The most effective vocational training was garment-operator training, with all participants finding full-time employment, while computer training was the least effective in securing employment. Although successful, the evaluation concluded that there is room for improvement in reducing barriers for the 40% of participants who failed to find employment after the training programme, and in particular there is a need for vocational training to address discrimination and work alongside other schemes such as micro-credit (Nuri et al, 2012).
- **Small, mixed findings on income:** Few studies of training programmes specifically look at impact on income, including earnings and self-employment profits. Non-training interventions have recorded small, but significant, outcomes for income. For example, an evaluation of the provision of manual wheelchairs¹³ in India, Vietnam and Chile found that the proportion of participants who were employed who reported adequate income had increased from 42% to 52%, but most of this change was driven by large changes in India and 91.7% remained unemployed, suggesting the need for programming to be multi-component rather than having one activity (Shore and Juillerat, 2012).
- **Improved professional and personal social skills** for training programmes which aim to help develop work-based social skills for people with disabilities. For example, an evaluation¹⁴ of the 'Program for the Development of Social Skills for the Work Environment' in Brazil observed positive improvements in professional social skills, including: facing a job interview; offering to help a colleague; and dealing with a superior's fair criticism. Participants' social skills also improved, including: confronting risk; expressing positive feelings; making conversations; and self-exposure to new situations. The improvements were maintained for at least a period of two to four months (Pereira-Guizzo et al, 2012).

¹⁰ A mixed-methods evaluation with 500 participants of the UNICEF-funded 'Right for an Equal Life' aimed to provide skills in communication, soft (social skills), and work environment skills and job-related knowledge.

¹¹ A qualitative evaluation of a programme providing training and support services to people with disabilities and their families, as well as targeting the state and private companies.

¹² The evaluation used pre-test/post-test, mainly qualitative methods, but quantitative data were also collected with 261 participants with physical and sensory disabilities.

¹³ Over 600,000 wheelchairs were provided free of charge by an international NGO, the Free Wheelchair Mission.

¹⁴ The evaluation used a quasi-experiment approach with 16 participants aged 18-36 years with physical disabilities - both groups received the intervention, with receipt of the intervention and data collection staggered. The intervention combined psychosocial therapy, arts-based activities, group discussion, and homework assignments.

- **Improved motivation to find work:** In Bangladesh, an evaluation of a vocational training programme for people with physical and sensory disabilities found that all the participants reported that they were motivated to find work after completing their courses, although it is likely there is a positivity bias here (Nuri, et al, 2012).
- **Better well-being and quality of life outcomes:** In Bangladesh, of those who secured employment after vocational training, 74% reported that they were able to provide a better livelihood for their families, 92% reported increased social acceptance, and 83% reported improvement in overall quality of life (Nuri, et al, 2012). In Lebanon, a qualitative evaluation of a programme providing training and support services to young people with disabilities observed improvements in quality of life, including self-esteem, more social opportunities and learning new skills (UNICEF MENARO, 2015).

5. Case studies

This section provides a selection of case studies from interventions to reduce barriers and support people with disabilities into employment, with a brief description, summary of outcomes, and lessons learned. Further details of these and other case studies can be found in Annex 1.

Vocational training programme by Madhab Memorial Vocational Training Institute (MMVTI), Bangladesh

Description: MMVTI provides specifically designed vocational training and job placements for people with physical and sensory disabilities. A multidisciplinary team of doctors, therapists, social workers, counsellors and other professionals help participants to choose vocational training courses,¹⁵ taking into consideration the trainee's physical abilities and financial situation, education, and preferences.

Outcomes: A study of the programme (pre-test/post-test, mainly using qualitative methods) found improved employment outcomes, with 60% of participants securing employment after training. Interestingly, the training programme was **more successful in preparing women for employment than men** (71% employment of women versus 53% employment of men); the study did not explore factors behind this gender difference. Participants who secured employment reported **better well-being and quality of life outcomes:** 74% reported that they were able to provide a better livelihood for their families, 92% reported increased social acceptance, and 83% reported improvement in overall quality of life. In addition, participants had **better awareness of disability rights and support:** 69% reported that the training helped increase their awareness about disability rights and about disability allowances, identity cards, seat reservations on buses / trains and disability stipends for students.

Lessons learned: Although the study found that vocational training can improve employment outcomes, it also highlighted that **training** should match participants' skills, abilities and financial resources. For example, a participant who did sewing-machine training but could not afford a sewing machine, or a participant who took part in a computer training but could not find a job because employers thought his educational background was too low. The study identifies the **need for vocational training to work alongside other schemes** (e.g. micro-credit), as well as **integrating activities to address discrimination.**

For further information, see: Nuri et al (2012)

¹⁵ This study focuses on the five courses that were favoured by participants (computing, electronics, garment operation, shop management, sewing-machine operation) but other courses were also available.

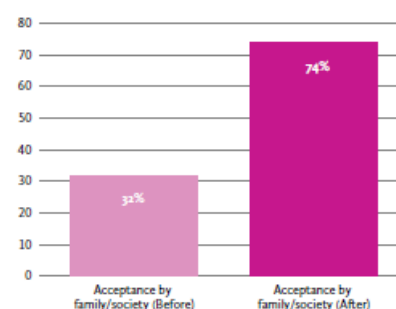
Gaibandha Food Security Project (Bangladesh)

Description: In this case study, disability was mainstreamed into a larger programme with implementing organisations supported and trained to include women with disabilities. It is one of the few examples found of disability-inclusive, rather than a disability-focused, programmes. The Gaibanda Food Security Project (2009-2013) aimed to improve the food security of 40,000 ultra-poor female-headed households, by organising the women into women's groups¹⁶ and providing them with training and assets to perform their own income-generating activities (ranging from chicken, goat and beef rearing, to tailoring, shop-keeping and fishing). A disability and leprosy team provided health education to the women groups. In addition, rehabilitation services¹⁷ were provided to beneficiaries and any family members with a disability, and training on health, hygiene, disaster preparedness, and how to access government safety nets.

Outcomes: A mixed-methods¹⁸ study of the programme revealed several positive outcomes:

- **Improved livelihood outcomes:** As a result of successful targeting, 22% of the individuals enrolled had a disability or a family member with a disability. By the end of the fifth year of the programme, 100% of the enrolled persons with disabilities were still working on their income generating project – with the dropout rate being half the dropout rate of households without a disabled person or family member.
- **People with disabilities reported increased acceptance in family and society, as well as increased confidence.** A survey of project beneficiaries with disabilities found that the percentage who felt accepted by family/society increased from 32% (before) to 74% (after) – see graph. The programme also exposed women with disabilities in particular to leadership positions.
- **Improved access to government safety nets** from 28% (at start) to 59% (end) of participants having access to the safety net allowances. However, this is considerably lower than the set target of 90% due to the limited government-led allocation of safety net benefits during the project period.

Table 3. Social acceptance of persons with disabilities, before and after the project



(Survey conducted in 2013, sample size 150).

Lessons learned: An internal evaluation highlighted the **importance of training staff** in disability-inclusive programmes as well as **broader sensitisation on disability and leprosy with other project beneficiaries**, in order to remove social barriers to participation. It is also important that people with disabilities have **access to disability specific services**, such as assistive devices, personal assistance, sign language, Braille, and accessible transport. The evaluation also noted that M&E frameworks should include disability inclusive indicators and all data should be disaggregated by disability and gender.

For further information, see: Bruijn and Baart (2014)

Self-help groups (Nepal)

Description: A qualitative research study involving interviews with 58 women with disabilities participating in self-help groups (SHGs) in Kathmandu Valley, Nepal. The SHGs provided vocational training (e.g. tailoring, handicrafts, waitressing, computer and secretarial work), job placements and

¹⁶ The women were organised into 1,600 women groups, which formed a larger federation.

¹⁷ Including: Primary Rehabilitation Therapy (counselling, physiotherapy, occupational therapy), provision of assistive devices (e.g. protective foot wear, wheelchairs, crutches, glasses) and reconstructive surgeries and eye operations

¹⁸ Qualitative research (focus groups, interviews), monitoring data, and external evaluation with qualitative methods with 45 case studies

financial credit. In addition the groups also provide direct employment such as working within the groups to provide training or acting as group leaders.

Outcomes: The study revealed that the SHGs have a ‘mixed record’ of empowering women with disabilities. Of the 58 respondents, 44 had their own income (36 as employees and 8 were self-employed). 23 of the employees had found work through the job placement scheme. Although many had received vocational training before getting paid work, most women had gone for advanced training elsewhere, using their personal savings. An additional positive outcome of earning a living was being recognised by parents-in-law - extremely important in Nepalese society.

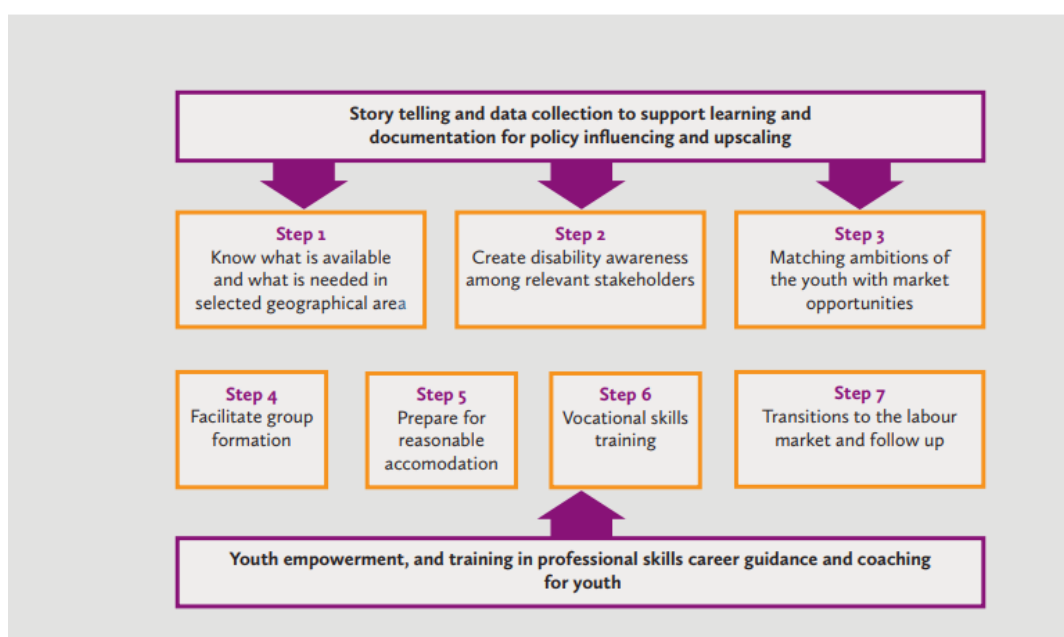
Lessons learned: Self-help groups provide members with a space for women to challenge the restrictions placed upon them, actively combatting social stigma, however the study reveals that the groups need to do more to involve the poorest or most marginalised. Barriers included scope of opportunities for employment, social barriers and stigma, physical accessibility of workplaces, and lack of transport.

For further information, see: Dhungana and Kusabe (2010)

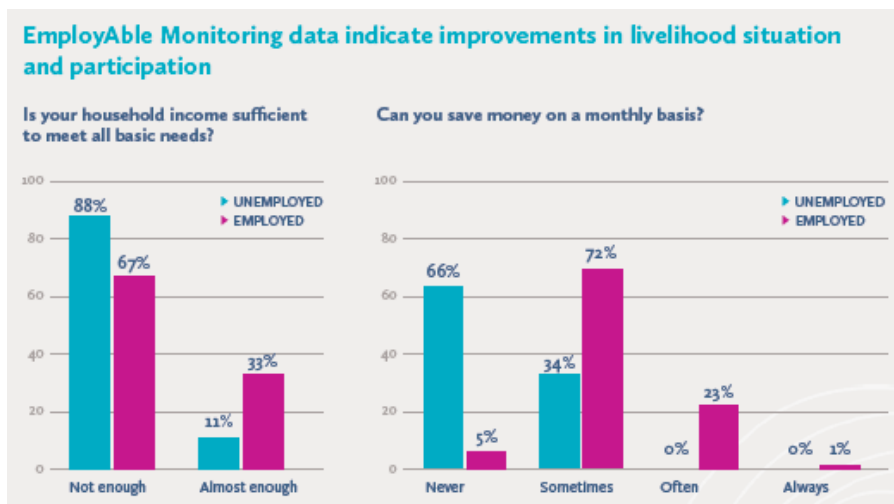
EmployAble programme (Kenya, Rwanda and Ethiopia)

Description: Light for the World worked with TVETs to support them in including young people (aged 16-30) with disabilities in their training programmes. This resulted in the development of a model on how to work together with vocational training institutes to enrol, train and transition youth with disabilities into the job market.

The Seven Steps Model for Sustainable Employment (Baart and Maarse, 2017: 76)



Outcomes: A recent report based on EmployAble monitoring data found improvements in **livelihood situations** (see chart below). In addition, there has been an **improved participation in community activities** from 53% (pre-training) to 90% (one year after training), as well as **improved confidence in their future**: from 52% (pre training) to 86% (one year after training).



Lessons learned: Key lessons from the EmployAble programme include the importance of: **preparing TVET institutes** before enrolling young people with disabilities; **supporting young people as they transition to employment**, including a brief period of monitoring with additional coaching and support after starting work; the **value of multi-stakeholder teams** involving training institutes, private sector actors, disability structures and policy makers; and importance of **drawing on disability-specific expertise** (e.g. in Kenya, resource people from the Union of the Blind provided training and specialist support on how to include students with visual impairments in vocational training, with a focus on the use of screen reader software like JAWS).

For further information, see: Baart and Maarse (2017)

Economic Empowerment of Youth with Disabilities (Rural Uganda)

Description: Since 2012, Sightsavers has been running a vocational skills training programme for young men and women with disabilities in four rural districts of Hoima, Buliisa, Kiryandongo and Masindi. The project provides start-up kits and actively links young people to local businesses and entrepreneurs for financial services, apprenticeships and job opportunities.

Outcomes: A participatory peer-research study¹⁹ identified several **positive livelihood outcomes**, including being able to earn their own money, support their families, and gain financial independence. However, there were also cases of participants' expectations not being met and being no better off in terms of income than before training (and in two cases being worse off). Participants also described other **positive outcomes on quality of life**, such as feeling empowered, showing leadership, developing communication skills, better relationships with family members, and greater acceptance in the community.

Lessons learned: Peer researchers recommended further training on the use of machinery, repair and maintenance, as well as financial literacy, lobbying and advocacy skills. There were also challenges with tools, such as delayed delivery of tools, people not having their own tools, and tools being different from training. The report recommended that participants should be linked with government programmes.

For further information, see: Greenwood et al (2018)

¹⁹ Involving 24 young peer researchers with disabilities who were trained to collect qualitative data from project beneficiaries

Access to Livelihoods Programme (India, Sri Lanka, Bangladesh, Pakistan, the Philippines, South Africa)

Description: Leonard Cheshire began piloting the Access to Livelihoods programme in India, Sri Lanka, Bangladesh and Pakistan in 2008, subsequently expanding to South Africa and the Philippines. The model is based around the innovative 'Livelihoods Resource Centres', which act as a one-stop-shop to provide training, career guidance and link employees with employers. LRCs are also active in advocacy and campaigning. There are 10 Livelihoods Resource Centres in major cities, with further satellite centres in another 26 locations.

Outcomes: Since the programme started, Access to Livelihoods has supported 28,029 people with disabilities - 66% of participants have entered either waged or self-employment as a result of the programme. The programme also has a 'Talent Pathway' for higher skilled participants, which has trained 1,756 people - 69% of whom entered employment in a range of roles such as software engineers, teachers and project managers. An independent evaluation in 2017 observed an increase in income as a result of the programme of 88% for those who secured waged employment and 24% for those who started or grew their own business. Participants also reported improved quality of life, with 78% of participants in India saying their perceptions about life improved as a result of taking part in the programme.

Lessons learned: This innovative model has proven to be **scalable and adaptable** – being replicated across multiple countries. However, key to replicating the programme's success is building in a period of adaptation to local context, for example an extremely high national unemployment rate in South Africa increased the barriers people with disabilities face. Another lesson is the need for **targeted approaches** as different disabilities require different approaches. The success of the programme's online portal 'Jobability' and the Virtual Livelihoods Resource Centre (VLRC) also highlight the **importance of technology** in matching job seekers with accessible employment opportunities and resources.

It is notable that in India, Sri Lanka, Bangladesh and Pakistan twice as many men participated in the programme compared to women, but once they joined the programme, men and women have similar rates of achieving employment. This finding suggests the need for **further targeting of women** for inclusion in the programme. Finally, the programme places **emphasis on partnerships with local employers, training institutions and financial organisations** and a careful matching process which has helped reduce the drop-out rate.

For further information, see: Leonard Cheshire (2018)

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Helpdesk services are provided by a consortium of leading organisations and individual experts on VAWG, including Social Development Direct, Sightsavers, Leonard Cheshire Disability, ADD International, Light for the World, BRAC, BBC Media Action, Sense and the Institute of Development Studies (IDS). Expert advice may be sought from this Group, as well as from the wider academic and practitioner community, and those able to provide input within the short time-frame are acknowledged. Any views or opinions expressed do not necessarily reflect those of DFID, the Disability Inclusion Helpdesk or any of the contributing organisations/experts.

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