WHAT IS THE DISABILITY-INCLUSIVE HEALTH SERVICES TOOLKIT AND TRAINING PACKAGE?

The WHO Disability-Inclusive Health Services Toolkit and Training Package (DIHS resources) provide guidance on how health facilities can address the physical, attitudinal, informational and other barriers to health care faced by people with disability. The DIHS resources encompass seven modules that address a range of different barriers, as well as other topics related to disability inclusion. An overview of the modules is provided at the end of this information sheet.

The Toolkit and Training Package are complementary resources designed to be used together:

- The **DIHS Toolkit** includes key facts and figures about disability, practical guidance and good practice examples for addressing different barriers to inclusion, as well as checklists with which to assess the disability-inclusiveness of a health facility.

- The **DIHS Training Package** comprises a workbook and slide decks, including a voice-over and subtitles that can be translated for use in different countries.

WHY WERE THE DIHS RESOURCES DEVELOPED?

People with disability at all stages of their lives need to use health services for the same reasons as people without disability. According to the WHO *Global report on health equity for persons with disabilities*, however, many people with disability have poorer health and die earlier than the general population. This situation is due to discrimination, stigma, exclusion and barriers faced when accessing health care. The DIHS resources were developed to help make health facilities more inclusive for people with disability, by helping these facilities to identify and address the various barriers that people with disability can encounter.

WHO CAN USE THE DIHS RESOURCES?

The DIHS resources have been developed primarily for managers and staff of health care facilities and services, health policy-makers, plus nongovernmental organizations providing health information and services to people with disability. Certain modules, tools or pieces of content may be more relevant to some audiences than others, and a process of selecting or adapting the content may be required based on the context of their use.

HOW CAN THE DIHS RESOURCES BE USED?

The DIHS resources are designed to enable different approaches to application according to context and resource availability. The resources may be used in the context of individual, self-directed learning, targeted capacity-building for a specific group, or more widespread, systematic capacity-building for a range of relevant personnel.

**Independent, self-directed training**

The Toolkit and Training Package are structured to enable any person to work through each module progressively on their own and in their own time. No additional learning materials or equipment are required. A ministry, institution or organization may promote this approach by making the DIHS resources readily accessible through its websites, advertising them through social media channels and, when relevant, allowing individuals time to complete the training. While independent, self-directed training is the least resource-intensive approach, it makes it harder to monitor uptake of the training and measure its impact on people’s knowledge, skills and practices.
Targeted capacity-building for a specific group

When the DIHS resources are used to build the capacity of a specific group, such as doctors and/or nurses at a specific facility, or community health workers in a particular province, they may be integrated into either pre-service or in-service education, or both.

1. Integration into pre-service education

Integration of the DIHS resources into pre-service education (such as building it into the curriculum of a particular certificate or degree) is an opportunity to set the foundational knowledge and competencies through which personnel can apply disability inclusion in their future work. DIHS modules may be covered together as a block of learning on disability inclusion, and/or adapted into relevant subjects or courses of the curriculum, such as those concerning communication and person-centred care.

2. Integration into in-service education

Integrating the DIHS resources into in-service education (such as in continuous professional development (CPD) enables personnel to upskill and integrate the learning into their existing work. Like integration into pre-service education, DIHS modules may be delivered together: for example, in a disability-inclusion workshop or online course, or may be integrated into other relevant training opportunities. Because in-service education tends to be more self-directed than pre-service education, promotion of the learning and/or incentives to participate (such as providing CPD credits) may be beneficial to ensure good uptake.

The ideal would be to integrate the DIHS resources into both pre- and in-service education, as this would expand coverage of the learning to emerging and existing personnel. When well planned, integrating the DIHS resources into pre- or in-service education enables one to track who has received the training (coverage) and to measure learning outcomes through baseline and post-training evaluation.

Systematic capacity-building for a range of relevant personnel

Systematic capacity-building for a range of relevant personnel aims to maximize coverage of the training, such as at a national or subnational level. While this approach involves integrating the DIHS resources in pre and in-service education as described above, this is scaled to apply to a range of occupations, institutions or geographical areas. As such, it requires preparatory planning steps, including:

- identifying and prioritizing different groups of personnel who should receive training;
- mapping pre-and in-service learning opportunities;
- establishing timelines for rollout; and
- ensuring a unified approach to monitoring and evaluation of coverage and outcomes.

This approach is the most resource-intensive and requires the most robust planning. However, it can also ensure the widest coverage of training and subsequently has the potential to have the greatest impact on improving the inclusiveness of health facilities for people with disability. When this approach is applied, it is recommended to begin with a demonstration project and expand progressively, ensuring that lessons learnt can be captured and used to optimize training and outcomes.
INVOLVING PERSONS WITH DISABILITIES IN THE TRAINING

Several organizations of persons with disabilities were engaged in the development of the DIHS resources, and there are several ways in which they can (and should) be involved in the implementation of the resources. For example:

- **Training** – Persons with disabilities may be invited to share their experiences and insights relevant to any of the DIHS modules during the course of training.
- **Assessment or audit of health facilities** – Persons with disabilities should be involved in the assessment or audit of health facilities to ensure that they are inclusive of those with a range of different impairments, such as visual, hearing, mobility or cognitive impairment.
- **Establishing monitoring and evaluation mechanisms** – Persons with disabilities can be involved in establishing indicators and assessment tools for monitoring and evaluating the inclusiveness of health facilities and the coverage and outcomes of training.

Local organizations for persons with disabilities may be helpful in identifying individuals to engage in any of the above processes. It is important to consider that persons with disabilities can experience different impairments, have different health needs, and experience different barriers to health, and engagement of persons with disabilities should be representative of a range of lived experiences.

WHERE CAN THE DIHS RESOURCES BE FOUND?

The DIHS Toolkit and Training Package can be accessed via the Western Pacific Regional Office Disability webpage, or directly via the hyperlinks below.

![Access the Toolkit](image1)

![Access the Training Package](image2)

MODULE OVERVIEW

- **Module 1:** Disability-inclusive health services – getting started
- **Module 2:** Promoting disability-inclusive attitudes
- **Module 3:** Addressing physical barriers
- **Module 4:** Communication barriers – providing disability-inclusive health information
- **Module 5:** Disability-inclusive health information systems for planning, monitoring and evaluation
- **Module 6:** Rehabilitation and disability-inclusive health services
- **Module 7:** Disability-inclusive health services in emergencies

OTHER RELEVANT RESOURCES

- [Global report on health equity for persons with disabilities](who.int)