
BEST PRACTICE GUIDELINES FOR IMPLEMENTING THE EARLY STAGES OF VOCATIONAL REHABILITATION IN THE NORTH WEST REGION OF CAMEROON

PREPARED BY

THE NWR BEST PRACTICES IN VOCATIONAL REHABILITATION GROUP

BAMENDA COORDINATING CENTRE FOR STUDIES IN DISABILITY AND
REHABILITATION

BAMENDA, NORTH WEST REGION, CAMEROON

AND

INTERNATIONAL CENTRE FOR DISABILITY AND REHABILITATION
UNIVERSITY OF TORONTO, CANADA

DECEMBER 2013

Contents

Contents

Contributors	3
Scope.....	3
Methodology	4
Recommendations.....	6
1) Identification:	6
2) Assessment	7
3) Counseling and Orientation.....	8
4) Referral to Vocational Training Services.....	10
Evidence supporting the Recommendations	14
Benefits of Implementing the Recommendations.....	15

GUIDELINE TITLE: Best Practice guidelines for implementing early stages of vocational rehabilitation in the North West Region of Cameroon

Contributors

1. Grace, Amesinda – Head of Vocational Rehabilitation at Mbingo Baptist Hospital, Cameroonian Baptist Convention Health Board, North West Region, Cameroon
2. Nyincho, Samuel – President of CUAPWD, Coordinating Unit of Association of Persons with Disabilities, North West Region, Cameroon
3. Kiani, Shirin – Volunteer at the Bamenda Coordinating Centre for studies in Disability and Rehabilitation, North West Region, Cameroon
4. Anjonga, Emmanuel – Administrative Assistant at the Bamenda Coordinating Centre for studies in Disability and Rehabilitation, North West Region, Cameroon

Guidelines Status: The first version of the guidelines was developed over 2009-2012 and disseminated in 2013. These guidelines can be added to and developed further based on interest, need and availability of persons to do so.

Source of Funding: *Several sources of funding are acknowledged with gratitude:* SEEPD Program of the Cameroon Baptist Convention Health Board, the Bamenda Coordinating Centre for Studies in Disability and Rehabilitation (BCCSDR, now the CIS), and ICDR-Cameroon of the University of Toronto. We also acknowledge the many personal contributions that members of the working group made to contribute to these guidelines.

Scope

Objectives: To provide best practice guidelines for the early stages of vocational rehabilitation services. This includes identification, assessment, counseling and orientation to vocational rehabilitation, and referrals to VR services.

Health care settings:

Community based rehabilitation.

Target population:

All persons with disabilities of working ages - approximately 14 to 45 years,(however, people with disabilities up to 60 years could be included).

Diseases or conditions:

Persons with

- Hearing impairments,
- Visual impairments,
- Cognitive impairments,
- Mobility impairments, and
- Chronic mental health conditions.

Description of target group not included

Children with disabilities below 14 years and older adults above 60 years of age.

Intended users

All service providers working in vocational rehabilitation (mainstream and those specialized in disability), students of special needs teachers training centers, researchers, church leaders, traditional leaders, Cameroon Ministries such as Social Affairs and Public Health.

Clinical specialties:

CBR workers, vocational rehabilitation workers, other health and social services workers

CBR Community Based Rehabilitation

DPO Disabled Persons Organization

ILO International Labour Organization

PWD Person with Disability

SEEPD SocioEconomic Empowerment of People with Disabilities

VR Vocational Rehabilitation

VTC: Vocational Training Centre

WHO World Health Organization

Methodology

Method used to collect evidence: Evidence was collected using a search of the following electronic databases:

- Google Scholar (<http://scholar.google.co.uk/>)
- The CIRRIE database of International Rehabilitation Research (<http://cirrie.buffalo.edu/search/index.php>)
- National Guideline Clearing House (<http://www.guidelines.gov>)
- Guidelines International Network (<http://www.g-i-n.net>)
- Scottish Intercollegiate Guidelines Network New Zealand Guidelines Group (<http://www.nzgg.org.nz>)

Search words entered: best practices, vocational rehabilitation, Africa, Cameroon. During the search, there were few research studies or similar guidelines from Africa on this topic. Therefore, there were no core reference guidelines to use to validate or compare to our current practices. As such, the best practices outlined here are from a variety of different pieces of evidence rather adaption of existing guidelines.

The sources are listed at the end of the document.

Method used to select evidence: To ensure evidence selected and reviewed related to the scope statement, a brief review of the document's abstract and discussion/conclusion was done to ensure content of the evidence related to identification, assessment, counseling, orientation and/or referral to vocational training centers. Another consideration for selection of appropriate evidence was to select articles relating to practice in Africa or similar contexts (e.g. Asia). Articles from developed countries were reviewed but not selected for developing these guidelines as recommendations often did not match the Cameroonian context. It is interesting to note that the majority of literature found from developing countries focused primarily on vocational rehabilitation for persons with psychiatric disabilities, whereas, the scope of our context was to focus on all disabilities.

Method used to assess the quality and strength of evidence: Each piece of evidence was categorized according to the levels listed below. During the literature search, a variety of evidence with the highest strength was sought out, however, in reality, there seems to be a scarcity of rigorous literature (Level A or B) on vocational rehabilitation practices globally and in the African context. Many of the articles deemed appropriate and included as part of these guidelines classified in Level C and D.

Level of evidence	Type of evidence
A	Strong recommendation. Evidence from randomized controlled trials or meta-analyses of randomized controlled trials. Desirable effects clearly outweigh undesirable effects, or vice versa.
B	Single randomized controlled trial or well-designed observational study with strong evidence; or well-designed cohort or case-control analytic study; or multiple time series or dramatic results of uncontrolled experiment.
C	At least one well-designed, non-experimental descriptive study (e.g., comparative studies, correlation studies, case studies) or expert committee reports, opinions and/or experience of respected authorities, including consensus from development and/or reviewer groups.
D	Expert opinion, formal consensus

Method for formulating recommendations: A comparison table was developed using the below format to help determine appropriate recommendations to make. The idea of this table was to compare current practices identified in the North West Region as per the scope statement (e.g. identification, assessment, counseling, orientation, referral to centers) to recommendations made in the literature on those areas, while ensuring that the levels of evidence of articles for each recommendation is noted and considered.

Comparison Table

Current practices in vocational rehabilitation	Recommendations from Evidence	Author and Level of Evidence
1. Identification		
2. Assessment		
3. Counseling and orientation		
4. Referral to vocational training centers		

From the findings of this table a discussion arose within each of the 4 areas of the scope statement. Recommendations were discussed in terms of feasibility within the local context in the short and long term, considering the existing and potential resources at hand and possibilities appropriate to the context. Based on this, the first draft of the guidelines was developed.

Method of guideline validation: The first draft of the guidelines underwent further two-steps of validation namely, the experts' and practitioners' reviews.

1. **Expert Review:** Members of the group who developed these guidelines were experienced practitioners and leaders in the field of vocational rehabilitation in the North West Region of Cameroon. To further validate the recommendations formulated by these persons, 3 additional experts were sought out who could further validate and confirm

appropriateness of recommendations made. Experts were deemed persons who had worked in the field of vocational rehabilitation for at least a 5 year period, preferably who had produced written work (published and unpublished) in the area of vocational rehabilitation, who had presented on the topic of vocational rehabilitation at local conferences/seminars, and who had received some type of education/formal learning on the area of vocational rehabilitation to substantiate their knowledge base. Experts found were:

1. Representative of the local Ministry of Vocational Training – Mrs. Foo Ngang.
2. The head of the CBR Department at Mbingo Baptist Hospital, North West Region, Cameroon
3. The Technical Services Coordinator of a mainstream Vocational Training Centre – Mr. Chiambah Abraham.

Feedback of experts were incorporated to improve the content of these guidelines to produce the second draft.

2. **Practitioner review:** To ensure the format used to present these guidelines is user friendly, a small group of practitioners in the area of vocational rehabilitation were shown the first draft of these guidelines requesting for their input on how relevant, understandable and feasible these guidelines could be in their work. Recommendations were noted and included in the third draft.

Recommendations

1) Identification:

- a) **Family support is essential to successful identification.** Families can help a person with a disability to have a positive image of themselves, their ability to learn new things and their ability to be employed or work for themselves. Families can help to identify candidates who are enthusiastic and assist with follow-up when referrals are made. For thorough follow-up, families must also support enrollment of disabled family member in VTCs. [ILO 2006, Evidence Level D]
- b) **Sensitize appropriate persons and family on importance of vocational training.** To do this, publicize the availability of spaces for trainees with disabilities at local schools, disabled person's associations (DPOs), parents' associations, local NGOs(non-governmental organizations), women's and youth organizations. For success, communities groups should support trainees with disabilities in applying for enrolment and financial aid. [WHO 2010, Level C])
- c) **Linkages between secondary school and VTCs are needed.** To ensure the people identified are appropriately ready for vocational training, linkages between secondary schools and VTCs should be made to help create a smooth transition between the two environments. Also, the basic skills needed to succeed in vocational training needs to be included in secondary schools education curriculum (see Section 4 under referrals) so that, we can ensure that persons entering vocational training builds on these necessary skills and are not left struggling in the training. [ILO 2006, Evidence Level D]
- d) **Inclusive education is good preparation for mainstream vocational training.** Persons in inclusive education settings from an early stage in life will be better

prepared when they are identified to enter vocational training. [ILO 2006, Evidence Level D]

- e) **Before identification and referral to vocational training, basic health needs, and medical needs must be addressed**, this is especially true in rural areas where there is a lack of services. Also psychological counseling and access to information on job/trade fairs and training in rural areas is recommended. [ILO 2006, Evidence Level D]

2) Assessment

- a) **Person with disability and family**
 - i. **Give individual choice versus choosing stereotype trades based on disability type:** People disabilities are not a homogenous group who have the same needs, skills, or desires for the same type of work. Every person with a disability is different and has a specific life history, strengths and weaknesses, and unique spirit or temper. [ILO 2006, ILO 2007, Evidence Level D]. These choices of trades and work will depend on the context in which they live and to some extent also on the degree and type of impairment. Opportunities vary greatly depending upon whether a person lives in a rural area, a semi-urban or urban town/city, and whether the informal economy is more dominant than the formal. [WHO 2010, Level C]
 - ii. **A simple training-needs assessment to help understand needs of PWD:** The trainer can ask the person with the disability simple questions on what type of teaching technique, materials and other learning tools are helpful to him/her. This will help the trainer prepare adapted training materials and teaching methods. The trainer can also spend time observing the person trying to complete a task. The trainer can then give feed back to the trainee's family and friends. [ILO 2007, Evidence Level D]
 - iii. **Market-driven trade selection is essential:** For better outcomes, during the assessment period the courses/trades selected for training should be market driven so that they link up with employment opportunities at post-training. If possible, each VTC should evaluate the level of success and impact of training on participants to ensure trades and training where relevant. It is common for some trainees to re-enter training again and again. To avoid this, a good assessment and a good trade selection is needed. [ILO 2006, Evidence Level D].
Whatever the size and nature of the business proposed, whether it is run by an individual or a group, it is vital for CBR programs to do a proper study of the market. A market study has three main elements [WHO 2010, Level C]
 - 1. Identify an unmet or partially met need in the local area.
 - 2. Take the top 3 needs and study the technology involved in producing them.
 - 3. From these 3 items and their production plan, choose a product or service which matches the interests and capabilities of the individual or group.
[WHO 2010, Level C]
- b) **There are many different methods of learning a trade:** There are a number of ways by which people with disabilities can learn to develop the knowledge, skills and attitudes necessary to earn their livelihood, including:
 - i. self-effort
 - ii. home-based skills acquisition within the family
 - iii. basic education
 - iv. vocational training in secondary schools

- v. formal or informal apprenticeships with individuals in the community
- vi. training in mainstream vocational training centers or vocational rehabilitation centers
- vii. on-the-job training by employers
- viii. training courses at colleges and universities

The choice of the most appropriate method for skills development depends upon the capabilities and resources of the individual as well as the opportunities and support available in his/her community. [ILO 2007, Evidence Level D]

c) Training approaches compared:

- i. **Home businesses do not bring much income.** Home business approach is where people with disabilities are given piecework or contract work to complete at home. This approach brings low income to persons working in rural areas, because most businesses will not come to someone's home to give work to be completed, so it will likely not succeed and is not recommended as an outcome of vocational training, especially in rural areas. [Uys et al. 1997, Level C]
- ii. **Apprenticeship approach works in rural areas for production of everyday household items:** This approach is where a person without a disability is linked with a person with a disability, and together they are taught the skills necessary to launch a small business. Peer approach works in rural areas for traditional skills only and not with the introduction of new vocational skills as this requires a different level of education and more training, which can be more costly. The small business activities that seem most acceptable are those that address basic needs within the community, and not the tourist industry or other external products. People seem to find more satisfaction in dealing with products that will be marketed and used inside their own communities, and the usefulness of which they understand themselves. If a partnership can be established to start a rural vocational training centre, this approach can work, but it is recommended that the money is put partly in training and partly in equipment buying, not all in training. [Uys et al. 1997, Level C]
- iii. **Hospital/Centre-based approach works for people who live nearby only:** This approach is where employment is created at rural hospitals and clinics in a workshop setting. This can work for persons in the proximity of the hospital, but persons who are far and cannot afford transportation do not benefit from this. [Uys et al. 1997, Level C]
- iv. **Group/cooperative approach is generally beneficial for peer support:** This is where people with disabilities start and sustain business together and it seems to be more acceptable than an individual approach. Even in chicken rearing, which is usually an individual farming trade, participants in one study decided to work together and this made their project more sustainable as they supported, motivated, and encouraged each other. [Uys et al. 1997, Level C]

3) Counseling and Orientation

- a) **Have experienced PWD do counseling with other PWD:** Invite already working and successful person with disabilities to share their experience and to demonstrate their capabilities in VTCs and help counsel others. [ILO 2006, Evidence Level D]
- b) **Consider the family as a unit during counseling:** Disability is not just an individual issue; it affects the entire family and community as well. Families in poor communities usually survive through several sources of income. A family

member with a disability can make a contribution to family life and livelihood, and therefore activities to support livelihoods must take the whole family into account. [WHO 2010, Level C]

- c) **Inspire people to have great visions of their future and abilities:** Some people with disabilities are caught in a damaging circle of low expectations and low achievement. They often aim at, or are channeled into, work and occupations below their potential, for the simple reason that there are limited expectations of what they can do. However, people with disabilities who have broken free of these limited expectations and have succeeded in fulfilling their potential exist in many communities. They can be used as role-models to enable other people with disabilities to raise their own aspirations. [WHO 2010, Level C]
- d) **Match the trade to the environment, especially in rural areas:** Opportunities for self-employment, whether in the formal or informal economy, are greater in urban areas than in rural. Many people from rural areas, including people with disabilities, often migrate to towns in search of better services and work opportunities. In rural areas in particular, while options are more limited, the need is to find ways in which people with disabilities can make a contribution to their families' livelihoods without having to migrate to the town. For example, many families in rural areas, whether they own land or not, keep animals – chickens, pigs, goats, a house cow. Better animal husbandry is an important way for such families to improve their livelihood and people with disabilities can often take prime responsibility for looking after animals kept at home. [WHO 2010, Level C]
- e) **Cooperatives are a good survival tool in a competitive, informal economy:** The informal economy is likely to offer the most opportunity for people with disabilities in low-income countries to earn a livelihood. Self-employed people need to find ways to ensure some security in their lives; the best way to do this is through membership of a group. The formation of self-help groups has become in developing countries, the dominant tool for community development and poverty reduction. [WHO 2010, Level C]
- f) **Good management of cooperative groups is key:** Whether the group is formal or informal, the principles are the same: the group should be a jointly-owned, democratically-controlled enterprise that follows the principles of self-help, equality, equity and solidarity. Good management involves holding regular meetings, electing office-bearers, keeping accurate accounts and recording all decisions, which are all a vital part of the process of building competence, confidence and trust among the members, even in small informal groups. [WHO 2010, Level C]
- g) **Visible centre for cooperative of persons with disabilities:** For the cooperative model; it is preferable that the place of work should not be in a home environment where it is usually obscure, dark, and small and with no electricity. Cooperatives are recommended to be in a good sized room, that is well lit, with tables/chairs, electricity and that is on a central transportation route so the cooperative is also used as a marketing centre, this way the workplace not only produces products it also sells them at the same location. [Uys et al. 1997, Level C]
- h) **Cooperatives should be in communities and not only in centralized locations:** Typically, vocational training sites are based in hospitals that are centralized and that are not accessible to all and mainly to those living nearby. It would be better to have small vocational training centers start-off in health clinics that are closer to communities. [Uys et al. 1997, Level C]

- i) **Until you attend vocational training business, stay busy:** It would be helpful to the community and a good use of trainees' time while they are waiting to complete their training for them to make simple toys for children such as balls and dolls or do other simple tasks that they can self-teach or observe others do.
- j) **Counsel to reduce anxiety in trainees.** Many trainees with disabilities who join mainstream centers are usually afraid that they may not be able to keep up with the rest of the trainees, that they will be discriminated and mocked at. Consequently, they are shy to reveal their impairments or weaknesses. To help, the trainer can have extra visits and discussions with trainees with disabilities, assist them with solving practical problems and try to use participatory methods to include the person with disability in training and in discussions. [ILO 2007, Evidence Level D]
- k) **Explain to trainee that time is needed to make profit:** In some studies it takes anywhere between 1.5 to 2.5 years for a person to make a profit and earn a steady income after vocational training. It is recommended that trainees understand that it will take at least 1 year for them to make a profit and that perseverance and endurance in operating a business is very important. [Uys et al. 1997, Level C]
- l) **People with disabilities are experts on their own needs, so ask them how best to orientate them!** :To better advice on the needs of a person with a disability, ask him/her what he/ she needs. Each person with disability has a right to decide if they would like to accept assistance or not and should always be asked and given a choice, even when they seem to be having a difficulty with a task. Sometimes it is a way for them to learn to do something, by overcoming difficulties. Also, do not make decision on behalf of the person with a disability- it is disrespectful even if you feel you are being helpful. [ILO 2007, Evidence Level D]
- m) **Counsel people on their right to decent work:** Not all types of work are desirable; it is important to distinguish between decent work and work which exploits and perpetuates poverty and lack of dignity. Decent work is work which dignifies and does not demean. This is an essentially important consideration for persons with disabilities who are often exploited. [WHO 2010, Level C]
- n) **Counsel on job guidance and career option to avoid repetition.** To avoid repetitive training of persons who may want to do the same courses or different course over again, job guidance and sharing information on labour market trends is needed by trainers. [ILO 2006, Evidence Level D]

4) Referral to Vocational Training Services

- a) **Basic standard for a centre to be a legitimate vocational training centre are:**

- a. There is a choice between selection of different trade with a Socio-Economic and Cultural impact and employment opportunities.
- b. Location map of premises, neighborhood land mark, telephone contact
- c. Accessible dormitories /rooms if boarding is part of training.
- d. Enough space to work/learn
- e. List of training and administrative staff and evidence of their qualification and their respective Curriculum Vitae.
- f. The organigram of the structure.
- g. Detailed training program following the Skill Based Approach (SBA) – see MINEFOP's training Course Guides on www.MINEFOP.gov., the Divisional or Regional Delegations.

- h. Duration and qualification requirements for each training course indicating Certificate / Diploma obtained at the end of the course.
 - i. Enrolment capacity of each specialty offered.
 - j. List of didactic materials per specialty – see training course guide.
 - k. Assessment process to see what person wants to do and what they can do
 - l. Trainers know how to work with and train PWDs.
 - m. Towards the end of the training: Practical experience, responsibility and independence must be shown.
 - n. Evaluation of skills before graduation
 - o. That money is put partly in training and partly in support for equipment purchase after completion of training. [Uys et al.1997,Level C]
- b) **We encourage at least 20% of the training period to include business skills training**, so that persons are developed as strong entrepreneurs. In many countries, the informal economy with small businesses dominate (e.g. 90% of total economy) so being competitive and able to sell your products is a key skill to have. [ILO 2006, Evidence Level D]
- c) **Coordination amongst all actors will create better results:** the regional coordination of DPOs can create a directory of inclusive vocational training centre, employers, apprenticeships and other training options. [ILO 2006, Evidence Level D]
 - i. **Partnership between mainstream and specialized training centers are encouraged** as they can both learn from each other and are normally working in isolation. Generally there must be better linkage among all stakeholders, including NGOs, the government and different training centers. [ILO 2006, Evidence Level D]
- d) **Employer involvement is key:**
 - i. Organization of job fairs with employers interested in hiring persons with disabilities is encouraged. For example in Vietnam a job fair with 20 inclusive employers had 250 person with disabilities hired on the same day they attended the fair. [ILO 2006, Evidence Level D]
 - ii. **Vocational training centers should have strong links with employers:** For centres whose graduates will not be self-employed, but where hiring by an employer is possible, VTCs should make links with community businesses and employers to sensitize them on the value of hiring PWDs. VTCs should also get ideas from employers of the needs they have and what kind of graduate to train and prepare. [ILO 2006, Evidence Level D]
- e) **Support persons to get access to start up capital:** No matter what type of self-employment activity is planned, there will be a need for start-up capital. There are four main sources: individual or family resources, savings, credit and grants. It is important not only to provide the training but to help the person plan how they will get access to start up capital. [WHO 2010, Level C]
- f) **Prior to vocational training, persons should have basic levels of foundation skills and core life skills:** You can continue to help them develop these 2 skills, but be aware if they have gaps in these areas (see Annex A for sample of assessment for ‘readiness of vocational rehabilitation’). The last 2 skills, business and vocational, you can train the person coming into your program because they will likely not have these skills. Below see the definition of the different skills. [WHO 2010, Level C].
 - i. **Foundation skills:** - are those acquired through basic education and family life. They include literacy, numeracy, ability to learn, reasoning

and problem-solving. These types of skills are needed for work everywhere, in all contexts and cultures, in both formal and informal economies. [WHO 2010, Level C]

- ii. **Core Life skills:** - are the attitudes, knowledge and personal attributes necessary to function in the world. They include: how to relate to customers, how to present one's- self, learning how to learn, effective listening and communication, creative thinking and problem-solving, personal management and discipline, interpersonal and social skills, the ability to network and work in a team, and work ethics. Core life skills are required by everybody, whether disabled or not, to succeed in both life and work. But they assume a particular importance for people with disabilities because they contribute to acquiring self-confidence and developing self-esteem, relating to other people and changing perceptions of one-self and of others. [WHO 2010, Level C]
- iii. **Vocational skills:** - are those which equip someone to undertake a particular task – how to produce or repair something, or provide some kind of service. Examples are carpentry, tailoring, weaving, metalwork, lathe operation, basket making, tin smiting, shoe-making. [WHO 2010, Level C]
- iv. **Business skills:-** are those required to succeed in running a business activity. They include money and people management, as well as planning and organizational skills. They also include risk assessment, market analysis and information-gathering, business plan preparation, goal-setting and problem-solving. These skills usually require a basis of numeracy and literacy. [WHO 2010, Level C]

g) Mainstream Vocational training centers (VTCs)

- i. **Training in mainstream vocational training institutions is preferential:-** as it usually offers a greater choice of skills training opportunities, access to newer technologies and equipment, formal certification upon completion of training and career guidance. [ILO 2007, Evidence Level D]
- ii. **An attitude change is needed in non-disabled trainees, trainers, and family** to welcome and promote inclusion of persons with disabilities in mainstream VTCs [ILO 2006, Evidence Level D]
- iii. **Use Social marketing to promote inclusive vocational training systems and explain the ‘cost of exclusion’ of persons with disabilities** (i.e. by excluding PWDs society excludes people who have skills and labor to offer society). Social marketing includes documenting good practices on inclusion of persons with disabilities, testimonials from successful disabled graduates, establishing a network of disabled students to advocate within and beyond the community, and to develop a disability-friendly viewpoint amongst trainers. Another aspect of social marketing is to eliminate the stereotypes of low-skilled and low-paying jobs for persons with disabilities. [ILO 2006, Evidence Level D]. Exclusion from work represents the loss of a significant amount of productivity and income and therefore investments to offset exclusion are required. [WHO 2010, Level C])
- iv. **People with disabilities make good workers:** Employers should be informed that performance of disabled employees is actually better than of non-disabled employees. Employers should also be convinced

- that the hiring and training of disabled workers expands their consumer base because PWDs' friends and families will then become customers. Hiring disabled persons also diversifies a company's workforce, which can expand its consumer reach. [ILO 2006, Evidence Level D] People with disabilities typically make good, dependable employees. People with disabilities are more likely to stay on the job because they often have to put greater efforts in their training/ work than other workers. Hiring people with disabilities often increases workforce morale. Other workers are more motivated because they see the company's management supporting PWDs. Hiring people with disabilities promotes a business' public relations- the business is seen as caring for its workers. Employees with disabilities are equal or surpass other workers in performance, attendance and safety. Supervisors rate their employees with disabilities just as productive as their co-workers without disabilities. [ILO 2007, Evidence Level D]
- v. **Like others, trainees with disabilities need to be selected carefully.** PWD should be selected carefully like everyone else and not given charity admission if they are not ready for the training Proper selection is very important for maximum training impact and trainee satisfaction Trainers can only train a person properly when the PWD meets the lowest enrollment standards of the training courses (See Annex for sample of basic skills needed). [ILO 2007, Evidence Level D]
 - vi. **Equal opportunities and career guidance:** Disabled students should be seen as candidates for top management and highly skilled positions as well as prepared for less skilled and demanding jobs. [ILO 2006, Evidence Level D]
 - vii. **Capacity of trainers:** In inclusive VTCs success of trainees will depend on the knowledge and sensitivity of trainers towards disability issues. Trainers must learn adapted teaching techniques in support of all students, including those with disabilities. Sensitivity training for trainers will help create a healthy mindset towards disability issues. Back-up assistance from disability specialists should be made available in assessing special needs. [ILO 2006, Evidence Level D]
 - viii. **Increase your stock of trainers who know how to teach PwDs:** Try to pair trainers who know how to teach people with disabilities with those who do not have experience, so that over time many trainers will be familiar with teaching techniques for PwD and that adapted training be more widely available. [ILO 2007, Evidence Level D]
 - ix. **Find trainers with a good attitude towards PwD:** Review trainers' general attitudes to PWD, their kindness, patience and sense of responsibility, but do not shy away from including all types of trainers in the short and medium term. [ILO 2007, Evidence Level D]
 - x. **Flexibility in course time length is important:** In work done in South Africa, when people with disabilities have been given additional time to complete standard courses, they have managed better and succeeded. This flexibility by trainers and centers is strongly recommended for successful outcomes. [Uys et al. 1997, Level C]
 - xi. **Make training accessible and community-based, think of mobile classrooms:** People with disabilities are more likely to live in rural areas where transportation and access to training is limited. Mobile

training classrooms are needed. The meeting participants also suggested transportation to and from a central centre and lodging.

[ILO 2007, Evidence Level D]

xii. **Inclusive teaching is better for everyone not just PwD:**

Accommodating to the training needs of persons with disabilities may, effectively, result in better learning for all trainees. This is because many of the training techniques that improve learning for persons with disabilities usually also improve the learning opportunities for non-disabled trainees. Example of inclusive and participatory teaching methods are: brainstorming, discussion, practice, case analysis, role playing, games, and team tutoring.

[ILO 2007, Evidence Level D]

xiii. **Create volunteer teams of other trainees:** Mainstream VTCs can create teams (of 2-3 able-bodied trainees) within the class to provide assistance to trainees with disabilities during their study (e.g. reading textbooks or teaching materials for trainees with visual impairments, sharing class notes with trainees with hearing and speech impairments, and helping trainees with physical and visual impairments to move around). Of course, this requires the consent of the PWD. **[ILO 2007, Evidence Level D]**

xiv. **Sponsorship will increase access to training:** DPOs, churches, and other good will groups can work to sponsor the training for persons with disabilities. **[ILO 2007, Evidence Level D]**

xv. **The local governments can create policies on minimum enrollment of persons with disabilities in inclusive vocational training centre** (such as the ministry of employment and vocational training, councils). A monitoring body/team in each of the governments to evaluate the implementation of these policies is essential. **[ILO 2006, Evidence Level D].**

xvi. People with different types of disabilities can be included in one centre, but we recommend **avoiding people with visual impairments to be trained at the same time as persons with hearing and speech impairments.** You can alternate courses for these two populations; this is because group work and communication between these two types of persons is a challenge. **[ILO 2007, Evidence Level D]**

Evidence supporting the Recommendations

1. International Labour Organization (2006). Proceedings of the Expert Group Meeting on Inclusion of People with Disabilities in Vocational Training, Bangkok, Thailand. 14-16 February 2006 (**Level D**) **[ILO 2006, Evidence Level D]**
2. SIYB China Project (2007) Access to SIYB training for people with disabilities. A Handbook for Organizers and Trainers in China, International Labour Organization (**Level D**) **[ILO 2007, Evidence Level D]**
3. World Health Organization (2010). Community-based rehabilitation guidelines, Livelihood component. (**Level C**) **[WHO 2010, Level C]**
4. Uys LR, Phillips N, & Zulu RN. (1997). Vocational rehabilitation in rural South Africa. Psychiatric Rehabilitation Journal 21(1): 31-9. (**Level C**) **[Uys et al. 1997, Level C]**

Benefits of Implementing the Recommendations

These guidelines aim to develop standard and quality practices within the North West Region in Vocational Rehabilitation of persons with disabilities across different contexts (e.g. mainstream and specialized centres, rural and urban areas).

The benefits of following these guidelines include that practitioners and institutions can improve the effectiveness, relevance, and outcomes of their work. They may lead persons with disabilities to improved job satisfaction and economic independence following the work and lessons learned by colleagues in similar contexts.

Please contact the authors for information about implementation, to inform us about how you are using these guidelines, and to make suggestions for changes.

ANNEX A:
Assessment for Vocational Rehabilitation Readiness
(For example, to DO BEFORE referral to Mbingo Vocational Training
program)

Name: _____ Age: _____
Division: _____ Sub-division: _____

Village: _____

Disability: Visual impairment (can see partially) blind
 Hearing impairment (can hear partially) deaf Speech impairment
 Hand weakness/problem
 Mobility/leg problem/leg amputation
 Amputation of arm
 Intellectual/mental disability

Family situation:

Has the family provided written agreement on financial support to be given post-training to help person start business? Please provide details on status.

How does disability affect the person?

TO TEST THE BELOW SKILLS, PLEASE HAVE PERSON DO A TASK AND SHOW YOU THAT THEY ARE ABLE TO DO THIS, DO NOT JUST TAKE A VERBAL INTERVIEW, ASK FOR DEMONSTRATION.

Physical abilities of person: Able Can do with Difficulty or help
Unable

(please test these practically with person in their environment)

Stand for 5 minutes

Walk for 50 metres	<input type="checkbox"/>	<input type="checkbox"/>
Lift 10 kg	<input type="checkbox"/>	<input type="checkbox"/>
Carry 10 kg for 20 metres	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		

Foundation skills of person: Able Can do with Difficulty or help
Unable

(please test these practically with pen/paper)

Read short sentences	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		
Write short sentences	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		
Count to 20	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		
Do simple math (+, -, ÷, ×)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		
Pay correctly/handle money	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		

Life skills Able Can do with Difficulty or help
Unable

(please observe these practically during your interview)

Personal hygiene awareness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		
Clear communication skills	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		

Level of motivation for training when asked if they would like to receive some?
(based on observation and interview)

low motivation medium motivation high motivation

Trade interested in receiving training (choose top one):

Poultry Piggery Carpentry Craft-making

Test planning skills: Ask person to tell you how they would get from their village to Bamenda?

Answer:

Test organizational skills: Ask person to sort a deck of cards into different colors/shapes?

Observation (good/bad performance):

Test problem-solving skills: Ask person how they would carry water to their neighbor's home if they had a bucket with a big hole in it?

Is this person READY? Recommendation for Vocational Training: YES NO

(if unable to do key skills, please do not refer yet to Vocational rehab)