SAVE THE CHILDREN'S TOOLKIT ON RAISING AWARENESS ON DISABILITY RIGHTS IN COMMUNITIES

Contents

INTRODUCTION

This Toolkit on raising awareness on disability rights in communities aims to bring about positive change for persons with disabilities, particularly children with disabilities in the communities where they live.
It aims to provide Save the Children staff and partners with a method to engage with communities on increasing their understanding on the rights of children and adults with disabilities, and how to increase collaboration between persons with and without disabilities within communities to promote inclusion, eradicate ableism and enhance participation of children and adults with disabilities in community life. It draws on several tried and tested toolkits from different organisations and experts, most notably on World Vision's Travelling Together (2010)[1] and Plan International's Disability Awareness Toolkit (2017).[2]

This Toolkit focuses on disability awareness in general, but also includes a specific perspective on how disability may affect girls and boys with disabilities differently as they grow up and go through life.

The Toolkit is designed to facilitate discussions in one or more community meetings. The activities can be done individually or in series, depending on the context, setting, and time available. They build on one another and aim to gradually increase understanding, foster commitment and propose concrete action.

The objectives of The Toolkit are for twofold:

1. For Save the Children facilitators who are to deliver the awareness raising activities to:
   - Reflect on their own understanding and perception of disability
   - Prepare themselves and the facilitator team to conduct community awareness sessions

2. For community members who will attend awareness raising activities to:
   - Reflect on how disability is perceived in the community
   - Reflect on and understand how and why persons with disabilities are often excluded
   - Understand the barriers to inclusion experienced by persons with disabilities from childhood to older age and what that means for the community
   - Reflect on opportunities to make positive changes and boost disability inclusion in the community

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[1] https://www.wvi.org/disability-inclusion/publication/travelling-together
[2] https://plan-international.org/asia-pacific/publications/disability-awareness-toolkit/

How to use this Toolkit:

The first part of The Toolkit helps prepare the facilitator(s) to be ready for conducting community awareness sessions. It goes through the concept of disability and related rights, and explains how to plan for inclusiveness.

The second part is the part directed at the community, i.e. the content on disability inclusion and exercises to do with communities.

Each session builds on the previous so please make sure to conduct the activities in the order they are listen in this Toolkit.

In the **Annexes,** you find some of the prepared material, such as cards on impairments and examples of exclusion and discrimination as well as example material for the interactive exercise, and more.

How to start

1. Read through the entire Toolkit and make sure you understand the content, the instructions for the exercises, and you feel confident to anticipate and handle questions, misunderstandings, and potential resistance to the messages posed by community members.

2. Identify one co-facilitator from your team to help you with the facilitation process, and one co-facilitator from an Organisation of Persons with Disabilities (OPD) or a child rights/disability activist with disability themselves.

    By partnering with a person with disability your session may have a stronger impact on the community because
    *   it will demonstrate ("showcase") the capacities and expertise of persons with disabilities
    *   it will also follow the disability movement's motto '*Nothing About Us Without Us',* in other words: emphasises the participation of persons with disabilities, especially in areas that are most relevant to them.
    *   members of the community get to learn from the lived-experience of persons with disabilities, which makes the learning more concrete to them
    *   it also adheres to the UN Convention on the Rights of Persons with Disabilities which promotes active and meaningful participation.
    *   members of the community also learns and appreciates Save the Children's approach to Disability Inclusion at community level

3. Check the examples and exercises including the Annexes if you need to adapt anything for your country context. This could be language and translations; it could be specific examples that relate best to the life of your communities. However, any adaptation, especially related to language, need to be in line with the concepts presented here and Save the Children's guides on non-discriminatory terminology. Facilitators also need to note the varied perceptions of disability across cultures and to highlight that the Toolkit takes a Human Rights and Human Centred approach.

PART I: GET READY!

1.1 Building your own confidence on disability concepts

Before you bring a community together to raise awareness on disability and rights of persons with disabilities, you will need to feel confident that you can manage people's expectations and respond clearly to questions and challenges they may throw at you. You will therefore need to acquire the requisite knowledge on disability concepts and rights to avoid reinforcing stereotypes and discrimination practices.

The following section provides some preparation for you, the facilitator. It includes;
- definition of disability and impairment,
- diversity of disability and causes of impairments,
- a brief overview of the different Models of Disability,
- reflecting on attitudes and the resulting types of actions of support to persons with disabilities.
- introduces the Convention of the Rights of Persons with Disabilities (UNCRPD),
- outlines your preparations to make the community sessions accessible to everyone.

Preparing for raising awareness in the community on disability rights and inclusion means you also need to reflect on and challenge your own and your colleagues' perspectives and potential biases (conscious and unconscious) towards persons with disabilities. This process will be useful for you to anticipate potential resistances from community members.

1.2 Prepare Yourself

1.2.1   Definition of Disability and Impairments:

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others[3]

Impairments are problems in body function or structure such as a significant deviation or loss[4]. For example, problems in the structure of the brain can result in difficulty with mental functions, or problems with the structure of the eyes or ears can result in difficulty with the functions of vision or hearing.

Impairments include physical, sensory, neurological, intellectual and psycho-social. A person can have multiple impairments.

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[3] UN General Assembly (2006) Convention on the Rights of Persons with Disabilities (UNCRPD) https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf
[4] World Health Organization, International Classification of Functioning, Disability and Health (ICF). Geneva: 2001, WHO. https://www.who.int/classifications/international-classification-of-functioning-disability-and-health

Cause of impairments;
- Genetic factors such as albinism and down syndrome,
- Before birth such as improper use of medication, exposure to disease, poor nutrition of pregnant women,
- During birth such as premature delivery, complication during delivery,
- After birth such as malnutrition, lack of vaccination, infections such as polio and meningitis, accident and injury, disaster and conflict, exposure to toxic substances, non-communicable diseases such as diabetes.

Myths, stereotypes and stigma about disability are barriers to the realization of the rights of persons with disabilities. In many communities, myths and misconception about disability are common. These incorrect assumptions are often triggered by fear, lack of understanding and prejudice. For example, in many communities and culture, disability is viewed as a curse or punishment from God.

Although "people with disabilities" sometimes refers to a single population, this is actually a diverse group of people with a wide range of needs. Some disabilities may be hidden or not easy to see such as psychosocial disability. In addition, disability is also interconnected with other identities such as race, gender, ethnicity, religion and etc. And in some communities, a type of disability may be more stigmatized and discriminated against compared to another type of disability such as persons with autism, intellectual disability, psychosocial disability, albinism and epilepsy. An in another contexts, women and girls with disabilities may face more barriers to access services.

Therefore, it is important to understand the local culture and common myths toward different type of disabilities within each community before we start to carry out awareness raising activities. . Organization of persons with disabilities (OPDs) can play an important role in providing background and information during the process.

1.2.2 The Models of Disability:
There are several models of disability that reflect certain attitudes and beliefs about disability and how disability is addressed. Some focus on the perceived dependency of persons with disabilities, others focus on the environment that takes responsibility of enabling persons with disabilities to be as independent as possible.

The Charity Model
The Charity Model, likely developed from faith-based institutions, sought to help with immediate needs of persons with disabilities who appeared helpless, unfortunate, and dependent.
The prevailing attitude for this model is that disability is a problem within the person. In any intervention using this model, persons with disabilities are treated as passive recipients of assistance.

In this model, persons with disabilities are perceived as:
- Subjects of pity and in need of charity, such as money or gifts of food and clothing
- Unable to contribute to society or support themselves because of their impairment(s)
- An issue that specialist organisations need to take care of
- Passive recipients of long term welfare and support

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• Belonging to a separate group to be kept isolated from the rest of the community

Society

Need to be cared for and is dependent on the community but not included in it

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Person with disabilities

Activities within the Charity Model focus on "helping" persons with disabilities, who are helpless and outside society.
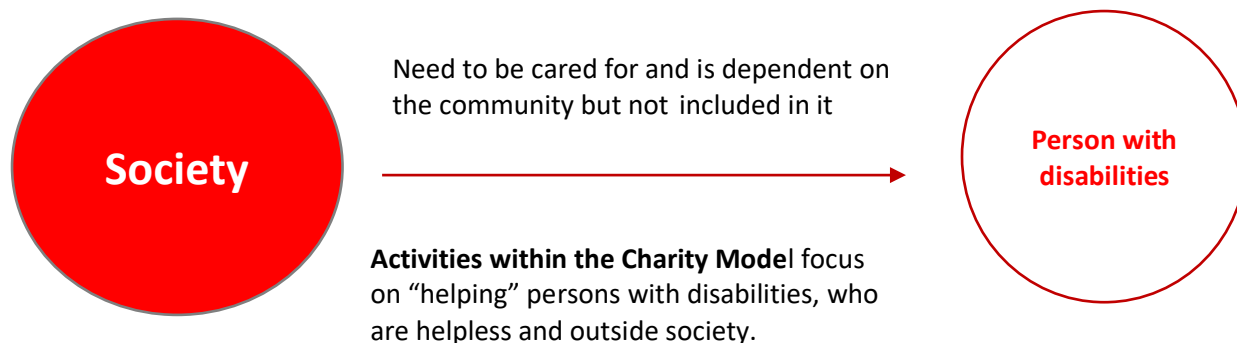
The Medical Model

The Medical Model puts the professional medical team in the position of power and decision making. The prevailing attitude is that the person with disability is a sick person who can't join 'normal society' unless they are not medically 'fixed' or 'rehabilitated'. Also here, disability is seen as a problem within the person.
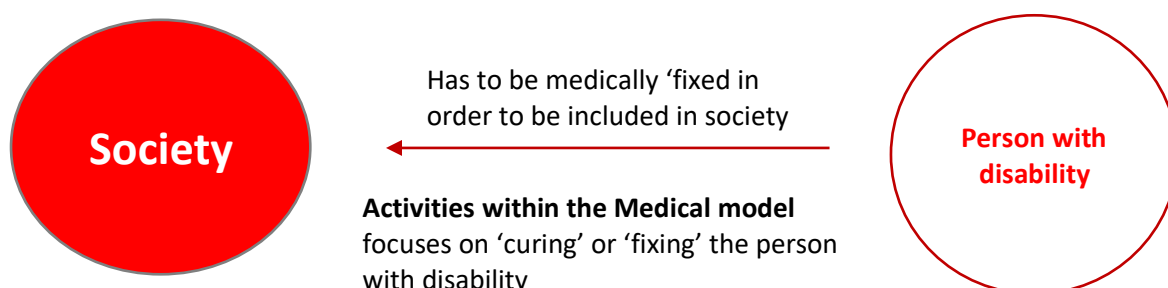
In this model, persons with disabilities are perceived as:
• Not able to participate because of their impairment
• in need of being 'cured', 'fixed' or 'rehabilitated' as part of 'normalising' the person to better 'fit' in the community
• A subject or 'patient' with medical needs that needs solving
• As segregated from 'healthy' persons or those without impairments. • having lives less worthy, tragic lives or lives not worth living
• being best supported and helped by medical professionals
• A burden incurring costs for their families

Society

Has to be medically 'fixed in order to be included in society

←

Person with disability

Activities within the Medical model focuses on 'curing' or 'fixing' the person with disability

The Social Model/Human Rights Model of disability:

The Social Model arose from persons with disabilities speaking up and wanting to be in control of their own lives and claim their right to inclusion in society. In contrast to the other models it sees disability as a problem with society and a social construction arising from the barriers society creates

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that hinders persons with disabilities to participate fully. It explains the exclusion of persons with disabilities from society and is a tool to analyse discriminatory and oppressive structures in society. It recognises that impairment is a natural diversity of the human race and society should be open to everyone.

The Human Rights Model is based on the Social Model. However, the human rights model places particular emphasis on the **human dignity** of persons with disabilities no matter what other factors are in play, and emphasises that every person, as a human being, has inalienable human rights regardless of who they are or in which circumstance they live. Therefore, it is often used in conjunction with the Social Model: *Social/Human Rights Model.* The main reference for this model is the UN Convention on the Rights of Persons with Disabilities (see below).

In this model, persons with disabilities are perceived as:

- part of society and to be included as anyone else
- a natural part of human diversity
- excluded not because of their impairment but by barriers arising from a discriminatory society that deny their rights and opportunities
- having the same needs and rights me as persons without disabilities – e.g. education, employment, family life, love

Society

Person with disabilities

All barriers have been lifted and the persons with disabilities are included and participate in the communities

Activities in the Social and Human Rights Models focus on inclusion by identifying and removing attitudinal, environmental, communication/information and institutional barriers that block inclusion, replace them with enablers and not to create more barriers in the future

Impairment + Barriers = Disability

Impairment + Enablers = Inclusion
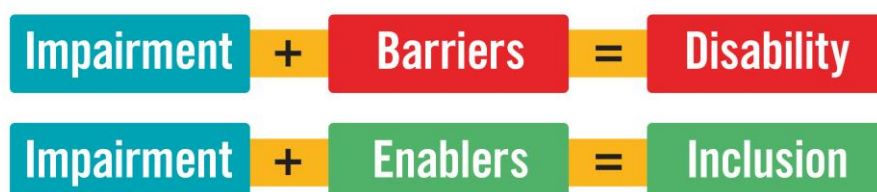
1.2.3 The UN Convention on the Rights of persons with disabilities (UNCRPD).

A good starting point with the UNCRPD is to read and understand Article 3 i.e. the General Principles of this Convention (see Table 1 below) as they apply to **every** single following article. This means that stakeholders who commit to the UNCRPD, cannot pick and choose what they like or dislike in the following articles and that all Articles apply to **every** person with disabilities whatever their gender, age, social, cultural and religious background or other identity markers

Table 1: UNCRPD Art 3: General Principles

UNCRPD Article 3: General principles
The principles of the present Convention shall be:
(a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
(b) Non-discrimination;
(c) Full and effective participation and inclusion in society;
(d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
(e) Equality of opportunity;
(f) Accessibility;
(g) Equality between men and women;
(h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Depending on the thematic focus of any further community sessions, you may want to look at specific articles, for example, if you engage with families and communities including teachers on education, then Art 24 is important. If you want to highlight access to health services, then Art 25 and 26 are particularly important.

If child rights are in focus, then several articles are interesting, including Art 7, Art 18.2, Art 23 and Art 24.

To learn more about which articles in the UNCRPD that relate to articles of the Convention on the Rights of the Child you can look at these resources:

UNCRC and UNCRPD Articles commonality .docx
Using_Human_Rights_Working_Paper-2012.pdf (unicef.org)
General Comment 4 Rights to inclusive education.url
UNCRPD Article 24 Inclusive Education .url
General Comment 5 Right to independent living.url
General Comment 3 Women and girls with disabilties.url
UNCRPD full optional protocol and Convention.url

UNCRPD Signatories and Ratifications

The UNCRPD and its Optional Protocol came into force in December 2006. As of 5 January 2022, the Convention had 184 ratifications; 164 signatories, while the Optional Protocol had 100 ratifications and 94 signatories. Countries that ratify the Convention and its Optional Protocol are bound by the provisions of the same.

Try to find out if your country has ratified the Convention and which laws and policies have been put in place to domesticate it. This is a great advocacy tool for disability inclusion, particularly in countries that have ratified it. Such countries are also required to appoint focal points on disability and to establish mechanisms for the implementation of the UNCRPD. Additionally, countries are required to domesticate the UNCRPD through a national disability legislation.

1.3 Prepare the Team

1.3.1 First things first
Once you have agreed on co-facilitators, you should;
- Go through the definition of disability and impairments, cause of impairments and discuss together with your co-facilitator(s) what the local myths and misconceptions of disability are in the community,
- Go through the disability models together with your co-facilitator(s) and discuss the UNCRPD principles (see Table 1 above) so that you all are sure you have the same understanding about what these principles mean to you, and how they apply to the work with persons, especially children with disabilities,
- Review the pack of activities together and ensure the community members can engage with the activities,
- Make sure you go through the activities and check what kind of material you need for each,
- Allocate who will be lead facilitator on which activities and clarify supporting roles and tasks for the co-facilitators,
- Prepare some ice breakers, stories, activities to wrap up/close the sessions, which are familiar to the community as adapted to the local culture. (You can add them to Annex 2 for future sessions). Make sure they are accessible for persons with different disability types.

If you have the time, it is advisable to 'test' your sessions with your colleagues, and ask them to challenge you, so you are ready for questions that community members may ask you. Keep in mind that it is fine not to have all the answers both during 'test-run' and during the actual sessions in the community. If you cannot answer a question, be honest about it and offer that you will look it up or consult with others and provide the answer to them as soon as possible (keep to your word or trust may be lost).

1.3.2 The importance of language
As mentioned before, the different models on disability reflect certain attitudes and beliefs. The language to describe disability and/or persons with disabilities is therefore important because it

expresses and reflects these attitudes. It can stereotype disability, express power over people, and reinforce negative perceptions about persons with disabilities.

Therefore, when you prepare for the community awareness sessions, is important that you are sensitive to the language used and ensure that the translation of the English terminology (see table 2 below), is dignifying for persons with disabilities. In other words, check which words in your conversational language might have a negative, demeaning, or judgmental meaning and replace them with positive language. If you are not sure if commonly used language is disempowering you can seek support from OPDs or persons with disabilities themselves. If you can't, just reflect on how you would like and not like to be called if you were a person with an impairment and discuss with your colleagues.

Table 2: Language to use and not to use

DON'T USE	USE
Handicapped; the disabled; PWD, CWD, YWD, WWD (as acronyms)	Person/people with disabilities; Person with an impairment
Normal person/child Non-disabled Able-bodies Person with Special needs	Person/people/child without disabilities; Person/child without an impairment Learners with disabilities or specific educational requirements
Mad; Mental; Crazy; Insane	Person/child with psychosocial disabilities; Person/child with mental health issues; Person/child with a mental illness;
Mental handicap; Retarded; Mongoloid	Person/child with intellectual disabilities Person with learning disabilities
Deaf and dumb; deaf-mute;	Person/child who is deaf; a Deaf person; a person with hearing difficulties/impairment a child with speech difficulty
Mute; Dumb	Person who is unable to speak;
The blind; The visually impaired	Person/child who is blind; Person/child who has low vision; Person/child who is partially-sighted; Person/child who has visual impairment
Cripple(d); Invalid; Lame	Person/child with a physical impairment;
Wheelchair bound; Confined to a wheelchair	Wheelchair-user; Person/child who uses a wheelchair
Suffers from _____ Is afflicted with ___ Is victim of ___	Person/child with ____ (an impairment) E.g. Person who has Multiple Sclerosis or Cerebral Palsy

Some additional explanations on language:

Do not use 'the disabled (or the blind, the hearing impaired)' as this implies that all persons with disabilities are one big group with exactly the same needs, wants, and challenges – when, of course, they are much more diverse. Also, it implies that all that matters about them is that they are disabled. Saying the disabled (using only the adjective) and not the noun (persons) is in fact dehumanizing.   The terms; hearing-impaired, physically-impaired, are also labelling and stigmatizing. Instead use persons with disabilities, person with hearing impairment etc.

PWD: persons with disabilities are human beings and should not be reduced to an acronym. Use the acronym in your own personal notes if you must, but in speech and official documents, they should always be spelled and spoken out as persons with disabilities. The same applies to children. Women and youth with disabilities.

Children with special needs indicate that children with disabilities have other basic needs than children without which is not true. What they do have is specific requirement and ways in which these needs are met. Therefore, although common in education to refer to children as children as special needs, we try to use learners with disabilities or children with specific requirements or experience of barriers.

Normal people: this implies that people with disabilities are abnormal, a deviation from the norm, and therefore, standing apart from and outside the majority of society, having less value. People are diverse and different in many ways. To divide them into normal and not normal is not helpful, and not even accurate as the spectrum or "normality' is massive.

1.4 Prepare for the Session

1.4.1 Time and Location of the community awareness sessions

It is important that the awareness sessions are inclusive and attendees represent the whole community. If possible, it is best to engage with local power holders (community leaders; religious leaders) to ensure that all members of the community feel safe to attend the session.

Time and place where the session takes place are very important elements to consider.
- Time to promote participation from all (for example considering household duties which would prevent women to attend).
- Location for safety reasons but also in relation to accessibility and proximity in order to reach the whole or at least a broad base of the community including pregnant women, older people, people with different religions and persons with disabilities.
- Choice of location also has to be sensitive to religious, cultural and political dynamics in the community.
- In addition to specifying place and time invitations should **explicitly** include people with disabilities in their diversity, meaning persons with different types of disabilities and intersecting identities.

1.4.2 Prepare for meaningful and dignified participation

Representation:
As you organise the awareness session ensure it's as inclusive as possible and that women, children, older people and persons with different disabilities can participate safely, including those from underrepresented groups
Be prepared for participants with disabilities even if you haven't specifically invited them. That means consider the place where you hold the sessions, the material you use, and how you present information. Here are a few key principles to keep in mind:

Safety:
- Make sure that the venue of the community sessions is safe for children to attend and with proper fire distinguisher, emergency exit sign and away from ponds, slants, busy roads and other child safeguarding risks.
- To encourage meaningful participation, in some contexts you may want to organize separate session with men and women to create safe space based on the local practices.
- Ensure COVID-19 mitigation measures are taken into consideration according to local regulations. E.g. consider providing hand sanitizer, masks and washing points.

Mobility:
- Make sure that the venue of the community sessions – be that inside a building or outside in the open – is accessible to all people with different impairments, for example, there are no stairs so that wheelchair users can entre, that there is enough space for persons with crutches but also persons with visual impairments can easily manoeuvre the space without bumping into furniture or corners, or (outside) bushes etc.

- If there are any physical activities (e.g. ice breakers), check how that may affect older people, persons with visual or physical disabilities and how you could adjust the activity to enable everyone to participate without feeling left out.

Sight:
If there are people with visual impairments attending, there are a few things to remember:
- Accompany them and walk them around the space or facilities (including toilets) so that they are familiar with the layout.
- If they are accompanied by a family member or assistant, you can ask them to come along so that they can help if needed.
- Describe the surroundings, directions and features of the spaces as you walk around.
- Remember to verbally describe any visual aids you are using. If you point to posters, or cards remember to describe what is on them, every time you refer or point to them.
- Make sure, you print out material, for example the cards on impairments, in large print and on larger paper. See large print standard here
- When you want a person who is blind to make contributions during a session, call their names. Do not point at them because they do not see you
- If the sessions take place inside, make sure, the room or venue is well lit and any material that you use is placed where there is good light

Hearing:

If there are people with hearing impairment attending, find out their preferred form of communication, for example, lip-reading, or sign-language or written material

- For persons who lip-read, make sure you and your co-facilitators always face the audience and particular those persons who need to see your mouth. Speak clearly but without exaggeration, don't hold anything in front of your mouth, and make sure you stand in a place where the light is on you.

- For persons who use sign language, find out who is normally signing. There are often regional variations, not everyone learned the official sign language (if it exists) and sometimes people rely more on "home signs" with family members/friends than standardized sign language.

- For a session that is longer than 1 hour, consider to use 2 sign language interpreters. Signing is a tasking exercise. Therefore, sign language interpreters typically take a rest after every 20 minutes of signing.

- If there are written or printed materials that you want to use for the session, make sure to share them with sign language interpreters a few days earlier to allow them get familiar with how to sign difficult or technical words.

- Frequent use of drawing helps but make sure to provide enough time for deaf persons to look at the drawing and then at you (or sign language interpreter) for explanation. They cannot watch the visual and you at the same time.

Understanding:

If persons with intellectual impairments attend, effort should be made to include them as well. They are often the most excluded people in the community. Their ability to understand information will vary according to the degree of their impairment.

- Key is: simple language, short messages, repetitions and patience. See Easy read/Plain English description with pictures here
- Facilitator(s) should check frequently that everyone is following the session
- Use audio-visual materials, as much as possible

Reasonable Accommodation and flexible budget:

Sometimes persons with disabilities face barriers to participate in activities even we take into consideration accessibility issues. For example, persons with physical, intellectual or visual impairments may not be able to take public transportation and have to take taxi, or persons with visual, hearing or intellectual impairments may not be able to attend alone without a guide/family member as support. In these circumstances, flexible budget should be allocated to provide reasonable accommodations to ensure equal participation and opportunities.

Reasonable Accommodation is the necessary and appropriate modification or adjustment not imposing a disproportionate or undue burden, where needed in a particular case, to

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ensure that persons with disabilities can enjoy or exercise all human rights and fundamental freedoms on an equal basis with others.[5]

Reasonable accommodation can be considered but not limited in the following forms:

- Transportation allowance for those who can't participate without paying additional for transportation.
- Meal and refreshment for personal guide/assistance
- Produce accessible information such as large print, easy to understand format, braille and etc.

Sign Language- Budget for and provide one or two sign language interpreters (SLI) when providing verbal information to the community. Recommendations on how to use SLI can be found here and some listed SLI services here. Keep in mind that persons with deaf blindness may need tactile Sign Language which involves touching, given the COVID-19context ensure personal protective equipment is made available to enable safe physical contact. Ensure Child safeguarding guidelines and due diligence is followed.

Some other useful links:
- Audio explanation of handwashing here
- Children with autism here
- Children with intellectual disabilities here

Now, go to Annex 1 and check the material you need.
Check Annexes 2-6 to prepare and/or print out for your sessions.

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[5] UNCRPD Art 2

PART II: COMMUNITY AWARENESS SESSIONS

This part of The Toolkit contains suggestions on how to do the actual awareness sessions with the community.

To help understand this part's methodology:

Words in bold are direct questions to the community participants

Words in regular font describe instructions to the facilitator

and words in italics give general and/or additional information for the facilitator

Session 2.1 Disability Knowledge and Perception

This session contains two parts: Disability Knowledge and Perception. It will look first at the types of impairments, which go with certain functional difficulties, and identify some of the common causes. It will then take a comparative look at perceptions and feelings as a starting point for attitudes and behaviours towards disability as an issue and persons with disabilities.

2.1.1 Disability Knowledge
This section focuses on what community members know about disability based on their observations or through interaction with persons with disabilities.

Material:
- Set of cards with pictures of persons with different impairments (see Annex 3)
- Set of cards with negative feelings/attitudes (Annex 4)
- Something to hang the cards on, e.g. wall, large sheet, rope with either clothes pegs, or needles or tape (see photos below)
- Markers, writing card, sticking paste and etc.

a) Ask the group:
   When you hear the word "disability", or when you see a person with disabilities in your community: which words or feelings come to your mind?
   If necessary, explain a bit more that it should be their very first reaction without thinking about if this is good or bad, or right or wrong. What are their very first thoughts and feelings?

   Write down the words or sentences on cards. Leave them for now, you will come back to them in the next exercise on Disability perception.
   Say:
   You have now shared your initial thoughts that came to mind when you hear the word disability. We will come back to this in the next step when we talk about perceptions.

b) Ask the group*:*
   Do you know any persons with disabilities, either in your family or community?
   Can you name or describe the type of disability they have?

c) Have the cards ready, and when participants name or describe an impairment, find the corresponding card and hang it up.
   If participants are slow to respond or need a bit of time to be more confident to be active, give them one or two common examples, like a person who is blind, or a person who has a curvature of the spine.

d) **Do you know any other types of disabilities that haven't been mentioned?**
   Show corresponding card(s)

e) Make sure there is a good representation of different types and then fill gaps:
   a. Show cards of other types
   b. Explain that sometimes you cannot see an impairment, for example persons with mental health issues don't have a visible impairment or striking behaviour. Persons with epilepsy look like everyone else unless they are in the middle of a seizure. So it is important to not make assumptions

f) Hang up disability types in groups to represent physical, sensory, cognitive, and psychosocial and other disabilities.
   Make sure you know what is what so you can cluster them correctly, sometimes impairments can belong to two categories, like cerebral palsy which is a physical impairment but depending on the brain damage also can come with intellectual impairment, but not always.

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g) Ask the group:
   What are the causes for these disabilities?

   Collect answers and write down the responses on pieces of paper or cards.
   If the answers are very long, summarize in a few words or a title.
   Hang up the suggested causes for disabilities next to (or below) the impairment cards

h) Explain to the participants:
   What we have collected here are different impairments.
   - **Impairments are problems in body function or structure, for example: loss or lack of limb, an organ or body mechanism doesn't fully function, for examples nerves to the limbs are destroyed or not working, part of the brain is damaged**
   - **Impairments may be long-term or short-term and can be**
     o **physical, affecting a person's body movement**
     o **sensory, affecting sight, hearing, speech, smell, taste, balance, sensations and feeling**
     o **intellectual, affecting a person's cognitive functioning and behaviour**
     o **psychological, affects thinking, moods, ability to relate to other people and cope with life**
     o **neurological, affects the nervous system, speech, movement, vision, memory, learning or remembering**
   - **A person can have more than one impairment**
     o **Impairments can have various causes, some causes are known, some are still unknown**:

   If they haven't been mentioned before by participants please add:

   - **Some impairments are congenital due to genetic factors, i.e. it may be inherited from one or both parents, such as Albinism, Muscular Dystrophy.**
     You may need to further explain some impairments in simple terms if the community do not know what they are. So make sure you know well the examples you use.

   - **Some impairments can be caused by an injury or illness of the mother or the child during pregnancy or during birth, for example low oxygen supply to the baby resulting in cerebral palsy**

   - **Some impairments are caused by injury or illness after birth, in early childhood, for example high fever resulting in** **damage to parts of the brain**

   - **Other causes are: road accidents, bombs, violence, viruses that nerves or part of the brain; parasites like worms that get into** **mines or damage your**

body; malnutrition, for example, lack of specific food that contain important vitamins, for example Vitamin A affecting sight

If participants have given some beliefs or myths as causes for impairments, put them aside for now, you will come back to it in the next part on Disability Perceptions.
Examples for beliefs or myths are:

- *Disability is caused when a pregnant woman looks at a person with disabilities*
- *Disability is caused because the mother has been unfaithful during pregnancy*
- *Disability is caused because the mother or child were bewitched by someone jealous*
- *Disability is caused because the parents did not go to church*
- *Disability is punishment from God*

2.1.2 Disability perception

This section focuses on perceptions, i.e. feelings and conscious or unconscious attitudes towards disability and persons with disabilities, such as pity, revulsion, shame, disgust, fear, awe, etc.

1. Tell the group:

   Earlier one you shared words of feelings or thoughts that comes into mind when you hear the word "disability", or when you see a person with disabilities in your community, now we are going to look closer at that and see how it relates to perceptions we all have.

   Go back to the cards you have written down and place them on a big board so everyone can see. Read them out loud so that everyone knows what they say.

2. Ask participants:

   Which of these words, phrases, and feelings express a negative feeling or attitude and which ones are positive?

   Place/hang up the cards and group them in positive feelings/associations and negative feelings/associations

   It is possible that words/feelings like pity and worry/care for persons with disabilities are seen as positive because they come from a sense of caring. For now, place them in whichever group participants say they fit. You may come back to it later in Session IV..

3. Ask participants:

   Where do the negative feelings/associations come from and what are they based on?

   Once participants have given a few responses, or even if they have not, go back to any myths that participants may have mentioned earlier (or that are listed above as examples) under causes of impairments. Do they explain where the negative attitudes come from? If so, refer back to and highlight again the various physiological/biological causes you already discussed. Emphasise that a lot of disabilities can happen to anyone, at any time, for example accidents, illness through infections and parasites and is very rarely anyone's fault (except for deliberate acts of violence).

> **Note for facilitator:**
> *Often, negative attitudes and associations come from the idea that persons with disabilities are perceived as not being able to do all the same things as a person without disabilities. Therefore, this person is not a "real" boy or girl, woman or man, and therefore cannot do what is expected from them in their role as a "real man, woman, or child".*
>
> *This results in usually two possible attitudes:*
> 1. *The person is seen as useless and therefore has not the same worth as another person. The person often then does not receive the same care, attention, respect and opportunities*
> 2. *The person is seen as helpless and therefore everything must be done **for** them. Partially, to protect them; partially to help them - regardless of whether they need help or not.*
>
> *Both attitudes have the consequence that persons with disabilities are only perceived through their impairments and what they cannot do. Therefore, they get fewer opportunities to show that they are more than just an impairment or problem and that they are persons with skills and abilities, personalities, dreams, and ambitions. For children, these attitudes risk of reducing their opportunities to grow and develop their full potential and independence.*

4. Ask participants:
   What are the consequences of these negative feelings and associations for persons with disabilities? How are they treated?

   You can use corresponding cards with pictures from Annex 4 and hang them up. Remember to verbally describe the picture as there may be persons with visual impairments in the audience.

   If it hasn't come up, explain why pity and overprotection are also "negative" feelings/associations because they lead to persons with disabilities not getting opportunities (see the box above). This is where efforts to shield a child for external abuse results in caregivers depriving children of some of their rights. Thus overprotection by caregivers as a result of community attitudes, sometimes parents withdraw children from school, play, rehab and other community activities which violate other rights in the name of protecting them from harm. Overprotection can therefore and hinders them from exploring their surroundings, learning new things and benefiting and growing from social interaction. Pity on the other hand reduces the child to a passive object and also removes opportunities for growth and reaching potentials.

Also check: What is their understanding of conscious and unconscious bias, how it affects their behaviour and attitudes toward persons with disabilities

Explain conscious bias as favourable or unfavourable attitudes, or beliefs about persons with disabilities that informs how we perceive, interact, behave toward them Bias is automatically t activated and embedded in how we respond to situations and persons around us Bias directly and indirectly develops over time through your everyday experiences. Unconscious bias is basically attitude operating outside your awareness and control, are difficult to access or be aware of, and influence your action more than conscious biases.

Explain that we can try and, gradually, adjust our own conscious bias through personal learning and discussion in small groups, such as through disability awareness session like this one or exposing ourselves to things we are not used to or take part in things we would normally not do to challenge our perceptions of our world and experience new things.

End this session with something to think about for the participants and that might encourage them to come to the next session. This could be:

- Ask participants to go home and reflect how children and adult persons with disabilities are likely to experience the negative attitudes and treatment
- Your co-facilitator or other persons with disabilities could give one or two example(s) of how they experience(d) discrimination or negative attitudes at certain times in their lives
- Ask participants to think about how these attitudes and behaviours influence access to services and rights for girls and boys with disabilities

Or you may have another good idea based on what you know about the community and how they participated in this session. Try not to make

Session 2. Barriers to Inclusion

2.2.1 Preparations

This session focuses on the barriers to inclusion that persons with disabilities experience on a day to day basis and that hinders them from equal participation in society. Inclusion here means access to quality services like education, health, livelihoods, political representation and participation as well as social inclusion in community events, committees, family, relationships and so on.

Barriers are usually divided into
- *Environmental barriers*
- *Attitudinal barriers*
- *Communication/information barriers*
- *Institutional barriers,*

Often there is an overlap between them because institutions (like government authorities, schools, banks, political parties, hospitals and health care etc.) often determine the environment, and are made up by people who have specific attitudes. However, it helps to try to look at them

in the four categories as much as possible to understand where and how to address and remove the barriers at different levels.

- *Environmental barriers: include physical obstacles in the natural or built environment that "prevent access and affect opportunities for participation" such as inaccessible entrance, toilet, water points, thresholds, lighting, sound level and etc.*
- *Attitudinal barriers: include negative attitudes that may be rooted in cultural or religious beliefs, hatred, and unequal distribution of power, discrimination, prejudice, ignorance, stigma and bias, among other reasons. Family members or people in the close network of persons with disabilities may also face "discrimination by association". Attitudinal barriers are at the root of discrimination and exclusion.*
- *Communication/information barriers: include inaccessible communication systems which prevent persons with disabilities to access information or knowledge and thereby restrict their opportunities to participate. Such as lack of sign language, braille, audio, large print and etc.*
- *Institutional barriers: include laws, policies, and strategies or institutionalized practices that discriminate against persons with disabilities or prevent them from participating in society.*

The Activities under this session are aimed to get participants thinking about barriers in the society both by experiencing barriers themselves and through thinking about barriers in day to day life.

Preparation for Activity 1. : You will need to prepare a small presentation which includes:

- A paragraph on a chosen topic. This could be information on hygiene, or a new statement by the government, or information on extra support – it must be real support though, not an invented support that doesn't exist so as not to raise false expectations - or something else that would be of interest. This paragraph you will read out later on (one example is added at the end of this manual in Annex 5).
- Write out the information on your topic or print out a picture of, for example, how to wash hands or anything else that would be information of value. This should fit on a normal A 4 paper.
- Make another visual on a much larger Flipchart Poster that shows a very complicated statistical diagram or chart on your chosen subject (Example is provided in Annex 5)
- Another short paragraph of text on your chosen message in a very scientific, difficult language which is unlikely to be understood completely by participants, e.g. includes some medical jargon or just difficult and long sentences (Example in Annex 5)

- Prepare a poster or banner that says: IMPAIRMENT + BARRIERS = DISABILITY

Preparation for Activity 2:

- Prepare a large sheet on which you draw four brick walls, or you can use pieces of paper or cards to hang up like a brick wall
- Have some pieces of paper or sticky notes, post-its and masking tape ready
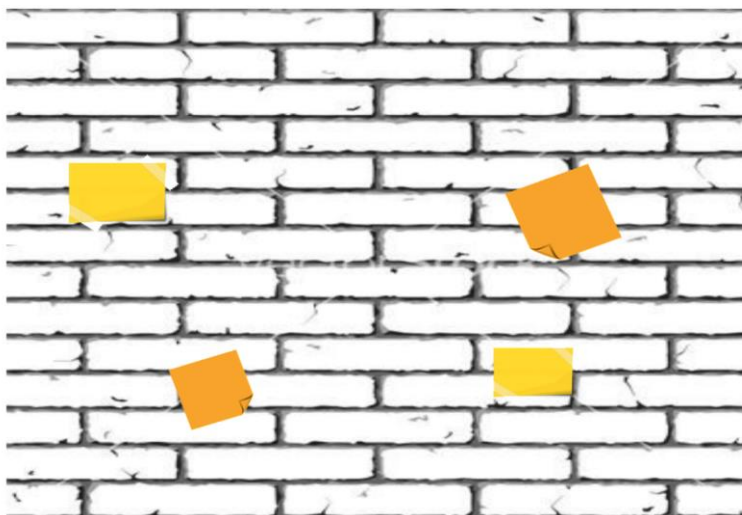
2.2.2 Introduction to the Session on Barriers
Remind participants what you have discussed in the previous session. You have several options:
- You can do a little quiz on types and causes of impairments
- You can ask a few participants: **What do you remember most from last session? What did you find most interesting?**

After the reminder, this session addresses barriers to services and to social inclusion for persons, especially children with disabilities.

a) Ask participants:
What do you think a child with disabilities cannot do and can do – think about a normal day in the life of a (pre-school or primary school age) child?
Responses could include: not being able to play with other kids, going to school, learn, have friends, help in the house.

b) Ask participants:
Why can't they do/participate in these things?
Write down some of the reasons that participants call out and hang them up.
Note, if any of the suggested reasons relate to the person's impairment or to something outside the person make a note to address this later on when you talk about barriers in the next session.

For now, just collect the answers. You will come back to them after the next activity.

c) Now get your material ready that you have prepared. Explain to participants:

2.2.3 Activity 1.Engaging <u>participants in experiencing barriers themselves:</u>

We are now going to share with you some important information on hygiene measures (*any other topic you have prepared*)**.**
> *It may be best, if this is done by another colleague, who could be presented as an expert or specific advisor on hygiene or on the alternative topic you have prepared.*

As the presenter of the information you will:

- Speak to only a small group in a low voice so you can only be heard by a few people in the first row and explain or read out the information on the paper.
  When people complain, ignore them.

- Present the visual information that you have prepared in small print on an A4 paper and hold it up so that only the people right in front of you could read or see it properly. Pretend you are very annoyed by complaints or requests to show it around.

- Now, read in a loud voice the difficult text in jargon and show the large poster with the complicated diagram.

- Thank everybody for their attention and step aside.

d) Wait a minute or so and observe and listen to the reactions. Then ask participants:

- **How do you experience receiving the information we just shared?**
  What you hope to hear is complaints that they could not see, hear or understand it well.

- **How did you feel when you thought you were given important information and you couldn't properly see, or hear, or understand the information?**
  - *What you hope to hear is that people were frustrated, that they became bored or impatient, or something similar. That they felt ignored and excluded or even disrespected.*

- **Whose "fault" was it that you didn't hear, see or understand the information? What were your expectations?**
  - *What you hope to hear is that it was the fault of the presenter because they didn't speak clearly, or loud enough, that the paper was too small, that the information was not clear and too difficult, no one understood what it meant, etc. Overall, the fault was not with the participants but with the presenter.*

- Ask the people who sat in front and were probably able to hear and see the first round of presentation:
  - **How did you feel when you realised you were able to hear and see and everyone else didn't?**
  - *You may hear that they felt uncomfortable, maybe they even tried to repeat and share it with their neighbours, or they didn't mind because they got the information.*

- Ask participants:
  Now think about persons/children with disabilities? Do they face similar challenges when they go to school, want to participate in community cultural or political activities, and want to receive important information?

- Remind participants of the reasons they gave when you discussed earlier why children with disabilities can't do certain things and what they said about negative attitudes and feelings in the previous session.

2.2.4 Activity 2.Engaging participants to think about barriers in day to day life

c) Ask participants:
Who is responsible for not being able to do certain things? Whose "fault" is it?

Most often, the responsibility or even blame is put on the person with disabilities: that they cannot do things because they can't move, hear, speak, think, and learn properly. In short: because they have functional limitations they cannot go to school, make important decisions, find good jobs, marry and have children, etc.

d) Explain that children and adult persons with disabilities experience many different barriers that prevent them from participating and accessing services. You can say:
Barriers are like bricks that are in your way. If there are many bricks, they form an entire wall of barriers, which is difficult for persons with disabilities to overcome to achieve their potentials and dreams. It is not so much their impairment that prevents them from doing things. It is rather that society does not adapt and make it easier for persons with disabilities to participate. It is the bricks that prevent them, not their impairment or function.

e) Ask participants**:**
Take a few moments and think again about your daily life and the daily activities of your children. What obstacles might exist for them to do these things if the children are?
- **blind, or deaf,**
- **or have difficulties to concentrate and remember things,**
- **or are very anxious and sad all the time,**
- **Or have physical impairments.**

Emphasise that with obstacles you mean things outside and apart from child's impairment.

You could also ask any persons with disabilities among participants to describe which obstacles they face on a daily basis. Be aware that this person needs to feel comfortable and share based on his/her consent. If it's a child with disabilities, ensure that you follows *Disability inclusive Child Safeguarding Guidelines. Always prepare such sharing in advance. If community members with disability volunteer information or experience spontaneously, allow them to do so.*

f) Write down the responses on the wall. Each individual obstacle or barrier goes to one brick. *Make sure – and explain – that the obstacles should be very specific, for example, not just say bad or negative attitudes, but how these are expressed, e.g. children/persons with disabilities are stupid, or a burden, or need to be cured, or are a punishment, or are superhuman, or helpless. Likewise, you want to make sure participants don't only think about physical impairments and barriers.*
While participants make suggestions and you write them on the wall, make sure you group the responses under four headings:

- *Environmental barriers: physical obstacles in the natural or built environment like steps instead of ramps and narrow doors in schools, places of worship, hospitals, public transport, etc.*

- *Communication/information barriers: inaccessible communication such as small print information, no sign language or – now under COVID – solid masks that cover the mouth and therefore make lip reading impossible. Inaudible or low voice projection, speaking rapidly or using jargon that is difficult to comprehend.*

- *Attitudinal barriers: negative attitudes that may be rooted in cultural or religious beliefs, such as when people ignore persons with disabilities or become impatient and rude. It includes laughing at them, being physical or verbally abusive, or overprotective, or just not giving them any chance to participate and express their ideas and contributions. These include the belief that people with disabilities are helpless and cannot do or achieve anything hence they need handouts, they cannot participate and cannot be consulted even in issues about their personal lives and issue which affect them. It can also include fear of contagion or supernatural or traditional beliefs about how disabilities are caused.*

- *Institutional barriers: when schools, authorities etc. don't change rules or do not have rules altogether to make it easier for children and adult persons with disabilities to participate and do things.*
  For example, policies that reject children with disabilities from school enrolment, or exclude them from clubs. Or health services don't ask what persons with disabilities need and make decisions for them, especially for girls and women with disabilities about contraception and pregnancies.
  - *Or banks refuse to give persons with disabilities a loan, or even a bank account.*

Once all barriers have been categorised under the correct type allow time to discuss them and allow the audience to share any comments. If someone thinks a barriers belongs to another category, consider explaining why or why not that may be or that one type of barriers can fit under different categories if that is the case.

2.2.5 Introduce enablers

Remind participants that at first you talked about impairments. Now you talk about disabilities:

It is not because of the person's impairment that they cannot participate and do things. It is because of the society that does not make the effort to remove barriers.

Ask participant**: What is needed to remove the barriers we have just looked at?**

What you are looking for here is to make sure that participants understand that all barriers can be removed by replacing them with enabler. Enablers are things that makes the barrier go away. I can be to remove physical obstacles, find solutions to overcome a barriers such as sharing information in different ways or at different times.

2.2.6 Finishing the Session

As previously, you may want to give participants a small take-away message or task to prepare them for the next session: This could be
- Reflecting on: what do they know about rights of children and how these rights apply to girls and boys with disabilities?
- Reflect on: are there different rights for children with disabilities and for children without disabilities?
- Anything else you may think appropriate

Session 3. Rights of Children with and without Disabilities

This session is about rights of all children with and without disabilities and highlights how important it is to ensure girls and boys with disabilities have the same opportunities and choices to demand and exercise their rights.

a) Ask participants:
Think about your child or grandchild being born: what do you wish for them as they grow up? Remind them not to think only about when they have grown up and are adults but also at different stages of their childhood, through adolescence into adulthood and older age?

This could be good health, peace and safety, good education, friends, happiness, good marriage, good job etc.

b) Ask participants:
Are these just wishes or rights?
Write down the rights

c) **What other rights for children do you know?**
Amend what may be missing based on UNCRPD, UNCRC, and/or national legislation and write the most important ones down.
This could be the right to be protected from violence and exploitation, the right to have a name, the right to a family, the right to be heard and express ideas and feelings, etc.

d) **Are these rights for all children?**
Here it is important to consider that participants may have different ideas for girls and boys in regards to rights or of children with different identities such as migrant, minorities etc. Given the exercises and discussions before, participants may be more supportive of acknowledging the same rights for children without and with disabilities but this may not be the case for girls and boys. However, you can probably refer to several national and international legislations (UNCRC, UNCRPD) that apply to all children having rights.

Explain examples/articles from such legislation that highlight important rights.
(Annex 6)

e) **If they are for all children and there are all these barriers that we have discussed earlier, what can be done to remove the barriers?**

Depending on the time available, you can continue with Session IV, or you can give a task to the participants to reflect on the barriers and rights, and, at home, think about:
- What can you as an individual person to better include persons with disabilities in your community?
- What can the community as a whole, or groups of community members do to better include persons with disabilities?

Session 4. Community-based Solutions

This session suggests concrete steps that communities can do to help promote inclusion and equality. Some of these steps can be done on an individual, personal level; some of the steps involve community action

a) Remind participants of the previous sessions on rights of children with disabilities and the barriers they face to claim those rights- as well as the importance of Enablers.

b) Ask participants:
What can you do as individual persons to change negative attitudes and behaviour towards children and adults with disabilities?

Collect ideas.
They can be very basic, like, being friendlier and more patient; not calling them names anymore or laughing at them, engaging and playing with their children with disabilities.

You can discuss language: what words are used for children and adults with disabilities and do these words have any negative associations and what should be used instead?
Sometimes such negative words (English examples are: cripple, retard, mad) may not be considered negative but are used so commonly that nobody questions them. It is important to check with Organisations of Persons with Disabilities (OPDs) or persons with disabilities in the community.

You can also discuss "etiquette", i.e. how to respectfully interact with persons with disabilities. *This is another opportunity to involve persons with disabilities to double-check and confirm.*

Examples of etiquette are:

- *Speak directly to a person with disability and not their personal assistant, companion or interpreter (who very often may be family members).*

- *Position yourself at eye level when speaking with a person who is a wheelchair user, or of short stature. This prevents a person straining their neck or being talked down to.*

- *Identify yourself first if you wish to speak to someone with vision impairment and remember to inform the person if you are moving away. Offer orientation of a space and audio describe any printed information, or non-auditory communication such as videos, role play or images. Don't leave things on the floor which could create a trip hazard.*

- *Feel free to ask a person who has a speech difficulty to repeat themselves, they will be used to this and will appreciate that you value their contributions and ideas.*

- *Approach deaf and hard of hearing people from the side or in front so as not to startle them. Ask what their preferred way of communication is, for example sign language or lip reading. When communicating with a deaf person maintain eye contact and speak clearly. Don't hold anything in front of your lips, or use over exaggerated expressions. If using a sign language interpreter allow time for interpretation. Remember in some cultures being waved at or touched to gain attention can be seen as rude.*
- *Speak clearly and in short sentences when communicating with a person with learning disability. Repeat or rephrase things to help give clarity and provide easy read materials with clear visuals. Don't be patronising, use a childish voice or expressions or exaggerate.*

c) Ask participants:
What can you do as a community to promote and better include children and adults with disabilities in your community?

Collect ideas.
*Yo*u can suggest the following to amend ideas:

- Mapping of the community or amend such community mappings with information about where older people and persons/children with disabilities live, with what kind of disabilities, and what services are available. The service availability needs to be matched with the accessibility audit (below).

  This is particularly important for humanitarian events, e.g. natural disasters, crises, displacement so that persons who need help during evacuations or escape get assistance and are not left behind. It is also important to know which kind of information sharing systems must be used so that everybody gets warning and instructional messages.

- Accessibility audits in the community. For example, community members without disabilities could team up with persons with disabilities (*e.g. from local Organisations of Persons with Disabilities)* to assess access to important buildings and structures like community halls, schools, offices where people get government support, playgrounds, water points etc. In displacement or refugee camps, this could also be extended to WASH facilities, and food distribution points etc.

- Inclusion and meaningful participation and representation of children and adults with disabilities in community events. For example, make sure you invite persons with disabilities, including children and adolescents to join community committees on important issues that will also affect persons with disabilities, or other community events (cultural, social, political) and make sure you make these events accessible and equitable and that they can participate without barriers and be respected and contribute equally.

- Quotas for persons with disabilities- for example in community structures like Village Development Committees, Water Point Committees and act. have representatives of

persons with disabilities so that they can advise and help communities to account for the needs of persons with disabilities

Let's do something right now.
In order to help inclusion on its way, what messages would you suggest to share with the rest of your community.
This could be some short slogans to hang up at school, or over the community hall, or on buses, in health centres.
Collect some ideas and write them down.
This may encourage people to collaborate with you in your advocacy campaigns. But be careful to vet them so that the messages are appropriate and inclusive and respectful and not reinforce stereotypes.

Thank everyone for their participation and encourage them to promote change, learn more from and with Organisations of Persons with Disabilities and finish as you see fit. Share necessary contacts for continued engagement.

Engaging persons with disabilities and Organizations of Persons with Disabilities (OPDs)
 OPDs are organizations governed by persons with disabilities at the community, national, regional and global levels. Some are impairment specific such as the National Federations of the blind/deaf/ physically impaired/albinism etc. while others are cross-disability such as national federations of organisations of persons with disabilities or geographical such as the African Disability Forum or African Union of the Deaf etc. National organisations often also have branches in different cities and in some cases organisations are very grass root and community-based and more informal such as parents groups or self-help groups.

→ To ensure full participation, ask persons with disabilities active in OPDs their preferred format for information and consider the accessibility of meeting venues. Persons with disabilities are better equipped to advice on accessibility than persons without disability and should thus be consulted for this purpose.

→ If possible, cover additional expenses for persons with disabilities, such as transportation or the cost of a companion as many are unable to afford transport costs themselves and if they are not able to use accessible vehicles or have a companion with them, they will not be able to participate or even show up.

→ In some regions, women's OPDs are active and well informed on the unique needs and rights of girls with disabilities. And in some locations youth-led organisations to better represent the things specific to youth and children with disabilities.

→ To find a OPD, review the OPD directory

ANNEX 1: MATERIAL

Session I
- Set of cards with pictures of persons with different impairments (see Annex 3)
- Set of cards with negative feelings/attitudes (see Annex 4)
- Set of blank cards
- Markers
- Large sheet of cloth to hang up cards or paper/visual material (if there is no wall to attach cards to)
- Rope with clothes pegs
- Masking tape or needles to attach cards to wall or sheet

Session II, Activity 1
- Translate (if necessary) and print-out/ write out the information on Hygiene measures (Annex 4 p1)
  (If you don't want to use hygiene but have another idea on another topic, feel free to develop your own example)
- Print out on A4 paper the set of drawings on hand washing (Annex 5, p2)
- Translate (if necessary) and print out the jargoned text on hygiene risks
  (Or develop an alternative text for your chosen topic in highly complicated technical language) (Annex 5 p3)
- Draw on a large flipchart paper the diagram provided in Annex 5 p4 or p5

- Large Poster or Banner with this text (in the appropriate language):
  IMPAIRMENT + BARRIERS = DISABILITY
  IMPAIRMENT +ENABLERS = INCLUSION

Session II, Activity 2
- Drawing of a large brick wall on a large piece of paper (you can tape together 2 flipchart papers) or on a sheet of cloth
- Tape or pegs to hang it up on a wall or on a rope
- Set of blank cards or A4 paper
- Markers

Session III
- For future trainings/awareness sessions you may want to complete Annex 5 and fill in relevant articles from international and national legislation on disability and child rights
- Write out on large flipchart paper some important legislation that your government has on disability (if any) and to which international legislation they have committed to, e.g. UNCRC, UNCRPD, and CEDAW.
  You don't have to write the entire legislation down but the name and maybe 2 examples of articles that may be especially important to children with disabilities.
- Paper and markers to write down suggestion from the community.

Session IV
- Paper and markers to write down suggestion from the community.

ANNEX 2: ICEBREAKERS, ENERGIZERS

Here you can add any country/context-appropriate games for icebreakers, energizers – whatever you think may fit and work.

You can use common energizers but make sure to make them accessible to all people so that persons who cannot sit or sit, walk or move, raise hands or legs or see or hear also feel included.

Here are some examples of common icebreakers that can be adapted
100 ways to energise groups: Games to use in workshops, meetings and the community | Save the Children's Resource Centre

ANNEX 3: CARDS ON IMPAIRMENTS (CREDITS GOES TO PLAN INTERNATIONAL'S DISABILITY AWARENESS TOOLKIT 2017)

Person with curvature of the spine

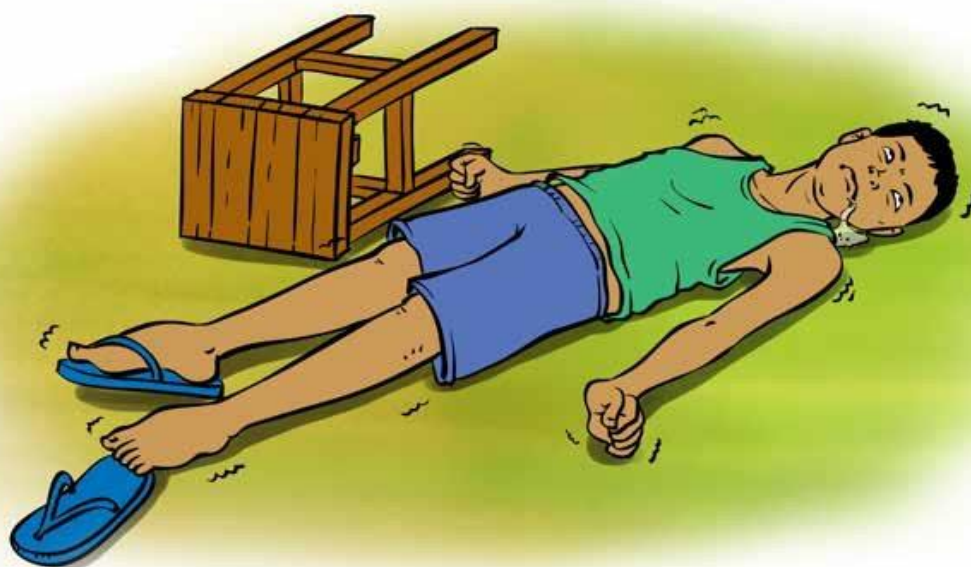Credits goes to Plan International's Disability Awareness Toolkit 2017

Person who is Deaf

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person who is blind

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with an Amputated Arm

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with an Amputated Leg

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Polio

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Cerebral Palsy

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Leprosy

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Spina Bifida

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Dwarfism

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Macrocephaly

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Down syndrome

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person who is Deafblind

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Epilepsy

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Autism

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Clubfeet

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Albinism

Credits goes to Plan International's Disability Awareness Toolkit 2017

# Person with a Spinal cord injury

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Hemiparesis (paralysis of half the body) after Stroke

Credits goes to Plan International's Disability Awareness Toolkit 2017

Person with Mental Health Condition

Credits goes to Plan International's Disability Awareness Toolkit 2017

ANNEX 4: CARDS ON ATTITUDE AND BEHAVIOUR TOWARDS DISABILITY (CREDITS GOES TO PLAN INTERNATIONAL'S DISABILITY AWARENESS TOOLKIT 2017)
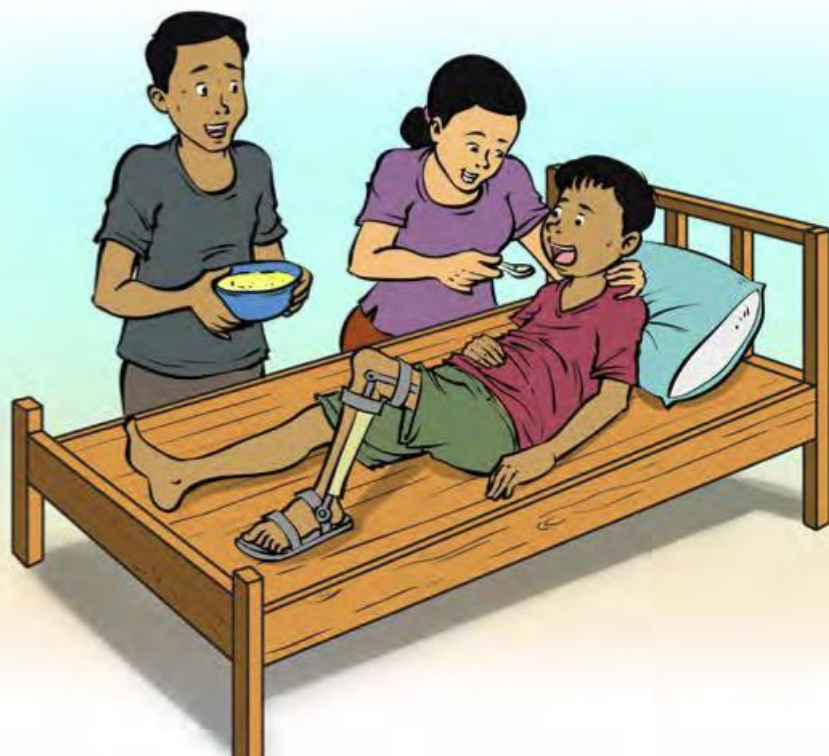
Bullying

Credits goes to Plan International's Disability Awareness Toolkit 2017

Isolation

Credits goes to Plan International's Disability Awareness Toolkit 2017

Exclusion in the family

Credits goes to Plan International's Disability Awareness Toolkit 2017

Child kept at home

Credits goes to Plan International's Disability Awareness Toolkit 2017

Stereotyping
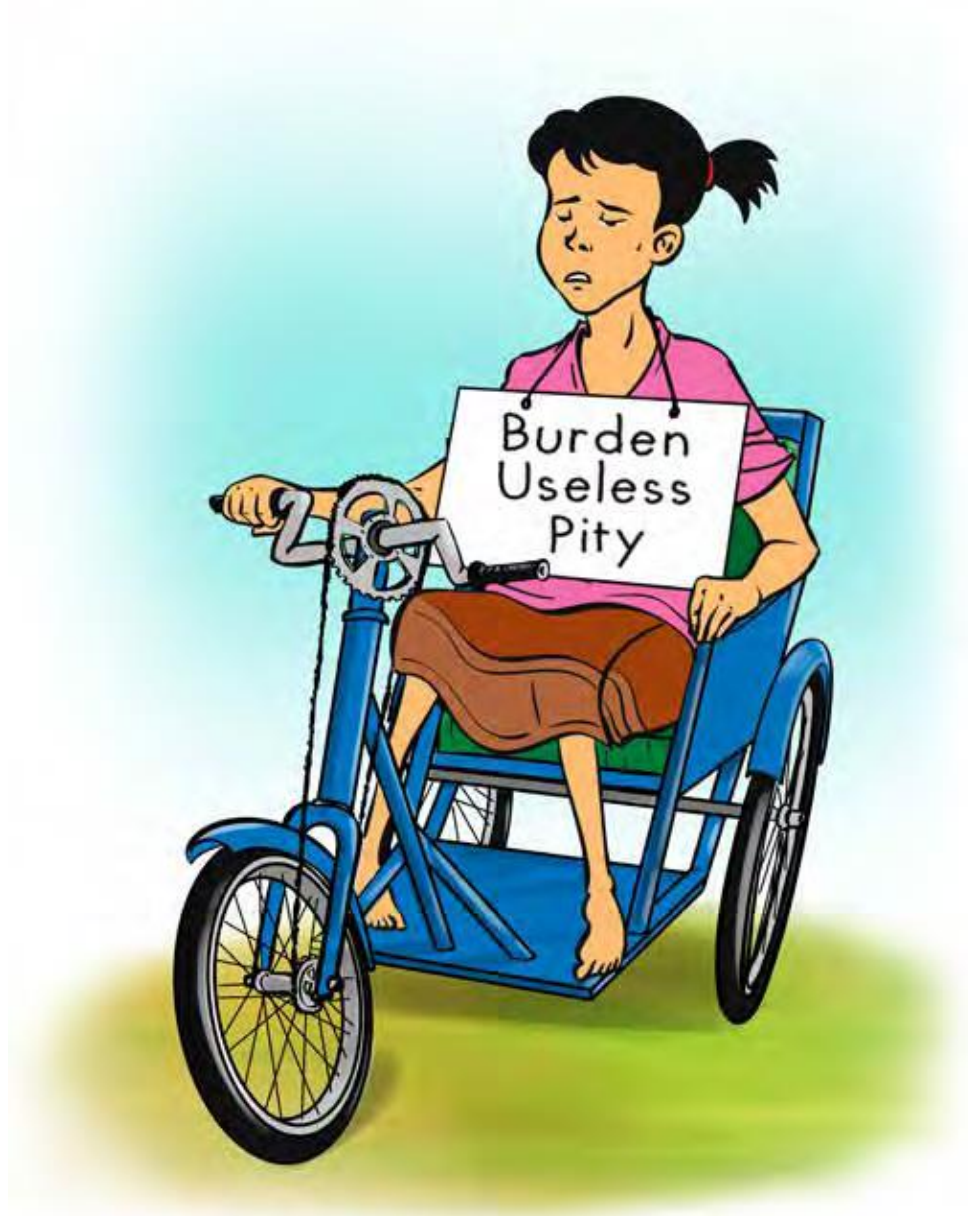
Credits goes to Plan International's Disability Awareness Toolkit 2017

Overprotective

Credits goes to Plan International's Disability Awareness Toolkit 2017

Rejection

Credits goes to Plan International's Disability Awareness Toolkit 2017

ANNEX 5: INTERACTIVE EXERCISE ON BARRIERS

This is an example set of preparations for Activity 1 in Session II on barriers.
It focuses on handwashing and infectious diseases

1. Read the following paragraph in a fairly low voice so that only the people close to you can hear you:

Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- **Touch your eyes, nose, and mouth with unwashed hands**
- **Prepare or eat food and drinks with unwashed hands**
- **Touch a contaminated surface or objects**
- **Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects**

2. On the next page there are a series of drawings that show how to wash hands correctly

Print this page out in norm A4 size.

When you show it to the community, hold it just in front of you at your chest level and stand close to the first row of participants so that only the very closest people can actually see it
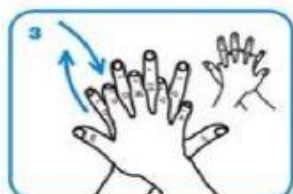
How to wash hands

Save the Children

0 Wet hands with water

1 apply enough soap to cover all hand surfaces.
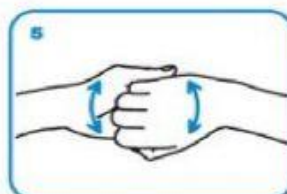
2 Rub hands palm to palm

3 right palm over left dorsum with interlaced fingers and vice versa

4 palm to palm with fingers interlaced

5 backs of fingers to opposing palms with fingers interlocked

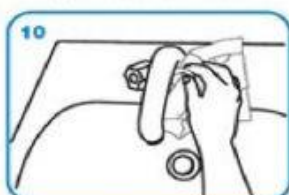**6** rotational rubbing of left thumb clasped in right palm and vice versa

7 rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
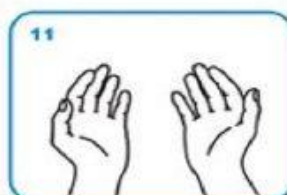
8 Rinse hands with water

9 dry thoroughly with a single use towel

10 use towel to turn off faucet

11 ...and your hands are safe.

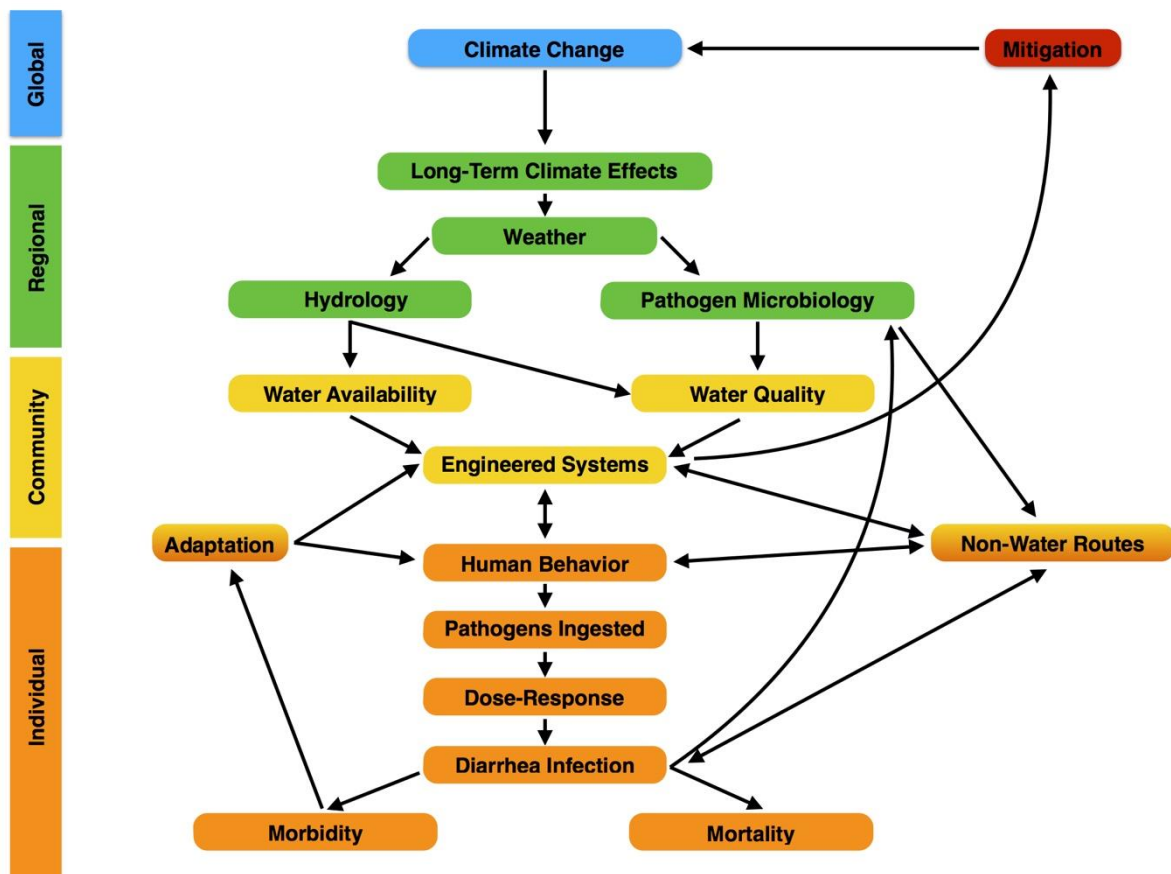3. Now quickly read out the following paragraph in a loud voice

The main objective of water, sanitation and hygiene programs in emergencies and humanitarian contexts is to reduce faecal-oral transmission of diseases and reduce the populations' exposure to disease-bearing vectors and subsequent diseases such as diarrhoea infections, environmental enteropathy dysfunctions, and intestinal parasite infections.
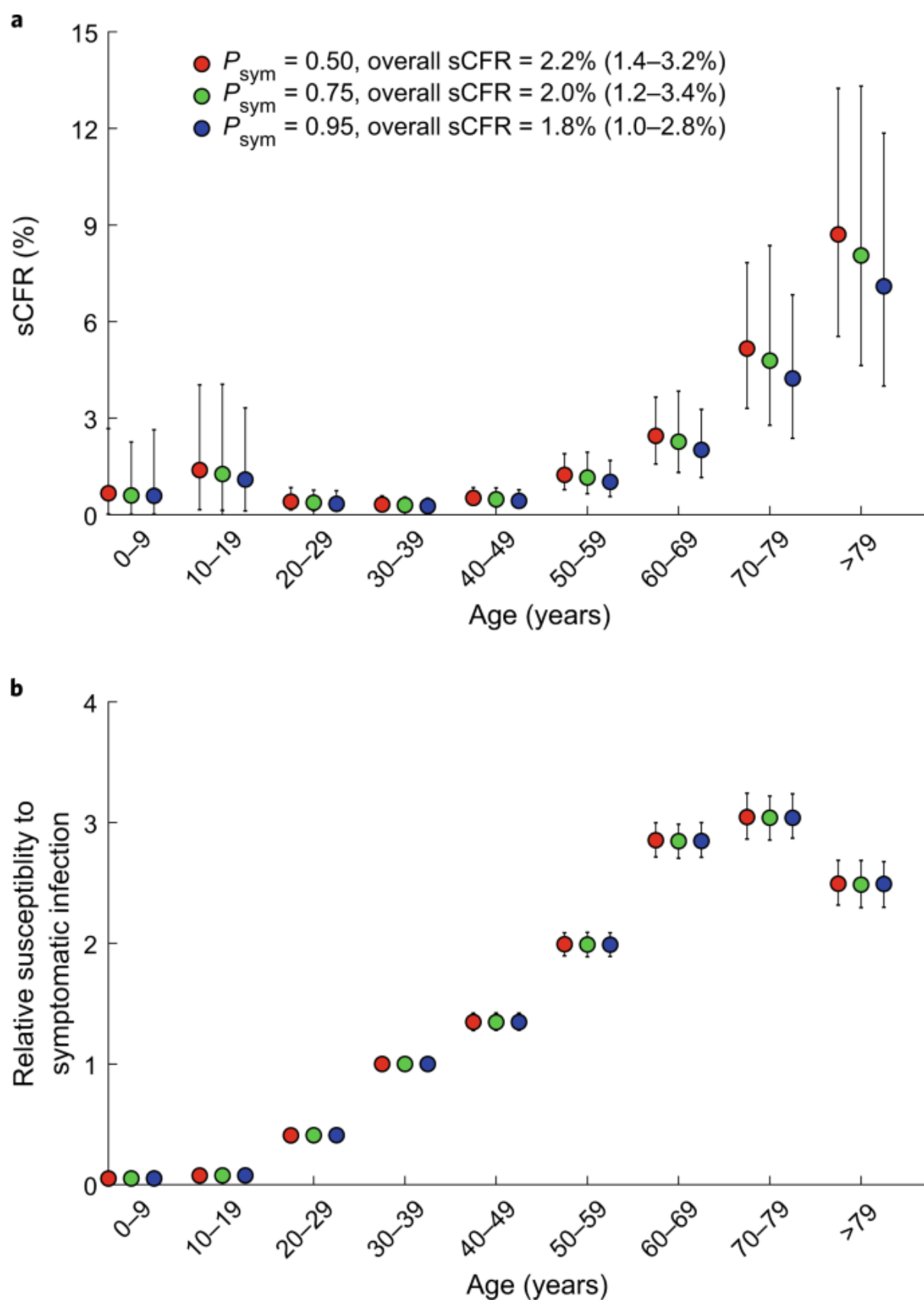
A number of studies have predicted that climate change will increase incidence of diarrheal diseases. However, studies done to date have limited predictive power and have little ability to help improve the resiliency of resource-limited communities. In the IWR, they are developing systems-based mechanistic frameworks to predict disease incidence in the future and design adaptation strategies to help communities increase their resiliency.

4. The next page shows a diagram. Print it out on large paper or draw it on a flipchart poster.

   Now hold up so that everyone can see it <u>but don't explain anything</u>

   Alternatively, you can print out the chart on the following page and just explain (while you hold it up) that it shows susceptibility to infection by age

a

P_{sym} = 0.50, overall sCFR = 2.2% (1.4–3.2%)
P_{sym} = 0.75, overall sCFR = 2.0% (1.2–3.4%)
P_{sym} = 0.95, overall sCFR = 1.8% (1.0–2.8%)

sCFR (%)

Age (years)

b

Relative susceptiblity to symptomatic infection

Age (years)

ANNEX 6: NATIONAL AND INTERNATIONAL LEGISLATION

Fill in in accordance with your country and the thematic focus

1. UN Convention on the Rights of Persons with Disabilities: It is an international framework for promoting and protecting the rights of persons with disabilities.

2. UN Convention on the Rights of the Child: It is an international framework for promoting and protecting the rights of children.

3. Resolution Security Council Unanimously Adopts Resolution 2475 (2019), first-ever resolution calling upon Member States and parties to armed conflict to protect persons with disabilities in conflict situations and to ensure they have access to justice, basic services and unimpeded humanitarian assistance.

4. African Disability Protocol[6]: Adopted in 2018, this is a human rights treaty that aims to improve the lives of persons with disabilities living in Africa by taking African culture, traditions, beliefs and practices into consideration.

5. Find out about and add your national legislation with focus on Disability Policy and Inclusive education Law etc.

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[6] African Disability Protocol (2018). Accessed from: https://au.int/sites/default/files/treaties/36440-treaty-protocol_to_the_achpr_on_the_rights_of_persons_with_disabilities_in_africa_e.pdf

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