

The Role of Context in Disability Intervention: Realist Evaluation of the Work and Respect Project from the Liliane Foundation

This thesis has been written as a study assignment under the supervision of an Utrecht University teacher. Ethical permission has been granted for this thesis project by the ethics board of the Faculty of Social and Behavioral Sciences, Utrecht University, and the thesis has been assessed by two university teachers. However, the thesis has not undergone a thorough peer-review process so conclusions and findings should be read as such.

Social Policy and Public Health

Introduction Master Project Social Policy and Public Health (201700165)

Name: Kenya van de Loo (8917779)

Submission date: 19th June 2023

University Supervisor: Marcel Hoogenboom

Internship Organisation and Supervisor: Liliane Foundation, Lucy Schalkwijk

Word Count: 7,545

Table of Contents

<i>Abstract</i>	3
1 Introduction	4
1.2 Background and Theoretical approach.....	7
1.3. Research Question	13
2. Research Methods and Methodology	14
3. Results	16
4. Discussion and Conclusion	35
List of References	40

Abstract

Introduction: All youth deserve the chance to take advantage of their rights. However, youth with a disability often experience poverty and socioeconomic exclusion, especially in low-income countries such as Kenya and Rwanda. The Liliane Foundation's livelihood-centred initiative called the Work and Respect Project aims to teach youth living with a disability the skills and a trade to gain a livelihood and to make their community more understanding and inclusive of disability needs. This study used Pawson and Tilley's (2004) Realist Evaluation to investigate how the intervention would interact with Kenya and Rwanda's context, mechanisms, and proposed outcomes. Therefore, this study poses the following research question: Does the Work and Respect Project produce the desired outcome of livelihood improvement among youth with disability and disability inclusivity in Kenya and Rwanda? Further, do they change the existing mechanisms to do so?

Methods: This study called for a content analysis of qualitative data in the form of reports, information sheets, letters, and qualitative monitoring and evaluation data collected by the LF. This thesis used a coding technique to answer the research questions. Codes were predefined and stemmed from concepts from RE, namely context, mechanisms, and outcomes. After this, the second coding round was inductive thematic coding from the first rounds of coding.

Results: The analysis used three predetermined codes and produced twelve thematic codes. Both societies exclude youth with disabilities, specifically socio-economically and educationally, primarily due to negative cultural perceptions of PWD. The activities implemented by the Work and Respect Project aimed to change these perceptions but differed specifically to fit in the context towards inclusive societies and empower the youth.

Conclusion: After applying realist evaluation, the program theory concludes that the Work and Respect Project can change the context and influence mechanisms to create better, more inclusive societies in Kenya and Rwanda. This can be attributed to introducing disability education and sensitization training in these societies.

1 Introduction

1.1 Problem Statement and Relevance

In today's day and age, equity has become a rising topic of discussion. The World Health Organization (WHO) defines equity as the "absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality" (2023). However, studies have emphasised that many people in society, due to their sex, gender, class, race or ethnicity, or migration status, have not received adequate care, leading to consequences that consistently leave them disadvantaged (Orzechowski et al., 2020; Blom et al., 2016; Nazroo, 2003; Bakhtiari et al., 2018). According to Eikemo and Øversveen (2019), "health inequalities refer to the systematic differences in health that exist between socio-economic positions, social classes, genders, ethnicities, sexual orientations or other social groups with differentiated access to material and non-material resources," which often leads to unfair, harmful, and avoidable consequences of those who are subjected to it.

One group in particular that continues to be defined by the many dimensions of inequality are people living with a disability (PWD) and youth living with a disability (YWD). Disability often complicates one's ability to gain an income and raise their socio-economic status (SES) to afford adequate healthcare. Further, PWD may experience stigma and physical difficulties within their communities, negatively impacting their abilities and self-confidence to earn a living (Waterfield & Whelan, 2016). Disability covers a wide range of conditions, ranging from physical, mental, intellectual, and sensory disability, as well to mental illness. (Australian National University, n.d.).

There is a vast population of PWD around the world. On the continent of Africa alone, there are 60 million PWD, most of whom are children. In addition, up to 80% of the YWD will not make it to five years of age, and the children that do are four times more likely to be abused and ten times more likely to be out of school (AbleChild Africa, 2022). Two countries stand out in disability statistics. In Kenya, 11% of the population is YWD, of which 72% live in rural areas (Kenya Institute of Special Education, 2018). Concerning disability type prevalence, 3.1% had a visual impairment, 3% had a physical disability, and 2.5% had an intellectual disability, with the rest having a hearing impairment, speech and language difficulties, self-care difficulties, and those who were deaf and blind (Kenya Institute of Special Education, 2018). In Rwanda, 450,000 people over five have a disability, which is more than 10% of the population (Kidd & Kabare, 2019). In addition, Kidd & Kabare (2019) reported that 41% of PWD in Rwanda never received an education, instead of the 20% of people without a disability. Moreover, the number of CWD who attended primary school was 68%, whereas children without a disability had an 89% attendance rate (Kidd & Kabare, 2019). For secondary school, CWD had a 12% attendance, and children without disabilities had a 22% attendance (Kidd & Kabare, 2019). All reports have mentioned that the families of CWD experience higher costs due to their conditions; however, they also have low income primarily due to SES, geographical location, and education level (Kenya Institute of Special Education, 2018; UNICEF, 2015; Kidd & Kabare, 2019).

Many non-governmental organisations (NGOs), such as the Liliane Foundation (LF), have attempted to create interventions to support CWD by learning about and catering to their condition and creating a good living and learning environment. However, many NGOs may need to consider how their interventions work: how they fit into the countries' contexts and how they change the contexts to realise new and better outcomes (Wright, 2012). What still needs to be clarified is how

the LF efficiently and accurately implements interventions that cater to the needs of YWD, considering the complex interaction of culture, language, social norms, and other factors creating a context in various areas.

The Work and Respect Project (WRP), created by the LF and implemented in Kenya and Rwanda, is a three-year project to empower 600 youth with disabilities. It aims to improve the socio-economic status of YWD by improving skills and expertise development, self-employment, formal sector work, and social protection. LF worked closely with local partner organisations (POs) in the host countries to create and implement the project, primarily to adapt the intervention to the concrete context of the country. This project aims to facilitate self-empowerment of YWD in these countries, potentially improving their own and their family's socio-economic status and creating fulfilling lives for themselves (LilianeFonds, 2020).

Much uncertainty still exists about creating interventions that apply to the context in which they are being implemented. This is especially important as understanding how interventions work while limiting the waste of resources also can facilitate accommodating environments of YWD while encouraging them to develop livelihoods. The principal objective of this study is to investigate the effectiveness of the WRP from the LF, considering how one intervention fits into two countries: Kenya and Rwanda. It will use realist evaluation, further explained in the next section. Furthermore, studying and comparing two countries can give insights into how similar activities can be applied in different contexts.

1.2 Background and Theoretical approach

In this study, two models on disability and interventions deepened the contextual and societal relevance of the study. It is crucial to consider and utilise a framework as it gives further insight into the interdisciplinary nature of disability.

The medicalised model of disability, the most known model of disability, notoriously views disability conditions as a medical issue requiring medical intervention to treat and support PWD (Brisenden, 1986). However, many disability activists have commented that while medicalising disability allows PWD to receive adequate care catered to their condition, it has also led to a generalised perception of PWD. Brisenden (1986) comments that medicalising disability has led to blanket statements referring to PWD as "the disabled", which implies that PWD are not more than their conditions and are considered "abnormal" as they cannot carry out the same functions as other people in society living without a disability.

This perception among the PWD community has led multiple theoretical frameworks and models to emerge, including the Social Model of Disability and the Community-Based Rehabilitation Model.

1.2.1 The Social Model of Disability and Community-Based Rehabilitation Model

The Social Model of Disability (SMD) first came to light in the scientific community in the 1970s by researcher Mike Oliver. He hypothesised that it was not the medical impairment that limited PWD but rather the social barriers that PWD faced in a society not built to cater to disability (Oliver, 2013). The positive result of the SMD was that many physical barriers, such as access to buildings and transport, were solved and made these areas more accessible to PWD. On the contrary, the SMD has shown that some barriers on the institutional level, such as higher education and employment, have proven to be more difficult for PWD to enter. Brisenden (1986) states:

"It is the organisation of society, its material construction and the attitudes of the individuals within it, that results in certain people being dis-abled. We are only people with different abilities and requirements, yet we are disabled by a society that is geared to the needs of those who can walk, who have perfect sight and hearing, can speak distinctly, and are intellectually dexterous."

(pg.175)

The arguments of Oliver and Brisenden suggest that there is a need for reform on all levels of society to create a more equitable community for everyone that inhabits it (Oliver, 2013 & Brisden, 1986). From a policy perspective, the social model of disability calls for prioritising the environment in which PWD live. Therefore, the Community-Based Rehabilitation model (CBR) was theorised. CBR is officially defined as: "a strategy within general community development for rehabilitation, equalisation of opportunities, and social inclusion of all people with disabilities...implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational, and social services" (Hartley et al., 2009, pg 1803). Additionally, this matrix was based on the medical model of disability and developed to include socially-oriented rights-based approaches (Hartley et al., 2009). The CBR matrix considers the five main factors influencing PWD: health, education, livelihood, social, and empowerment. Each factor has five additional sub-factors that emphasise where further development is needed (refer to figure 1).

CBR MATRIX

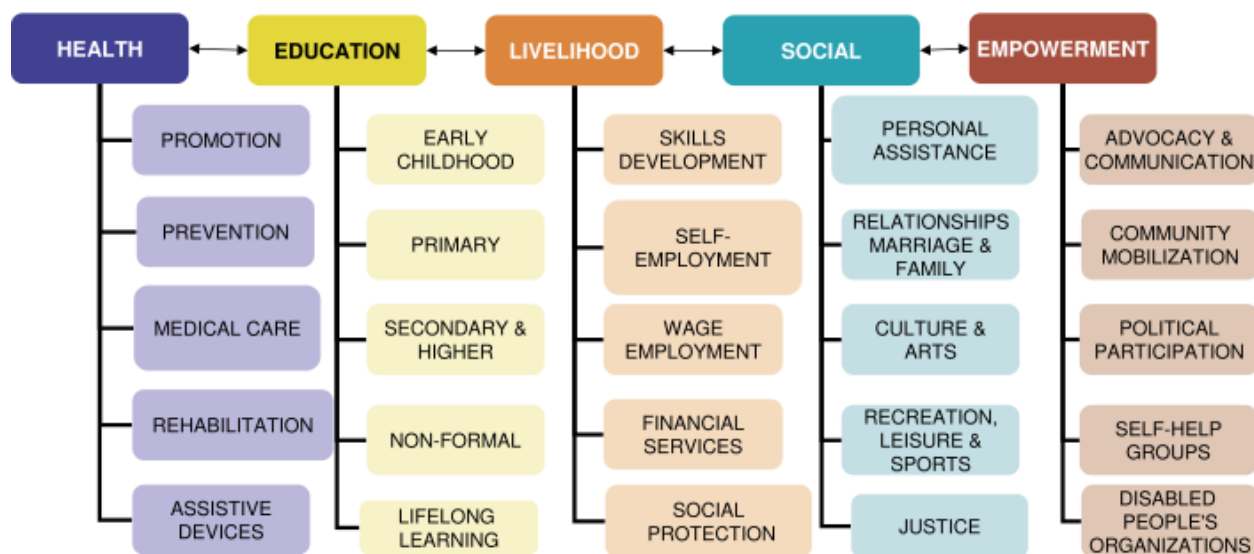


Figure 1. *Source:* Create Community-Based Rehabilitation (2023).

Numerous benefits have come from the CBR strategy. First, outcomes have reported high independence, enhanced mobility, and better communication skills for PWD. Additionally, the CBR strategy improved social outcomes and inclusion. Finally, according to Hartley et al. (2009), when the CBR strategy was included in livelihood strategies, it led to higher incomes for PWD and their families and increased self-esteem. The CBR matrix is also commonly considered by the LF when creating specific interventions for CWD in Asia, Africa, and South America.

On the other hand, CBR has had numerous critiques. Firstly, it has been criticised for dismissing the importance of stigma and discrimination that PWD face. Secondly, CBR lacks concrete research and effective systemic outcomes (Hartley et al., 2009). Finally, CBR as a strategy did not necessarily lead to medical rehabilitation; failed to include PWD participation; and did not include the psychosocial dimensions of disability (Hartley et al., 2009).

1.2.2. The Liliane Foundation Way of Working

It is important to outline how LF works to understand how their interventions are implemented. One of the aims of LF is to make lasting change for YWD in areas where they may not have access to the necessary resources to improve their livelihoods, and they do this by focusing on the pillars of CBR and how they are carried out in various countries.

The organisation involves two teams in the project-making process: the inclusive development (ID) team and the organisational development (OD) team. In ID, the focus is how to make communities more inclusive in all aspects of the community that impact YWD, focusing specifically on the CBR matrix as a guide on which areas to specify (Health, Education, Livelihoods, Social, where Empowerment is a central theme throughout each area). ID investigates the best practices that can be included in an intervention depending on their focus area. OD focuses on understanding the country's context, including its challenges, existing policies, general perceptions of disabilities, and potential local organisations that LF can work with to implement their projects. These two teams work together, where OD can provide information specific to the country, and ID can provide information specific to effective intervention activities.

LF commonly acts as a donor and expertise provider, collaborating with the POs in the countries they operate. POs constitute a network of local organisations in the target country that implement interventions, bringing together multiple actors in the community, such as medical care and educational facilities, disabled people's organisations (DPOs), technical vocational and education training (TVET) centres, community-based training (CBT) centres, as well as the families and friends of PWD. When creating an intervention, the process is started by POs writing their concerns, goals, and proposed activities for the intervention. As the POs are from and live in

these countries, this ensures that the intervention's activities are created with a concrete context in mind. Thus, LF acknowledges that POs in the country understand their contexts better than LF. After submitting their intervention proposal to LF, the ID and OD teams review it for further development, such as suggesting more effective measures, ensuring inclusivity of all YWD, and more. Then, LF discusses the project's time frame with the PO, approves the proposal, and funds a large majority of the project. Finally, it is then the main responsibility of POs to implement the intervention, propose changes or request further funding to LF if the intervention must be altered to fit better to the context as it progresses.

1.2.3 The Realist Evaluation Approach and Process

This thesis will consider the realist evaluation (RE) approach, an evaluation method coined by Pawson and Tilley (2004). It is common knowledge that a successful intervention tailored to one community may fail in another context due to differing needs, cultures, social influences, mechanisms, and more. According to Young et al. (2016), "realist theory understands the world as an open system in which multiple (contextual) factors work together to influence what happens (outcomes) and how those various factors work (mechanisms) to achieve these outcomes" (pg. 73). More specifically, context refers to the social, political, and economic factors that influence the operation of the program (Pawson & Tilley, 2004). Outcomes refer to the program's effects on the individuals, groups, or communities it serves (Pawson & Tilley, 2004). Finally, mechanisms refer to the processes through which the program produces its outcomes (Pawson & Tilley, 2004). According to Dalkin et al. (2015), explaining the relationship between the context and the outcome through mechanisms is necessary to establish what goes on in the system that connects inputs and output and that identifying the causal outcome is ineffective in uncovering why or why not an

intervention works. Essentially, the mechanism generates the observed outcome (Dalken et al., 2015). The interaction between these variables can be seen in figure 2.

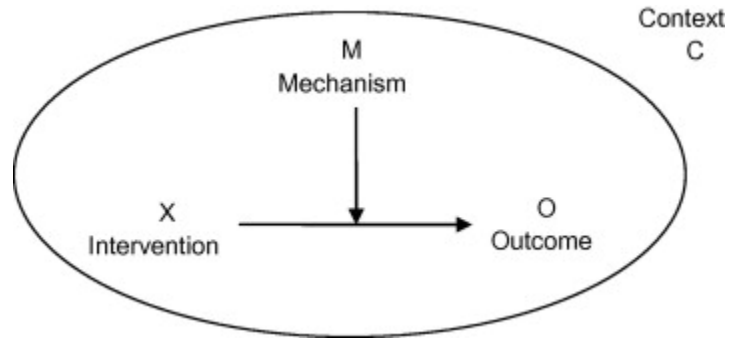


Figure 2. Source: Pawson & Tilley (2004)

To conduct RE, a program theory must be developed to test how the intervention may or may not fit the context. The program theory often comes as a configuration mapping the area's context, mechanisms, and outcomes, otherwise known as a CMO configuration. Pawson & Tilley (2004) argue that for there to be a new regularity (R2), new mechanisms (M2) must be put in place (refer to figure 3). Notably, the new mechanism should apply and be relevant to the contexts; otherwise, the new mechanism, in the form of a policy or intervention, may not work (Pawson & Tilley, 2004). Overall, realistic evaluation is helpful as it evaluates complex social programs in real-world settings.

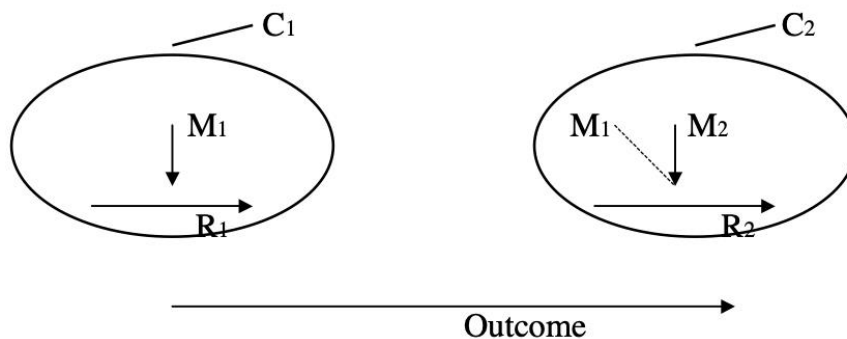


Figure 3. Source: Pawson & Tilley, 2004

Realist evaluation differs from the common scientific method in that it prioritises the contexts and offers a specific explanation for why a program will or will not work in different areas (Pawson & Tilley, 2004). It is for this reason that the RE approach is a good fit to analyse how the WRP aims to change the livelihoods considering the contexts of Kenya and Rwanda. This thesis will make use of realist evaluation to identify key combinations of context and mechanisms that trigger outcomes of the WRP. The regularity before the intervention was that YWD in Kenya and Rwanda are not being able to form a meaningful livelihood for themselves. This is with the goal that livelihood interventions become more effective in measuring how their project activities work, creating better livelihoods for YWD.

1.3. Research Question

When considering the necessity of making societies more inclusive for PWD, it becomes clear that decision-making bodies must act towards that goal. However, investigating disability interventions and observing the outcome may not be enough to understand effective intervention implementation. This calls for a thorough assessment of the interaction between context and mechanisms leading to a desired or undesired outcome. Further, using models such as the SMD and CBR can give more insight into the appropriate activities that can be involved (World Health Organisation, 2017).

This issue being thoroughly investigated and improved upon is essential in ensuring that YWD see improvements in their wellbeing and receive the necessary tools to participate and prosper in their societies. This thesis aims to investigate whether the existing Work and Respect Project intervention from the Liliane Foundation caters to the goals of the CWD communities in

Kenya and Rwanda. This leads to the research questions: Does the Work and Respect Project produce the desired outcome of livelihood improvement among youth with disability and disability inclusivity in Kenya and Rwanda? Further, do they change the existing mechanisms to do so?

2. Research Methods and Methodology

2.1. Data Collection

This study derived the documents from the LF database. The database included all potentially relevant documents required for the study from various sources, such as Health Ministries in Kenya and Rwanda, reports written by LF, to more international documents from the World Health Organisation (WHO) and International Aid Organisations. The database also had all documents that covered the WRP, such as the project proposal and evaluations conducted by the POs. In the evaluations, POs in Kenya and Rwanda used a mixed methodology of qualitative and quantitative methods to measure the effectiveness of the intervention. These methods included questionnaires, interviews, a desk review, and focus group discussions, with a total of 165 participants taking part in this research (Murenzi, 2022). The responses were recorded and used in reports depicting the findings, which will be referenced in this paper. The search produced 25 documents to be considered before applying the inclusion criteria.

Inclusion criteria determined which documents would be analysed for this study. The introductions of the documents were read to determine whether the documents applied to the inclusion criteria. Due to the nature of RE, it was essential to include documents that explicitly covered the contexts and situations of Kenya and Rwanda. Therefore, the documents selected covered the topics of Kenya, Rwanda, disability, and the contexts of disability in these countries; the policy landscape of disability in the countries; and cultural and situational analyses of these

countries. Relating to the WRP specifically, all documents that covered the WRP were included and analysed.

It is important to mention the role of interviews in Pawson and Tilley's (2004) RE. Often, interviews are used in RE to give subjective insight into the actual situations, opinions, and experiences of those who live in the context. Despite this, this thesis made sole use of documents, due to access of information and time for the thesis period. It is possible that the portrayal of the context and mechanisms of both countries was quite limited and did not provide a complete picture. This can be considered a significant limitation. However, due its ability to dissect how an intervention changed the original mechanisms within a given context and provides thorough justification for the success of the intervention, this method of evaluation was still considered a good fit.

2.2. Data Analysis

This thesis will conduct a qualitative data analysis to assess the effectiveness of the Work and Respect Project in Kenya and Rwanda according to realist evaluation. The data that will be analysed will be in the form of reports, information sheets, letters, and qualitative monitoring and evaluation data collected by the LF. Therefore, this entails a content analysis, a research method used to determine the presence of certain words, themes, or concepts within qualitative data (Columbia Public Health, 2019).

This thesis used a coding technique to answer the research question. First, codes were predefined and stemmed from concepts from RE, where data was categorised based on whether they were connected to the intervention's context, mechanisms, and outcomes. After this, the second coding round looked to categorise recurring themes or underwent inductive thematic

coding throughout the first rounds of codes (Columbia Public Health, 2019). To code and analyse the data, NVivo version 1.7.1 was used.

The final step was analysing the results (Columbia Public Health, 2019). The final stage of data analysis produced CMO configurations outlining the relationship between the determined codes and discovering how the intervention works.

2.3 Ethical aspects

This thesis uses secondary data from an organisation specialising in disability research and action among children in Africa, Latin America, and Asia. Due to the sensitive topic of data collection from a vulnerable population, namely, children with a disability, no primary data was collected. Additionally, the studies and information, as well as the collection of data, have been approved internally within the LF, where commonly, the POs carry out research and report the results back to LF. Further, LF has a code of conduct that must be signed by all employees safeguarding the rights and safety of the child and ensuring that no children will be harmed during LF and partner organisation activities. It is also important to mention that this study will be carried out by someone who grew up in the Netherlands and does not live with a disability. Therefore, there is a possibility for personal bias when analysing the data. Finally, this study was approved by the Faculty Ethics Assessment Committee at Utrecht University.

3. Results

This study selected a total of seventeen documents. Of the documents, three were context and situational analyses, two guidelines, three reports, one position paper, one evaluation, one project proposal, two policy and strategic plans, one letter of support, two guidelines, and two memorandums of understanding between LF, Kenya and Rwanda (Table 1).

Table 1: Document no., Title of the document, contributors, the number of pages of the documents analysed for this study, and number of codes

Document no.	Title	Contributors	No. of Pages	No. of excerpts
1	A Situational Analysis of the Financial Access to rehabilitation services in Rwanda: Results of the iFAR diagnostic	Ministry of Health of the Republic of Rwanda, Belgique Partenaire du Developpement, Humanity&Inclusion (December, 2020)	51	10
2	National Union of Disability Organisations of Rwanda strategic plan	National Union of Disabilities Organisations of Rwanda, (2015)	31	5
3	National Policy of Persons with Disabilities and four-year strategic plan	Ministry of Local Rwandan Government (May 2021)	53	24
4	Mid-term Evaluation of the Work and Respect Project Rwanda	NUDOR, strategic partner organisation of Liliane Foundation, (2022)	33	42
5	Position Paper for Livelihoods	Liliane Foundation, 2021	35	14
6	Strategic Partnership Agreement between Liliane Foundation and National Union of Disability Organisations Rwanda	Stichting Liliane Fonds (Liliane Foundation - LF), National Union of Disabled Peoples Organizations Rwanda (NUDOR), 2022	12	1
7	Inclusion Works Kenya Situational Analysis June 2020 update	Inclusive Futures, Institute of Development Studies, UKaid, 2020	39	61
8	Kenya Country Context analysis	Liliane Foundation, 2010	5	12
9	Guidelines Disability Inclusive TVET Centres Rwanda	National Council of Persons with Disabilities, 2019	24	6
10	Work and Respect Project -	Liliane Fonds, Cheshire	9	3

	Memorandum of Understanding	Disability Services Kenya, Cheshire Services Ethiopia, NUDOR, Disability Inclusion in Action, 2020		
11	Disability Management Information Systems - Integrated Digital Approach for Disability Inclusion	National Council of Persons with Disabilities Rwanda, 2019	3	5
12	Letter of Support	Cheshire Disability Services Kenya, 2018	2	2
13	Mid-Term Evaluation for the Work and Respect Project	Cheshire Disability Services Kenya, 2022	49	13
14	A Situation Assessment of Rehabilitation in Republic of Rwanda	The Ministry of Health of the Republic of Rwanda, 2021	99	13
15	Work and Respect Project Final Proposal	Liliane Foundation, Cheshire Disability Services Kenya, Cheshire Ethiopia, Ethiopian Centre for Disability and Development, National Union of Disability Organisations of Rwanda (2020)	27	75
16	Work and Respect Narrative Report - Annual Project Review	Cheshire Disability Services Kenya, Cheshire Ethiopia, National Union of Disability Organisations in Rwanda, Liliane Foundation (2022)	63	15

3.1. Description of the Intervention

The Work and Respect project was designed and implemented by the Liliane Foundation with the collaboration of two main stakeholders in Kenya (Cheshire Disability Services Kenya, or CDSK) and Rwanda (National Union of Disabled Peoples Organisations Rwanda, or NUDOR) (document no.10, document no.6). The specific goals of the project are as follows:

- Enhanced technical market driven employability skills for more than 600 youth with disabilities transiting to formal and self-employment;
- Increased inclusive formal and self-employment opportunities for at least 600 youth with disabilities by 2023.
- Strengthened advocacy & lobby mechanisms influencing government training and employment policies for persons with disabilities.
- Strengthened learning, sharing and knowledge management through effective regional coordination mechanism (LF, 2021).

It aimed to accomplish these goals through six sectors of activities: inception training, monitoring and evaluation, training and accessibility, employment, advocacy, and learning and data collection. Each sector had a range of activities that the partners would carry out with the intention to accomplish the ultimate goals. The activities are briefly outlined in figure 4.



Figure 4: Work and Respect Project Activities

One of the project's overall goals is to increase the inclusivity and uptake of YWD into technical and vocational education and training, as that is often the only opportunity to gain skills and be ready to enter the labour market.

3.2. Codes

The study results used the three predetermined codes in open coding and produced twelve codes in thematic coding. As mentioned previously, the first round of coding placed relevant excerpts related to the context, mechanism, and outcome of the WRP. After this round, the second coding round looked to categorise this further thematically. While context and mechanisms could be easily differentiated, the intervention in these areas leads to one or two mutual outcomes instead of two different outcomes.

For Kenya, the context was split into two codes: Perceived Autonomy of the Youth and community knowledge and perceptions. These codes produced 63 excerpts. Mechanisms were further coded to: Changing the Self-Image of the Youth, and Cultural beliefs, producing 24 excerpts. Finally, the proposed outcome was categorised into the Empowerment of the Youth and Creating Inclusive Societies, which produced ten excerpts. Both contexts and mechanisms lead to the two mutual outcomes.

Rwanda's context was split into: Inclusivity in Education and Community Perceptions and Knowledge. These codes produced 66 excerpts. Mechanisms were coded to the Education of Youth and Cultural beliefs, producing 20 excerpts. Finally, the proposed outcome, similarly to Kenya, was categorised into the Empowerment of the Youth and Creating Inclusive Societies, producing 11 excerpts (refer to table 2).

Table 2: Final codes: How does the Work and Respect Project implemented by the Liliane Foundation fit and influence children living with a disability in the communities of Kenya and Rwanda?			
Code	Open Coding (stage 1)	Thematic Coding (stage 2)	Number of excerpts produced
Code one	Context	Kenya <ul style="list-style-type: none"> - Perceived autonomy of the Youth - Community Knowledge & Perceptions 	63
		Rwanda <ul style="list-style-type: none"> - Inclusivity in Education - Community Knowledge & Perceptions 	66

Code two	Mechanims	Kenya - Changing self-image of the Youth - Cultural beliefs	24
		Rwanda - Education of youth - Cultural beliefs	20
Code three	Outcomes	Kenya - Empowerment of Youth - Creating Inclusive Societies	10
		Rwanda - Empowerment of Youth - Creating Inclusive Societies	11

3.3 Kenyan CMO before the Intervention

Generally, Kenya faces critical challenges in unemployment, corruption, tribalism, high food prices, poverty, hunger, disease, and access to utilities, and these challenges disproportionately impact PWD (document no.8). PWD are most commonly in rural and nomadic areas, which can complicate their access to services both physically, medically and socio-economically (document no.8). For example, LF (2010) states that YWD may face barriers in entering and progressing in socio-economic development, due to limited access to education, skills and technical training, leading to many being unqualified for formal employment. They are also less likely to enter the labour market due to social exclusion and discrimination, and otherwise often perform low-pay and low-skilled jobs with little opportunity for career progression (document no.8). Additionally, a lack of skills, assets, and ability to gain financial loans makes self-employment and entrepreneurship challenging to realise for YWD (document no.8). Despite

this, Kenya has ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (document no.12).

A significant challenge PWD face is that their society does not cater to their needs, which is in keeping with the social model of disabilities. This can be attributable to a lack of knowledge within the community, where they are not a part of creating a better environment for PWD. People without disabilities often do not know about the physical, emotional, and mental challenges of being ostracised socially and economically from their communities. Moreover, some cultural perceptions of PWD make it more difficult for them to integrate into society. In Kenya, "People with disabilities face stigma and discrimination that lead to enduring and humiliating stereotypes and prejudices against people with disabilities as a curse and a burden on society, as well as undermining the human right principals which are key to inclusion," (document no.7, pg.10). Some further cultural beliefs include: that disability was a curse bought on by the family's past wrongdoings; that disability is the result of taboo activities such as adultery or incest; communities believed that people became disabled because they had caused accidents and not been properly cleansed; that disability is a curse from a supernatural or mysterious otherworldly force; or that disability results from witchcraft spells placed either upon the family or the individual with disabilities (document no.7). Furthermore, it was found that there was stigma associated with helping PWD, as that could lead to the person tending to them could cause them to give birth to a PWD (document no.7). Ultimately, these beliefs are a contributing factor to excluding PWD and limiting them from prospering socially and economically (refer to table 3).

Table 3: CMO Configuration Kenya (R1) – before intervention		
Context	Mechanism	Outcome
YWD are discouraged or not believed of being capable of	YWD absorb negative perceptions from the	Lack or decrease in motivation to improve their

making their own education and career decisions	community and think the same about themselves	conditions and to choose a career they enjoy
Stigmatisation due to lack of knowledge/exposure to youth with disabilities	Lack of knowledge about disability	Socio-economic exclusion

3.4. Rwandan CMO before Intervention

Several general issues and challenges faced by PWD in Rwanda recurred throughout the dataset, such as physical barriers; prejudice and negative attitudes; no access to support services; and negative attitudes of teachers and instructors. Additionally, YWD who participated in the WRP faced challenges with travelling long distances, needing more assistive devices, insufficient internship opportunities, poverty leading to no accommodation, and an inability to access education (document no. 1).

In Rwanda, one of the most significant barriers to YWD is the level of disability inclusivity in mainstream schools (document no.11). In most schools, the curricula, teaching approaches, materials, and assessments do not create prosperous educational environments for YWD (document no. 9). According to the Ministry of Local Government of Rwanda:

"The education sector affirms that over 27% YWDs have never accessed schooling mainly because Rwandan basic education is not endowed with any form of standardised support provisions for YWDs. Consequently, the actual number of YWDs is likely underreported. This has implications for the availability and expansion of services for YWDs and the strategies needed to strengthen inclusion." (document no.9, pg.5).

Schools and teachers are often not trained or prepared to educate YWD (document no.9). Finally, political bodies state as a general argument that inclusion is complicated, costly, and a lengthy process (document no. 9). Despite this, Rwanda has also ratified the UNCRPD.

Interestingly, the data presented a general sentiment among the Rwandan people: Rwanda's economic and social development requires that all people are involved and can develop skills and individual potential towards that development. (document no.9). Despite this, POs argue that there is a long way to go in ensuring YWD are adequately integrated into mainstream society. According to the Rwandan Ministry of Local Government (2021), "Rwandans are influenced by the cultural perception that confuses handicap, disability or impairment by referring to all interchangeably as 'Ubumuga'" and that Rwandan service providers often focus solely on the medical model of disability rather than removing barriers restricting participation (document no.9, pg. xi). Furthermore, Rwandan society seems to view YWD as a misfortune to families, resulting in them often being hidden and under-reported to governments and authorities to prevent shame from being brought on to their families (document no.3). Integration is also not helped by the fact that there is little data on disabilities, with the National Council of Persons with Disabilities of Rwanda (NCPDR)(2012) stating, "there is a gap of nation-wide reliable disaggregated data. The absence of disability data makes it difficult to effectively advocate for the inclusion of persons with disabilities, actively target them and measure change." (document no. 11, pg. 1). Furthermore, the NCPDR (2012) reported the difficulty of providing individual support through case management and overseeing the progress of disability interventions (document no. 11). Therefore, due to stigmatisation and discrimination, a lack of data, along with negative beliefs, stereotypes, and attitudes directed towards PWD, they are often not able to enjoy their rights and live fulfilling lives (document no. 3) (refer to table 4).

Table 4: CMO Configuration Rwanda (R1) – before intervention		
Context	Mechanism	Outcome
Limited inclusive education opportunities are for YWD, as schools and teachers are not taught how to teach YWD in an inclusive and accessible manner.	Institutional and political barriers not taking and implementing proper measures to support and educate YWD	YWD are limited in their education and subsequently their career
Community perceptions of YWD are often negative, due to cultural and social beliefs, and a lack of data.	Lack of knowledge about the experiences of PWD	YWD are disempowered and hidden

3.5. Kenya CMO in the Intervention

CMO 1: YWD are limited following their intrinsic motivation

In Kenya, project facilitators (PFs) state that one of the leading causes of YWD's limitation in creating sustainable livelihoods is that they often cannot follow their intrinsic motivation (document no. 15). Often, YWD are influenced by external factors, such as their parents, teachers, and society telling them what are and are not capable of (document no.13). In Kenyan society, they are often believed not to be capable of anything, which affects their self-esteem and self-motivation to change their situation (document no.13). Additionally, they might absorb the negative perceptions from their communities, resulting in the worsening of their self-image (document no.15).

The actions of the WRP aim to empower YWD so that they can discover and pursue their intrinsic goals. PFs hope that the interaction between the YWD and the project activities will improve the YWD's self-image and goals. For example, they undergo workshops where they are asked to self-reflect on their interests and career aspirations. Furthermore, PFs will introduce role

models to give examples of what they can achieve as someone who was once in their position. Essentially, they are educated and trained to potentially find the value in themselves so that they are less sensitive to negative external perceptions (document no.16). Additionally, one of the main activities that they use to facilitate self-empowerment of YWD potentially is putting the through technical and vocational education training (TVET) so that they can learn a trade, gain knowledge, create a living for themselves and their families, and gain a sense that they are helpful (document no.16). Finally, PFs encourage them to create a plan that outlines their goals, the courses they must take, and the internships or apprenticeships they must follow to potentially become successful in the Kenyan context (document no.16).

As an outcome, PFs hope the youth will empower themselves and pursue a more economically and socially prosperous future. More specifically, POs report that they hope YWD will feel prepared to follow the training and do what they desire (document no.13).

CMO 2: Community Knowledge & Perceptions

The WRP aims to change the mechanisms that lead to such beliefs about PWD to create environments that embrace them. The project aims to do this through numerous activities. One method used by PFs is to encourage members of the community to attend sensitisation training, where commonly disabled people's organisations inform the community about the lived experiences of PWD and essentially humanise them (document no.16). Furthermore, community members and YWD used media channels, such as social media, radio, television, and more, to connect and inform the community with more information about disability. Further, they intend to implement training sessions involving the Disability Inclusion Score Card (DISC), which is a tool commonly used by PFs to assess the service quality directed towards PWD, such as education, and

is also used to see how the services can be improved (document no. 16). Similarly, they aim to conduct disability inclusion equity training (DIET), which involves providing information about disability to attendees as a first step towards educating and sensitising the family, education and labour institutions, and the community (document no.15). Essentially, the primary mechanism introduced to the system was an education to change cultural beliefs imparted on YWD.

The outcome of these measures, PFs propose, is that families and communities witness the potential of YWD and change their culture and perceived bias about YWD (document no.13). For example, one goal for these activities is that parents who once ignored their YWD will want to be involved in their schooling, training, and are concerned with their general wellbeing (document no.13) (refer to table 5).

Table 5: CMO Configuration Kenya After the Intervention		
Context	Mechanism	Outcome
External cultural perceptions that people with disabilities are unable to make their own decisions and are often rendered useless	Educating YWD and providing them with more skills and opportunities for autonomy	The youth have self-empowered themselves and feel prepared to undergo trainings to do what they decided they want to do
Community perceptions of YWD are often negative due to a lack of knowledge about conditions, leading to discrimination and stigmatisation in all areas.	The community becomes more knowledgeable about disabilities through program activities e.g., sensitisation, trainings; workshops; improved interactions and dialogue.	The families and communities have seen the potential of YWD and have changed their beliefs that YWD are inadequate. Furthermore, the community is more accepting of YWD, and create environments to see them flourish psychologically, socially, and in their careers

3.6 Intervention Fit Kenya

In Kenya, one of the main challenges PFs aimed to tackle with project activities was negative personal or internal perceptions of YWD themselves. PFs' intentions to encourage YWD to go through an education and improve their skills may be an essential and relevant step towards economic empowerment. However, according to the International Labour Organisation (2023), youth employment "is not just about jobs; youth employment can be decent only if it incorporates the other three dimensions of decent work as well: rights, protection, voice and representation." (pg. 1). The results depicted a presence of rights in the form of ratifying the UNCRPD, however, they are still limited in enjoying their rights in education and livelihood due to inaccessibility and discrimination from the community (document no.10). Protection came in the form of conducting DIET and DISC, which if effective can improve community perceptions. Voice and representation mainly came as role models; however, the results showed a need for more political and institutional advocacy. Finally, while WRP focused on self-empowerment through employment, it did not consider other methods of empowerment, such as self-help groups, presented in the CBR matrix.

The second challenge regarding the community, PFs stated that the context consisted of negative external perceptions of the community towards PWD. Using educational tools such as DIET, DISC, and other sensitisation training is an accessible measure that can be implemented to cater to multiple audiences and within varying timeframes, such as in a community centre over the day or in a few minutes with a director of an organisation. Since communities are unaware of the physical, emotional and mental challenges faced by YWD, providing information on their experiences may cause their society to move away from the harmful stereotypes and cultural beliefs that limit YWD. Despite this, PFs may consider alternative measures targeted towards people who are not willing or afraid to move away from their beliefs due to a fear of being ostracised and grouped with PWD even if wanting to help them (Geels, 2004).

The effect of this training and education should be the first step towards a more inclusive society, where PWD can share their experiences and opinions as other community members will be more knowledgeable and attentive to them. Further, as opinions and beliefs of the community change, YWD can be integrated safely into society and participate in inclusive education and employment.

3.7 Rwanda CMO After in the Intervention

CMO 1: Inclusivity in Education

As stated earlier, Rwanda faces challenges regarding inclusive education possibilities. Politically, the Ministry of Local Government of Rwanda (2021) states that they want to "Ensure inclusion and effective access to education; Elaborate and implement accessibility standards in schools, student support services, and special education needs; Develop a standardised inclusive and special education curriculum; Oversee mainstreaming PWDs in the education system; Promote capacity building of inclusive and special education professionals, teachers, and students; Put in place the enrolment strategy, retention, and completion rates for all categories of YWDs in school up to at least 12 YBE [years basic education] level; and to promote and reinforce Inclusive and Child-Friendly school strategies in all educational settings." (document no.3, pg. vi). Furthermore, the National Policy on Disability and Inclusion emphasises the need for improving community awareness and sensitivity of PWD, leading towards equitable access to services, inclusion, participation, and rights (document no.3). This could create a suitable political climate for making environments more inclusive for YWD.

PFs proposed numerous activities to change the lack of inclusivity in education. Firstly, DIET and DISC were used by PFs or DPOs to train teachers, community members, and more on how to support and conduct themselves around YWD (document no.4). Furthermore, the PFs at

NUDOR aimed to conduct physical accessibility audits of partner TVETS and other educational facilities and adjust the training centres accordingly to increase accessibility (document no.15).

Finally, PFs hope that YWD will be that YWD can be integrated into a curriculum that is fitting to their needs and is trained by educators who are attentive to their needs (document no.14). This is with the goal that YWD will be able to gain skills to be an asset in the labour market.

CMO 2: Community Knowledge and Perceptions

As mentioned earlier, Rwanda has a significant challenge with community knowledge and perceptions of disability and PWD. There are multiple activities that PFs hope will make the community more knowledgeable about PWD. PFs believe that bringing YWD and other members of society together can change this divide, as stated by NCPDR, "Attitudes about inclusion and appreciation of each other's abilities are positive when a diverse group of people has the opportunity to do something together in a vocational setting." (document no.9, pg.3). This can be done for example through creating spaces that are inclusive to YWD, but that also attract other members of the community, such as in mainstream education. Additionally, PFs aim to use "youth advocacy groups and consortium members to potentially influence employers, TVET providers and local government to implement inclusive education and employment policies through sessions to influence, lobby and advocate to engage service providers and local government to implement inclusive education and employment policies." (document no.4, pg.2). Further, youth advocacy groups, PFs argue, could influence policymakers to promote disability-inclusive education and trades and create further policies to facilitate this (document no. 4). An additional activity is to conduct awareness campaigns targeting the population, aiming to challenge disability misconceptions and alter attitudes and perceptions about disability held by the communities

(document no.16). This is aimed to be done using forms of media such as radio, social, and print (document no.16) (refer to table 6).

Table 6: CMO Configuration Rwanda After the Intervention		
Context	Mechanism	Outcome
Reinforcing the need and usefulness of including YWD in the labour market for both self-esteem of the youth and socio-economic benefits	Education to trainers on how to cater to YWD in the school and education setting.	YWD feel more included, their educational needs are met. They are encouraged to make their own choices regardless of the limitations of their impairments. They make a livelihood for themselves.
Community perceptions of YWD are often negative	Spaces are created for more exposure to YWD, sensitisation trainings and workshops - Increased and improved interaction between youth with disabilities and the community	Community perceptions of YWD have improved, there is more exposure to them and their experience, there is no more shame for helping them, as the community sees their potential

3.8. Intervention Fit to Rwanda

In Rwanda, PFs aimed to change the limited inclusive education opportunities for YWD by focusing on training schools and educators. The activities implemented to achieve this were to making schools physically accessible, providing exceptional education support, developing an inclusive and special education curriculum, and capacity-building for educators (document no.3). It is conducive to use this specific action to create educationally and socially prosperous environments for YWD. When considering RE, the primary mechanism introduced is knowledge and education to teach educators how to support YWD in the school and education setting. Hence,

it could conceivably be hypothesised that the outcome of these measures will improve the environment educationally and socially for YWD, which can also lead to progress in the uptake of information and general quality of education (Higgins et al., 2005).

The next issue PFs aimed to change was negative community perceptions towards PWD. The PFs in Rwanda approach was to integrate PWD into more mainstream places and to engage youth advocacy groups in the community. This finding has important implications for developing more positive attitudes about PWD. By deploying youth advocacy groups, the community will see that YWDs are capable and can advocate for their rights, which can incentivise the community to do the same (Levitsky, 2006)—furthermore, basic disability education in DIET and DISC. Therefore, the main mechanism introduced is exposure to PWD and education on disability.

These activities can make YWD feel more included in the community and mainstream education. Moreover, introducing education will make community members and educators more informed about disability, which fits into the context of a lack of knowledge on this topic. Ultimately, they can economically empower themselves as the community becomes more accommodating (document no.5).

3.9 Comparison of Kenya and Rwanda

This study reinforces the idea that not all interventions work in differing contexts. However, the WRP targets the shared and general experiences of YWD. Therefore, the actions discussed in this study aiming to improve youth education and access to livelihoods and community knowledge on disability may be applicable in other contexts. Furthermore, the activities of the WRP that were discussed in this study were quite general. Therefore, measures specific to the context may be required to improve the effectiveness of the intervention. Moreover, because both communities experienced the same problem with community perceptions, the

activities to change those negative community perceptions can likely be applied in more than one context.

Despite this observation, there was still a distinction between one of the primary issues affecting the youth, specifically in each country. In Kenya, the results presented the main issue as youth experiencing low self-esteem and PFs using education and training to self-empower themselves while allowing them to access employment. In Rwanda, the results presented the issue of inaccessibility in education, where activities were specific to that issue. Therefore, RE applies here, where implementing Kenyan activities to make Rwandan YWD feel empowered may not be as effective as other methods of empowerment. On the other hand, due to reports of Kenyan inaccessibility in education, Rwandan measures of making mainstream education more accessible may apply to the Kenyan context.

To conclude, Kenya and Rwanda can consider and use the methods implemented by each other. However, the countries must implement it in a way that will apply to the communities and make lasting changes for PWD.

3.10 Reflection of the Program Activities

The project activities from both countries align with the CBR matrix and SMD when considering the livelihood and empowerment sub-sectors in numerous ways. Firstly, both projects included livelihood measures, namely skills development, self-employment, and wage employment, sending YWD to TVETS and educational centres to gain skills in a trade, which could either lead to starting their own businesses or being hired for a job. An interesting finding was that the livelihood measures of the WRP focused more on the individual development of YWD than community-level development. Therefore, the 'empowerment' sub-sector is an appropriate supplement to the livelihood activities, potentially creating an enabling environment for YWD to showcase their skills. The involvement of advocacy and communication, community mobilisation, political participation and DPOs with the activities of sensitisation training and

media campaigns around the community, utilising youth advocacy groups and DPOs to advocate for YWD rights, is likely to inform communities and potentially create a more accommodating environment for YWD. However, the results had little mention of two sub-sets of the livelihoods factors: financial services, meaning financing YWD on their entrepreneurial endeavours, and social protection, meaning creating a financial and social safety net for the YWD. Putting activities in place involving these sub-sectors may strengthen the project to support YWD in scenarios where they cannot support themselves or are unemployed.

An important finding is using DIET and DISC tools in the project. The results depicted a reliance on the training and scorecard to provide education on disability and measure the quality of services meant for PWD. However, there needed to be more mention of the effectiveness of these tools and actions that were taken if the tools were ineffective in changing the minds of members of the community. The context analyses for both countries exhibited an extensive negative opinion of PWD, to the extent that PWD is commonly socio-economically excluded from society. Therefore, it may be helpful for PFs to implement multiple trainings, increased exposure to a disability, and further measures to reinforce positive attitudes about PWD, which according to Babik & Gardener (2021), is one of the main methods to promote social inclusion.

4. Discussion and Conclusion

This study asked the questions: Does the Work and Respect Project produce the desired outcome of livelihood improvement among youth with disability and disability inclusivity in Kenya and Rwanda? Further, do they change the existing mechanisms to do so? By studying the interaction between the context and mechanisms to predict and explain the proposed outcomes, this thesis concludes that the WRP will improve the livelihoods of YWD in Kenya and Rwanda. The program theory found that the identified mechanisms, namely increasing knowledge about

YWD, improve the youth-community relationship through sensitisation training and educating YWD to improve their skills and chances of developing a livelihood and self-worth. The mechanisms, however, are dependent on a changing context. This is because YWD undergoing education and skills development will likely only work in communities that become knowledgeable on the capabilities, usefulness, and potential of YWD. Thus, by introducing sensitisation training, others in the community will consider involving them in mainstream society. The evaluation also identified multiple contextual factors leading to potential program effectiveness, such as creating an accommodating classroom environment and educational facilities for YWD to learn and reinforcing the need for YWD to benefit the community. Integrating these aspects can foster an inclusive context in both Kenya and Rwanda. Finally, utilising RE to investigate two countries stayed true to the premise of RE: One intervention implemented in two countries fails to ensure success due to the various factors and influences that make up the context.

4.1. Strengths and Limitations of the Study

A strength of this study is the wide range of document types that were included in the study. Investigating these vast arrays of documents in the form of reports, letters, situational and context analyses, policy plans, and more provided different perspectives on various aspects of the context of Kenya and Rwanda, which deepened the understanding of the CMO configurations before and after the intervention was implemented. Finally, using a theory is an additional strength, as it contributed to a further understanding of effective disability interventions.

The methodology can be improved in multiple ways. First, the situational and context analyses having been written and published between 2010-2020, the country's context could have significantly changed, putting the reliability of the results into question. Second, content analyses

are analysed through the subjective interpretation of the reader, which may differ from other readers and produce different codes or outcomes in the results.

A limitation was the depth at which this study could explore the various aspects in the context. Studying the context of a country is an extensive process that investigates many aspects and interactions of the culture, language, customs, and more. As mentioned earlier, Pawson & Tilley (2004) consider interviews to be the most effective way of investigating this. However, due to time limitations, this study could only investigate two aspects of the context per country in depth, which excludes a large portion of other influences and mechanisms that worsen outcomes for YWD. This also potentially jeopardises the study's validity, as validity in RE questions to what extent the researcher has considered multiple perspectives in each context (Flynn et al., 2019). Additionally, as the study relied on documents rather than in-depth interviews, it lacked further depth necessary for a realistic review.

Regarding representativeness, the program and aligning study involved up to 200 YWD, who commonly experience socio-economic similarities due to their condition, the discrimination and stigma involved, their age, and their environment. Despite this, the program size could not represent every YWD involved in the contexts, which could lead to a different interaction with the mechanisms and subsequent outcomes for everyone. Furthermore, concerning reliability, it was an additional finding that the POs of LF may alter or undermine the project results due to the donor-recipient relationship, where POs are in the position to present good outcomes or risk losing funding from LF. According to Pawson and Tilley (2004), independence, candour, self-criticism, balance, and familiarity with what is known are required to find challenges and improve the program. For further research, uncovering the working and relational mechanisms of the donor-recipient relationship when implementing intercontinental interventions would be interesting.

Regarding interdisciplinarity, this study has considered sociology and public health to deepen the understanding of the issue. First, sociology, which considers society's norms, values, and social behaviours, was present throughout the study investigating the interaction between context, mechanisms and how the participants within these contexts act. Second, public health, which aims to protect the health and wellbeing in each area, was present in the study by investigating meaningful disability interventions. By implementing interventions that improve YWD livelihoods where they can provide for themselves and increase their socio-economic status, better access to health services and improved living conditions will likely follow.

4.1.2 Recommendations and Questions for Further Practice and Research

The WRP primarily caters to the common experiences of YWD, such as facing stigmatisation and discrimination in all areas, especially from the community. While implementing projects this way can reach a more significant number of YWD, it may assume that every disability requires the same support when that is not often the case. Therefore, future projects may consider specifying different activities for a wide range of disabilities or even giving individual interventions, which can promote inclusivity and the possibility of participating in the project.

A recommendation for research connects to proper RE methodology, often using interviews with the target group to gain insight into the intervention's context, mechanisms and expected outcomes. Due to the sensitivity of the study group, being YWD and PFs, this thesis decided to use secondary documents for analysis, as this also gave enough contextual insights into the countries, along with project activities and the intended outcome. However, conducting interviews could have given valuable information from the target population, which in RE is essential to derive unseen aspects of the context and align mechanisms that lead to various

outcomes. Thus, interviewing YWD participating in the project can give more extensive CMO configurations for future studies.

List of References

24. *Youth Employment (Decent work for sustainable development (DW4SD) Resource Platform)*. (n.d.). <https://www.ilo.org/global/topics/dw4sd/themes/youth-employment/lang--en/index.htm>
- Able Child Africa. (2022, April 22). *Able Child Africa | Improving the lives of children with disabilities*. <https://ablechildafrica.org>
- Babik, I., & Gardner, E. S. (2021). Factors Affecting the Perception of Disability: A Developmental Perspective. *Frontiers in Psychology, 12*. <https://doi.org/10.3389/fpsyg.2021.702166>
- Bakhtiari, E., Olafsdottir, S., & Beckfield, J. (2018). Institutions, Incorporation, and Inequality: The Case of Minority Health Inequalities in Europe. *Journal of Health and Social Behavior, 59*(2), 248–267. <https://doi.org/10.1177/0022146518759069>
- Barnes, C., & Sheldon, A. (2007). ‘Emancipatory’ Disability Research and Special Educational Needs. *The SAGE Handbook of Special Education, 234–246*. <https://doi.org/10.4135/9781848607989.n18>
- Blom, N., Huijts, T., & Kraaykamp, G. (2016). Ethnic health inequalities in Europe. The moderating and amplifying role of healthcare system characteristics. *Social Science & Medicine, 158*, 43–51. <https://doi.org/10.1016/j.socscimed.2016.04.014>
- Cheshire Disability Services Kenya. (2018). Letter of Support. In *Liliane Foundation*. Liliane Foundation.
- Cheshire Disability Services Kenya. (2022). Mid-Term Evaluation for the Work and Respect Project. In *Liliane Foundation*. Liliane Foundation.
- Cheshire Disability Services Kenya, Cheshire Ethiopia, National Union of Disability Organisations in Rwanda, & Liliane Foundation. (2020). Work and Respect Narrative Report - Annual Project Review. In *Liliane Foundation*. Liliane Foundation.
- Cheshire Services Ethiopia, National Union of Disability Organisations of Rwanda, Disability Inclusion in Action, Liliane Foundation, & Cheshire Disability Services Kenya. (2021). WORK & RESPECT PROJECT - MEMORANDUM OF UNDERSTANDING (MoU). In *Liliane Foundation*. Liliane Foundation.
- Community Based Rehabilitation | Create*. (n.d.). <https://www.create-cbr.co.za/community-based-rehabilitation/>

- Content Analysis*. (n.d.-a). <https://www.publichealth.columbia.edu/research/population-health-methods/content-analysis>
- Content Analysis*. (n.d.-b). <https://www.publichealth.columbia.edu/research/population-health-methods/content-analysis>
- Dalkin, S., Greenhalgh, J., Jones, D., Cunningham, B., & Lhussier, M. (2015). What's in a mechanism? Development of a key concept in realist evaluation. *Implementation Science*, 10(1). <https://doi.org/10.1186/s13012-015-0237-x>
- Different types of disabilities - Staff Services - ANU*. (n.d.). <https://services.anu.edu.au/human-resources/respect-inclusion/different-types-of-disabilities>
- Eikemo, T. A., & Øversveen, E. (2019). Social Inequalities in health: Challenges, knowledge gaps, key debates and the need for new data. *Scandinavian Journal of Public Health*, 47(6), 593–597. <https://doi.org/10.1177/1403494819866416>
- EvalCommunity. (2023, May 21). *Understanding Realist Evaluation Theory: A Comprehensive Overview - EvalCommunity*. <https://www.evalcommunity.com/career-center/realist-evaluation-theory/>
- Fonds, L. (2022, August 31). *Work and Respect*. Liliane Fonds. <https://www.lilianefonds.org/project/work-respect>
- Hartley, S., Finkenflugel, H., Kuipers, P., & Thomas, M. (2009). Community-based rehabilitation: opportunity and challenge. *The Lancet*, 374(9704), 1803–1804. [https://doi.org/10.1016/s0140-6736\(09\)62036-5](https://doi.org/10.1016/s0140-6736(09)62036-5)
- Health Equity -- Global*. (2021, July 7). <https://www.who.int/health-topics/health-equity>
- Higgins, S. E., Hall, E., Wall, K., & McCaughey, C. (2005). The Impact of School Environments: A Literature Review. *ResearchGate*. https://www.researchgate.net/publication/232607630_The_Impact_of_School_Environments_A_Literature_Review
- Inclusion of People with Disabilities in Ethiopia. (2013). In *International Labour Organisation*. Retrieved January 31, 2023, from https://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_112299.pdf

Inclusive Futures & Institute of Development Studies. (1994). Inclusion Works Kenya Situational Analysis June 2020 update. In *Liliane Foundation*. UKaid.

Jack, K. (2022). What is realist evaluation? *BMJ*, 25(4), 111–113. <https://doi.org/10.1136/ebnurs-2022-103608>

Liliane Foundation. (2010). Kenya Country Context Analysis. In *Liliane Foundation*.

Liliane Foundation, Cheshire Disability Services Kenya, Cheshire Ethiopia, Ethiopian Centre for Disability and Development, & National Union of Disability Organisations of Rwanda. (2020). *Work and Respect Project Final Proposal*. Liliane Fonds.

Ministry of EAST AFRICAN COMMUNITY, LABOUR AND SOCIAL PROTECTION. (2015). National plan of Action: on implementation of recommendations made by the Committee on the Rights of Persons With Disabilities in relation to the initial report of the Republic of Kenya, September 2015-June 2022. In *United Nations*. United Nations. Retrieved June 12, 2023, from https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Kenya_NATIONAL-PLAN-OF-ACTION-on-implementation-of-recommendations-made-by-the-CRPD-2015-June-2022.pdf

Ministry of Health of the Republic of Rwanda, Belgique Partenaire du Developpement, Humanity&Inclusion (December, 2020). (2020). *A Situational Analysis of the Financial Access to rehabilitation services in Rwanda: Results of the iFAR diagnostic*.

Ministry of Local Rwandan Government. (2021). National Policy of Persons with Disabilities and four-year strategic plan. In *Liliane Foundation*. Ministry of Local Rwandan Government.

National Council of Persons with Disabilities. (2019). Guidelines Disability Inclusive TVET Centres Rwanda. In *Liliane Foundation*.

National Council of Persons with Disabilities Rwanda, 2019. (2019). Disability Management Information Systems - Integrated Digital Approach for Disability Inclusion. In *Liliane Foundation*. Liliane Foundation.

National Survey On Children With Disabilities and Special Needs in Education. (2018). In *Kenya Institute of Special Education*. Kenya Institute of Special Education. Retrieved January 31, 2023, from <https://www.kise.ac.ke/system/files/2020->

07/Official%20Research%20Report%20on%20Disability%20Published%20by%20KISE%20%282018%29.pdf

National Union of Disabilities Organisations of Rwanda. (2020). *National Union of Disability Organisations of Rwanda strategic plan*. NUDOR.

Nazroo, J. (2003). The Structuring of Ethnic Inequalities in Health: Economic Position, Racial Discrimination, and Racism. *American Journal of Public Health, 93*(2), 277–284. <https://doi.org/10.2105/ajph.93.2.277>

NUDOR. (2022). Mid-term Evaluation of the Work and Respect Project Rwanda. In *Liliane Foundation*.

NUDOR. (2022). Strategic Partnership Agreement between Liliane Foundation and National Union of Disability Organisations Rwanda. In *Liliane Foundation*. Liliane Foundation.

Orzechowski, M., Nowak, M., Bielińska, K., Chowaniec, A., Doričić, R., Ramšak, M., Łuków, P., Muzur, A., Zupanič-Slavec, Z., & Steger, F. (2020). Social diversity and access to healthcare in Europe: how does European Union’s legislation prevent from discrimination in healthcare? *BMC Public Health, 20*(1). <https://doi.org/10.1186/s12889-020-09494-8>

Pawson, R., & Tilley, N. (1997). *Realistic Evaluation*. SAGE Publications Limited.

Porter, S. (2007). Validity, trustworthiness and rigour: reasserting realism in qualitative research. *Journal of Advanced Nursing, 60*(1), 79–86. <https://doi.org/10.1111/j.1365-2648.2007.04360.x>

Public Health England. (2021). A brief introduction to realist evaluation. In *Public Health England*.

Retrieved January 31, 2023,

from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1004663/Brief_introduction_to_realist_evaluation.pdf

SITUATION AND ACCESS TO SERVICES OF PERSONS WITH DISABILITIES IN ADDIS

ABABA. (2018). In *UNICEF*. Retrieved January 31, 2023,

from <https://www.unicef.org/ethiopia/media/3016/file/3.Situation%20and%20access%20to%20services%20of%20persons%20with%20disabilities%20in%20Addis%20Ababa%20Briefing%20Note.pdf>

Social Protection and Disability in Rwanda. (2019). In *Development Pathways*. Retrieved January 31, 2023, from <https://www.developmentpathways.co.uk/wp-content/uploads/2019/08/Social-Protection-and-Disability-in-Rwanda-Report-.pdf>

- Sovacool, B. K. (2004). From sectoral systems of innovation to socio-technical systems. *Research Policy*, 33(6–7), 897–920. <https://doi.org/10.1016/j.respol.2004.01.015>
- The Ministry of Health of the Republic of Rwanda. (2021). A Situation Assessment of Rehabilitation in Republic of Rwanda. In *Liliane Foundation*.
- The social model of disability: thirty years on*. (n.d.). Taylor & Francis. https://www.tandfonline.com/doi/full/10.1080/09687599.2013.818773?casa_token=H3LSdMIIIjEAAAAA:46HhsLDYTb_LSvdfgzlO-Hr6Rh4giiDpnZAd3C4BiUDpyXN4SIP8kINgIcOpeL6kRAOVg0YB28gBow
- Ward, L. (2004). *Funding for Change : Translating emancipatory disability research from theory to practice*. The Disability Press. Retrieved January 31, 2023, from <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/Barnes-Chapter-3.pdf>
- Waterfield, B., & Whelan, E. (2017). Learning disabled students and access to accommodations: socioeconomic status, capital, and stigma. *Disability & Society*, 32(7), 986–1006. <https://doi.org/10.1080/09687599.2017.1331838>
- Willis, C., Reid, S., Elliott, C., Rosenberg, M., Nyquist, A., Jahnsen, R., & Girdler, S. (2018a). A realist evaluation of a physical activity participation intervention for children and youth with disabilities: what works, for whom, in what circumstances, and how? *BMC Pediatrics*, 18(1). <https://doi.org/10.1186/s12887-018-1089-8>
- Willis, C., Reid, S., Elliott, C., Rosenberg, M., Nyquist, A., Jahnsen, R., & Girdler, S. (2018b). A realist evaluation of a physical activity participation intervention for children and youth with disabilities: what works, for whom, in what circumstances, and how? *BMC Pediatrics*, 18(1). <https://doi.org/10.1186/s12887-018-1089-8>
- World Health Organisation - Western Pacific Region. (2017). Community Based Rehabilitation. In *World Health Organisation*. World Health Organisation. Retrieved June 12, 2023, from <https://apps.who.int/iris/bitstream/handle/10665/279966/WPR-2017-DNH-005-factsheet-03-cbr-eng.pdf?sequence=4&isAllowed=y>
- Wright, G. W. (2011). NGOs and Western Hegemony: Causes for Concern and Ideas for Change. *ResearchGate*. <https://doi.org/10.2307/41413028>

Young, R., Reeve, M. M., Devine, A., Singh, L., & Grills, N. (2016). A realist evaluation of the formation of groups of people with disabilities in northern India. *Christian Journal for Global Health*. <https://doi.org/10.15566/cjgh.v3i2.145>

(2021). *Position Paper for Livelihoods*. Liliane Foundation.