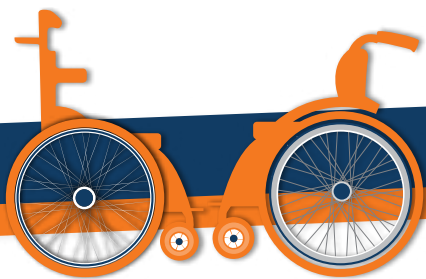# WHEELCHAIR
SERVICE TRAINING OF TRAINERS PACKAGE
Managers and Stakeholders

ToT Handbook

WHEELCHAIR
SERVICE TRAINING OF TRAINERS PACKAGE
Managers and Stakeholders

ToT Handbook

Terminology

The following terms used throughout the WSTPtot are defined below.

ToT trainer	Person delivering the WSTPtot
Trainees	All participants attending the WSTPtot
Lead trainees	Trainees leading the delivery of an assigned WSTPb/i/m/s session
Support trainees	Trainees assigned to support the lead trainee in specific WSTPb/i/m/s sessions
ToT participants	Trainees who are in the role of the WSTPb/i/m/s participants during practice delivery sessions
Participants	People who are attending the WSTPb/i/m/s
ToT Handbook	Combined reference manual and workbook for ToT trainees

Acronyms

The following acronyms used throughout the WSTPtot are defined below.

ASIS	Anterior superior iliac spine
AV equipment	Audio-visual equipment
CBR	Community-Based Rehabilitation
CRPD	United Nations Convention on the Rights of Persons with Disabilities
DPO	Disabled People's Organization
INGO	International Non-governmental Organization
ISO standards	International Organization for Standardization standards
ISPO	International Society of Prosthetics and Orthotics
ISWP	International Society of Wheelchair Professionals
ITs	Ischial tuberosities (seat bones)
NGO	Non-governmental Organization
OPD	Organization of Persons/People with Disabilities
PPT/s	PowerPoint Presentation/s or slides
PSD	Postural Support Device
PSIS	Posterior superior iliac spine
PWDs	Persons with disabilities
SDGs	Sustainable Development Goals
ToT	Training of Trainers
USAID	United States Agency for International Development
WHO	World Health Organization
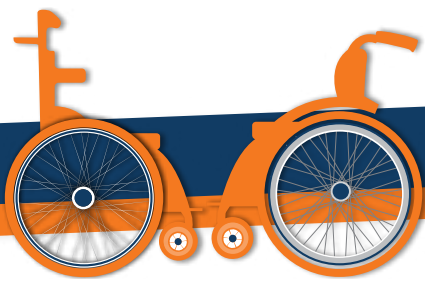
WSTP	Wheelchair Service Training Package
WSTPb	Wheelchair Service Training Package – Basic Level
WSTPi	Wheelchair Service Training Package – Intermediate Level
WSTPm	Wheelchair Service Training Package for Managers
WSTPs	Wheelchair Service Training Package for Stakeholders
WSTPtot	Wheelchair Service Training of Trainers Package

CONTENTS

About the Wheelchair Service Training of Trainers Package

Introduction

Following the release of its *Guidelines on the provision of manual wheelchairs in less-resourced settings*[1] in 2008, the World Health Organization (WHO) in partnership with the United States Agency for International Development (USAID) developed a series of four training packages to increase wheelchair access in developing countries. The *Wheelchair Service Training of Trainers Package* (WSTPtot) is the latest in this series and focuses on developing trainers to deliver the existing packages.

The need for wheelchair personnel, and therefore trainers of wheelchair personnel, is universal. With the launch of the WSTPtot, WHO expects the numbers of trained wheelchair personnel to increase substantially, enabling many more people to access an appropriate wheelchair and fulfil their potential.

The WSTPtot comprises a *Core training skills* module and one package-specific module from the existing four packages: the *Wheelchair Service Training Package – Basic Level* (WSTPb) 2012; the *Wheelchair Service Training Package – Intermediate Level* (WSTPi) 2013; the *Wheelchair Service Training Package for Managers* (WSTPm) 2015; and the *Wheelchair Service Training Package for Stakeholders* (WSTPs) published in 2015. The WSTPm and WSTPs have been combined into one package-specific module within the WSTPtot.

The WSTPtot can be delivered in 40 hours, but this period may be extended or reduced depending on the specific needs and resources available in each context. On completion of the WSTPtot, you will go forward to deliver the training packages alongside experienced trainers, allowing you to gain the skills and experience to then train independently.

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1   Guidelines on the provision of manual wheelchairs in less-resourced settings. Geneva: World Health Organization; 2008 (http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/).

How to use the *ToT Handbook*

This *ToT Handbook* provides a step-by-step guide to the WSTPtot including information on how to deliver the package-specific modules. It has been developed for you to use during the WSTPtot programme itself and to keep as a reference when planning and delivering the WSTP in the future.

Target audience

The WSTPtot is made up of four modules:

- *Core training skills* – two days
- *Basic Level* (WSTPb) – three days
- *Intermediate Level* (WSTPi) – three days
- *Managers and Stakeholders* (WSTPm/s) – three days.
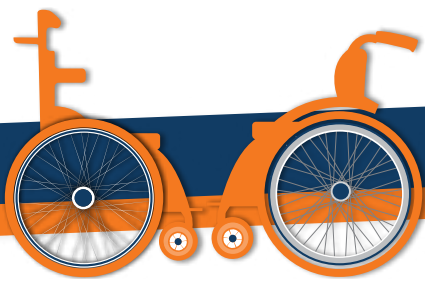
You should complete the *Core training skills* module followed by one of the package-specific modules, which will be chosen based on your training goals:

- **The *WSTPtot Basic Level*** module is targeted at trainers who plan to deliver the WSTPb. Previous experience providing basic-level wheelchairs is essential; the WSTPtot has been designed assuming that trainees are able to demonstrate the competencies taught in the WSTPb.

- **The *WSTPtot Intermediate Level*** module is targeted at trainers who plan to deliver the WSTPi. Previous experience providing intermediate-level wheelchairs is essential; the WSTPtot has been designed assuming that trainees are able to demonstrate the competencies taught in the WSTPi.

- **The *WSTPtot Managers and Stakeholders*** module is targeted at trainers who plan to deliver the WSTPm and WSTPs. Previous experience implementing, managing or evaluating wheelchair services; or working to raise awareness among stakeholders of the need, benefit or development of wheelchair services is essential for trainees to gain the most from the *Managers and Stakeholders* module.

You should have access to co-training opportunities within three months of completing the WSTPtot in order to consolidate and practise newly acquired skills.

Assignment of practice deliveries

After completing the *Core Training Skills* module, you will go on to the second part of the WSTPtot where you will practise the skills you have learnt by delivering sessions from your WSTP.

You will be allocated sessions on the first day of the *Core training skills* module, during ToT.3 *Practice delivery sessions*. You will also be assigned a ToT trainer as a mentor at this time. Time is included within the training programme to prepare for your session and consult with your ToT trainer mentor. The practice delivery session is followed by feedback and discussion, and the whole process allows the ToT trainer to observe and assess your skills.

To enable you to prepare well for the WSTPtot, you will be sent the package-specific materials in advance. You should arrive prepared to deliver any session.

Note:
Some practice delivery sessions have been adapted for the WSTPtot, by either shortening the time allocated or not delivering parts of the session. These changes are for the purposes of the WSTPtot only and should not be followed when delivering the WSTP.

Guidelines for preparing practice delivery sessions

Lead trainee
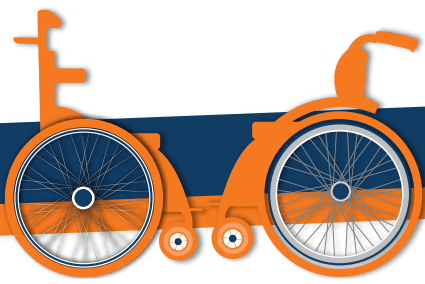
- Read the session plan assigned to you in your WSTP *Trainer's Manual* and make sure you understand all the material. Try out the activities yourself to make sure you know what your participants will be expected to do. Only prepare for the specific sections/sessions allocated to you.
- Read the relevant sections of the WSTPb/i/m *Reference Manual for Participants* and *Participant's Workbook* (not available for the WSTPs).
- Read the relevant section of the *ToT Handbook* for your session/s including the *Key considerations for teaching this session*.
- There are some known errors in the WSTP materials that are listed in this handbook; check your session to see if it has errors and make the recommended changes.
- Edit the PPT slides as appropriate.
- Incorporate your own knowledge and experience, including case studies if appropriate.
- Practise your delivery, including timing.
- Meet with your support trainers and plan how to work as a team:
    - assign roles, such as timekeeping or writing on the board
    - for group activities involving practical skills, practise together and discuss which errors to look out for and how to correct them.

Support trainee/s

- Read the session plan in your *Trainer's Manual.*
- Support the lead trainee as requested.

Before the session starts

- Upload your PPT slides onto the training laptop before the start of the training day.
- Set up the room and training materials as needed.
- Check that the audio-visual equipment is set up and working correctly.

Co-training

After completing the WSTPtot, you should continue to develop your skills by co-training alongside experienced trainers. The recommended ratio for co-training is one mentor trainer to two-to-four co-trainers.

In some cases, ToT trainers may recommend that trainees develop stronger clinical or technical knowledge or skills before co-training. This information will be recorded in the *Feedback sheet for WSTPtot practice delivery sessions* and shared with the trainee.

Mentoring and peer support

You are encouraged to keep in contact with your ToT trainer/s after the WSTPtot to update them on progress and to consult them for advice. You can also get valuable ongoing support from your peers, which will help to develop your skills and confidence. You may benefit from joining or creating a group on a social media platform, to ask questions and share learning experiences.

Core training skills module
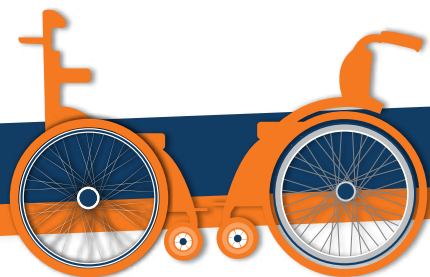
ToT.1 Introduction to the Wheelchair Service Training of Trainers Package (WSTPtot)

Structure of the WSTPtot

The ToT programme consists of a two-day *Core training skills* module followed by a three-day module chosen from the basic (WSTPb), intermediate (WSTPi) or managers (WSTPm) and stakeholders (WSTPs) series. This package-specific module provides practical opportunities to develop your skills and confidence as a WSTP trainer. It will also highlight some of the common challenges that can come up when delivering the WSTP and will offer solutions.

Overview of the WSTPtot process

After the completion of the ToT programme, you should co-train until you are confident and competent to be an independent trainer. The number of co-trainings will vary from person to person. ToT trainers and trainers who mentor you while co-training will support you to decide whether you should continue co-training or train independently.

Core training skills → **Package-specific** → **Co-trainer** → **Trainer**

If you are not able to co-train with a more experienced trainer after the in-person ToT, WHO encourages you to seek virtual support and coaching from a ToT trainer and to connect with other ToT trainees to support each other through the planning, preparation and delivery of the WSTP.

Feedback and self-assessment

During practice deliveries in the package-specific modules, you will use the *Feedback sheet for WSTPtot practice delivery sessions,* including a list of trainee skills, to reflect on your performance. The ToT trainer will provide written feedback on this form at the end of the ToT programme, which will help you to continue to improve your training skills moving forward. This form can be found in the annexes of this manual.

ToT.2 Wheelchair service training packages

Background

The WSTP have their origins in the *Consensus Conference on Wheelchairs for Developing Countries* held in Bangalore, India, in November 2006.[1]

The consensus conference laid the foundation for the development of the *WHO Guidelines on the provision of manual wheelchairs in less-resourced settings,*[2] which were published by WHO in partnership with the International Society for Prosthetics and Orthotics (ISPO) and the US Agency for International Development (USAID) in 2008.
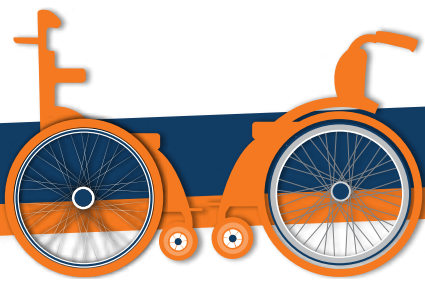
The wheelchair is one of the most commonly used assistive devices for enabling personal mobility, but there were very few training opportunities for service providers to ensure that wheelchair users could attain personal mobility with the greatest possible independence, be productive and enjoy a high quality of life.

The WSTP Basic and Intermediate Level were developed to implement the *Wheelchair Guidelines*, by training wheelchair service personnel in less-resourced settings in comprehensive wheelchair service provision, which enables increasing numbers of adults and children to receive a wheelchair which meets their needs.

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1   Sheldon S, Jacobs NA, editors. Report of a Consensus Conference on Wheelchairs for Developing Countries, Bengaluru, India, 6–11 Nov 2006. Geneva: World Health Organization; 2006 (http://www.who.int/disabilities/technology/WCGconcensusconf/en/).

2   Guidelines on the provision of manual wheelchairs in less-resourced settings. Geneva: World Health Organization; 2008 (http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/).

The four WSTP

The Wheelchair Service Training Package – Basic Level[3] (WSTPb) supports the training of personnel to provide an appropriate manual wheelchair and cushion for adults and children who have mobility impairments but can sit upright without additional postural support.

The Wheelchair Service Training Package – Intermediate Level[4] (WSTPi) supports the training of personnel to provide an appropriate manual wheelchair and cushion for adults and children who need additional postural support to sit upright.

Both WSTPb and WSTPi are designed to be delivered in a minimum of five days. However, the actual time required for each session will vary. Additional time will be needed if you:

• Add material to session plans
• Include additional sessions relevant for the context or skill level of participants
• Increase the number of practical sessions with wheelchair users
• Require translation
• Provide more preparation time for products used during the training
• Reduce the length of the training days to fit local contexts
• Are teaching participants with limited experience or formal qualifications.

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3   Wheelchair Service Training Package – Basic Level. Geneva: World Health Organization; 2012 (http://www.who.int/disabilities/technology/wheelchairpackage/en/).

4   Wheelchair Service Training Package – Intermediate Level. Geneva: World Health Organization; 2013 (http://www.who.int/disabilities/technology/wheelchairpackage/wstpintermediate/en/).

If you would like to add sessions to the training timetable, The International Society for Wheelchair Professionals (ISWP) has a website which contains some additional resources. Please see: http://wheelchairnet.org/resources.

The *Wheelchair Service Training Package for Managers*[5] (WSTPm) is designed to guide managers to effectively support appropriate wheelchair provision. This includes promoting the involvement of managers and stakeholders in establishing appropriate wheelchair provision. It can be delivered in a minimum of two days.

The *Wheelchair Service Training Package for Stakeholders*[6] (WSTPs) is designed to create awareness and develop the skills and knowledge of all stakeholders in establishing appropriate wheelchair provision in their country/region. It can be delivered in a minimum of four hours.

Both packages can be delivered over a longer period allowing time for translation, more detailed discussion and planning, or to combine with other sessions relevant to the local context, such as a stakeholder action-planning meeting.

5   Wheelchair Service Training Package for Managers. Geneva: World Health Organization; 2015 (http://www.who.int/phi/implementation/assistive_technology/wheelchair_train-pack_managers/en/).

6   Wheelchair Service Training Package for Stakeholders. Geneva: World Health Organization; 2015 (http://www.who.int/phi/implementation/assistive_technology/wheelchair_train-pack_managers/en/).
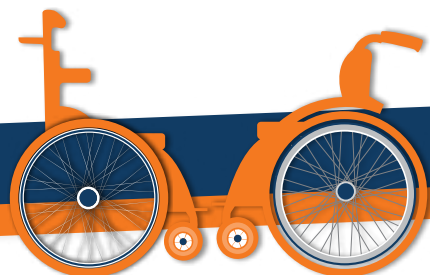
Guiding principles

The WSTP has been developed following a set of guiding principles:

- user-centred and rights-based approach, which sets the wheelchair user at the centre of the wheelchair service.
- following available evidence-based, international best practice.
- a focus on less-resourced settings, with products and training appropriate for the setting.
- inclusion of wheelchair users as trainers and participants in all training packages.
- use of accessible, non-medical language and terminology so that:
  - participants without clinical or technical qualifications can be trained
  - service personnel can use terms that are easily understood by wheelchair users.

WSTP components
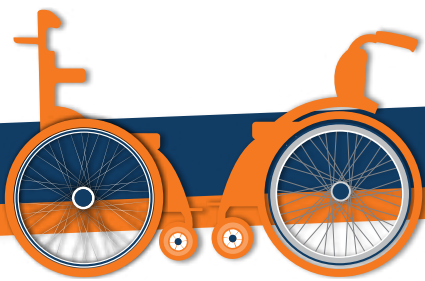
Each package contains a range of resources.

	WSTPb, WSTPi	WSTPm	WSTPs
Trainer's Manual	✓	✓	✓
PowerPoint presentations	✓	✓	✓
Videos	✓	✓	✓
Set of posters	✓	selected posters	selected posters
Supplementary resources: *Wheelchair Guidelines, CRPD*	✓	✓	✓
Reference Manual for participants	✓	combined	
Participant Workbook	✓		
Forms and checklists	✓	–	
Additional Resources: including tools, equipment, and forms	–	✓	

Activity 1: Getting to know the *Trainer's Manual*

Working together in your group, use your *Trainer's Manual* to answer the questions below. Write your answers next to the question.

Question		Answer
1.	Where can you see a list of everything included in the *Trainer's Manual*?	
2.	How are group activities shown in the sessions?	
3.	Where can you find the overall aim or purpose of the training package?	
4.	How does the session plan indicate when the trainer should show a PowerPoint slide?	
5.	Where can you find out what facilities, resources and equipment are needed to run the training sessions?	

How to use the WSTP *Trainer's Manual*

Manual

Each *Trainer's Manual* gives an overview of the relevant package and provides specific guidance notes for trainers. Each section should be reviewed carefully before preparing to deliver the WSTP.

Annexes

Annexes with supporting information can be found in the back of the Trainers' Manuals for WSTPb, WSTPi and WSTPs; they include copies of forms and checklists.

Session plans

Individual session plans work like a recipe to guide trainers through the session. Following the session plans will help you to:

- stay focused on the learning objectives
- keep to time
- focus group activities, discussions and questions on relevant topics.

Video boxes

When a video needs to be shown, a video box is included in the *Trainer's Manual* along with one of the video icons.

- It is important for you to be familiar with the content, relevance and timing of all the videos.

Trainer's notes

Trainer's notes are included throughout the WSTP, including:

- most important answers to questions
- guidance about group activities or
- additional information that can assist trainers to answer questions from participants.

Activity boxes

Activity boxes guide trainers by providing the following information:

- **Groups:** how to split the whole group for the activity.
- **Instructions:** how the activity should be carried out, what to say to participants.
- **Monitor:** how to monitor groups during activities to ensure they are doing the right thing.
- **Time:** gives the duration of the activity and any time for feedback at the end.
- **Feedback:** questions to ask, key points to cover and how to draw out participants' thoughts and feelings.

Key point summary

Each session ends with a *Key point summary* or *Actions for Managers* in the case of the WSTPm.
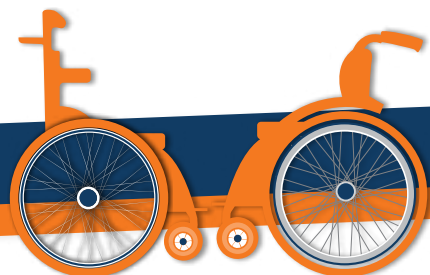
ToT.3 Practice delivery sessions

Introduction

Record how confident you feel to deliver the WSTP package/s you are here to learn, on a scale of one to 10:

1	2	3	4	5	6	7	8	9	10

Not confident   **Very confident**

Structure and aims of the package-specific modules

Package-specific modules include opportunities for you to deliver sessions from the WSTP you have chosen to learn.

The aim is to enable you to:

- practise using the WSTP training materials
- practise delivering sessions to your peers
- clarify your understanding of the WSTP theory, principles, skills and methodology
- learn about the common challenges that can occur when training and find ways to manage them
- develop your trainee skills (see the list in the *Feedback sheet for WSPTtot practice delivery sessions* in the Annexes of your *ToT Handbook).*

Roles of lead and support trainers and ToT participants

- You will have the opportunity to be both a lead trainer and a support trainer.
- When two or more lead trainers are allocated to the same session, one will automatically assume the support trainer role when they are not presenting.
- If there is only one lead trainer for a session, he/she may request help from any of the other ToT participants.
- For some practical sessions, the support trainer may have a specific role identified and assigned.

Activity 1: Lead and support trainers

What are the roles of the lead trainer?	What are the roles of the support trainer?

What are the roles of the lead trainer?	What are the roles of the support trainer?
• delivering the session • preparing demonstration and practical equipment • keeping to time • coordinating support trainees.	• writing answers on the board during participatory sessions • adding any missing or supporting information • helping to keep to time • facilitating group activities • giving feedback about participants to the lead trainer • contributing to the overall feedback/reflection on the session delivery • assisting with demonstration equipment during the session • turning lights on/off and opening/closing blinds as needed when videos are shown.

Teamwork

Trainees will need to work together as a team to deliver their sessions. This includes supporting each other to:

• prepare for the session
• set up the training room
• prepare demonstration equipment
• tidy training areas
• manage session time
• clarify errors during the session delivery
• answer questions from participants
• manage disruptions and interruptions.

Trainers as role models

Trainers should set positive examples of professional behaviour and practice. Model the behaviour you want to see from participants by:

• being on time and well prepared
• problem solving and finding solutions for challenging situations
• providing positive and constructive feedback
• managing yourself well: this includes balancing preparation with getting adequate sleep and good nutrition to help you to manage stress.

Remember, being a good trainer and role model does not mean you always need to know the answers to questions.

If asked questions you do not know the answer to, do not pretend to know the answer. Instead you can:

• Ask support trainers if they know the answer
• Ask participants if they know the answer
• Agree to find out the answer before the training programme finishes (add to Car Park).

Reflection and feedback

Learning to reflect on your own delivery is an important skill for a trainer. It is also important that trainers are able to give constructive, guiding feedback to training participants.

This is why reflection and feedback skills are incorporated into the ToT programme.

At the end of each practice delivery session the lead trainer/s will be asked to reflect on:
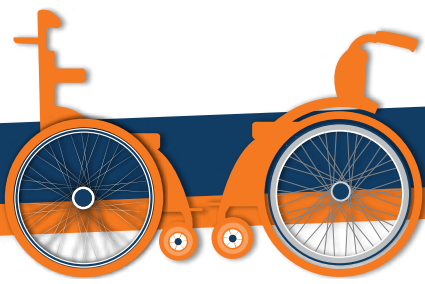
• what was good and what went well
• what can be improved.

The ToT trainer will then facilitate brief feedback from ToT participants, and finally the ToT trainer will add anything not already mentioned by the lead trainer or ToT participants.

Preparing for practice delivery sessions

Your preparation for a practice delivery should include the following:

• Read the session plan in your *Trainer's Manual* and make sure you understand all the material.
• Read the relevant sections of the participant's *Reference Manual* and *Workbook* (available for all but WSTPs).
• Make any relevant changes/additions to the PPT.
• Incorporate your own knowledge and experience and use your own case studies if appropriate.
• Practice your delivery, including timing.
• Work as a team with your support trainer.
• Prepare the resources you need for the session.

If your session includes a demonstration by the ToT trainer, discuss with them how they will manage their part of the session.

Known errors

There are some known errors in the WSTP *Trainer's Manual, Participant Workbooks* and PPTs.

- Known errors are listed in your *ToT Handbook*.
- When preparing for your session, check if your session has errors, and make the necessary changes.
- Do not discuss the errors with ToT participants, but present the session as if you are training on a standard WSTP.

Confidence in presenting

- You may feel nervous during your first session deliveries in front of your peers and ToT trainers. This is normal!
- You will grow in skills and confidence as you deliver more sessions.
- You will be required to present feedback from group activities during the *Core training skills* module – use this as an opportunity to practise presenting to your peers.

PPT presentations

- The standard PPT for each session will be available on the training laptop with the video already embedded.
- If you make any changes to your PPT such as adding slides, you will need to upload it onto the training laptop before your practice delivery.

Time limits for session delivery

- Time will be strictly monitored during practice deliveries.
- If you go over your time, the ToT trainers will stop you and move onto the next trainer, or end the session.

ToT.4 Preparing for diversity

WSTP trainers often encounter diversity and must understand how to manage a diverse training group. People often feel powerful and confident when they are in a majority. They can feel isolated and marginalized when they are in a minority. Groups can be separated or brought together by culture or by diversity.

Culture and diversity

Culture – the things that make us the same:

- a shared or common system of values, attitudes, morals, traditions, beliefs
- a shared understanding of appropriate behaviour.

Diversity – the things that make us different:

- ethnicity, gender, gender identity, age, physical abilities
- religious or spiritual beliefs, political beliefs
- professions.

Remember that we all belong to more than one cultural group and we are all diverse in many ways.

Cultural competence

Cultural competence is an active process through which individuals learn how to effectively and respectfully engage with a culture that is different from their own.

It can relate to individuals, groups or organizations and it can be learned.

Cultural competency typically involves:

- awareness of your own cultural practices
- knowledge of different cultural practices
- a positive attitude towards cultural differences
- understanding how culture impacts on interactions.

Cultural competence for trainers
You must ensure they have the required knowledge, skills and attitudes to understand and appreciate cultural differences; this includes respecting and accommodating other people's cultural beliefs, behaviour and needs.

If differences in culture are not understood and respected by WSTP trainers, these differences can lead to misunderstandings, disappointments, confusion, embarrassment, anger or insult.

Potential cultural considerations

- **Physical contact:** It may be culturally inappropriate for a female trainer or participant to assess a male wheelchair user, or for a male trainer or participant to assess a female wheelchair user.
- **Clothing:** You must ensure that your dress is culturally appropriate.
- **Communication:** In some cultures participants may not answer questions unless they are asked directly.
- **Eye contact:** It may be impolite to look at someone directly when you are speaking to them.
- **Feedback:** Be aware of what is acceptable for participants when giving and receiving constructive criticism/feedback in their society.
- **Gender:** In some cultures it will not be appropriate for men and women to be paired together for activities, or to eat together; this may affect the organization of group work and refreshment breaks.
- **Religious beliefs:** Longer break times, or different start/finish times, may be needed to fit in with local religious practices such as festivals, fasting or prayer.

Activity 2: Cultural competence

Think about and write down examples of when you experienced a culture different from your own.

What was it like?

| **How did you feel?** |
| |
| |
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| |
| **What did you learn from the experience?** |
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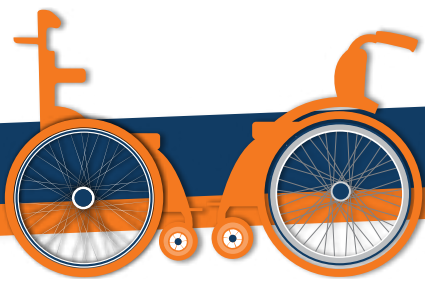
Including wheelchair users and people with disabilities in the WSTP

The WSTP promotes the inclusion of wheelchair users in training teams and as participants. This is important because:

- Wheelchair users are able to draw on their own first-hand experiences and perspectives to communicate the learning objectives of the WSTP.
- Being taught by a wheelchair user will reinforce the central role of wheelchair users in wheelchair services.

The inclusion and participation of wheelchair users can help to shift perspectives of what people with disabilities are capable of, combat stigma, and reinforce the principles of the *CRPD*.

Barriers preventing the full inclusion of people with disabilities, including wheelchair users, into society

To include wheelchair users and other people with disabilities in the WSTP, WSTP trainers must understand what might prevent people with disabilities from being included in society.

Perceptions

People are often not familiar with disability and have incorrect assumptions about people with disabilities.

- Many people think that persons with disabilities do not have, or are not able to achieve the same goals and dreams related to family, work, leisure, social and personal lives.
- They think that because someone has a physical disability they also have a cognitive impairment and treat the person like a child, talking slowly and loudly, or they address the person accompanying the person with a disability.

Attitudes

Negative attitudes towards people with disabilities can include:

- A view that people with disabilities have less value in society because of their impairments.
- Patronizing people with disabilities as objects of charity.
- Avoidance of people with disabilities because they are unfamiliar with them, or because they are afraid to say the wrong thing.
- Low value put on educating children with disabilities by families, community leaders and institutions such as schools. People with disabilities have limited opportunities without an education.

Beliefs

Beliefs are closely related to attitudes and can also create barriers. For instance, believing that someone's impairment will prevent them from accomplishing tasks that they are in fact able to do.

Culture

Cultural beliefs, norms and values may also create barriers. In some cultures, it is believed that people with disabilities are cursed so they are excluded from their families and communities; sometimes they will isolate themselves and hide away.

Stereotypes

These are negative views that do not recognize people with disabilities as individuals with their own interests and skills who can contribute to society.

Legislation and policies
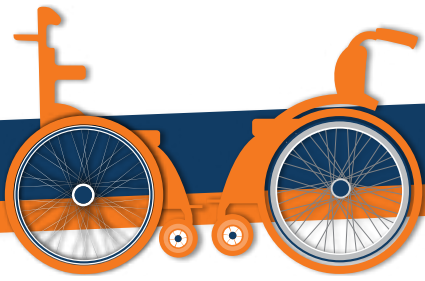
Legislation and policies protecting the rights of people with disabilities often exist but are not enforced. For example, some countries have employment legislation that includes a requirement to employ a quota of people with disabilities, or that stipulates reasonable accommodation be provided to employees. Without enforcement, such laws and policies are ineffective.

Environmental barriers

Physical barriers can limit the participation and integration of people with disabilities. In outdoor life these include gradients, sand, grass and rivers; while mobility and independence indoors can be hampered by stairs, narrow doorways, furniture and carpets.

Lack of assistive devices

This is a major barrier to inclusion and the WSTP is one initiative to help improve the availability of appropriate wheelchairs in line with the *CRPD*.

ToT.5 Adult learning

To be an effective trainer it is important to understand how adults learn best and to know about the different styles of learning.

Activity 1: Principles of adult learning

Think about positive learning experiences you have had and write down in what way the experiences were positive.

Use the space below to record your reflections during the activity.

Positive learning experiences

Activity 2: Determining your preferred learning style

Circle the statements that reflect how you learn
A. By following instructions step-by-step
B. By experiencing new things
C. By making mistakes
D. By reasoning
E. By understanding the theory of what is being taught
F. By applying what I learned
G. By drawing on my own experience
H. By watching a video
I. By evaluating options
J. By relying on my feelings
K. By interacting with people
L. By watching someone demonstrate something
M. By reflecting on something
N. By seeing the big picture
O. By staying on the side and watching
P. By listening to someone describe how to do something
Q. By studying what others have written about the topic
R. By engaging with others
S. By trying out what I am learning
T. By understanding the general principles of something
U. By attending a lecture
V. Through hands-on experience
W. By relying on my observations
X. By being personally involved in something
Y. By exploring how I feel about something
Z. By being active
AA. By observing the trainer
BB. By experimenting

Scoring sheet for preferred learning styles

Now circle the same letters on the list. Whichever column has the most letters circled represents your preferred learning style.

If two or more have the same number it means you do not have a strong preference.

Learning by experiencing	Learning by observing	Learning by thinking	Learning by doing
B	H	D	A
G	L	E	C
J	M	I	F
K	O	N	S
R	P	Q	V
X	W	T	Z
Y	AA	U	BB
Total:	**Total:**	**Total:**	**Total:**

Experiential learning cycle
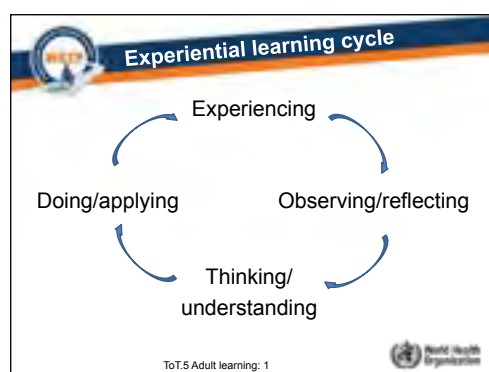
The four preferred styles of learning are:

1. Learning by experiencing
2. Learning by observing/reflecting
3. Learning by thinking/understanding
4. Learning by doing/applying.

The four learning styles match the experiential learning cycle.

While we all have different styles, learning new knowledge and skills is most effective when we go through each of the four stages.

In the WSTP, each of the four stages or types of learning are included so that all participants are involved.

- Role plays and simulations are most appropriate for those who learn best from experiencing.
- Those who learn best by observing and reflecting will benefit most from demonstrations, videos, and watching the trainer and wheelchair users.
- Presentations or reading materials that discuss concepts, provide frameworks, definitions or theories, are helpful to those who learn by thinking and understanding the big picture.
- Practical sessions with wheelchair users (as in WSTPb and WSTPi), that apply what was explained in theory, are most appropriate for those who learn by doing.

Group discussions, case studies, question-and-answer sessions, workbook assignments and feedback sessions are all teaching methods that can appeal to different learning styles; you will need to think about their purpose and how they are used to ensure they are adapted to each situation.

You also have your own preferred style. It is important to be aware of this and to take care not to neglect a particular approach.
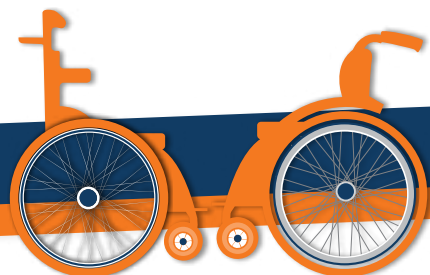
Do not skip a phase!

What would happen if we missed out the experience part? The learning will not have a connection with the person's life; it will not be anchored in the participant's personal experience – it would be abstract.

What would happen if we missed out the observation part? The learner would not be able to explore or see how his or her personal experience connects to the larger abstract concept or framework.

What would happen if we missed out the thinking part? The learner would go from one experience to another without being able to see how they link together. He or she would not be able to benefit from a framework that would help organize the experiences in a meaningful way.

What would happen if we missed out the doing (practice) part? The learner would not find out how to apply the theory or framework in the workplace or in his or her own life.

Activity 3: Matching activities with learning preferences

Put an 'x' under the name of the person who would find the training activity most effective given their learning style. Fill in the last column with your own style as a comparison.

- Carlos learns best by doing
- Miriam learns best by observing
- Sita learns best by experiencing
- Ahmad learns best by understanding the big picture.

	Carlos	Miriam	Sita	Ahmad	Self
1. Using a role play to practise wheelchair user training					
2. Watching the trainer show how to measure a new wheelchair user					
3. Attending a presentation by a government official about laws and regulations regarding wheelchair services in his or her country					
4. Watching people in wheelchairs doing the things they want to do					
5. Learning about the key documents that are relevant to wheelchair services					
6. Discussing with other participants the advantages and disadvantages of follow-up in the user's home					
7. Listening to the trainer reviewing the most important articles in the *CRPD*					
8. Making a pressure-relief cushion					
9. Riding a wheelchair to get a feel for the obstacles a wheelchair user might experience					
10. Observing the trainer conduct an assessment					
11. Doing an assessment interview with a new user					
12. Calculating the cost-savings of adding a wheelchair service to existing rehabilitation services					

Supporting adult learning

While we all have preferred learning styles, there are some common factors that relate to all adult learners.

Adult learners are self-directed and responsible for their own learning. Support them by encouraging active participation.

Adult learners bring their own knowledge and experience to learning. Encourage them to share their experience with others and learn from others.

Adult learners need learning to be relevant and practical, and they want to apply what they learn. Support them by having clear learning objectives with practical applications to their roles.
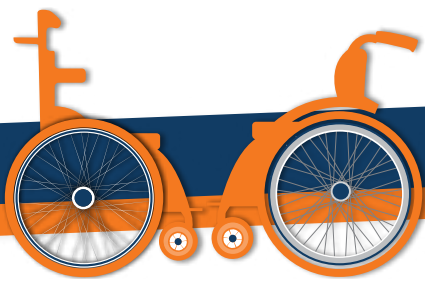
Activity 4: Problem solving

Problem solving is the process of finding the best solution to a challenge.

It is an important part of adult learning and an important skill in wheelchair service provision.

How can we help participants to problem solve and find their own solutions?

Help participants problem solve

- **Ask open ended questions –** Open-ended questions cannot be answered with a simple 'yes' or 'no'. They require participants to think more deeply about something, or explore their own experience and think for themselves, rather than guessing the answer you expect.
- **Ask rather than tell –** Ask participants what they think the solution should or could be, rather than telling them. Help them work it out for themselves.
- **Invite others in the group to come up with a response –** 'does anyone have a different idea?'
- **Encourage case discussion –** talk to participants about individual users who come to the training for assessment, fitting and user training.
- **Don't take 'I don't know' for an answer –** help participants consider what they do know about a subject and support them in considering possible answers.
- **Be patient –** developing problem-solving skills takes time.
- **One step at a time –** assist participants by breaking down the task into individual steps and asking questions/facilitating problem solving step-by-step.
- **Encourage** participants to be creative and to think laterally.
- **Encourage** participants to work together – teamwork and good communication helps to solve problems.

Remember

- When training participants to provide wheelchairs (WSTPb, WSTPi) there may be no simple answers.
- In the clinical context, some prescriptions, modifications or postural support devices may provide a good technical solution, but they may also create functional barriers or limitations.
- Acknowledge that often there is not one perfect solution. Wheelchair service provision requires compromise between what a client needs and the range of products available.

ToT.6 Preparation time

Preparation time has been included in the ToT timetable. This time will be used for:

- Answering car park questions.
- Meeting ToT trainers:
    - asking questions
    - receiving feedback.

- Preparing for your practice delivery sessions:
    - coordinating with co-trainers
    - preparing demonstration materials and AV equipment.

ToT.7 Presenting and facilitating

Activity 1: Trainer behaviour

Think about people who have trained you in the past and identify who you consider to have been an effective trainer. In other words, people who enabled you to learn what you needed to and who gave you positive and worthwhile experiences.

Reflect on your experience in the space below.

What was effective in their behaviour?

Presenting and facilitating
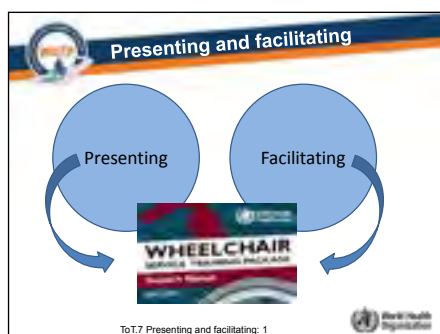
Presenting is a one-way process where participants are given information. Presentations are used to provide information, facts and figures, and correct misinformation. When we present facts, theories or frameworks, we assume people don't know the information or they need to be reminded. Thus we treat all participants in the same way even if some may know the information already.

Facilitating means 'making things easier'. When we facilitate we make it easier for participants to:

- see the connection between theoretical concepts and real life challenges or tasks
- reflect on their own experience
- connect their own experience or views with new information.

Good practice for presenting and facilitating

Presenting:

- Vary the pace and tone of speech.
- Be aware of your position in the room and vary it.
- Ask questions and encourage contributions from the group.
- Follow the instructions in the WSTP *Trainer's Manual* as these have been tested and timed.
- Make sure the slide shown corresponds with what you are saying. Keep the slide synchronized with the *Trainer's Manual.*
- Do not turn your back to the group when reading from a slide.

Facilitating:

- Try the activity out before the session so you understand its purpose.
- Give people time and space to think for themselves. Be comfortable with silence.
- Refer participants' questions to the group before answering yourself.
- Give clear instructions to participants, and make sure you understand them yourself before the session.
- Monitor participants to ensure they are learning the key points for the session.

Energizers[7]

There are times during any training when energy levels start to drop. Hot weather, stuffy rooms, a big lunch or tiredness from a long day of training can cause attention to wander and group energy to falter.

The best way to deal with this is to inject some activity and fun into the training room by creating an opportunity for people to move and interact in a light-hearted way.

This can be achieved either as part of the training or as a one-off activity to liven things up. Here are a few ideas.

As part of the training:

- Ask frequent questions to the whole group, picking a specific person to answer.
- Ask participants to face their neighbour to discuss the answer to a question or topic, or to explore a different opinion to the one just expressed.
- Ask participants to stand up and come to look at something (a wheelchair, a poster, a flipchart or a demonstration).
- If possible, move the session to a different room or outside to create some change and movement.

As separate activities:

- Sing a song together.
- Stand and do some simple stretching exercises.
- Play "Simon says": give instructions ("jump in the air", "touch your toes", "point to the sky", "turn around" and so on). Participants should only follow when the instruction is preceded by "Simon Says".
- Have a three-minute stretch and comfort break.
- Invite a participant, or group of participants, to lead an energizer activity for a few minutes. They are likely to have different and locally-appropriate activities to share with the whole group.

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7   With thanks to Robert Chambers for some of them. Chambers R. Participatory workshops: a sourcebook of 21 sets of ideas and activities. London: Routledge/Earthscan; 2002 (https://www.routledge.com/ Participatory-Workshops-A-Sourcebook-of-21-Sets-of-Ideas-and-Activities/Chambers/p/book/9781853838637).

Remember:

- be aware of, and sensitive to, differences in culture, gender and disability
- don't force participants to do anything they can't or don't want to do
- start slowly and build up to more energetic activities
- join in yourself when you can
- have fun!

Managing time

You need to make sure that the training runs to time. There are many sessions and activities and a limited amount of time to complete them. We will often need to modify our behaviour and activities to make the best use of the time we have available.

Activity 2: Managing time

In pairs, discuss: What can we do to keep the training running on time?

Write your ideas here:

Ideas for keeping the training on schedule

- Keeping to time is everyone's responsibility; encourage participants to take responsibility for their own timekeeping.
- Begin each session on time (at the beginning of the day and after breaks); avoid penalizing those who arrive on time by making them wait for latecomers.
- Prepare equipment and resources in advance; plan how you will use these and where you will position them.
- Follow session plans closely. Do not add material or too many examples to the WSTP unless you have additional time.
- Keep discussions focused on the aim and objectives of the session. Park topics for discussion that are not relevant to the current session or that cannot be answered quickly.
- Give clear time markers for participants, for example: '15 minute tea break, back at 10:45'; 'You have 10 minutes for discussion in your groups and 5 minutes for feedback'.
- Agree on signals with co-trainers to indicate how much time is remaining for a session.
- Have a back-up plan for sessions that require specific logistics, for example, what if rain interrupts the wheelchair mobility session?
- In areas with unreliable power, consider having a generator with in-line UPS (Uninterrupted Power Supply) for back-up.
- Check that the refreshments are organised – delays in food arriving can mean sessions start late after breaks.

ToT.8 Communication skills

Activity 1: Communication skills

Read the information assigned to your group from the table below. Develop a presentation to ensure other trainees understand the key points.

Work as a group to decide how you will present the information and who will present which parts. Everyone in the group should participate in the presentation. You may use flipcharts, the whiteboard, or other props as desired. Be creative in your presentation.

You have 20 minutes to prepare. You will have five minutes to present to the others.

Group 1 – Verbal skills
• Be aware of speed, volume and rise and fall (intonation) of the voice when presenting.
• Avoid using socially inappropriate language, including slang and 'non-speak' ('er', 'um', 'like', 'you know').
• Be heard clearly by all participants.
• Be aware of when participants do, and do not, understand what you say.
• Be sure that everyone understands when the training programme is in a second language for participants, or when it is delivered via an interpreter.
• Use terms that will be understood by all the participants (especially when discussing anatomical parts of the body).
• Terms used in the training are simple and non-medical to ensure wheelchair service users and participants without clinical or higher education understand the content.

Group 2 – Non-verbal communication

- Maintain eye contact.
- Be aware of your body language.
- Use humour when appropriate. Humour is about lightness and not taking oneself and one's opinion too seriously.
- Humour does not mean joking. Jokes are often cultural and may not work the way you intended.
- Use appropriate actions when communicating with wheelchair users, including lowering your body to be at eye level.
- Position yourself and participants in the room:
  - when presenting, stand at the front or side
  - participants should be able to see and hear you
  - in semi-circles so that no one is in the back row and all participants can see each other
  - standing behind participants is appropriate in certain circumstances, for instance when presenting and you need to read the PowerPoint slides
  - depending on the context, it may be appropriate for you to sit at times; this creates a more relaxed, friendly dynamic.

Group 3 – Asking questions

- Allow time for all participants to think about and respond to the question – don't always take an answer from the first respondent. Some participants may need time to think, especially if the training is not being delivered in their first language.
- Don't jump to answer participants' questions. Help facilitate participants to think of the idea, concept, or answer without telling them the answer when possible. Draw answers from the room.
- Rephrase questions when needed. If the response from participants is silence, confusion, or a wrong answer, the question may need to be rephrased.
- Use open questions to check understanding (for example, 'what are the three causes of pressure sores?').
- Avoid using closed questions (questions where the response is 'yes' or 'no').
- Acknowledge when correct answers are given.
- If an incorrect answer is given, first ask the same question to another participant or to the rest of the group. Only provide the correct answer if no one in the group can do so.
- If questions are repeatedly answered incorrectly, it is a sign that something is wrong. Possible problems include:
  - participants are not learning. You may need to rephrase your explanation or return to an earlier part of the training that now appears to be poorly understood
  - questions are inappropriate for their level of knowledge
  - questions are poorly phrased
  - questions use words participants do not understand.

Group 4 – Answering questions

- Sometimes participants ask a question without thinking it through for themselves. When this happens, challenge them to work out the answer themselves. (Refer to the last exercise in Session ToT.5: Adult Learning).
- Help participants find the answer by questioning them. For example, 'What do you think?', 'What factors are important to consider when deciding…?' Draw out the correct ideas from participants, developing their clinical reasoning and problem-solving skills.
- If someone asks a question that you do not know the answer to, first ask if any participants or co-trainers can answer it.
- If no one can answer, add the question to the Car Park and offer to look it up and share it with the group before the end of the training.
- Never make up an answer if you do not know.
- If there is not enough time to answer a question at the time of asking, use the Car Park to make a note of it and address it later in the training programme.
- Avoid spending time on questions that are beyond the aim and objectives of the session. Take the opportunity in a break to discuss the issue with the questioner.
- Questions related to upcoming sessions can be parked in the Car Park. When Car Park questions are covered, check if the participant feels their question has been answered.
- Listen: make sure you listen to the whole question before assuming you know what the question is. This means not interrupting or filling in the sentence.
- Be aware of the difference between 'right/wrong' questions (especially relevant to WSTPb and WSTPi) and those that do not have a right or wrong answer, as is often the case in WSTPm and WSTPs.

Demonstrations, videos and interpreters

Below are good practices for giving demonstrations, showing videos, and using both foreign language and sign languages interpreters during training.

Giving demonstrations

When giving demonstrations:

- make sure everyone can see
- prepare props and equipment in advance
- explain clearly, demonstrate and repeat
- know your audience
- allow participants to practise what has been demonstrated
- monitor participants and step in as necessary to give feedback (especially related to safety)

- consider gender during demonstrations in WSTPb and WSTPi, especially when touching is necessary.

Using videos

The WSTP use videos to demonstrate most practical skills. Before showing the videos:

- familiarize yourself with the content
- check for cultural and gender sensitivity
- explain what it is about before you show it
- mention the approximate length
- link it to the session
- play videos with subtitles to make them easier to follow
- ask questions about issues you want participants to consider, and highlight what they should observe
- repeat key sections, if time allows, or pause at critical points for emphasis.

Working with foreign language and sign language interpreters

Meet with the interpreter before the training starts to discuss:

- pace of speech
- key terms, including terminology related to people with disabilities
- how to communicate with wheelchair users
- their role during practical activities
- content of the training – provide a copy of the *Trainer's Manual* to interpreters
- instruct interpreters to translate everything, not to summarize or change what is being said
- interpreters should never answer a question on your behalf
- arrange for two interpreters so that they can take rest breaks.

During the training make sure that you:

- speak slowly and clearly
- watch your body language
- keep your hands away from your face for lip-readers
- always engage with the individual or audience directly
- show interest, keep eye contact and remain focused
- plan your time: talking through an interpreter makes conversations twice as long.

ToT.9 Knowledge of guiding documents

What is a guiding document?

Guiding documents are publications, policies, conventions or laws that provide frameworks, guidance or rules that are relevant to wheelchair service provision and which guide stakeholders in the provision of wheelchair services.

Many governments, international agencies, donors, and other stakeholders plan and fund development work in line with these international frameworks.

Your knowledge of them will put you in a stronger position to educate and advocate for appropriate wheelchair service provision.

National or Regional laws and policies will impact local wheelchair service provision. You need to be familiar with the documents to guide discussion.

The following section gives an overview of a range of guiding documents as they relate to wheelchair service provision. Some of these are included on the WSTP Pen Drive and others can be accessed via the internet.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD)

The United Nations Convention on the Rights of Persons with Disabilities is commonly known as the *CRPD* or sometimes the *UNCRPD*. The *CRPD* is widely considered to be the most important international treaty relating to people with a disability.

It came into force in 2008 and on its opening day, 82 countries signed the *CRPD* and 44 signed its Optional Protocol.

This was the highest number of signatories to a UN Convention on its opening day in history.

The *CRPD* was designed by representatives of the international community to change the way people with disabilities are viewed and treated in their societies.

Representatives involved in the development of the Convention included people with disabilities, government officials, and representatives of nongovernmental organizations.

The *CRPD* is important because it is a tool for ensuring that people with disabilities have access to the same rights and opportunities as everybody else.

Each year more countries sign the *CRPD*. Up to date information on which countries have signed the *CRPD* and its optional protocol can be found on the UN website.[8]

The CRPD has several articles relevant to wheelchair service provision:

Most relevant	Also relevant
• Article 20 – Personal mobility • Article 4 – General obligations • Article 26 – Habilitation and rehabilitation • Article 32 – International cooperation.	• Article 19 – Living independently and being included in the community • Article 24 – Education • Article 25 – Health • Article 27 – Work and employment • Article 30 – Participation in cultural life, recreation, leisure and sport.

Many other articles of the *CRPD* are indirectly relevant to wheelchair service provision. For example, Article 6 is concerned with the specific inclusion of women with disabilities and Article 7 with equality for children.

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8   Convention on the Rights of Persons with Disabilities. In: Sixty-first session, United Nations General Assembly, New York, 6 December 2006. New York: United Nations; 2006. (Res.A/ 61/611) (http://www.un.org/esa/socdev/enable/rights/convtexte.htm).

What additional barriers can women and children face?
• In some cultures, and communities, women and children are not valued as equal to men.
• Where a wheelchair must be purchased, in some cultures family funds may not be prioritized for women or girls.
• Where early identification and early intervention services are not available, children may not be referred.
• Wheelchairs in suitable sizes for children may not be available.
• Children often need supportive seating, which may not be available. Parents and carers may choose to carry children with disabilities for many reasons: when they are small it can be easier; they won't have to face the stigma of their child being seen in a wheelchair; the challenges of travelling on public transport with a wheelchair are significant; or, lack of awareness of any other option.

It is important that WSTP participants are familiar with the CRPD:

- To use the rights-based approach of the *CRPD* to help develop wheelchair service provision for people with disabilities.
- To use *CRPD* articles as a guide when setting goals for wheelchair service delivery.
- To help advocate to government and other stakeholders to collaborate to achieve the aims of the articles.
- To encourage donors who back the *CRPD* to support wheelchair service provision in their countries.

Key articles in detail:

Article 4

Article 4 General obligations, states that States Parties:

Undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability.

Point (g) of Article 4 states:

To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost.

Point (h) states:

To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities.

Point (i) states:

To promote the training of professionals and staff working with persons with disabilities in the rights recognized in this Convention so as to better provide the assistance and services guaranteed by those rights.

Article 20

Article 20 Personal Mobility, is the article most relevant to wheelchair service provision. It requires that:

States Parties take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by:

(a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;

(b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;

(c) Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities;

(d) Encouraging entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for persons with disabilities.

Article 26

Article 26 Habilitation and Rehabilitation, includes the requirement that:

States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Definitions of rehabilitation and habilitation:

- Rehabilitation is a very well-known word but habilitation is used less often.
- Rehabilitation is focused on restoring abilities whereas habilitation is about learning or building abilities for the first time.

Article 32

Article 32 is relevant to wheelchair service provision in a broader sense as it promotes international cooperation; for example, in facilitating access to assistive technology.

WHO *Guidelines on the provision of manual wheelchairs in less-resourced settings*

The WHO *Guidelines on the provision of manual wheelchairs in less-resourced settings* (*Wheelchair Guidelines*) is the most important international document focused on wheelchair provision.

The *Wheelchair Guidelines* outline the framework by which appropriate wheelchair provision is now understood internationally. Prior to the publication of the *Wheelchair Guidelines,* organizations involved in wheelchair provision did not have a common understanding of what was important to consider when designing or producing wheelchairs; establishing service delivery systems; training staff; or developing policies related to wheelchair provision.

The *Wheelchair Guidelines* were developed with the involvement of a cross section of stakeholders from all continents. They provide us with a powerful tool to help us develop services in line with agreed standards, and to advocate to government and other stakeholders for appropriate wheelchair services. The *Wheelchair Guidelines* reflect standards that are universally achievable in low-, middle- and high-resourced contexts.

A wheelchair is appropriate when it:

- ✓ Meets the user's needs and environmental conditions
- ✓ Provides proper fit and postural support
- ✓ Is safe and durable
- ✓ Is available in the country
- ✓ Can be obtained and maintained and services sustained in the country at an affordable cost.

This is an important definition for trainers and WSTP participants to know.

The *Wheelchair Guidelines* also cover wheelchair:

- design and production
- service delivery
- training
- policy and planning.

A WSTP trainer's knowledge of the *Wheelchair Guidelines* should be comprehensive; as trainers, you should try to raise awareness of them whenever you have the opportunity.

The *Wheelchair Guidelines* are available on the WHO website in a range of languages.

Joint position paper on the provision of mobility devices in less-resourced settings

The WHO *Joint position paper on the provision of mobility devices in less-resourced settings*[10] was published in 2011 to help countries implement *CRPD* articles associated with the provision of mobility devices.

The paper provides valuable information on barriers to accessing mobility devices; requirements to increase access to mobility devices; and recommendations for individual countries and international stakeholders.

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9   Guidelines on the provision of manual wheelchairs in less-resourced settings. Geneva: World Health Organization; 2008 (http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/).

10   Joint position paper on the provision of mobility devices in less-resourced settings: a step towards implementation of the Convention on the Rights of Persons with Disabilities (CRPD) related to personal mobility. Geneva: World Health Organization; 2011 (http://www.who.int/disabilities/publications/technology/jpp_final.pdf).

Community-based rehabilitation: CBR Guidelines

The WHO *Community-based rehabilitation: CBR Guidelines*[11] were launched in 2010 and present a common understanding and approach to CBR globally.

CBR is a strategy to improve access to rehabilitation services for people with disabilities in less-resourced countries, by making optimal use of local resources. The *CBR Guidelines* provide a framework for action and offer practical suggestions for implementation.

The introductory booklet and health component of the *CBR Guidelines* are included on the WSTP Pen Drive as resources but are not referred to specifically in the WSTP.

A good knowledge of the *CBR Guidelines* is recommended as CBR is currently being implemented in over 90 countries and is increasingly seen as one of the most effective ways of realizing the articles of the *CRPD*.

CBR, also referred to as Community-Based Inclusive Development (CBID), is likely to come up in discussions during the WSTP. Many aspects of CBR are highly relevant to wheelchair service provision: for example, referral networks; community health centres; and CBR workers.

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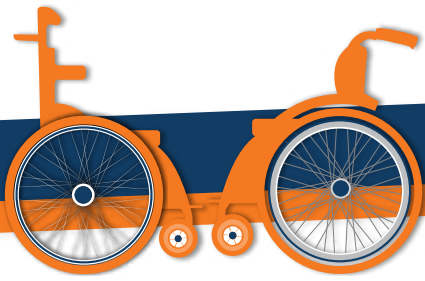
11   WHO Community-based rehabilitation: CBR guidelines. Geneva: World Health Organization; 2010 (http://www.who.int/disabilities/cbr/guidelines/en/).

CBR Matrix

The CBR Matrix[12] is one of the cornerstones of the *CBR Guidelines*. The five components are: Health, Education, Livelihood, Social and Empowerment. Each component of the Matrix has five elements within it, so there are a total of 25.

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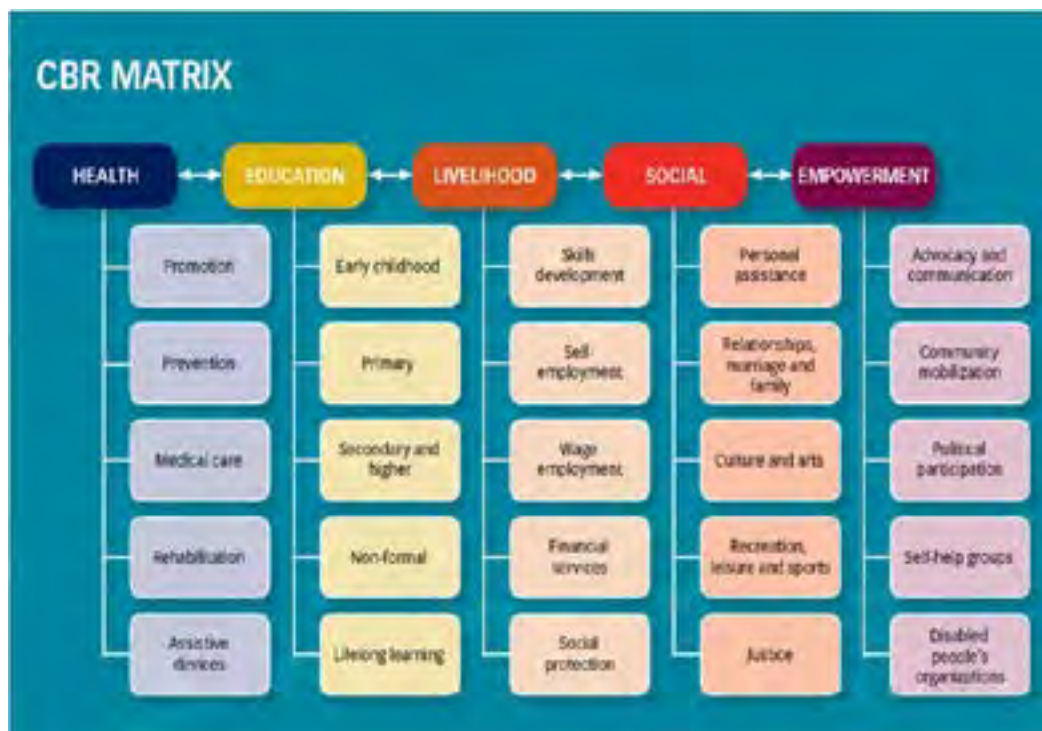
12   The CBR Matrix. Geneva: World Health Organization; 2017 (http://www.who.int/disabilities/cbr/matrix/en/).

Activity 1: CBR Matrix

Working in your group, list how wheelchair service provision relates to the component of the CBR Matrix you have been assigned: Health, Education, Livelihood, Social or Empowerment.

Further information and the full *CBR Guidelines* can be found on the WHO website[13]

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13   (http://who.int/disabilities/cbr/guidelines/en/).

Wheelchair service provision and the five components of CBR

Health	Education
• Rehabilitation – long and short term. • Health promotion and prevention of secondary complications; for instance, early identification and intervention to prevent complications such as scoliosis and pressure sores. • Access to health-care services.	• Enables access to school, educational programmes and vocational programmes.
Livelihood	**Social**
• Access to perform livelihood activities. • Earning capacity. • Access financial services.	• Promote access to social and recreational activities. • Join sport and cultural programmes with peers. • Opportunity to form and develop relationships.
	Empowerment
	• Improved self-image and confidence. • Peer support.

Design considerations for accessibility

Design considerations for accessibility[14] gives useful information on how to ensure all aspects of access are considered, both when visiting the wheelchair service and in other environments. It covers:

- disabled car parking
- curb ramps
- pathways
- ramps
- stairways
- handrails
- doors and doorways
- corridors
- toilets.

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14 Design considerations for accessibility 2006. Sri Lanka: John Grooms Working with Disabled People; 2006 (http://ascon.info/publications/accessibility.pdf).

Sustainable Development Goals (SDGs)

The *Sustainable Development Goals[15]* were adopted by world leaders in September 2015 at a historic United Nations Summit and came into force on 1 January 2016. Over the next 15 years, countries will mobilize efforts to address all three dimensions of sustainable development (environmental, economic and social) and strive to achieve the 17 goals.

The SDGs succeed the *Millennium Development Goals (MDGs)*, which reached their conclusion in 2015; they are the outcome of a collaborative development process that started at the 2012 United Nations Conference on Sustainable Development (Rio+20).

As the WTSP modules were developed before the *SDGs* were launched, they are not mentioned in the packages. However, as many governments, development and donor organizations will be focusing on addressing the *SDGs,* it is important for trainers and participants to be aware of them and to identify how appropriate wheelchair service provision can fit into the *SDG* agenda.

The *SDGs* are made up of 17 goals and 169 associated targets.

In Paragraph 4 of the preamble of the *SDGs* an important commitment is made:

As we embark on this great collective journey, we pledge that no one will be left behind. Recognising that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and for all segments of society. And we will endeavour to reach the furthest behind first.

A reference to persons with disabilities is also included in Paragraph 23 on vulnerable populations:

People who are vulnerable and must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80% live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants. We resolve to take further effective measures and actions, in conformity with international law, to remove obstacles and constraints, strengthen support and

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15   The sustainable development goals [website]. New York: United Nations (http://www.un.org/sustainabledevelopment/sustainable-development-goals/).

meet the special needs of people living in areas affected by complex humanitarian emergencies and in areas affected by terrorism.

Disability and the *SDGs*

Goal 4: to ensure inclusive and equitable quality education and promotion of life-long learning opportunities for all, focuses on eliminating gender disparities in education and ensuring equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities. In addition, the proposal calls for building and upgrading education facilities that are child, disability and gender sensitive and also provide safe, non-violent, inclusive and effective learning environments for all.
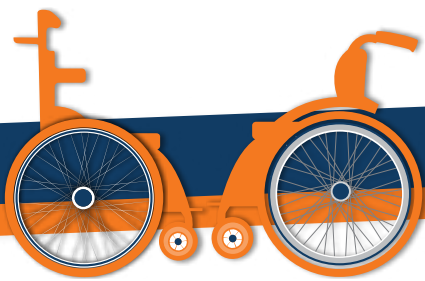
Goal 8: to promote sustained, inclusive and sustainable economic growth, full and productive employment, and decent work for all, the international community aims to achieve full and productive employment and decent work for all women and men, including for persons with disabilities, and equal pay for work of equal value.

Goal 10: strives to reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities.

Goal 11: aims to make cities and human settlements inclusive, safe, resilient and sustainable. To realize this goal, Member States are called upon to provide access to safe, affordable, accessible and sustainable transportation systems for all; improving road safety, notably by expanding public transportation, with special attention to the needs of those in vulnerable situations, such as persons with disabilities. In addition, the proposal calls for universal access to safe, inclusive and accessible green and public spaces, particularly for persons with disabilities.

Goal 17: stresses that in order to strengthen the means of implementation and revitalize the global partnership for sustainable development, the collection of data, monitoring and accountability of the *SDGs* are crucial. Member States are called upon to enhance capacity-building support to developing countries, including least developed countries and small island developing states, which would significantly increase the availability of high-quality, timely and reliable data that is also disaggregated by disability.

For further information on the *SDGs* see the UN website.[16]

Global Cooperation on Assistive Technology (GATE)

WHO estimates that today more than 1 billion people need one or more assistive products, such as wheelchairs, hearing aids, walking frames, spectacles, pill organizers and communication boards.

With a global ageing population and a rise in noncommunicable diseases, WHO expects that this number will rise beyond 2 billion by 2050, with many older people needing two or more products as they age.

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16   (**http://www.un.org/sustainabledevelopment/sustainable-development-goals/**).

Assistive products play a crucial role in enabling access to education and livelihoods, maintaining independence and being connected to the world. However, today only one in 10 people in need have access to the products they need; without them they are excluded from participating in society, isolated and locked into poverty.

WHO is coordinating the *GATE* initiative to address this huge and unmet global need and to realize Article 32 of the *CRPD*. The *GATE* initiative has only one goal: to improve access to high-quality affordable assistive products globally. To achieve this, *GATE* is focusing on four interlinked action areas: products, personnel, provision and policy.

Following the example of the *WHO Model List of Essential Medicines, GATE*'s first priority was to develop a *WHO Priority Assistive Products List (APL)*. The APL includes the 50 assistive products that are most needed across the world. This includes four types of wheelchair, pressure cushions and portable ramps, as well as other products to enhance mobility, hearing, cognition, communication and vision.

The *APL* is not a restrictive list but aims to provide Member States with a blueprint to develop a national APL in line with local need and available resources. The hope is that it will provide a rallying point for local stakeholders to synergize efforts to increase access.

GATE is now working on developing tools to support the implementation of the *APL*, including a needs assessment toolkit, a training package, a policy framework and model of service provision.

For more information on *GATE* see the WHO Website.[17]

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17 (http://www.who.int/phi/implementation/assistive_technology/phi_gate/en/).

18 World report on disability. Geneva: World Health Organization; 2011 (http://www.who.int/disabilities/world_report/2011/en/).

World report on disability

In 2011 the first ever *World report on disability* was published, produced jointly by WHO and the World Bank.[18]

The report states that people with disabilities have generally poorer health, lower educational achievements, fewer economic opportunities and higher rates of poverty than people without disabilities. This is largely due to the lack of services available to them and the many obstacles they face in their daily lives.

The report provides evidence-based recommendations on ways to overcome barriers to health care, rehabilitation, education, employment and support services. It also highlights what works to create supportive environments that will enable people with disabilities to flourish.

The *World report on disability* highlights the following barriers:

- inadequate policies and standards
- negative attitudes
- lack of service provision
- problems with service delivery
- inadequate funding
- lack of access
- lack of consultation and involvement
- lack of data and evidence.

As these all relate to wheelchair service provision this is a useful background document. The report's second recommendation to, *Invest in specific programmes and services for people with disabilities*, mentions the importance of wheelchairs:

Rehabilitation – including assistive technologies such as wheelchairs or hearing aids – improves functioning and independence. A range of well-regulated assistance and support services in the community can meet needs for care, enable people to live independently and participate in the economic, social, and cultural lives of their communities.

A summary of the report together with its recommendations can be found on the WHO website.[19]

WHO Global disability action plan

The *WHO Global disability action plan 2014–2021*[20] is based on the recommendations of the *World report on disability* and is in line with the *CRPD*. It was developed in consultation with Member States, UN organizations, national and international partners including organizations of people with disabilities.

The plan seeks to address the disparities between people with disabilities and those without. It states that across the world, people with disabilities do not receive the health care they need and have poorer health than people without disabilities. They are more than twice as likely to find health-care providers' skills and facilities inadequate; nearly three times more likely to be denied health care; and four times more likely to be treated badly.

The action plan has three objectives:

- to remove barriers and improve access to health services and programmes
- to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation
- to strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.

Member States are urged to implement the proposed actions adapted in line with national priorities and circumstances.

The full report can be found on the WHO website.[21]

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19 Summary World report on disability. Geneva: World Health Organization; 2011 (http://apps.who.int/iris/bitstream/10665/70670/1/WHO_NMH_VIP_11.01_eng.pdf)

20 WHO Global disability action plan 2014–2021: Better health for all people with disability. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/199544/1/9789241509619_eng.pdf?ua=1).

21 (http://www.who.int/disabilities/actionplan/en/).

High-level meeting of the General Assembly on disability and development

A one day High-Level Meeting of the General Assembly on disability[22] was held on 23 September 2013 under the theme: *The way forward: a disability-inclusive development agenda towards 2015 and beyond.*

Participants included Member States, observers and representatives of the United Nations, as well as representatives of civil society, organizations of people with disabilities and the private sector.

The *Outcome Document* from the meeting lists commitments from (a) to (q).

Commitment (h) states:

> *Ensure accessibility, following the universal design approach, by removing barriers to the physical environment, transportation, employment, education, health, services, information and assistive devices, such as information and communications technologies, including in remote or rural areas, to achieve the fullest potential throughout the whole life cycle of persons with disabilities.*

A booklet giving the background to the meeting and the outcomes can be found on the UN website.[23]

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22   Outcome document of the High-level Meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities: the way forward, a disability-inclusive development agenda towards 2015 and beyond. In: Sixty-eighth Session of the United Nations General Assembly, New York, 23 September 2013. New York: United Nations; 2013 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/68/L.1).

23   The way forward. A disability-inclusive development agenda towards 2015 and beyond. New York: UN Department of Economic and Social Affairs; (http://www.un.org/disabilities/documents/hlmdd/hlmdd_booklet.pdf).

ToT.I0 Audio-visual tools and equipment

It is important that you are familiar and confident with using a range of audio-visual (AV) tools when facilitating training sessions.

PowerPoint (PPT) and Portable Document Format (PDF)

Presentations for the WSTP are available in both PowerPoint and PDF format. The advantages and disadvantages of each format are summarized in the table below.

	Advantages	Disadvantages
PPT	• The PPT can be changed to fit your individual presentation style and be relevant to the local context. • Text can be reduced/simplified. • Extra slides can be added to cover new content or questions for discussion. This is helpful when the group speaks different languages or dialects, and may find it difficult to follow your accent. • The computer's screen saver will not come on when the presentation is in "Slide Show" mode.	• Videos must be loaded manually. • Overall file size is larger. • Time is needed to edit the PPT files.
PDF	• The PDF is complete with links to all four video formats. You can simply click on the format you want and the video will play. • It has been tested and there should be no formatting or compatibility issues. • The files are smaller than the editable files.	• The content is fixed and cannot be customized for local context or to fit your presentation style. • All text on the slide will appear at once (slides will not 'build' as some of them do in the editable version) and key learning points cannot be introduced individually. • Text can't be simplified or reduced on slides with a lot of content. • Because it is a PDF, the computer's screen saver will come on and needs to be deactivated before you start the presentation. (This can be done in "System Preferences" on your computer).

Adding slides to the PPTs

When adding slides, the aim is to follow the *Trainer's Manual* and not to move off the subject. You may want to add slides to the PPTs for the following reasons:

- for sections where there are none
- for key discussion questions, to remind you not to move on to the answers too soon
- as a reminder about an activity that is coming up, and include instructions.

You may want to make changes to the PPTs for the following reasons:

- to adapt slides for local context
- to provide translations
- to reduce the text on some slides or divide a lot of content on one slide into two or more slides
- to add material when you are expanding or adding training sessions.

Remember, when you add content you will need to add more time to the session.

Maintaining consistency of the PPT

- All new slides, or changes to existing slides, must follow the same format, style and font as the original PPT.
- Remember to delete the WHO and WSTP logos from slides you add or change. The simplest way to add slides to an existing WSTP presentation while keeping the same format is to duplicate an existing slide and then change the text.
- Do not add complex animations.
- You can also add slides using the PPT master.
- All video clips are available in two formats: mp4 and wmv. The mp4 format is for use on Apple computers and the wmv format is for Windows computers. If you have a Windows computer with a QuickTime player installed, you can also use mp4 videos.
- Some video clips come with subtitles which are recommended to use. They can help participants understand better when there is poor sound quality, external noise or strong regional accents are used.
- Video clips can be embedded or linked. We recommend embedding because although this makes the file larger, the video is stored inside the PPT and not lost when you copy the file to another computer.

Embedding videos into a PPT

To embed a video in PPT 2010 onwards, follow these steps:

- Open the "Presentations" folder, then the "PowerPoint" folder. Open the slide you want to edit
- Click on the "Insert" tab
- Click on the drop down arrow under the Video icon
- Click "Video from File"

- Browse to the folder with the video clips, select the video clip you want and insert it.
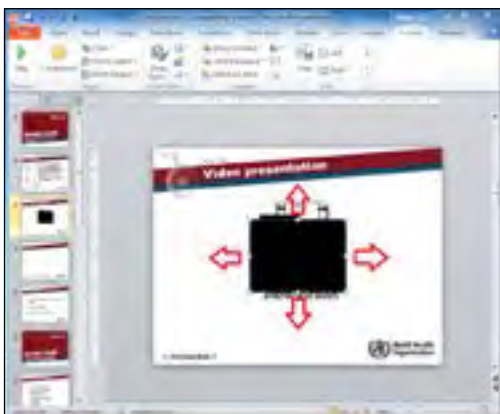
- Resize the video frame if it does not fill the screen properly.

- Save your changes
- The video is now part of the PPT.
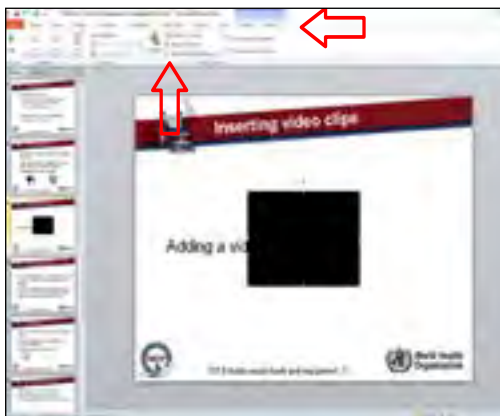
To automatically play the video in full screen mode (Windows):

- In the "Video"/"Tools"/ "Playback" tab, check the box called "Play Full Screen".
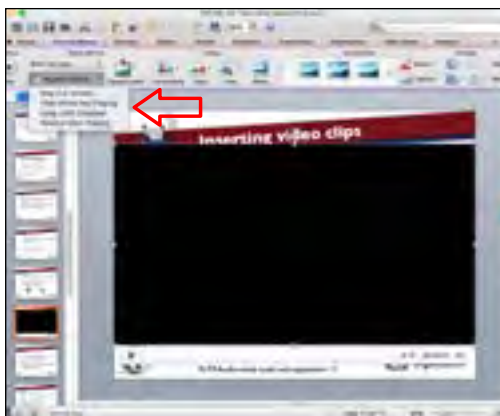
To automatically play the video in full screen mode (Mac):

- In the "Format Movie" tab, click on the "Playback Options" dropdown list and select "Play Full Screen".

If you have any difficulties, consult the PPT help menu.

Good practice when using audio-visual equipment

Making sure the "Slide Show" plays

• When practising your PPT session, use "Slide Show" mode. This will identify any problems with transitions, animations and flow.
• Run through the slides and videos in "Slide Show" mode on the computer and data projector that will be used during the training. This is important if you are not using your own computer, as different settings on different computers can prevent presentations from running as planned.
• Consider using one computer for all presentations during training, which will save time switching between presenters.

Data projector, remote and pointers

• If possible, have a spare data projector or projector lamp available.
• Switch off the projector during breaks and practical sessions to save use of the lamp.
• If you need to project a black or white screen, you can usually type W for a white screen and B for a black screen when you are in "Slide Show" mode.
• Using a remote control to click between slides means that you do not need to stand next to the computer during your presentation.
• Laser pointers can be used to draw participants' attention to a specific item on the slide.

Speakers

• Plug in and test the speakers at the start of each day and leave them plugged in.
• Only switch the speakers on when you are playing videos as they can pick up cell phone or other electronic signals.

Cables and adapters

• Ensure that you have all the necessary cables for the laptop, data projector and speakers.
• Double check you have plug adapters including a few spares.
• Bring extra extension cords in case your cables won't reach the power outlets.

Activity 1: Using the board/flipchart as a visual aid

Read the information assigned to your group and prepare a presentation to the rest of the group using the board/flipchart.

Drawing a sketch or diagram

If you want to use a sketch/drawing/diagram/chart to aid in an explanation, draw it yourself:

- consider drawing the outline lightly in pencil or making drawings beforehand
- plan it in advance, so it fits the board and can be seen easily
- practise until you can draw clearly and easily.

Board or flipchart – writing style and marker choice

- If you have both available, use the board for writing information that you don't need to keep after the session, and the flipchart for recording information you want to put on the wall or keep to write up as notes from the training.
- Write clearly. Check that your writing can be read from the back of the room.
- Use thick markers and darker colours, for example, black and blue. Avoid red as it is more difficult to read from a distance. Use it for underlining.

Board or flipchart location and being neat

- Make sure everyone can see it.
- When writing on the board or flipchart, stand to the side and face your audience. If this is difficult to do, write quickly and move to the side or ask a co-trainer to do the writing.
- Keep the notes and the chart neat.
- Practise writing in straight lines. Start by using faint pencil lines (with practice you will not need them).

What to write

- Write keywords, not full sentences or phrases.
- If necessary, prepare pages in advance or outline in faint pencil where you plan to write what.
- If important details are on the board at the end of a session (for example, assessment findings, small group progress, groupings for practical sessions), take a photograph so you can refer to it later.

Care and use of the whiteboard

- Be careful not to use permanent markers on a whiteboard surface. If you have used permanent marker on a whiteboard by accident, you can erase the letters by using an appropriate cleaner or drawing over them with whiteboard markers (as the solvent in these markers will dissolve the permanent ink). You must do this soon after making the mistake as dried permanent marker is more difficult to remove.
- The whiteboard can be used as a projector screen when necessary, for example, to fill in a table or draw over a picture/photo from a slide (for instance, 'stick-draw' a posture from a photograph or drawing of a person).

ToT.11 Feedback

What is feedback?

Feedback is information given to someone about:

- What they are doing well – positive feedback.
- What they need to improve on – constructive feedback.

It is important that you have the skills to give feedback well, and that you can support positive learning outcomes for participants.

Usually people have no problem giving feedback about good performance. When mistakes are made or performance needs improvement, you must be confident in giving constructive feedback.

Activity 1: Receiving feedback

Think about feedback that was helpful for your learning and feedback that made you feel defensive or upset and was not helpful.

Record your reflections below

What should trainers consider when providing feedback?

Feedback should:

- Be timely – give feedback as soon as possible while the experience is fresh.
- Be specific – describe as clearly as possible the behaviour that was positive or that needs attention.
- Focus on the behaviour not the person when providing constructive feedback.
- Start with the positive – point out what was done well before talking about what needs to be improved. End on a positive note if you can.
- Be delivered in different ways – give constructive feedback and praise to the whole group if possible. If there are attitudinal, behavioural or disciplinary issues, deal with them in private.
- Be from the participants' perspective – ask the participant to reflect on their own performance first. They may already understand what went well and what they need to improve.
- Support participants in their different approaches – before giving constructive feedback, consider if the participant has completed an activity incorrectly, or simply in another style. Participants will all approach service provision differently. Do not expect participants to act in the same way as you.

ToT.12 Managing group dynamics

It is important that the WSTP trainer knows how to work effectively and efficiently with groups. This session looks at facilitating small group activities, managing time and dealing with disruptive behaviour.

Why use groups?

Group work is important in training because it:

- Allows participants to share ideas, knowledge and experience. This allows you to find out more about the participants' existing expertise so that you know where the gaps are and how to pitch the session.
- Honours the existing wisdom, experience and skills in the room. This allows those with more experience and expertise to share it with others.
- Takes the focus off the trainer. As the participants share experiences and find out what they already know, this helps to build their confidence.
- Creates an environment that enables everyone to speak and contribute. Shy or more junior participants will be more comfortable speaking out in a small group. This builds confidence as they discover their ideas are valued.

Organizing and managing group activities

What to consider when dividing a large group into smaller groups

- Determine group size
- Determine who is in each group
- Methods to create groups.

Factors to determine the size of the groups

- Time: the more groups there are the more time is needed for the feedback session. If you have less time, create larger groups, but no more than six people in a group.
- Privacy/confidentiality: pairs are best for discussing topics that are sensitive, when people are shy or there are language barriers.
- Involvement: the smaller the group the more difficult it will be for any group member not to participate.

- The activity: the amount of equipment/supplies that are needed for the group activity. For example, if you have three work stations then you will be able to accommodate three groups.

Factors to determine the make-up of each group

- Think of the purpose of the activity to determine whether you want people with similar skills and background in the same group, (by placing all clinicians working together or all technicians in the same group), or the opposite by deliberately mixing skill sets and experience in the same group.
- Grouping of participants who work together: depending on the activity or relationships, it may be appropriate to group them together or apart.
- Mixing stronger/weaker (more experienced/less experienced) participants: this facilitates learning from each other, However, if you want people to have equal opportunity to express themselves consider grouping dominant participants together and shy ones together.
- Mixing the sexes: be aware of cultural, religious or social norms of working (especially regarding touch and privacy).
- Language skills: for communication between participants and wheelchair users.
- Ensure that all participants have the opportunity to work with each other to maximize peer learning opportunities.
- Sometimes, random group selection is best.

Methods to create groups

The *Trainer's Manual* for each WSTP gives guidance about the size or number of groups required for each activity. You can adjust this to your situation, based on your experience in previous activities. Here are some methods to divide up a group:

- The fruit salad method: prepare three or four of the same fruit cards and different kinds of fruits, enough for each participant. You can then assign 'all bananas' to work together, or have a fruit salad (one of each) together.
- Count off. Count off to the number of groups you want, for example if you need three groups of three, go around the room asking the first person to count 'one', the next 'two', then 'three' and back to 'one'. All the ones, twos and threes go together.
- Matching puzzle pieces: cut photos or magazine pictures into two or three pieces according to how many groups you want. People find their match.

- Organize by birthday month: line people up by the month in which they were born and then form groups (first three together, next three, and continue until everyone is in a group). Or line up by height or by first name initial letter.
- Self-select: instruct people to select one or two people they have not worked with yet, but beware that self-organising with more than three people can take more time.
- Work in pairs with the person next to them, or if sitting in rows the people in the front row can turn their chairs around and work with the person behind them. This will work for pairs or groups of four.

Give clear directions when dividing participants into groups:

- who goes into which group
- what you want groups to do (what is their task)
- where you want groups to go (break-out rooms, or areas of a large room)
- when the group should be ready to report back
- how you want groups to report (using a flipchart; verbal presentation to the whole group; informal report to the group sitting in their seat; creative presentation chosen by the group itself)
- how much time will they have to report back.

Always monitor small group activities to ensure participants are working on the intended task and using the correct page in their workbook. Help them if necessary, by prompting and asking leading questions; don't provide the solutions or take too much time talking yourself. Remind them to keep an eye on the time.

Managing disruptive behaviour

In general, to help engage and keep participants interested and involved in the training:

- use the different training methods given in the session plans to engage all the participants
- ask questions to encourage participants to come up with answers
- praise good work from participants and give positive but honest feedback
- link learning to real examples the participants can relate to
- keep the training fun.

The dominant participant

The participant who does not give other participants an opportunity to share knowledge, answer questions or lead a group activity because they dominate, talk loudly or for a long time. This person behaves like they know everything already.

Managing a dominant participant:

- During a break, approach the person and acknowledge their experience. Ask them to help you by giving others a chance to learn and respond to questions.
- Consider asking specific participants to answer questions rather than asking the whole group.
- Pair or group the dominant participant with the strongest participants during group activities, to provide an opportunity for shy or quiet participants to contribute to their group.

The joking participant

The participant who appears not to take the training seriously, making jokes all the time and sometimes making fun of others.

Managing 'the joking' participant:

- During a break, talk to the participant about how their behaviour is disrupting the training. Ask them to help you by keeping jokes for breaks or for appropriate times during group activities.
- During sessions, respond to the joke as if it was a serious remark.

The argumentative participant

The participant who likes to raise objections or question concepts that they do not believe, to start an argument or test how strongly other members of the group feel about a topic or issue. Or, they may wish to test your skills and knowledge – and demonstrate that they are superior.

Managing an argumentative participant:

- Request that people only speak about their own beliefs and experiences.
- After an objection is raised, ask the participant 'is this true for you?' If the person says no, but that it may be for others, ask other participants for their opinion.

The negative participant

The participant that tends to be negative or discourage others. They may comment that the approach taught as part of the training 'won't work where we live'.

Managing a negative participant:

• If a negative participant feels that approaches in the training will not work, give them an opportunity to explain why. Ask other participants if they agree. If other participants agree, help them problem solve by asking: how can we make it work even in those situations?

The quiet participant

The participant who is naturally quiet or shy and feels uncomfortable speaking in front of a large group, or contributing to group activities.

Managing a quiet participant:

• Consider asking them direct questions that they are likely to be able to answer.
• Use praise and recognition to encourage more participation.
• Use small groups (pairs or three people) for group activities and discussions.

The higher status/senior participant

If there is a participant who is in a position of authority over others in the group, it can lead to participants being reluctant to speak, answer questions or to disagree with them.

Managing a senior participant:

• During a break, talk to the participant about their role in the group. Ask the person to help you create a comfortable atmosphere by requesting that people speak freely.
• You may also ask the participant to sit at the back of the group, to be less dominant in the room.

The distracted participant

The participant who is easily distracted, always in and out of the training room or on the phone.

Managing a distracted participant:

• Try to find out why: is there a problem away from the training that is worrying them?
• Is he/she bored because of the subject matter or training style?
• During a break, talk to the participant about how their behaviour is disrupting the training. Remind him/her of any house rules.

Managers/Stakeholders module

Introduction to the WSTPtot Managers

1. Background

The aim of the WSTPtot Managers is to equip trainees with the skills and knowledge needed to deliver and adapt the WSTPm for different contexts. The WSTPtot Managers is the first part of this module, and is followed by the WSTPtot Stakeholders. The WSTPtot Stakeholders also includes sessions that cover the WSTPm and WSTPs logistics, preparation, and planning.

Adapt WSTPm so it is well suited to local needs.

An estimated 1% of any population requires a wheelchair, yet in many places wheelchair services are not available or are very underdeveloped. The WSTPm was developed to support managers to effectively manage appropriate wheelchair provision. It is aimed at personnel responsible for implementing, managing and evaluating wheelchair services. WSTPm participants are usually involved in the management or administration of rehabilitation services but may not have specific experience in wheelchair service management. Therefore the training includes basic information about managing appropriate wheelchair services.

Managers attending the training without experience
In some circumstances a manager may attend the WSTPm training programme but not have experience of wheelchair service management. For example: • when a new service is being established or considered • when a service is expanding to include wheelchair provision – such as a prosthetic and orthotic service • when a manager is new to an existing wheelchair provision service • when a wheelchair producer is looking to develop their wheelchair provision service • when someone wants to learn more about appropriate wheelchair provision, for example a government department manager.

Managers attending the training with experience

Managers who do have experience in wheelchair service management may attend the WSTPm training for other reasons, such as:

- to find answers to challenges they are facing
- to learn more about international policies, guidelines, and conventions related to wheelchair provision
- to understand more about appropriate wheelchair provision according to the *Wheelchair Guidelines*[1] and the eight steps of wheelchair service delivery
- to increase their understanding of different service delivery models
- to learn new ways to improve their management skills
- to be able to manage and support staff who have been trained in WSTPb and WSTPi modules
- to understand the role managers can play in leading change to improve wheelchair provision.

The WSTPm provides an overview of the wheelchair service manager's role in an appropriate and effective wheelchair service that fulfils the eights steps of wheelchair service delivery.

Eight steps of wheelchair service delivery

1. Referral and appointment
2. Assessment
3. Prescription (selection)
4. Funding and ordering
5. Product preparation
6. Fitting
7. User training
8. Follow-up, maintenance and repair.

The WSTPm includes information on the resources required to fulfil all eight steps. The knowledge gained through participating in a WSTPm training programme can help managers to:

- better plan wheelchair provision
- increase the quality of wheelchair service delivery
- improve staff retention
- enable more users to receive a wheelchair that meets their needs
- increase the sustainability of their wheelchair service.

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1   Guidelines on the provision of manual wheelchairs in less-resourced settings. Geneva: World Health Organization; 2008 (http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/).

Some of the activities managers might carry out to support the work of wheelchair clinicians and technicians are given in the box below.

How managers can support the work of wheelchair service staff
• Ensure that appropriate wheelchairs and materials are in stock
• Make sure funding is available for wheelchairs
• Help plan the number of service users so staff are not too busy but have enough to do
• Ensure service users have appropriate and well-maintained equipment and facilities
• Provide administrative support for smooth running of services
• Prepare and manage the budget for the service
• Help promote a professional service
• Advocate to government in support of staff positions
• Support collaboration between government and other stakeholders such as Community-Based Rehabilitation (CBR) programmes.

2. Scope and timetable of the WSTPm

As outlined on page 3 of the *Trainer's Manual*, the WSTPm can be delivered in 13 – 14 hours and adapted to suit local needs and resources – for instance adding extra time for translation. Do not reduce the time allocation. WSTPm sessions can be combined with other activities as appropriate to the specific local context and aims. For example, extra sessions could be included to cover:

• Presentations by stakeholders on their organization or work
• Presentations by wheelchair producers or suppliers on their products
• Case studies on wheelchair users
• Information on implications of inappropriate wheelchairs
• Research results of wheelchair related studies
• Review of policies relating to wheelchair provision.

A sample timetable for the WSTPm is available on the WSTP Pen Drive. This is based on running a training programme using all of the WSTPm resources in a two day training.

3. *WSTPm/s planning tool*

• The *WSTPm/s planning tool* has been developed as part of the ToT package. It can be found in the Annexes of this manual on page 129 and on your WSTP Pen Drive. The *WSTPm/s planning tool* is recommended to provide an overview of the local situation and establish desired outcomes. This will help identify which sessions to include in your delivery of the WSTPm or WSTPs.

- The tool covers 10 areas of policy, products, services and training in line with the *Wheelchair Guidelines* and gives example situations for each of the 10 areas ranging from 'early stages' to 'developing', 'maturing' and 'well-functioning'.

Make sure you begin the planning process as far ahead of the training as possible so you have enough time to gather the necessary information.

4. Trainers and participants for the WSTPm

It is recommended that there is one trainer for every 8–10 participants. This will usually result in a minimum of two trainers. The WSTPm is typically run for 5–15 participants and can work well for any number in this range.

It is an advantage to have an experienced wheelchair user on the training team, ideally someone who knows the subject and training package well. If you are not a wheelchair user, consider this when identifying a second trainer.

At least one trainer should have local wheelchair provision experience and knowledge. This will enrich discussions and ensure the training is relevant. One trainer should have good international knowledge of wheelchair provision and relevant international guidelines, conventions and goals. The same person could potentially hold this knowledge.

5. The WSTPm resources

The WSTPm includes three manuals:

- *Trainer's Manual*
- *Reference Manual and Workbook*
- *Additional Resources*.

Trainer's Manual

The first section of the *Trainer's Manual, About the WSTPm,* covers the *Target Audience, Purpose* and *Scope,* the skills and numbers to consider when selecting *Trainers* and *How to get started*.

The next section (page 5) is *Guidance notes for trainers*. This includes an overview of the training programme, brief information on the session plans, the accompanying PowerPoint presentations (PPTs), and good-practice training tips. An evaluation of the programme is recommended after each delivery.

The detailed session plans begin in the next section of the manual, on page 12. There are 12 sessions grouped into three sections:

- A. Core knowledge
- B. Starting a wheelchair service
- C. Running a wheelchair service.

Reference Manual and Workbook

The second manual is the *Reference Manual and Workbook* for participants. Unlike the WSTPb and WSTPi, this *Reference Manual and Workbook* are combined into one book. The format of the manual follows the same order as the *Trainer's Manual* in both the reference and workbook sections. The manual is divided in two sections: the reference manual section provides more detail on each of the topics to supplement the sessions. The workbook section includes forms and resources for participants to complete as part of the exercises in the sessions. Develop a thorough knowledge of the manual before you conduct your own training programme and encourage your future participants to read the manual thoroughly during and after the training programme.

Additional Resources Manual

This brings together many forms and reference documents that managers and wheelchair service staff will find useful in their services. The manual includes the following:

1. Possible strategies for developing a wheelchair service programme
2. Basic Wheelchair Service Referral Form
3. Intermediate Wheelchair Service Referral Form
4. List of service forms and checklists for basic and intermediate services
5. Making an Assessment Box
6. Making an Assessment Bed
7. Making Foot Blocks
8. Examples of Measuring Tools
9. Guide to Technical Facilities: Workbench and Ground Work Area
10. Guide to Basic Service Technical Resources
11. Guide to Intermediate Service Technical Resources
12. Preparing a Hacksaw Blade for Foam Cutting
13. Guide to Basic and Intermediate Service – Materials

14. Guide to Setting up a Mobility Skills Area
15. Comparison of different methods of supplying wheelchairs
16. Tool for Measuring Participation at time of assessment for assistive technology
17. Tool for Measuring Satisfaction and outcomes at time of follow-up of assistive technology
18. Accessibility information

Some of these resources will be referred to in the WSTPm sessions but most are specifically relevant to the WSTPb and WSTPi modules.

Videos

There are six videos included in the WSTPm package. These are referenced in the PPTs but may not be embedded. Always check in advance that you have the videos ready, either embedded in the PPTs or uploaded to your desktop ready to play.

Posters

The WSTP posters can be found within the basic and intermediate packages: folders 3 and 4 of the WSTP Pen Drive.

Supplementary resources

Additional documents are included on the WSTP Pen Drive in the folder labelled *Supplementary resources*. Most of these are discussed in detail within the WSTPtot *Core training skills* module as they are relevant for all WSTP. One supplementary resource that is more specific to the WSTPm and not covered in the *Core training skills* module is *Managers who lead*. This provides information about leading and influencing change in organizations and is particularly relevant for session *A.3: Managers who lead change*.

Translations

The latest versions of the WSTPm resources, as well as any available translations, can be found at: http://www.who.int/disabilities/technology/wheelchairpackage/wstpmanagers/en/

WSTPm logistics and preparation

Guidance notes for trainers are provided in the WSTPm *Trainer's Manual* beginning on page 5. Study them carefully as they are a good place to start thinking about preparing your WSTPm delivery. In addition, here are some useful extra points.

1. Local context is key

When planning an WSTPm delivery it is very important to ensure that the sessions are adapted and run in a way that is relevant to the local context and the outcomes you want to achieve. WSTPm participants will often have different levels of knowledge, experience and responsibility and therefore some sessions may be more relevant than others to them.

Trainers have generally found the WSTPm challenging to deliver in the time allocated. Most topics will generate valuable discussion that needs to be accommodated to maximize the value of the training. In this situation, you can allow discussion and reduce the set activities. However, participants aren't always motivated: sometimes they have been told to attend without really understanding why. In this case it is important to include the activities to get everyone engaged.

A *WSTPm/s planning tool* has been developed to help trainers with an overview of the current situation in the training country/region, and to decide on the outcomes you hope to achieve. This tool will help identify which WSTPm sessions to include in the programme. Start the planning process as early as possible to allow enough time to gather the necessary information and discuss the situation with relevant stakeholders. The tool can be found in the Annexes of this handbook.

Time management is also important. Two days is usually a realistic amount of time for managers to be released for training; but if developing detailed plans or strategies is an objective, extra time will be needed or WSTPm sessions must be reduced.

When less than two days is available, you will need to prioritize which sessions to include. For example, if you are delivering training in a region that already has wheelchair services in place, you may choose to exclude or reduce some of the *Starting a wheelchair service* sessions. Try to contact some of the participants in advance, or consult someone who knows them, to get a sense of their knowledge and skill levels. This will help you to make the training is as relevant and useful as possible.

2. Resources and equipment

Resources

Each participant must be given a *WSTPm Reference Manual and Workbook.* WSTPm trainers can also provide other key resources in a format of their choice. For example, you could give participants a DVD or Pen Drive containing the WHO *Wheelchair Guidelines,* the *United Nations Convention on the Rights of Persons with Disabilities (CRPD),* the *Sustainable Development Goals (SDGs),* the *Community-Based Rehabilitation (CBR) Guidelines,* and the *Joint position paper on the provision of mobility devices in less-resourced settings.* These can all be found on the WSTP Pen Drive.

Equipment

The training programme will benefit from having a few locally-available wheelchairs on site in the training room. These can be referred to during discussions and presentations. Participants can try them out and look them over during breaks, taking into account their safe use. Try to include wheelchairs with different features suitable for a variety of environments and needs; for example a folding wheelchair, a non-folding wheelchair, and a child's wheelchair with postural support devices.

WSTPm Practice deliveries

Welcome, introduction and overview

Key considerations for teaching this session

a. General

• You may prefer to swap *Sections 3 and 4* to cover housekeeping issues before the workshop overview.

b. Section 1. Opening ceremony

• The timetable allows 10 minutes for a brief opening ceremony, for instance a welcome from the head of the institution where the training programme is being conducted. If a more extensive ceremony is needed, adjust the timetable accordingly.

c. Section 3. Workshop overview

Tips for preparation

• Check if the video *Wheelchair service delivery* is embedded in the PPT on the WSTP Pen Drive. If it is not, embed it or have it easily accessible on your desktop.

Content

• Before showing this video, ask participants to look out for the different steps of wheelchair service delivery while they are watching. After showing the video, point out the *Wheelchair service steps* poster and list the eight steps of wheelchair service delivery. Refer back to the poster whenever it comes up during the rest of the training programme.

d. Section 4. Training programme timetable, housekeeping and ground rules

Tips for preparation

• It is useful to have a wheelchair available when explaining the safety issues.

Content

• Point out the different components of the wheelchair as you discuss them (for example, spokes, brakes and footrests). Explain that participants should lean forward when going up slopes and lean back when going down, even with an assistant behind them.

A.1: What is appropriate wheelchair provision?

a. Section 4. Supporting appropriate wheelchair provision

- In the activity on page 22, the *Trainer's Manual* gives one example of national policy but the *Reference Manual and Workbook* gives two. Chose the example that is most appropriate for the context: there is not enough time to use both.
- The text in the *Reference Manual and Workbook* is different from the text in the *Trainer's Manual.* Read the text from the *Reference Manual* to make it easier for the participants to follow.

Key considerations for teaching this session
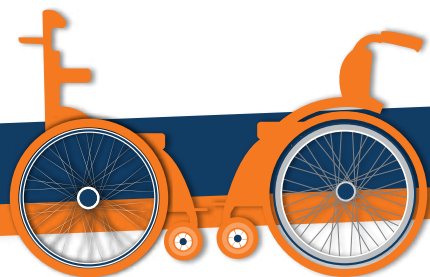
a. General

Content

- The timing of this session is generous for *Section 3* but short for *Section 4*, so overall it should work out. If your time is running short, limit the number of participant responses.

b. Section 2. What is the need and unmet need for wheelchairs?

Tips for preparation

- Personalize slide A.1.4 with the relevant census data and a calculation on national wheelchair need. If you are training participants from more than one country, list them all on this slide.
- If the census is out of date, try to find a more recent estimate from the National Statistics Office or another government department.
- To calculate 1% of the population, divide the total population by 100. Some examples are given below.

Population	1% of population
45 060 436	450 604
14 538 933	145 389
3 785 566	378 556

c. Section 3. Right to personal mobility

- Have a good understanding of the *UN Convention on the Rights of Persons with Disabilities (CRPD)* and find out whether it has been signed and ratified by the country where your training programme is taking place.

d. Section 4. Supporting appropriate wheelchair provision

Tips for preparation

- The Incheon Strategy is not included as a resource but if you are training in a country covered by the Strategy in Asia and the Pacific, it can be downloaded at: http://www.unescap.org/resources/incheon-strategy-"make-right-real"-persons-disabilities-asia-and-pacific

Content

- In the feedback section of the activity you can also suggest that if national policy doesn't exist, participants can refer to the *WHO Disability Action Plan 2014–2021*[2] for guidance on how to set one up.

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2   WHO Global disability action p.an 2014 – 2021. Geneva: World Health Organization; 2015 (http://www.who.int/disabilities/actionplan/en/).

A.2: Service delivery

a. Section 4. Broader roles of a manager

Tips for preparation

• Some of the text on Slide A.2.12 is different from the version of this diagram in the *Reference Manual and Workbook*. Replace the slide with the new version provided on your WSTP Pen Drive and make a note in your *Trainer's Manual* that the PPT slide is an update of the thumbprint version shown in the manual.

Key considerations for teaching this session

a. Section 2. Service delivery levels

• Emphasize that the level of service is not linked to the age of the wheelchair user or their disability. Many regions or countries may only have a basic level service (if any), but the aim is for each country or region to have both available. An intermediate level service needs different resources and staff skills compared to a basic level service. Knowledge of the local context will be useful here so that you can give examples of existing basic and intermediate level facilities.

b. Section 3. Service delivery models

• There is not much time for the activity in this section. Ask the groups to sit or stand near the *Wheelchair service steps* poster while they discuss their answers and to stick their Post-it notes next to the relevant service step as they write them. This will make the feedback session quicker.

c. Section 4. Broader roles of a manager

• As an alternative to projecting the slide *Roles of a manager,* you may prefer to use a poster of the diagram. Participants can stick Post-it notes onto the poster and it can stay up on the wall throughout the training programme.

d. Section 5. Active involvement of wheelchair users in service delivery

• An extra slide showing the Romanian case study is provided on your WSTP Pen Drive and can be added to the PPT for this session.

A.3: Managers who lead change

Key considerations for teaching this session

a. General

Tips for preparation

- Consider distributing Chapter 6 of *Managers who lead* as a handout. This is available on the WSTP Pen Drive in *Supplementary Resources*.
- Slide A.3.3 lists the four factors for success. Each of these is then covered in more detail. For clarity, consider duplicating this slide and repeating it at the start of each of the following sections – with the relevant bullet point highlighted.

Content

- Highlight that change is often seen as something frightening or problematic. Remind participants that it is our reaction to change that makes it good or bad; change in itself is neutral.
- There is not much time for this session: leave some questions out if necessary.

b. Section 1. Manager's role in leading the change process

- The *Trainer's Manual* suggests that you link this session with previous sessions. Highlight that we have discussed appropriate wheelchair provision and the role of a manager, which includes the responsibility to develop a well-functioning service and a motivated well-trained workforce.

c. Section 4. Align personnel and resources

- Highlight the *Notes for trainers* (page 38) and emphasize that participants should not spend all their time talking about funding. Funding is an issue that affects every aspect of services and it is more important to draw out how managers can bring together the human and material resources needed.

d. Section 6. Summary of action points for managers

- The activity on page 42 asks participants to put their ideas up on four sheets of flipchart paper at the end of each session. As time is short, and this is not referred to again until the end of the programme, remind participants to do this at the end of every session.

B.1: Accessing services

a. Section 2. What is an equitable service?

- On page 43 of the *Trainer's Manual* ask the question before showing the *Equitable services* slide. Consider adding a new slide with the title of the session: *Accessing services,* or displaying the question.

b. Section 3. Referral and appointment

- There is not much time for this activity.
- This activity may generate a lot of discussion about the reluctance of referral network partners to complete forms. Keep the discussion focused on how managers can encourage partners to use the referral forms. For instance: provide blank forms for completion; keep the form as simple as possible; arrange to collect forms on a regular basis; and give feedback on wheelchair users who have accessed the service (so that those referring can see the benefits).

c. Section 4. What can managers do to ensure their service is equitable?

- Highlight the importance of making sure the service is equitable. Remind participants of the articles of the *CRPD* that highlight the needs of women, children, older people, poor people, and those living in rural areas. Managers must work to ensure that these groups are addressed and not marginalized in wheelchair service provision.

d. End of the session

- At the end of the session, ask participants to record actions in their workbook and remind them to write on the four flipchart sheets put up during the previous session.

B.2: Facilities and equipment

a. Section 2. Facilities and service flow

- If your training programme is taking place in a service centre, this session will include a walk through the service. Ask the group to respect the wheelchair users and staff in the centre and to keep their voices low to avoid disruption.
- There is not much time for this section. Plan your route in detail beforehand. To speed things up, consider splitting participants into smaller groups starting at different points. Make sure you have permission to go to each area and ensure staff are aware of your visit.
- If you are not based in a service centre, spend more time explaining the service flow slide (B.2.3) in detail. Consider taking video footage or photographs of an actual walk through to show instead.
- You can prepare cards with names of the service areas and pin them around the training room or adjacent hallways, allowing participants to rearrange the cards to improve service flow. This will stimulate discussion about what to consider when planning a service.
- Refer to page 22 of the *Reference Manual and Workbook* and highlight the following:
  - All areas of the service, including the entrance, must be fully wheelchair accessible.
  - When people arrive at the service there must be an area for registration and space for them to wait to be seen.
  - It is helpful to have posters, leaflets and video resources in the waiting area, as well as toys for children.
  - Some people may have travelled long distances and may need to lie down, for example if they have a pressure sore on a weight-bearing area of their body.
  - Water should be available for everyone on arrival, as well as information on where refreshments are available.
  - An accessible toilet should also be located near the reception area.
  - Assessment area/s should be close to the reception/waiting area. They should be quiet, private and have the equipment required for assessments. This includes an assessment bed or bench, privacy screens, foot blocks, tape measures and a camera for recording key stages in the assessment and fitting process.

– A technical area is needed for wheelchair preparation, maintenance and repair with floor and bench space. Ideally, this should be close to the assessment areas, but far enough away to reduce noise disturbance. The area should be well-lit, ventilated, waterproof and a good temperature for working. It should have a clean area for final assembly and product adjustment that is separate from the drilling, sanding and painting sections. Technical activities may be split between an area convenient to the other service aspects and another location further away or even outsourced.

– A mobility skills area should be located close to the assessment and fitting area. It can be an indoor or outdoor area and should offer a variety of surfaces and obstacles.

– A secure storage area is required and should be located close to the technical area.

– An office area is needed for the administration aspects of the service, such as preparation and storing of records, and staff meetings.

b. Section 4. Organization of facilities

• Explain that government facilities often have a requirement to keep broken equipment and old paperwork until it is officially removed from the government inventory. This often means that workshops are filled with redundant equipment and paperwork. To ensure that working areas remain clutter free, encourage managers to store these items, possibly using a container if space is tight.

c. End of session

• At the end of the session remind participants to keep adding their ideas to the four flipchart sheets on the wall. Review the contents and if necessary repeat instructions to keep everyone on track.

B.3: Range of appropriate wheelchairs

a. General

Tips for preparation

• Have a variety of wheelchairs available with different features related to the environment, function and posture support; also have one or two pressure relief cushions to illustrate points made in this session.

Content

• This is one of the most important sessions in the WSTPm. Many stakeholders have little knowledge of wheelchairs or the difference that an appropriate wheelchair can make.
• This session must be inspirational and persuasive so that managers understand the impact of an appropriate wheelchair.
• Adding photographs or case studies relevant to the local context will increase the impact.

a. Section 2. What is an appropriate wheelchair and cushion?

• Managers need a good understanding of what an appropriate wheelchair means, and to know that what is appropriate for one person will not be appropriate for another. A wheelchair is only inappropriate in reference to the user's needs.
• Because of individual needs and diversity in environment and function, a service cannot provide only one type of wheelchair. Various models are needed to fully meet wheelchair users' diverse needs.
• Emphasize that a cushion is not optional; it is an essential component of an appropriate wheelchair.

b. Section 3. Providing proper fit and postural support

• The support a person needs to sit well in their wheelchair is individualized. It is not possible to have only one product giving extra support; multiple products are needed which can be adjusted, modified or have options to enable them to be fitted to an individual. A service may have dedicated supportive seats or optional postural support devices (PSDs) that can be added to a wheelchair to

provide different types and levels of postural support. If available, show some examples of PSDs during this session or add some slides showing pictures of different wheelchair users with varying levels of postural support needs.

c. Section 4. Meeting the user's needs and environment

- In this section, explain that a wheelchair user's needs may be different depending on whether they live in an urban or rural environment. For example, someone travelling frequently on public transport or by car may benefit from a lightweight wheelchair that folds or breaks down in some way. Someone living in a rural setting who does not travel will find those features less important, but may benefit from a rigid frame and a longer wheelbase to give them more stability on rough surfaces.

d. Section 5. Importance of a safe and durable product

- Cover some of the contents of the box on page 34 of the *Reference Manual and Workbook* in more depth. Managers can be tempted to accept any wheelchairs offered or to select the cheapest models to get the maximum quantity. Managers should know the questions to ask potential donor or suppliers. For example, they should consider whether the wheelchair has been tested to any certified standards for performance and durability, such as ISO standards (International Organization for Standardization) or local standards.
- Donors and funders can pressure managers and teams to choose the cheapest wheelchair. It is important to highlight the cost-per-month/year consideration cheap wheelchairs often break down very quickly whereas a good-quality wheelchair can last at least 3–5 years if regularly maintained.

Wheelchair model	Cost of purchase	Years of use	Cost per year of use
Wheelchair A	US$ 80	0.5	US$ 160
Wheelchair B	US$ 150	1	US$ 150
Wheelchair C	US$ 300	3	US$ 100
Wheelchair D	US$ 300	5	US$ 60

e. End of session

- At the end of the session remind participants to keep adding their ideas to the four flipchart sheets on the wall. Review the contents and if necessary repeat instructions to keep everyone on track.

B.4: Align personnel

a. Section 5. Assessing service capacity

- Have a calculator available for the session. Add this to the *Trainer's Manual* session plan under *Resources*.

Key considerations for teaching this session

a. Section 2. Roles in a wheelchair service

- Explain that if a region does not have an intermediate level service, the manager of the basic level service should consider how this can be planned for the future and discuss with staff and other stakeholders.

b. Section 5. Assessing service capacity

Tips for preparation

- If you are not confident calculating the figures, practise until you feel prepared.

Content

- Exit "Slide Show" mode when you get to slide B.4.11 if you are going to complete the table on screen. You will need to click on the edge of the PPT table to enter numbers in the slide. Alternatively, draw the table on a flipchart beforehand and add the numbers during the session.

c. End of session

- At the end of the session remind participants to keep adding their ideas to the four flipchart sheets on the wall. Review the contents and if necessary repeat instructions to keep everyone on track.
- Remove any data added to slide B.4.11 during the session.

Activity

Work alone for this activity. You will need a calculator.

Working with the data in your assigned chart below, fill in the grey cells below columns A-F. Final numbers can be rounded up or down.

Option one

Planning the working week						
Scenario	A	B	C	D	E	F
Number of working days per week	4	2	5	4	2	5
Number of working weeks per year	40	42	46	40	42	46
Estimating service capacity	Basic			Intermediate		
Number of working hours per day	6.5	5	7	6.5	5	7
Estimated number of hours per user	2.5	3	3.5	6	5	5.5
Number of service users per day						
Number of service users per week						
Number of service users per year						
Subtract 15% (contingency for unexpected events)						
Estimated number of users per year						
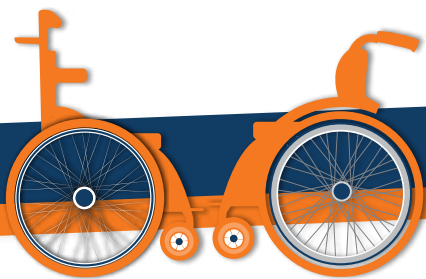
Option two

Planning the working week						
Scenario	**A**	**B**	**C**	**D**	**E**	**F**
Number of working days per week	3	2.5	5	3	2.5	5
Number of working weeks per year	44	46	42	44	46	42
Estimating service capacity	**Basic**			**Intermediate**		
Number of working hours per day	7	6	8	7	6	8
Estimated number of hours per user	3	2.5	3	7	5	6
Number of service users per day						
Number of service users per week						
Number of service users per year						
Subtract 15% (contingency for unexpected events)						
Estimated number of users per year						

B.5: What does a wheelchair service cost?

Key considerations for teaching this session

a. General

- The session is about encouraging managers to think about the different cost areas of a wheelchair service. Do not allow too much discussion on budget lines.
- This session can be too detailed for managers who need an overview but have an accountant who works out the details. At the start ask participants if they are involved in detailed budgeting for their service. If not, consider turning the activities into whole group discussions to save time.

b. Section 2. Budget guide

- For the practice delivery, run the activity in one group for a shorter period to save time.
- The following budget headings should be written on the board: *Start-up costs* and *Operational costs.* Be clear that you are asking participants to think about the type of costs that would come under each heading.
- Emphasize that a manager and team should be clear about: the personnel and equipment needed for each service step, and whether it will take place in the service or the community.

c. Section 3. Benefits of integrating services

- This section also has an activity that is financially oriented and could be left out, particularly as the concepts are explained in *Section 4. Benefits of cost sharing through partnerships.*

d. Section 4. Benefits of cost sharing through partnerships

Tips for preparation

- Consider adding a slide at the start of this section asking: "What is cost sharing? What are the benefits of cost sharing?"

e. End of session

- At the end of the session remind participants to keep adding their ideas to the four flipchart sheets on the wall. Review the contents and if necessary repeat instructions to keep everyone on track.

C.1: How do you know if your service is working?

a. Section 2: What is monitoring and evaluation?

• If time is running short during this session, have a general discussion about the benefits of monitoring and evaluation instead of doing the activity.

b. Section 3: Efficient and effective services

• Consider running this as a full group activity to give time for more discussion. Ask questions as you complete the table on pages 100–101 in the *Reference Manual and Workbook* to stimulate discussion. For example, for the first blank box in column two on the second row:
  – Ask participants: what would be a reasonable time for the performance target?
  – If one person suggests an answer, ask others if they agree. This will stimulate discussion.
  – Talk through areas of the table that are already complete as examples of what to do.
  – Ask participants to look at row two in the third column, "On the user's file record the date when the referral was received and the assessment date". Ask who would fill in this information in their own service and how would the data be collated to identify whether the target was met?
  – Ask what action they could take if the target was repeatedly missed?
  – Refer to the blank box in the third row of the table under "Information collection" target for the "Number of users who receive a wheelchair", against a target of 20 per month.
  – Ask: Where would information be stored about who has received a wheelchair?
  – This would be recorded in the user files. However, to monitor the total number, managers would also need to compile a master list of wheelchairs distributed.
  – Ask: How would this be managed?
  – The purpose of the activity is to encourage participants to think about strategies to record and review information about their service. Keep working through the table encouraging discussion on each item.

c. End of session

- At the end of the session remind participants to keep adding their ideas to the four flipchart sheets on the wall. Review the contents and if necessary repeat instructions to keep everyone on track.

C.2: Managing demand

a. Section 2. Creating demand

Tips for preparation

- The activity directs you to read out the Bangladesh example of success. Add the slide provided on the WSTP Pen Drive to your presentation so that participants can refer to it during the discussion, or provide a copy on a handout.
- In the *Most important answers* section (second box, page 98) additional reasons why demand might be low include: problems with service delivery; dissatisfaction with the service; or poor reputation of the service. If services are providing low quality or expensive products, or have long waiting times, service users may choose to go elsewhere or to go without a wheelchair. Suggest participants add this information to the list in their *Trainer's Manual.*

b. Section 4. The importance of early referral for children

Tips for preparation

- Consider adding a slide showing the benefits of early referral as outlined below.

Content

- Parents can be reluctant to bring their child for a wheelchair assessment for many reasons (see *Most important answers,* page 103). They may fear that their child will no longer try to walk or will become lazy. Emphasize that an appropriate wheelchair with the right support often means the child's walking will improve as they don't have to go so far. It will also help them conserve energy, which can be used to get involved in other things. With better function they will be able to get out of their wheelchair for an activity on the floor or in a standing position.

c. Section 5. Running efficient and effective services

- Limit the discussion on the time needed for each stage; this will vary between services. Use this section to help managers understand how to calculate realistic targets for their services.

- Highlight that the time allocations shown in slide C.2.13 are averages. These will vary between services depending on the range of wheelchairs and PSDs available and the skills of the service staff. Depending on context the times could be double those shown for some service users.

d. End of session

- At the end of the session remind participants to keep adding their ideas to the four flipchart sheets on the wall. Review the contents and if necessary repeat instructions to keep everyone on track.

C.3: Planning follow-up

Key considerations for teaching this session

a. Section 2. Importance of follow-up

- When identifying a wheelchair user to share their experience in this session, ensure they experienced appropriate follow-up. Discuss their experience beforehand to help them highlight the important aspects.

b. Section 4. Planning for follow-up

Tips for preparation

- Slides C.3.7 and C.3.8 are not clear. Replace the existing slides with new ones from your WSTP Pen Drive.

Content

- As illustrated on the slides, highlight that by providing follow-up a service may provide fewer wheelchairs in year 2 onwards unless human resources are increased.
- Emphasize that a service's effectiveness should be measured on more than just the number of wheelchairs distributed.

c. Section 6. Inclusion and participation in the community

Tips for preparation

- In the example from Sri Lanka on page 122, convert the US$ figures into local currency to help those not familiar with US$.

Content

- Do not focus on the actual US$ amounts, but on the principle of how much cost is incurred by long stays in hospital because people cannot return home.

d. End of session

- At the end of the session remind participants to keep adding their ideas to the four flipchart sheets on the wall. Review the contents and if necessary repeat instructions to keep everyone on track.

C.4: Planning for financial sustainability

Key considerations for teaching this session

a. Section 3. Planning for financial sustainability

- Make sure you understand the concept of non-monetary support.
- Gifts in kind are sometimes easier to secure than financial contributions and should be considered in all areas of the service. However, some in-kind donations may need maintenance, such as a vehicle, so make sure you include this in your budget.

b. Section 4. Identify initial funding sources

- Remind participants to think about lead times for funding when considering who to approach. Trusts, foundations and governments can have long review processes whereas corporate donors or individuals may respond more quickly. An ideal strategy will include approaches to a range of sources.

c. Section 5. Planning a fundraising strategy

- The topic of fundraising can generate a lot of discussion. Keep the group on track.
- Participants are often unrealistic about the amount of donations they are likely to receive. Emphasize that successful fundraising takes a lot of effort and it is common to only receive small amounts until you have a track record with a donor.
- Highlight that potential donors will want to see that the service has carried out proper planning and budgeting and has good financial accountability.
- Emphasize the need for high quality and timely reporting to donors. Provide regular progress updates. Unless a donor has a policy of not giving a repeat donation, you are more likely to secure a second donation from a source you have built a relationship with and have kept well informed.
- Encourage participants to set realistic expectations. For example, do not ask donors to fund 200 wheelchairs over three months if your provision capacity is 30 wheelchairs per month.

Putting it all together

a. Section 2. Actions to lead change

- The aim of this session is to agree on actions to improve wheelchair provision in the country. Focus on gathering inputs from the group members.
- When delivering WSTPm you will use the "change facilitators" introduced in session *A.3: Managers who lead change*. Remind participants to keep adding ideas to the four flipchart sheets on the wall throughout the two days. These lists will form the basis of your discussions. Here are some examples:

Actions managers can take to create a shared vision of appropriate wheelchair provision

- Involve all team members in deciding the overall objectives of the service and creating a vision and mission statement.
- Review the shared vision regularly and ensure that all team members are contributing to its achievement.
- Make sure the overall shared vision is user-based: it should be developed with the involvement of wheelchair users.

Actions managers can take to communicate the importance of appropriate wheelchair provision

- Give presentations to wheelchair sponsors or donors.
- Raise awareness of the *Wheelchair Guidelines* with government ministries and departments, nongovernmental organizations, Disabled People's Organizations and rehabilitation professionals.
- Organize joint awareness raising events and activities with other stakeholders particularly on the *International Day of Persons with Disabilities*.
- Raise awareness of the articles of the *UN Convention on the Rights of Persons with Disabilities (CRPD)* that relate to assistive products.
- Highlight which of the *Sustainable Development Goals* (SDGs) promote the importance of appropriate provision of assistive products.
- Organize meetings with rehabilitation and community-based rehabilitation training schools to raise awareness and promote the *Wheelchair Guidelines*.
- Collect case studies and 'before' and 'after' pictures of wheelchair service users to share and show the benefits of a professional service.

Actions managers can take to align personnel and resources
• Make sure all the wheelchair service steps are assigned to people who have the skills and time to fulfil them.
• Involve wheelchair users in the service where possible, particularly for user training and follow-up.
• Make sure that personnel fulfilling the clinical, technical and training roles have received the appropriate training.
• Ensure your service targets are realistic based on the staff and resources available.
• Monitor the service regularly to check that personnel roles, responsibilities and workloads are appropriate.

Actions managers can take to motivate, engage and commit personnel
• Organize team meetings for all team members to agree on and understand targets.
• Ensure that all members of the team see the benefits of a professional service and the dangers of poor service by asking wheelchair users to share their personal stories.
• Offer incentives to staff such as bonuses, holidays or "person of the month" awards for exceptional work.
• Hold team building events to strengthen teamwork and build morale.
• Thank staff when they do work well or achieve a service milestone.

The most important part of this session is to discuss what should happen after the training programme. Emphasize the need to agree on next steps while they are together, even if it is only for a follow-up meeting where more detailed planning will be carried out. Encourage participants to nominate people to take things further and to agree on how to communicate with each other after the training programme.

Your role is to help participants set specific actions to help them make progress and be successful after the meeting.

The *Trainer's Manual* suggests you ask these questions: *What will be the next steps? Are you going to form a task force to initiate some of the actions proposed? Who will take these actions further? Are you going to meet again? When?*

Encourage participants to be specific in their answers. If they say they will form a task force, ask who will take responsibility for this? Who will be represented? How many members will there be? What will be the terms of reference? Will there be any meeting costs and who will pay? What will stop them from taking the next steps and how can they overcome these barriers? How will the full group get feedback?

Encourage participants to commit to something individually or as an organization. For example, organizing or hosting the next meeting; writing an article about the training programme for the local newspaper to promote awareness about wheelchair services.

WSTPtot Stakeholders reference material

Introduction to the WSTPtot *Stakeholders* programme

Planning a WSTPs delivery

Many of the resources discussed in the WSTPtot *Core training skills* and WSTPtot *Managers* modules are also relevant to stakeholders. For example, a thorough knowledge of the *CRPD*, the WHO *Wheelchair Guidelines* and the laws and policies of the country or region where the training programme is being delivered, is essential to facilitators of the WSTPs.

As with the WSTPm, the WSTPs will rarely be delivered exactly in line with the sample timetable. Content will depend on the local situation and desired outcomes. For example, if a coordinating body already exists it will be able to guide and oversee commitments for action (such as advocacy and awareness raising initiatives, and/or mobilizing resources).

If no such structure is in place, the workshop can help bring stakeholders together to share knowledge and build relationships. In this case creating a shared vision becomes very important and can get stakeholders working together to advance appropriate wheelchair provision in the country. This happened in the Philippines where a society was set up following a WSTP Stakeholder Workshop.

It is important to establish who will take the lead in following up on agreed actions. This will help maintain the momentum created by the workshop to meet participants' expectations. It will often be appropriate for a representative of the workshop's main host organization to fulfill this role. The workshop may elect a task force or committee to move decisions forward, however this person can still take responsibility for keeping all participants updated on progress.

It will often be more relevant to use the WSTPs programme in combination with sessions and activities planned specifically to suit the local context. The WSTPs sessions can be delivered in a minimum of 240 minutes (four hours), which represents a half-day workshop. This may be the most time that high-level government personnel can commit. However, it is strongly recommended that you schedule a one-day workshop and preferably one that runs for two days to allow you to meet specific local needs.

Consider including opening presentations from high-level officials, such as a government minister, to increase the likelihood of the event being reported by the media. Also consider inviting high-level officials to attend the opening and closing sessions to: raise their awareness of the major challenges in the sector; share the outcomes of the workshop with them; and request that they commit their support in specific ways.

The *WSTPs Trainer's Manual* gives detailed information on all aspects of preparing for a WSTPs delivery. The following sections provide extra information to help guide your planning and delivery.

WSTPs resources

The *Trainer's Manual* is the main resource for the WSTPs; there is no participant manual. It is advisable to give participants some of the key resources on a DVD or Pen Drive, for instance the *Wheelchair Guidelines*, *CRPD* and WSTP logo. It is also recommended that you give participants a copy of the *Wheelchair service steps* poster, which can be printed from the *WSTP Pen Drive*.

Target audience for the WSTPs

Page 2 of the *Trainer's Manual* lists the personnel who may be included in a Stakeholder Workshop. This list should always include government agencies with responsibility for disability issues (usually health, social welfare, or veteran affairs; sometimes urban development, transport and housing), NGOs, DPOs, rehabilitation professionals, wheelchair producers and suppliers, external donors, religious organizations (who may be donors, suppliers or rehabilitation professionals), and international agencies working in the rehabilitation sector. As you prepare, ask people with local knowledge about organizations present in the region who should be invited. Ensure that there is a good gender balance of wheelchair users and that specific groups are well represented including, if possible, people with spinal cord injuries (paraplegic and quadriplegic), amputation, cerebral palsy, elderly people and people with degenerative conditions. Also ensure that parents' groups are included and consider inviting human rights organizations.

Purpose and scope of the WSTPs

The purpose of the WSTPs is to raise awareness and increase the knowledge of all personnel involved in establishing appropriate wheelchair provision in their country or region (stakeholders).

The WSTPs consists of four sessions that each have a PPT presentation and session plan. There are also four videos to present: check that these are embedded in the PPTs beforehand. See the *Core training skills* module for information on how to do this.

The Stakeholder Workshop is the most contextual of all the WSTP and should be used in a flexible way to suit the level of the participants, their desired outcomes and the time available.

Trainers and participants for the WSTPs

Although the term 'trainer' is used throughout the WSTP, the WSTPs requires a facilitator more than a trainer. There will be a wide range of participants and good facilitation is needed to ensure that everyone gets the opportunity to contribute.

A ratio of one trainer for every 8–10 participants is recommended. The number of participants will depend on many factors including the region covered and outcomes required. Numbers could range from 12 to 40, or more. If your meeting is national, ensure that all regions of the country are represented. Also, check that women, youth and children with mobility disabilities are fairly represented.

WSTPs download

The WSTPs can be downloaded from the WHO website at: http://www.who.int/disabilities/technology/wheelchairpackage/wstpmanagers/en/

WSTP Stakeholders – logistics and preparation

Planning

One of the main preparation requirements of a Stakeholder Workshop is to know the current wheelchair provision situation in the country or region concerned. Page 8 of the *Trainer's Manual* lists the key information that is needed.

To gather this material you will need to consult a wide variety of organizations and individuals. The box below gives some suggestions on who to contact. Decisions on who to invite to the workshop should be made after completing these consultations.

A *WSTPm/s planning tool* has been developed to help trainers in the planning stage to get an overview of the current situation and to decide on the outcomes to be achieved. This can be found in the Annexes of this manual and on your WSTP Pen Drive.

Possible organizations/individuals to contact
• Key government ministries or departments dealing with disability, such as health, social welfare, disability affairs or child welfare
• DPOs and NGOs working in disability including any umbrella DPO (for instance the National Federation for People with Disabilities or a National Association for People with Physical Disabilities)
• Staff of rehabilitation centres working in the wheelchair or prosthetic/orthotic fields
• People with disabilities and their families/carers
• Community-based rehabilitation organizations
• Academic institutions running disability programmes
• World Health Organization and international NGOs working in the country within the rehabilitation field
• Rehabilitation equipment producers/suppliers
• Donor organizations supporting disability initiatives
• Disability-specific organizations such as those run by, or working with, people with cerebral palsy, spinal injuries, amputation or veterans
• Human rights organizations
• Organizations involved in reporting on the *CRPD*.

Identifying participants

The success of the Stakeholder Workshop will depend on setting a clear purpose, or desired outcome, and then in line with this ensuring that the most appropriate stakeholders are invited.

The number of people attending will depend on the area the workshop is covering, the budget available and the intended outcomes. Typically between 12 and 40 participants will be involved. If the workshop is national make sure there is good representation from all regions of the country or from national organizations. This may have budget implications but is important for credibility and for the successful implementation of any plans. If you do not have good representation from all relevant sectors and regions, there is a risk that:

- discussions do not represent all interested parties
- decisions are made without important viewpoints being considered
- participants may leave with an incomplete picture of the current situation as important voices have been left out
- participants get frustrated because the workshop is not representative of the sector
- agreed plans do not have credibility or cannot be implemented as they lack support from all stakeholder groups.

Ensure all identified stakeholders are invited and that invitations are followed up.

Identifying and preparing guest speakers

Pages 10 and 11 of the *Trainer's Manual* give guidance on how to identify and prepare guest speakers. They will help set the scene for the meeting and highlight the importance of appropriate wheelchair provision.

Identify speakers well in advance and discuss the focus of their presentation, whether they will use slides, and the time available to them. If guest speakers are planning to use a PPT presentation, try to get it ahead of time and load it on the laptop you plan to use throughout the Stakeholder Workshop.

The boxes below give suggestions of sectors to approach for a guest speaker.

Possible guest speakers:
• minister or senior delegate from a relevant ministry (Ministry of Health, Ministry of Social Welfare or Ministry of Veteran Affairs)
• head of an agency, department or directorate concerned with disability affairs
• technical specialist knowledgeable about the country's disability sector.
Make sure the person you invite is generally accepted as an effective and positive influencer.

Annex 1 (page 49) of the *Trainer's Manual* gives information on how to brief a government representative about their speech. It is important to do this to ensure the most important issues relevant to wheelchair service provision are covered; such as the responsibilities of the speaker's department, the current situation of wheelchair provision and the status of any relevant legislation.

Possible wheelchair user representative:
• familiar with the importance of appropriate wheelchair service provision
• can explain from personal experience the value of an appropriate wheelchair
• has knowledge and experience of local wheelchair service provision
• confident speaking passionately in front of a group
• knowledge of the *CRPD*
• willing to share their own story to highlight challenges faced by wheelchair users.
Try to identify a disability rights advocate as they will take a rights-based approach to the subject and will have a good awareness of local politics and context. They are likely to have good knowledge of the *CRPD* but may not necessarily be aware of the *Wheelchair Guidelines*. They can be briefed as part of their preparation.

Page 51 of the *Trainer's Manual* gives advice to the wheelchair user representative on what to cover in their speech. Talk it over with them to help bring to life what it is like to be a wheelchair user and what they hope will be achieved in the future.

Page 53 of the *Trainer's Manual* (Annex 3) gives some quotes and statistics that speakers and trainers can refer to in their presentations. Encourage speakers to talk about the bigger picture rather than focusing narrowly on their own organization's work. Highlighting the strengths, weaknesses, opportunities and threats within the wheelchair service provision sector will be useful to stimulate discussion.

Trainers' roles

The WSTPs is a workshop rather than a training programme and requires the trainer to adopt more of a facilitator role. Trainers should have a thorough knowledge of the wheelchair and disability sector generally, as well as the local context. This will enable them to plan and manage the sessions most effectively. WSTPs trainers should have a good understanding of the importance of appropriate wheelchair provision and a strong commitment to it. Trainers who are familiar with health policy and the functioning of government are also valuable assets.

It is particularly beneficial if one of the trainers is a wheelchair user with some or all the skills and knowledge outlined above, and who also knows the training package. If all the trainers come from outside the local region, allow for extra time before the workshop for them to meet local stakeholders to discuss the local context.

WSTPs practice deliveries

S.1: Introduction

Key considerations for teaching this session

a. Introduction

- If you are running a half day workshop and the group is large, the 5 minutes allocated will not be enough for individual introductions. As an alternative, you could call out categories (for example, therapist, government, DPO, NGO, donor, media) and ask the members of each group to identify themselves by standing up or raising their hand.
- When a key purpose of the meeting is to establish relationships, personal introductions become important. Include a few minutes for people to introduce themselves at each table and then reassign people to different tables for subsequent sessions to increase the relationships established.
- Encourage participants to give their name and organization when they contribute in the following sessions.

b. Guest speakers and Keynote address – wheelchair user/ representative

Tips for preparation

- The *Trainer's Manual* mentions up to three guest speakers in this session. The time allocated is only 20 minutes in total, and guest speakers frequently talk over their allotted time.
- If you have more time available, consider extending this session. If well chosen and well briefed, guest speaker's testimonies can be extremely powerful and will lay good foundations for the workshop.

Tips to ensure speakers are relevant and keep to time

- *Avoid PPTs or limit to no more than three or four slides.*
- *Ask local contacts about the invited speakers. If they tend to go over time, reduce the number of speakers.*
- *Brief the guest speaker in advance about time constraints. Tell them you will hold up a sign when there are 2 minutes left, to help them keep to time. Ask for any PPT presentations in advance so you can check and upload them on the computer.*

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c. Questions and answers

- Only 5 minutes are allowed for guest speaker questions and answers. Limit the number of questions and encourage speakers to keep their answers brief. If guest speakers are attending the whole workshop, encourage participants to ask more questions during breaks.

S.2: Policy to practice

Key considerations for teaching this session

a. General

Tips for preparation

- The *Trainer's Manual* includes a checklist of key resources to create a legal-framework handout for this session. Speak to government representatives, NGOs, DPOs and other stakeholders, and carry out internet searches to collect this information.
- For a more comprehensive overview of the situation in the country, complete the *WSTPm/s planning tool,* which can be found in the *Annexes* of this manual and on your WSTP Pen Drive.

b. Section 2. What is the need and unmet need?

Tips for preparation

- Add national population statistics to the first slide and calculate 1% of this figure to give the estimated number of people who need a wheelchair according to WHO.[3] Ask your co-trainer/s to check the calculation is correct. Search on the Internet for the latest census information or look for a more recent estimate from the government department of statistics or other reputable source.

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3   http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/

Content

- WHO estimates that approximately 15% of any population are people with disabilities[4] and 1% need a wheelchair. Census information on the total percentage of people with disabilities is usually much lower than the WHO estimates and varies between countries (it is usually closer to 2–5%). Therefore, participants may question the WHO estimates. Explain that disability is generally under-reported for a number of reasons:
  - disabled family members may be hidden away inside the home and not counted in a census
  - people do not always admit to their disability on a census form
  - census forms do not always capture relevant information, so many people with disabilities may not be identified.

c. Section 3. Importance of wheelchair provision

Tips for preparation

- Ensure the video is embedded in the WSTP Pen Drive, or easy to locate, before the session starts.
- This is a 3-minute section and the video is two and a half minutes so there is not time to include *Shobha from India's story* unless the session time is extended. There is another example from India later (page 27).

d. Section 5. Everyone has rights

- Read the full *CRPD*, not just the highlighted articles. This will put the articles in context and give a more comprehensive understanding of the rights enshrined in the Convention.

e. Section 6. Policy reaches the individual through services

- This section includes a slide showing the wheelchair service steps. Have the poster on the wall and refer to it.
- This is the first mention of the *Wheelchair Guidelines* in the WSTPs. If awareness of them is low, and you are not running a separate session on them, use this opportunity to emphasize the importance of the guidelines and the eight steps of wheelchair provision.

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4   http://www.who.int/mediacentre/factsheets/fs352/en/

f. Section 7. Make rights real with a national plan

- There is not much time to complete the activity in *Section 7*. Run this exercise with the group as a whole, or allow more time for the exercise and less time for feedback. Ask for general feedback rather than from each of the four groups separately.

g. Section 9. Key point summary

- At the end of this session, emphasize that all sectors of government have a role to play in achieving appropriate wheelchair provision. National and international policies, conventions and laws are only meaningful when enforced by the different stakeholders, and in some cases this will only happen through advocacy and lobbying. The compliance, commitment and accountability of all stakeholders is critical.
- All stakeholders have a part to play in addressing the urgent need for improved wheelchair provision systems (including wheelchair design, production, supply and service delivery), and to ensure that service delivery follows the eight steps covered in *Section 6*.

S.3: Range of appropriate wheelchairs

Key considerations for teaching this session

a. General

Tips for preparation

- Add "different types of wheelchairs" and "cushions" to the resources box in the session plan. Highlight different features and designs; encourage questions and use them to engage participants.
- Before the session starts, ensure the two videos are embedded in the WSTP Pen Drive, or easy to locate.

b. Section 2. Importance of an appropriate wheelchair and cushion

Tips for preparation

- Slide 3.5: Convert the US$ figures into local currency so that everyone understands the amounts.
- This section focuses on the importance of an appropriate wheelchair and cushion. If you have time add your own case studies to show the impact of inappropriate wheelchairs and cushions.

Content

- Emphasize that pressure sores can develop quickly and can be fatal and that a cushion is an integral component of an appropriate wheelchair. Wheelchair users may have to stay in bed for months or years to heal from pressure sores.
- Keep the conversation focused on how to provide an appropriate wheelchair – focus on user needs and the importance of being able to choose from a range of wheelchairs. Try to avoid getting bogged down in details about wheelchair production or particular brands, unless these have been identified as important topics.

c. Section 4. Meeting the user's needs and environment

- Participants are asked to observe how the different wheelchairs help people in the video to carry out their activities. Highlight the different environments that are featured. Use the resource wheelchairs to show the flip-up footplates or folding mechanism demonstrated in the video.

d. Section 5. Importance of a safe and durable product

- Emphasize that it is important for services to find out about safety and durability when they are considering new products. For example, does the wheelchair come with a pressure relief cushion? Has the wheelchair passed any certification checks (such as ISO tests)? Has the design been used in similar environments elsewhere? Does it come with spare parts? Can the frame be repaired locally?

S.4: Working together for change

a. Section 6. How to provide support and remove obstacles

- The last slide thumbnail in this section has an incorrect heading. The correct heading: *Key point summary* is on the PPT slide. Correct it in your *Trainer's Manual.*

Key considerations for teaching this session

a. General

- Emphasize that the participants of the Stakeholder Workshop are critical both in creating and promoting change. Relate the content of these sections to the participants. For example, highlight the need to identify early adopters who could champion appropriate wheelchair provision. Highlight the need to identify the organizations who most desire change and could be a driving force for wheelchair provision.

b. Section 1. Introduction

- The introduction suggests linking this session to previous similar sessions about unmet need and the benefits of appropriate wheelchairs. Flag up the guiding documents again including any international, national, or local policies.

c. Section 2. How to communicate a sense of urgency

- Participants often comment that there are no statistics available and therefore the need for wheelchairs is unknown. Persuade them that this should not be a reason for inaction. The WHO statistic of 1% is a credible statistic that can be used for estimating and planning purposes.

d. Section 6. How to provide support and remove obstacles

- Slide 4.12: edit the slide to include the population of the country where you are training and calculate the estimated 1% of the population requiring wheelchairs. You should already have this data from the slide in session S.2.

e. Section 7. Strategies to help the change process

- *What will be the next steps?* (page 47): If possible, increase the time allocated to discuss the actions listed on the flipchart sheets. It is important that there is agreement on how to move forward before the workshop breaks up. For instance, plans for a follow-up meeting after participants have had time to reflect and consult with colleagues.

- To save time, consider running the activity in *Section 7* either for the group as a whole or by dividing into three groups. Show the groups how to record their answers directly onto the flipchart paper or via Post-it notes.

f. End of session

- The last two slides are for the closing address. Consider inserting a blank slide before the first to avoid moving on to the closing address in error.

Closing address

Key considerations for teaching this session

a. General

• The two slides for the *Closing address* are at the end of the PPT for Session S.**4.** *Working together for change.*

b. Closing address and logo

• Highlight that the WSTP logo is provided on the WSTP Pen Drive.

c. Evaluation and feedback to WHO

• Evaluation and feedback is very important to WHO as it enables ongoing improvement and development of the WSTP materials. Encourage participants to join in this process.

Annexes

Annex 1: Timetable for WSTPtot core sessions

	Day One	Day Two
8:30	ToT.1 Introduction to the WSTPtot (75)	ToT.7 Presenting and Facilitating (60)
8:45		
9:00		
9:15		
9:30		ToT.8 Communication skills (90)
9:45	ToT.2 Wheelchair Service Training Packages	
10:00		
10:15		
10:30		
10:45		
11:00 – 11.15 Morning break (adjust time to suit local context and session plan)		
11:15	ToT.2 Wheelchair Service Training Packages	ToT.9 Guiding documents (75)
11:30	ToT.3 Practice deliveries (60)	
11:45		
12:00		
12:15 – 1.15 Lunch (adjust time to suit local context and session plan)		
1:15	ToT.3 Practice deliveries	ToT.9 Guiding documents
1:30	ToT.4 Preparing for diversity (60)	ToT.10 Audio-visual tools and equipment (45)
1:45		
2:00		
2:15		ToT.11 Feedback (45)
2:30	ToT.5 Adult learning (80)	
2:45 – 3.00 Break (adjust time to suit local context and session plan)		
3:00	ToT.5 Adult learning	ToT.11 Feedback
3:15		ToT.12 Managing group dynamics (45)
3:30		
3:45		
4:00	ToT.6 Preparation time (15)	Preparation (60)
4:15	Preparation (45)	
4:30		
4:45		

Annex 2: WSTPtot Managers and Stakeholders Timetable

	Day one	Day two	Day three
8:30	Introduction to the WSTPtot *Managers* (85)	B.5: What does a wheelchair service cost? (60)	Introduction to the WSTPtot *Stakeholders* (35)
8:45			
9:00			S.2: Policy to practice (45)
9:15			
9:30		B.5: What does a wheelchair service cost? Feedback (30)	S.2: Policy to practice: Feedback (25)
9:45			
10:00	**Morning break**	**Morning break**	
10:15	Welcome, introduction and overview (10)	C.2: Managing demand (85)	**Morning break**
10:30	Welcome, introduction and overview: Feedback (15)		S.3: Range of appropriate wheelchairs (30)
10:45	A.1: What is appropriate wheelchair provision? (50)		
11:00			S.3: Range of appropriate wheelchairs: Feedback (20)
11:15			S.4: Working together for change *(part I)* (57)
11:30	A.1: What is appropriate wheelchair provision? Feedback (25)		
11:45		C.2: Managing demand: Feedback (35)	
12:00	**Lunch break**		
12:15		**Lunch break**	**Lunch break**
12:30			
12:45			
1:00	A.2: Service delivery (40)		
1:15		C.4: Planning for financial sustainability (70)	S.4: Working together for change *(part II)* (43)
1:30			
1:45	A.2: Service delivery: Feedback (20)		
2:00	A.3: Managers who lead change (45)		S.4: Working together for change: Feedback (30)
2:15			
2:30		C.4: Planning for financial sustainability: Feedback (30)	WSTPm and WSTPs logistics and preparation (30)
2:45	A.3: Managers who lead change: Feedback (30)		
3:00		**Afternoon break**	**Afternoon break**
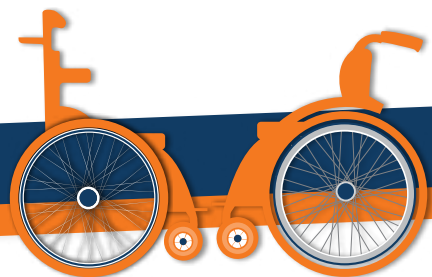
3:15	**Afternoon break**	WSTPm non-practice sessions (105)	WSTPm and WSTPs timetable options (45)
3:30	B.1: Accessing services (45)		
3:45			
4:00			Car park
4:15	B.1: Accessing services: Feedback (25)		ToT trainer individual feedback (65)
4:30			
4:45	Car park		
5:00	Session preparation	Session preparation	
5:15	ToT trainer individual feedback (30)	ToT trainer individual feedback (30)	WSTPtot *Managers and Stakeholders* evaluation and closing (10)

Annex 3: Feedback sheet for WSPTtot practice delivery sessions

Trainee: _____   ToT trainer: _____

Session name/number: _____   Sections: _____

Date: _____   Allocated time: _____   Actual time taken: _____

Finished all sections? ☐ Yes   ☐ No

This feedback sheet is a tool to help to develop the confidence and training skills of WSTPtot trainees. This sheet can be used by:

- trainees, to reflect on their training skills
- ToT trainers, to give feedback to trainees.

Instructions to ToT trainers: After each practice delivery, write in the two columns below, using the *WSTPtot trainee skills* list below for guidance. At the end of the WSTPtot, complete the **recommendation and summary** at the end of page 2.

WSTPtot trainee skills:

- preparation
- time management
- delivery of WSTP materials
- presenting

- facilitating
- communication
- managing group work
- giving feedback.

First practice delivery	
What was good	**What can be improved**

Trainee: _____   ToT trainer: _____

Session name/number: _____   Sections: _____

Date: _____   Allocated time: _____   Actual time taken: _____

Finished all sections? ☐ Yes   ☐ No

Second practice delivery	
What was good	**What can be improved**

Trainee: _____   ToT trainer: _____

Session name/number: _____   Sections: _____

Date: _____   Allocated time: _____   Actual time taken: _____

Finished all sections? ☐ Yes   ☐ No

Second practice delivery	
What was good	**What can be improved**

Instructions to ToT Trainers: At the end of the WSTPtot, select your recommendation below and write a brief summary of the trainee's strengths and areas for improvement.
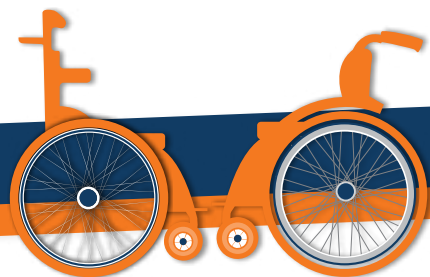
Recommendation and summary
ToT trainer recommendation: ☐ Continue to co-training ☐ Develop knowledge and/or skills before continuing to co-training (details below) **Summary**

Annex 4: WSTPm/s planning tool

Country _____   Completed by _____

Contact details _____   Date: _____

1. How to use the tool

The tool is designed to help gather a general overview of the situation in the country and to help set the desired training and workshop outcomes. It is recommended that you work with stakeholders to complete the following table as follows:

1. Circle or highlight the box that most closely describes the situation in the country.

2. Complete the white 'Summary' boxes in the left-hand column to give brief details of the actual situation for that area.

3. Consider what sessions to include in your training based on the local situation and time available, drawing from local knowledge and the 'consider including session/s on' lines, and the possible outcomes page.

2. Summary of main stakeholders in the country to involve in research and planning

Consult/include these stakeholders as listed in the WSTPs:

- Policy planners and implementers (including Government departments – especially those with responsibility for wheelchair provision).
- Umbrella disability organization/s.
- Organizations of disabled people (ODPs).
- Influential leaders or politicians.
- Wheelchair users, their families and caregivers.
- Philanthropists/funders/donors.
- Media: print and digital.
- Wheelchair manufacturers and suppliers.
- Professional groups (Physiotherapists, Occupational therapists, CBR professionals, Prosthetists, Orthotists and others).

Also consider inviting stakeholders from other countries who can share their experiences.

3. WSTPm/s planning tool

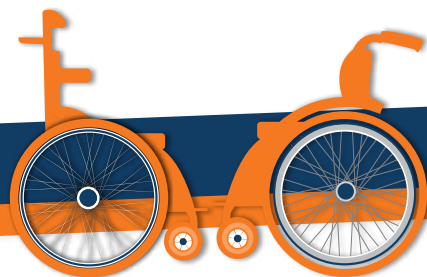| Brief information to explain grade	Early Stage	Developing	Maturing	Well-functioning
Complete the white summary boxes below	**Circle/bold the most relevant white box for each of the 10 areas**			
1. Policy and Planning: Policies / National Disability Plans / legislation relating to wheelchair service delivery				
Summary:	No policies/plans exist which specifically reference provision of assistive devices. No national strategies are in place.	Some general policies/plans are in place but not aligned with the CRPD or Wheelchair Guidelines or well known by stakeholders. They are not enforced and are out of date.	Policies/plans are in place and are known by most stakeholders. They are to some extent in line with the Wheelchair Guidelines and CRPD but are not enforced.	Policies/plans are in place, in line with CRPD and Wheelchair Guidelines. They are regularly reviewed, well known by all stakeholders, and largely enforced.
Consider including session/s on:	Formulation/drafting of policies/ National disability plans/standards in line with CRPD/ WHO Guidelines.	Reviewing policies with reference to CRPD/ WHO Guidelines.	How to operationalize policies that advocate for appropriate wheelchair services.	Using policies to strengthen wheelchair delivery. How to assist other countries to develop/ implement policies.

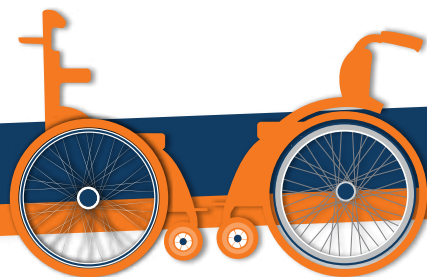| Brief information to explain grade	Early Stage	Developing	Maturing	Well-functioning
2. Policy and Planning: Convention on the rights of persons with disabilities (CRPD)				
Summary:	CRPD has not been signed and there is no local commitment from government to the Convention.	CRPD has been signed but not ratified and is not well known or promoted within country.	CRPD has been signed and ratified but knowledge and monitoring of it is weak.	Country has signed and ratified the CRPD and has strong monitoring mechanisms in place to evaluate progress.
Consider including session/s on:	Raising awareness of the CRPD and its relevance to wheelchair service delivery.	How to promote CRPD and its relevance to wheelchair service delivery.	Reviewing/developing monitoring systems and structures in relation to wheelchair services.	Reviewing monitoring data to highlight strengths and weaknesses of wheelchair services in relation to CRPD.
3. Policy and Planning: Knowledge of WHO Guidelines on the provision of manual wheelchairs in less resourced settings (Wheelchair Guidelines)				
Summary:	There is little or no knowledge of the Guidelines even among stakeholders working in wheelchair service delivery.	A limited number of stakeholders are aware of the Guidelines but their circulation has been very limited.	Guidelines are well known amongst key wheelchair stakeholders but not within Government or mainstream disability/development actors.	Guidelines are well known and used as a key guiding resource by Government and other actors to plan and implement wheelchair services.
Consider including session/s on:	Presentation on the Guidelines content and background.	Developing a general strategy to promote the Guidelines.	Strategy to promote the Guidelines to specific sectors.	National/International case studies of how Guidelines are being met.

Brief information to explain grade	Early Stage	Developing	Maturing	Well-functioning
4. Policy and Planning: Country infrastructure and coordination of wheelchair provision efforts				
Summary:	Country is in a volatile/emergency situation with little formal infrastructure. Rehabilitation efforts are minimal and mostly run by INGO/NGO sector.	Country is poorly organized and resourced and structures are weak. Rehabilitation is not prioritized and efforts are not coordinated. Skilled national staff are scarce.	Infrastructure is in place and rehabilitation services and staff exist but services are not well coordinated or resourced and are limited in quality, volume and reach.	Country has a sound infrastructure that includes well-established and coordinated rehabilitation services in all regions of the country.
Consider including session/s on:	Raising awareness of appropriate wheelchair delivery amongst INGO/NGO rehabilitation actors.	How to coordinate wheelchair service delivery initiatives in the country. Formulation of Task Force or National association.	How to coordinate wheelchair service delivery initiatives in the country.	Ensuring sustainability and planning for the future: the changing wheelchair service needs in an ageing population.
5. Policy and Planning: Strength of disability movement and level of inclusion of persons with disabilities				
Summary:	Organizations of persons with disabilities (OPD) are weak or absent. Persons with disabilities are marginalized, stigmatized, and shunned.	There is a weak disability movement with some OPDs and NGOs working in disability but work is not coordinated or impactful. PWDs are largely excluded.	Growing disability movement with increasing OPD strength. PWDs included in some aspects of life and awareness is increasing of their rights in line with the CRPD.	Vibrant disability movement with strong OPDs structure. PWDs involved in wheelchair service delivery and their rights in line with CRPD are recognized in most areas.
Consider including session/s on:	Wheelchair user rights and the role of wheelchair users and their organizations in wheelchair service delivery.	Potential roles of self-help groups in wheelchair delivery: case study examples.	How to increase the role of OPDs in wheelchair service delivery.	Role of OPDs in promoting appropriate wheelchair delivery nationally and internationally.

Brief information to explain grade	Early Stage	Developing	Maturing	Well-functioning
6. Products: Availability of appropriate wheelchairs and supportive seating				
Summary:	There is a lack of any wheelchairs at all, and those available are not appropriate for most people's needs.	There are 1–2 appropriate wheelchairs but these are not widely available, and do not serve the needs. There is little or no supportive seating.	There is a full/limited range of appropriate wheelchairs and/or supportive seating but volume/quality/reach to all regions is limited.	There is a comprehensive range of appropriate wheelchairs and supportive seats in all regions of the country.
Consider including session/s on:	Range of appropriate wheelchairs. Evaluating locally available products against Guidelines.	Expanding the reach and range of appropriate wheelchairs and introducing supportive seating.	Expanding the reach and range of appropriate wheelchairs and seating.	Presentation of success stories to emphasize importance of maintaining a comprehensive range.
7. Services: Status of wheelchair services				
Summary:	No government services. Reliance on sporadic mass distributions by NGOs without assessment and prescription services according to Guidelines.	Some basic services in place of varying standards run by government or NGOs. No intermediate level services. Poor referral and follow up.	Some basic and intermediate services operating to Wheelchair Guidelines standard but insufficient for needs, not integrated into government rehab services, and minimal user involvement or follow up.	A network of quality basic and intermediate level services are integrated into national government services and meeting needs on a local and national level with full involvement of users.
Consider including session/s on:	Starting a wheelchair service	Running a wheelchair service	How to upscale the positive aspects of service delivery to meet national needs.	The way forward for ongoing development of services. How to support other countries to develop services.

Brief information to explain grade	Early Stage	Developing	Maturing	Well-functioning
8. Services: Availability of rehabilitation professionals / CBR services / Staff trained in wheelchair delivery skills				
Summary:	There are very few physiotherapists/ Occupational therapists or CBR professionals. No or few people in the country have skills related to wheelchair delivery.	There are a limited number of qualified professionals and trained CBR workers. However very few people have specific skills in wheelchair delivery.	Qualified professionals are present in most areas and CBR workers are present in most districts. There are some people who have been trained in specific skills of wheelchair delivery in some regions.	There is a network of trained rehabilitation and CBR professionals covering all or most regions and a high number of people who have been trained in skills of wheelchair delivery.
Consider including session/s on:	Awareness of Wheelchair Guidelines and WSTP modules	Awareness of Wheelchair Guidelines and WSTP modules	How to integrate WSTP modules into rehabilitation curricula.	How to integrate WSTP modules into rehabilitation curricula.
9. Services: Availability of funding				
Summary:	Little or no funding available locally for rehabilitation. Most rehabilitation funding is provided by INGOs/ International organizations.	Minimal funding is available for services but no funding is committed to wheelchair provision.	Modest level of funding is available for both services and products but is inadequate for needs.	Services are well resourced and all/ most wheelchairs and supportive seats are funded through the state system.
Consider including session/s on:	Awareness-raising among INGO/NGO actors on importance of appropriate wheelchair provision.	Presentation of case studies demonstrating health cost savings of appropriate wheelchair provision and inclusion of PWDs.	Importance of a range of appropriate wheelchairs at different costs to suit varying needs.	Case studies of the benefits of the effective services to ensure they are maintained and lessons shared with others.

10. Training: Training available for wheelchair service personnel including wheelchair users

Brief information to explain grade	Early Stage	Developing	Maturing	Well-functioning
Summary:	Training in wheelchair delivery is not provided at all within the country. Country does not have rehabilitation training schools.	Some limited training in wheelchair delivery is included in CBR/ other training courses but is not in line with Wheelchair Guidelines. No wheelchair user skills training.	Some training is provided to various cadres and there are a limited number of people able to train WSTP or equivalent packages. Some wheelchair user training.	Regular courses in wheelchair delivery skills at basic and intermediate level in line with Wheelchair Guidelines are offered and integrated into curricula of other rehabilitation professionals.
Consider including session/s on:	Awareness of Wheelchair Guidelines and WSTP modules. Training needs analysis against different sectors.	Awareness of Wheelchair Guidelines and WSTP modules. Awareness of peer training for wheelchair users.	Developing a strategy to increase the wheelchair delivery skills of rehabilitation professionals and wheelchair users.	Strategy to develop the skills of wheelchair professionals to intermediate/advanced level.

4. Possible outcomes to set for a Wheelchair Service Managers Training and/or Stakeholder Workshop

Identify the most appropriate and achievable outcomes and consider how much time is needed to cover each. Expand the time of sessions or range of sessions as appropriate.

**Consider these areas identified in the packages:**

WSTPm

- Increased awareness of the eight steps of wheelchair service delivery.
- Increased knowledge and skills of how to start a wheelchair service.
- Increased knowledge and skills in how to run a wheelchair service.
- Raising awareness of how to make wheelchair provision sustainable.
- Increased quality of wheelchair service delivery.

WSTPs

- Improved understanding about the need for and benefit of an appropriate wheelchair.
- Inform stakeholders of their role in developing appropriate wheelchair service delivery.
- Attain better understanding of barrier free environments.
- Gain more commitment to seek/provide budgetary support.
- Increase sustainability of wheelchair service delivery.

Consider these additional possible outputs or identify your own based on the local context and needs.

- Formulation/Drafting of a national policy for wheelchair service delivery.
- Formulation/Drafting of a national strategy for wheelchair service delivery.
- Appointment of a Task Force to coordinate and drive wheelchair issues.
- Establishment of a Wheelchair/Assistive Devices society or group.
- Agreeing national standards for wheelchair service delivery.
- Existing wheelchair and seating range evaluated against the WHO Wheelchair Guidelines.
- Increased awareness of the WHO Guidelines on the provision of manual wheelchairs in less-resourced settings.
- Increased awareness of the CRPD and other International instruments and how they relate to wheelchair service delivery.
- Improved coordination of wheelchair service delivery.
- Improved skills of personnel involved in wheelchair service management.
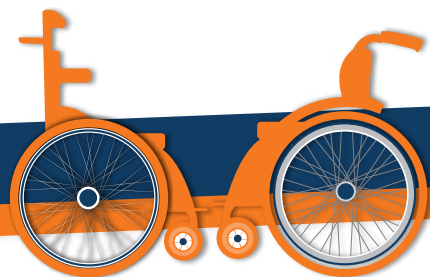
- Increased understanding of the global/regional/national situation for wheelchair service delivery.
- Completion of training needs analysis for wheelchair service delivery.

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www.who.int/disabilities/en/