DISABILITY AWARENESS TOOLKIT

GUIDELINES

INTRODUCING DISABILITY INCLUSION IN OUR COMMUNITY

PLAN INTERNATIONAL

ACKNOWLEDGEMENTS

This Disability Awareness Toolkit has been made possible with the financial support of the Ministry for Foreign Affairs of Finland.
The toolkit has been inspired by a community awareness method, GRAAP, used in Togo and further developed by Frank Velthuizen, Disability Advisor for Plan International Finland and Ireland with the ideas, knowledge, experience, and efforts of many individuals from within Plan International and from across the sector.

A special thanks
To the advice and valuable contributions of Molly Lambert, Gillian Quinn, and Gwen Duffy.
To Plan International Disability Inclusion Core Working Group members and colleagues of Plan International Ireland for input and review of the toolkit.
To staff members of the NGOs Liliane Foundation and Netherlands Leprosy Relief who reviewed and shared insights.
To Plan International Laos, Lao Disabled Women's Development Centre, and Lao Disabled People's Association, for supporting the development of the cartoons used in the toolkit.

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The toolkit will be available in the following languages Arabic, English, French, Portuguese, Spanish and Urdu with contextualised cartoons for Asia, Latin America and the Middle East.

Photo Credit: Plan International

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1. WHY A DISABILITY AWARENESS TOOLKIT?

Plan International's purpose (2016) states: *'Empower children, young people and communities to make vital changes that tackle the root causes of discrimination against girls,* ***exclusion*** *and vulnerability'.* Girls and boys with disabilities are undoubtedly a group that is being excluded and experiencing discrimination.

Globally, there are between 93 and 150 million children living with disabilities (Plan 2015). Physical, attitudinal, policy and/or institutional barriers hinder the full and effective participation and protection of children with disabilities in society. As a result, children with disabilities are subject to profound levels of poverty, exclusion and discrimination. Furthermore, gender inequality compounds all forms of exclusion, making exclusion different and often worse for girls with disabilities.

Children with disabilities are 10 times less likely to attend school than children without disabilities. Even if children with disabilities do attend school, they are more likely to drop out early, and their level of schooling is below that of their peers. Classrooms and school facilities are often not accessible, and teachers are not adequately trained on the needs of children with disabilities.
Children with disabilities are also often excluded from social, economic and political participation and are overlooked in the planning and provision of services. Consequently, children with disabilities remain largely invisible in communities and invisible to decision- and policy- makers and service providers.

Violence against children with disabilities takes many forms and children with disabilities are more vulnerable to abuse, yet are often excluded from protection mechanisms. Children with disabilities are particularly vulnerable in times of emergency and conflict, as girls and boys with disabilities are often separated from or abandoned by their caregivers and fail to receive the care and protection that they need. Conflict is also a significant cause of disability among children, specifically girls, due to prescribed roles and behavioural expectations of boys and girls during this time.

Plan International is committed to ensuring that children with disabilities are empowered to fulfil their rights and ensuring that staff are equipped to manage the transition towards greater inclusion.

Plan International's Outside the Circle (2013) research confirms that some of the biggest barriers towards inclusion for both children and adults with disabilities are community perceptions, local culture and customary laws. A key recommendation arising from the research is the need for awareness raising regarding the right to protection for children with disabilities. Negative attitudes and stigmas should be challenged at community level. Awareness campaigns at all levels, particularly with families, communities and in schools, are vital to eliminate negative behaviours and discrimination against children with disabilities.

This toolkit aims to equip field staff and volunteers with a resource that can assist in introducing disability to the community and challenging negative perceptions.

We would appreciate any suggestions you may have on how to improve this toolkit to serve your communities and particularly people with disabilities better.

Plan's Child Centred Community Development (CCCD) approach

1) All children have the same universal human rights, which are set out in international treaties, such as the Convention on the Rights of Persons with Disabilities. They include the rights to: education, health care, protection from harm and change to participation as citizens.

2) Communities are powerful when they act together. Plan supports groups of people to come together to tackle their own issues. When people take action together, they support each other and build up their skills and confidence. They feel a sense of ownership over their activities. So they are likely to continue and promote them. They build up their ability to claim their rights and their children's rights, as active citizens.

2. WHAT IS THE DISABILITY AWARENESS TOOLKIT?

This Disability Awareness Toolkit aims to provide community staff and volunteers with a method to collaborate with communities on increasing understanding on the rights and needs of people with disabilities.

The toolkit builds on an initial community awareness method that was developed by Plan International Togo, FETAPH, Monde Radieux and Handicap International. The original tool was developed by the 'Groupe de Recherche et d'Appui pour l'Autopromotion Paysanne (GRAAP)', located in Burkina Faso. The GRAAP philosophy, aims to ensure that people living in rural communities participate and decide on the patterns of development.

This philosophy is in line with Plan's distinctive Child Centred Community Development (CCCD) approach to working with communities to help more children and young people, including those with a disability, to realise their potential.

This Disability Awareness Toolkit focuses on disability awareness in general and has been designed to facilitate a community meeting. It can serve as an entry point regarding discussing disability issues in the community. It can then be followed by particular targeted activities, based on the nature of given projects and contexts. How the toolkit can be used will be explained step by step in the next sections.

2.1 Objectives of the toolkit

The Disability Awareness Toolkit aims at facilitating a community meeting. After the community meeting participants will be able to:

- Identify people with disabilities in their community.
- Reflect on their own attitudes towards people with disabilities in their community.
- Give an analysis on the consequences and causes of their attitudes and behaviours.
- Come up with suggestions on how to improve the situation for people with disabilities in their community.

3. COMMUNITY MEETING PREPARATIONS

3.1 Preparing yourself

Facilitating a community meeting requires solid preparation in terms of skills and knowledge. It is therefore important that each facilitator reads the manual thoroughly beforehand and ensures all steps are clear. If there is the opportunity, first witness a similar community session of a colleague. If that is not possible, conduct a trial session for colleagues or friends, so you have a clear idea on what to expect and how the process works. Don't hesitate to ask questions when things are unclear.

This manual contains information on how to facilitate the different steps of the community meeting. Besides that, the toolkit has a set of facilitator cards that can be used while facilitating. At the back of the blue cards you will find basic information on each impairment. In case you receive questions on impairments which you can't answer immediately, explain that you will try to obtain the right information from experts, instead of providing people with the wrong information. There is a wide range of impairments, one cannot be expected to know the detail of all of these impairments.

3.2 Mobilising the community

When planning the meeting, make sure that there is sufficient time in advance to mobilise the community. It is important that all members of the community have the chance to actively participate. Therefore men, women, elderly people,

young people and men and women with disabilities should be equally represented during the community meeting. The size of the meeting can be decided upon by the facilitator. The toolkit can be facilitated with a small audience or with a large audience.

Make sure that the people responsible for the community mobilisation know what the objectives are, so they can inform participants correctly about the purpose and importance of the meeting. Those who wish to take part in the meeting don't have to prepare themselves prior to the meeting, however clear communication about what to expect of the meeting is crucial, including the expectation of possible incentives.

Make sure that the setting of the meeting is easy to find, accessible and central for all community members. Depending on the setting, one could ask community members to bring their own chair, bench, or mat so they can sit comfortably during the meeting.

It is recommended to invite a Disabled People's Organisation (DPO) or people with disabilities to the meeting to provide testimonies and real life experiences. Involving people with disabilities in the preparation and implementation of any awareness raising session is the best way of challenging misconceptions about disabilities. People with disabilities could facilitate or act as interpreters for the meeting. People with disabilities may have developed personal solutions and coping mechanisms to overcome barriers within the community which can be discussed and demonstrated in training sessions and can work well in awareness raising. It is important to prepare the meeting in advance with the invited person(s) with a disability as to make his/her role clear and contribution relevant and not a tokenism. It is important to ensure meaningful participation of people with different types of impairments so that as a broad a range of disabilities and challenges in the community are covered.

3.3 Roles and responsibilities

The facilitator:

- Leads the meeting without expressing his/her own opinions
- Invites all participants to share their views and experiences in a safe environment
- Encourages participants to speak freely and to listen to each other
- Intervenes when participants don't let each other finish speaking

When facilitating the meeting it is important to use disability friendly and positive language, see section 4 for further guidance.

The co-facilitator:

- Supports the lead facilitator in the facilitation of the toolkit
- Does the timekeeping during the meeting
- Helps in arranging and hanging the cards
- Makes notes of community responses, particularly during the action planning and the re-cap
- Helps to provide support where people require assistance

3.4 Materials needed

1. A system to hang the various cards (see section 4.3 for options)
2. Flipchart or blackboard
3. Table for the facilitator
4. Picture cards
5. Facilitator cards

3.5 Use of respectful terminology

The vocabulary we use when talking about people with disabilities is very important as it already reflects a person's attitude towards disability. Often language is used that is already discriminating and stigmatising. For example a person with a disability who can only crawl in absence of a wheelchair is sometimes named 'snake'. Other words used in local languages translate into for example 'the incomplete' or the 'mad' or 'insane'. When you try to think of local languages in your country, you might come up with more examples.

The use of these words is discouraging and excludes people with disabilities. It is thus important to use positive words and to emphasise what a person can do, not what a person cannot do.

Plan follows the internationally recognised 'person-first' language. This is a way of describing disability that involves putting the word 'person' or 'people' before the word 'disability' or 'impairment'. Instead of talking about 'a blind man', you say 'the man who is blind'. Other examples of person-first language are 'person with a disability,' 'girl with cerebral palsy,' and 'boy with an intellectual disability'.

Further it is recommended to use language like a ‘wheelchair user’, instead of ‘wheelchair bound’. Try to highlight the capacities of people with disabilities, for example ‘the girl who walks with crutches’, ‘the mother who moves with a tricycle’, etc.

If you are unsure of the right wording for an impairment, ask a person with a disability what terminology (s)he prefers.

During your session, if you hear names of impairments used by the community that have a negative meaning, you can ask the community to reflect on the words and consider using alternative words.

4. FACILITATING THE COMMUNITY MEETING

4.1 Overview of the meeting

The meeting can be divided into five steps. This aims to provide the facilitator with a clear structure. Depending on the available time and the size of the group, a feasible time-plan can be made by the facilitator. Normally 1.5 to 2 hours should be sufficient for the full meeting.

Meeting overview		
Step 1	**Introduction**	Short personal introduction and introduction to the objectives and methodology of the meeting.
Step 2	**Questions to community on disability**	Key questions for the community exploring their current knowledge and perceptions towards disability. The picture cards are used in this section.
Step 3	**Creating an 'action plan'**	Discussion on how to improve the situation for and with people with disabilities and collect suggestions to encourage a (more) inclusive community.
Step 4	**Recap**	Review of the key information.
Step 5	**Closure & questions**	Opportunity for questions from the community; feedback from the community about the meeting; way forward.

The steps are described in detail in section 4.4 and guidance is provided in the facilitator cards.

4.2 Using the picture cards

The picture cards play an essential role during the community meetings. The picture cards help to visualise issues that are sensitive to discuss, showing a visual makes it easier for the facilitator to explain and for the participants to understand. Secondly community members will not know the official names of certain impairments. By showing the picture of a certain impairment, the community members can confirm the impairment they were talking about.

It is known that people tend to better understand and forget less when learning objects are visualised. Therefore it is important that the picture cards are used consistently and in a structured way. It is important that the pictures are visible for everyone.

There are 5 categories of picture cards:

Category	Colour of picture cards	Number of picture cards
1. Different kinds of impairments	Dark blue	25
2. Negative attitudes & beliefs	Red	17
3. Positive attitudes & inclusion	Green	17
4. Skills and jobs	Yellow	19
5. Assistive devices	Light blue	13

The picture cards are categorised by colour. Before the meeting starts you should arrange the cards in different piles according to the colour.

In the toolkit you will find the booklet: 'overview of picture cards', which provides an overview of all cards that may be used during the meetings. They are coloured and linked to the corresponding steps and questions. It can be useful to keep the overview close to you during the meeting, so you will know which pictures are to be used and when.

Guidelines for using the picture cards:

- The various cards are to be presented once a community member responds to a question. The card is to confirm and visualise the answer of the community member.
- After every answer, place the specific picture card on the sheet or board when it corresponds with the answer that the community member(s) give(s).
- Aim to cluster each picture card by category together on the sheet.
- Once the community members have given all their answers to a specific question, you can check whether you still have any picture cards left that haven't been discussed but which you feel are crucial to share. Briefly explain what they refer to, and ask if the community members recognise anything familiar in the picture cards.

- Remember to keep the picture cards together and clean, as they are made to be used for many community meetings.
- The variation of pictures is not exhaustive. These are only the most common answers. If the answer is correct, acknowledge the answer and apologise for not having the picture. If the answer requires a new picture card, you can ask locally a designer to produce the card for you. You can also inform the authors of this toolkit.

4.3 Options for hanging the picture cards

For the discussion it is important that every card discussed is placed in a central place, in the right order and visible to the entire audience. Below you will find some options for how the cards can be placed. You can use the option most suitable for you. If you have another creative option, feel free to try it out and do not hesitate to let us know!

Option 1 - On a large sheet

Option 2 - Placing the cards with a piece of tape on a wall

Option 3 – On a rope, using pegs

HOW TO PLACE THE PICTURE CARDS

Order for hanging the picture cards

For the further discussion, it is important to place the cards in the right order. Pictures with a similar colour should be clustered together, so you can easily

refer to them. It visualises the flow of the meeting and will assist in the re-cap of the meeting.

4.4 Facilitating step by step

For the facilitation of the meeting you can use the set facilitator cards provided in the toolkit. These cards inform you step by step how to progress during the meeting. You can keep them at hand while facilitating. They are just a guide, feel free to adapt as suits best in your context.

The meeting can be divided into five steps. The facilitator cards follow these five steps. Below is a short description of each step:

STEP 1: INTRODUCTION

- Introduce yourself and the co-facilitator briefly to the community.
- Explain to the participants what they can expect of the meeting.
- Emphasise that everyone is invited to join in the discussions.
- Emphasise the importance of the community's input and responsibility.
- Give a rough indication of the duration of the meeting, this will depend on the size of the group and the time available, usually 1.5 to 2 hours.
- Explain the use of the picture cards.

STEP 2: QUESTIONS TO COMMUNITY ON TYPES OF DISABILITY

- You start with the dark blue question card, 1. Questions – impairments.
- Through the questions on the blue card the aim is to identify the types of impairments in the community and generally the type of impairments the community knows.

- For the answers from the community, use the corresponding blue cards which present the most common impairments and place them on the board / sheet to create an illustrated overview.
- On the back of each card you find basic information on the impairment in case you receive questions related to the impairment.
- In case the community is not yet 'warmed-up' for the activity, you can first show one or two impairment cards and ask the people if they know these impairments and if they can mention others.
- After every response, fix the picture card on the overview sheet/board.
- Repeat the process for the following cards
  - Red card – 2. questions negative attitudes & beliefs
  - Green card – 3. questions positive attitudes & inclusion
  - Yellow card – 4. questions skills and jobs
  - Light blue cards – 5. questions assistive devices
- The aim of the red card is to explore how people in the community look at and behave towards people with disabilities. Furthermore you can explore what cultural beliefs exist. In the red card the main aim is to explore the negative attitudes and practices that exist.
- The aim of the green card is to reverse the negative attitudes and explore positive examples of behaviour towards people with disabilities. You can explain that people with disabilities have equal rights as stipulated in various conventions and probably the national law.
- The aim of the yellow card is to identify what type of work and activities people with disabilities can participate in. Explain that people with disabilities have talents and abilities like any other person. By involving people with disabilities they become useful to the family and the community at large.
- The aim of the light blue card is to identify the most common assistive devices that help people with disabilities to live a more independent life.

STEP 3: CREATING AN ACTION PLAN HOW TO IMPROVE THE SITUATION FOR AND WITH PEOPLE WITH DISABILITIES

- Explain that during this next step, suggestions will be gathered on how to improve the situation for people with disabilities in the community.
- It is good to record the input on a flip chart, so the suggestions of the community are documented. On the back of the facilitator card a simple framework for an action plan is provided.
- The emphasis of this exercise is on community barriers that the community itself can identify and take an active role in to put a stop to

and thus enable people with disabilities to be included in the community.
- Keep in mind that creating this plan is a basic way to gather information (mapping) regarding the needs and plans of the community. Based on this more elaborate plans can be drawn up.
- Emphasise the importance of the community's input and their responsibilities.

STEP 4: RE-CAP

- In a short time a lot of issues will have passed. It is advised to do a quick review of what has been discussed.
- Request a volunteer to come forward and to summarise all that has been discussed. The volunteer can use the overview of pictures that has been created to do the re-cap.
- If the volunteer has left out critical issues, you can supplement by providing additional information.

STEP 5: CLOSURE AND QUESTIONS

- Inform the community that the session has almost come to an end.
- Invite people to share their experiences regarding the meeting.
- Ask if there are any questions left that have not been addressed yet.
- Thank everyone for his/her input and collaboration.
- Explain the 'way-forward', so the community members know what to do/expect.

After the session is over, make sure you collect all the picture cards and carry them with you for a next session in another community.

5. FOLLOW-UP MEETINGS AND ACTIONS

This toolkit serves as a basis to introduce disability in a community. It is not linked to a specific thematic area or project but will hopefully provide a clearer picture on the situation for children and adults with disabilities in the community. It will depend on the entire programme the toolkit is used in how to progress after the initial meeting. The first draft of the action plan also provides you input on how to progress. It can be used for the development of a more elaborate community inclusive action plan.

6. BASIC UNDERSTANDING OF DISABILITY INCLUSION

For the facilitation of the Disability Awareness Toolkit, you do not need to be an expert in disability, however there is some basic information which is important to familiarise yourself with before facilitating the Disability Awareness Toolkit. Below you find some key information on disability inclusion.

6.1 Disability and impairment

In everyday language often the term disability is used, when in fact the person is talking about about the impairment of a person. It is important to understand the difference.

An impairment is a problem in a body function or structure. For example, a person who cannot see or a person who has only one leg. The most common impairments can be found on the blue cards.

Disability is the combination of the impairment of a person and a barrier experienced by the person with an impairment to participate in an activity or to access a place or information.

For example a child with a physical impairment cannot enter the classroom, because it has high steps to enter. Or a woman who is deaf cannot hear the radio-advertisement which provides health messages for women.

In both examples it is society that is disabling the person to participate. If the classroom was accessible, the child could enter. If the radio-advertisement was also provided as a poster to the woman who is deaf, then she would have equally been informed.

In our work we aim to identify barriers to inclusion and find solutions to break those barriers.

DISABILITY = IMPAIRMENT + BARRIERS

6.2 Barriers to inclusion

As explained above, there are barriers in society that prevent people with disabilities to be fully included in society.

One definition that explains a barrier well comes from the Cambridge Dictionary. It defines barriers as 'anything that prevents people from being together or understanding each other'.

Usually in the disability sector there are 3 types of barriers being identified:

1. Attitudinal barriers

A common view in many communities is that children and adults with a disability are not capable, have no abilities and are seen as a burden to the family. Many negative beliefs exist in communities as to how children and adults are born with or get a disability during life. Plan International's research Outside the Circle in West Africa (2013) reported that the most common responses were that the impairments were caused by a 'bad' act of a family member, inflicted due to a 'bad spirit', were a curse from God or was the child's fate. Disability is seen as a curse and often linked with shame for the whole family.

> *"I am no longer in school because the other children make fun of me and say I'm a half person. Yes, even until now, I very much want to go to school, but my friends make fun of me and say that I am incomplete. It is for this very reason that my dad made me leave school."*
> *– (testimony from a boy with a disability - Outside the Circle)*

These negative views lead to prejudice, negative assumptions, discrimination and stigma. As a consequence communities do not want to associate themselves with people with disabilities and are thus excluded in society.

Important note

Except for some cases, most types of impairment can be rationally and scientifically explained. In Africa the following estimates for causes of impairments for children exist: 65% due to illness related to infection; 17% due to complications during birth and the birthing process; 11% due to accidents; 2% due to violence and 5% due to other means (Outside the Circle, 2013).
On the back of the blue impairment cards, the common causes of impairment are provided.

2. Environmental barriers

Environmental barriers can be divided into two main categories. One category is the inaccessibility of physical infrastructure. Most people think of the physical barriers under environmental barriers – e.g. a health clinic is inaccessible for wheelchair users if it has steps and narrow doorways. People with disabilities encounter these barriers in areas such as:

- public transport
- hospitals and clinics
- schools and housing
- shops and marketplaces
- offices and factories
- places of worship

It's relatively easy to identify the barriers of a building – in consultation with people with disabilities – once you realise this is a barrier to access services.

The second category is inaccessible communication. Communications can be disabling especially for those with sensory and intellectual impairments – e.g. for people who are deaf if there's no sign language; for those with visual impairments if there is no braille on written documents. Students with hearing, visual or intellectual impairments are unlikely to access vital information unless their access needs have been met. And since 98% of children with disabilities in developing countries don't attend school, they'll miss out on important education and information.

3. Institutional barriers

Lastly there are institutional barriers that exclude people with disabilities. Examples of such barriers are discriminating legislation, employment laws and electoral systems. In many countries children with disabilities are also excluded by laws that prevent them from accessing school or policies that are not accommodating to support inclusive education.
At community level there are examples where micro-credit programmes do not accept people with disabilities in micro-finance groups, believing people with disabilities are not able to refund the credit as they are assumed not able to work or not able to communicate. Not only do the laws and policies exclude, but often also people with disabilities are not consulted or are not represented in decision making bodies.

6.3 Gender and disability

Although both boys and girls with disabilities experience discrimination, girls with disabilities often face additional barriers due to norms around gender.

A powerful example about the importance comes from Togo. The 'Community Based Rehabilitation Programme' established, as part of its situational analysis, that 'there are more illiterate girls with disabilities (75%) than boys (25%) and that girls suffer also more than boys from discriminatory attitudes. Girls with disabilities are frequently considered a burden on the family and as a non-productive member of society'.

Plan International's research Outside the Circle (2013) reported that girls with disabilities were consistently reported as facing increased stigmatisation, greater lack of opportunities (including socially), and more marginalisation in comparison to boys with disabilities. Families may marginalise their girls with impairments more. Girls are less likely to receive education. Girls with disabilities are believed more vulnerable compared to boys with disabilities and at greater risk of mistreatment, abuse and rape.

> *"There is a difference between girls and boys who are disabled. For example, the boy, he can go for a walk without problems, but the girl, she may be a victim of rape or unwanted pregnancy and then he who rapes her declines his responsibility."*
> *(Father of a girl with an impairment, Guinea – Outside the Circle)*

In identifying barriers that exist in communities it is thus important to pay special attention to girls with disabilities and explore if there are additional barriers that specifically exist for girls with disabilities.

6.4 Disability models

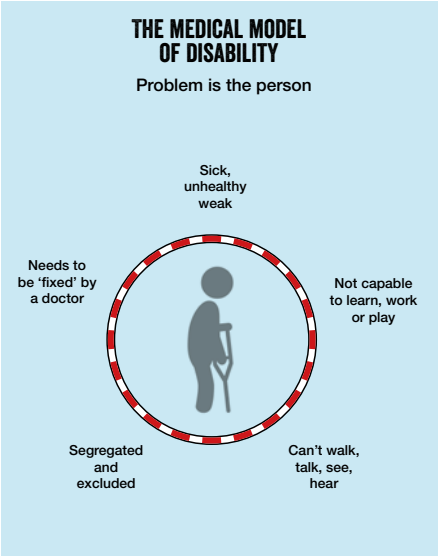
Besides explaining disability through definitions, disabilities are also often explained by different views or so-called models. It is helpful to understand the different models of disability as it helps to understand viewpoints of people.

Traditionally and still common views in many developing countries are the medical and charity model. They are known as the 'individual' models. These models consider disability as a problem within the person. To solve the disabling aspects, the only solution looked for is within the person. In the medical model this means the person needs to be referred to a doctor or hospital for the person to be 'cured'.

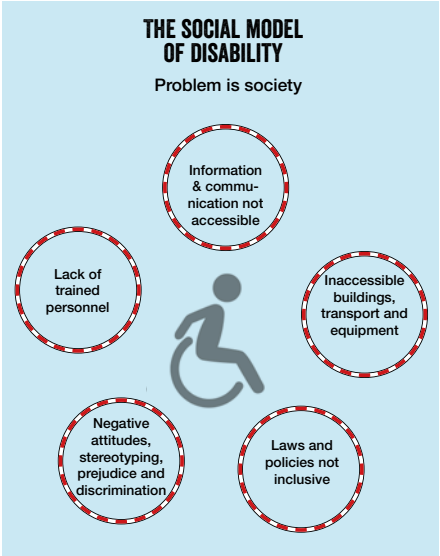
In the charity model people feel pity for people with disabilities and give them some free gifts or cash, but do not include them in society.

The opposite model is the social model. In the social model the aim is to include people with disabilities in all aspects of the community. To achieve this goal, barriers in the community are being identified and solutions are being created to break these barriers.
During the facilitation of the community meeting the focus should be on the social model. Let the community identify barriers in the community and during the action planning suggest solutions to address the barriers.

The principles of the social model are those of the UN Convention on the Rights of Persons with Disabilities – it obligates all mainstream organisations to include people with disabilities in their work.



A person with a disability may only participate in society if the person is cured



A person with a disability has the potential to be great if all societal barriers to inclusion are addressed

6.5 UN Convention on the Rights of Persons with Disabilities (UNCRPD)

The UNCRPD is the human rights convention concerning people with disabilities, which was adopted in 2006. The Convention on the Rights of Persons with Disabilities is important because it is a tool for ensuring that people with disabilities have access to the same rights and opportunities as everybody else. The UNCRPD provides people with disabilities with a legal framework to claim their rights.

Although many countries have signed the convention, only few have been able to fulfil their commitments towards people with disabilities, who continue to face barriers in their participation as equal members of society.

To find more information on the implementation and relevant legislation of the UNCRPD in your country, it is best to contact the national disability movement in your country or to contact the government delegate/body responsible for matters relating to the implementation of the Convention.

6.6 Leave No One Behind – The Sustainable Development Goals

The growing focus on disability inclusion in development is also evident in the Sustainable Development Goals (SDGs). The SDG commitment to 'leave no one behind' aims to ensure that no goal can be met unless it is met for everyone, including people with disabilities.

Disability is referenced in various parts of the SDGs and specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs. Disability is explicitly included in the following SDG Goals:

Goal 4 to ensure inclusive and quality education for all and promote lifelong learning guarantees equal and accessible education by building inclusive environments and providing the needed assistance for persons with disabilities.

Goal 8 to promote inclusive and sustainable economic growth, employment and decent work for all.

Goal 10 to reduce inequality within and among countries emphasises the social, economic and political inclusion of persons with disabilities.

Goal 11 to make cities inclusive, safe, resilient and sustainable includes the creation of accessible cities and water resources, accessible and sustainable transport systems, providing universal access to safe, inclusive accessible and green public spaces.

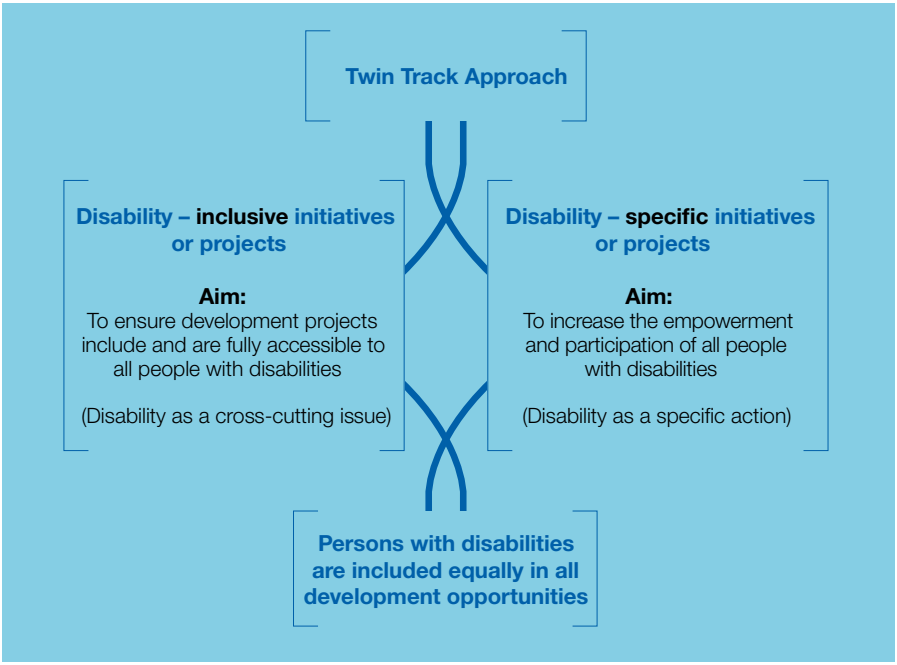
Goal 17 to revitalize the global partnership for sustainable development underlines the importance of data collection and monitoring of the SDGs, placing emphasis on data that is disaggregated by disability.

As Plan International is contributing to achieving the SDGs, it is good to be aware of the emphasis of the SDGs on including all people, specifically people with disabilities.

6.7 The Twin Track approach

Plan International promotes the Twin Track approach in its disability work. The Twin Track approach suggests two types of interventions. On the one hand projects can be designed and implemented that are particularly focussed on children and young people with disabilities: disability specific projects.

On the other hand the target is to ensure that any project that is being designed and implemented is equally accessible for children and young people with disabilities.
The two tracks together can realise the full inclusion of children and young people with disabilities. The below figure visualises this.



The Disability Awareness Toolkit can be applied in both tracks.

6.8 Community Based Rehabilitation

Community Based Rehabilitation (CBR) is a global, tested community development approach for disability inclusive development. The approach facilitates the empowerment and participation of persons with disabilities and their families in development and decision-making processes at community level. It is a multi-sectorial methodology that builds on existing community services to enhance the quality of life of persons with disabilities, while ensuring their participation and inclusion in society.
CBR interventions make every effort to maximise local resources such as community members, community services and educational infrastructures. The approach is considered one of the most cost-effective approaches to improving the well-being of persons with disabilities.

The CBR principles are based on those of the UNCRPD and the approach is widely considered as an effective mechanism to put the UNCRPD in practice, particularly in rural areas and for the most marginalised groups.

Plan International recommends CBR as a low cost methodology that can be used across different programme areas and contexts to support positive change for disability inclusion at the community level.

For more information CBR guidelines are available in various languages on: http://www.who.int/disabilities/cbr/guidelines/en/

6.9 Tackling exclusion

Plan's Tackling Exclusion Framework explains how staff and offices can make sure all aspects of Plan's work tackles exclusion in line with Plan International's understanding of the root causes of exclusion. The framework sets Plan International's aspirations for its work on inclusion. It does so by establishing three interdependent priority focus areas which are (1) inclusive programmes, (2) influencing and communications, and (3) inclusive workplaces. It also highlights approaches and best practices that can improve our work, and provides clarity on concepts.

The framework describes exclusion and inclusion as follows:

Exclusion is the process that prevents certain people or groups from fulfilling their rights. This process involves complex social, cultural, economic, spatial and environmental factors and dynamics that create inequality in people's access to and control over opportunities and resources.

Inclusion is the process of improving the terms for individuals and groups to take part in society and to fully enjoy their rights. By having an intentional focus on tackling exclusion, excluded girls, boys and youth are more likely to be included – to participate in and benefit from society. Inclusion requires addressing the root causes of exclusion and understanding how intertwined the roots of different forms of exclusion are. It includes improvements in the ability, opportunity, accessibility and respect for the dignity of girls, boys and youth, excluded on the basis of the social groups they identify with or are associated with. Adopting inclusion as a response to exclusion requires an active organisational and programmatic commitment from Plan International as a global organisation, as well as a personal commitment from everyone who makes up the organisation.

7. USEFUL RESOURCES

Books

- Werner, D. (2009). Disabled Village Children: A Guide for Community Health Workers, Rehabilitation Workers, and Families. Berkeley: Hesperian Foundation.

Documents available on Planet for staff of Plan International

- Plan International – various thematic factsheets (2013)
- Plan International – Getting it Right for All Girls and Boys (2015)
- Plan International – Factsheet on Disability (2015)
- Plan International – Tackling Exclusion Framework (2016)

Websites

- Plan's intranet – Planet – disability inclusion network space
- United Nations Enable (2015). http://www.un.org/disabilities
- World Health Organisation (2015). www.who.int/topics/disabilities

Plan International disability researches

- Include Us! – A study on disabilities among Plan International's sponsored children (2013)
- Outside the Circle – A research into the Rights of Children with disabilities to Education and Protection in West Africa (2013)
- Protect Us! – Inclusion of Children with Disabilities in Child Protection (2016)

8. REFERENCES

This toolkit has been adapted from:
- Fiche Pédagogique – Des Personnes comme les autres – Plan International Togo

The content of this toolkit has been further developed with the input from
- Count me In: Include people with disabilities in development projects – Light for the World
- Flash cards CBR workers – Enablement
- Travelling Together – World Vision (2010)
- Various resources of Plan international mentioned under section 7
- Where hyenas are used to treat mental illness (2013) www.bbc.com/news/magazine-24539989

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DISABILITY AWARENESS TOOLKIT

FACILITATOR CARDS

PLAN INTERNATIONAL

TIPS AND SUGGESTIONS - CARD

- Ensure the meeting location is accessible for all participants.
- Use positive language and emphasise the abilities of people with a disability.
- Use people first language (e.g. child who is blind, instead of a blind child).
- Invite people with a disability to the session, they can explain from their own experience and provide real life examples.
- You do NOT need to use all the picture cards, it depends on the knowledge of the community, the level of interaction and answers provided.
- The questions on the cards are suggestions; choose which questions to use based on the responses of the community. Be flexible.
- If you are asked questions that are too technical, do not try to answer, but tell the community you will get back to them after consulting with specialists.
- If a participant or community member with a disability requires medical attention, refer this person to the health centre.

INTRODUCTION CARD

- Introduce yourself briefly and if available (recommended) your assistant.
- Welcome all people present and thank them for taking the time to come to the meeting.
- To be an example of inclusion, ask if any person in the audience needs extra help or translation to participate in the session.
- Explain to the participants what they can expect from the meeting.
- Emphasise that everyone is invited to join in the discussions.
- Emphasise the importance of the community's input in the discussion.
- Give a rough indication of the duration of the meeting, this will depend on the size of the group and the time available (usually 1.5 to 2 hours).

1. QUESTIONS - IMPAIRMENTS

- What is meant by the term ‘disability’ according to you?
- Do you know people with disabilities in your community or family?
- If yes, what type of disability do they have according to your observation? After every answer show the corresponding card.
- Are there other types of disabilities you know of that have not yet been mentioned?

TIP If community members are not responsive, then show a few examples of the blue cards and ask if they know the type of disability and if they know any other disabilities.

2. QUESTIONS - NEGATIVE ATTITUDES & BELIEFS

Exclusion and invisibility of children and adults with disabilities is mostly caused by the behaviour of the community members.

- What are the common attitudes towards children and adults with disabilities in your community?
- Why do people behave in the way they do towards people with disabilities?
- Where do you think these thoughts and beliefs towards people with disabilities come from?
- How do parents treat their child with a disability?
- What are the consequences if children with disabilities are not allowed to go to school?

TIP You can give an example of a common cultural belief in your country. On the next 2 cards some examples from Asia and Africa.

2. BELIEFS – IN SOUTH EAST ASIA

In some South East Asian communities is it believed that a child born with disabilities is a result of the negative actions, or bad karma, of parents in a past life. Parents make offerings to spirits asking that their past actions be forgiven and asking the spirits to heal the child.

Beliefs vary widely amongst ethnic communities, many of which have animist religious beliefs. In some communities, is it believed that the birth of a child with disabilities will bring bad luck upon the whole community. It is believed bad spirits may enter the body of the child with a disability and bring misfortune to the community. Household groups, or even the whole community, may come together in a ceremony asking for protection against bad spirits. You can show card titled cultural myths.

In other ethnic communities, a child born with certain types of disabilities is believed to have a direct connection to the spirit world and therefore brings good fortune to the family and community.

2. BELIEFS – EXAMPLE OF MYTH IN AFRICA

In some African countries there is a belief that hyenas can see everything including the evil spirits that people think cause mental illness.
As a treatment for mental illness, families lock their loved one in a room overnight with a hyena - for which they pay a lot of money to the owner of the hyena for (show the audience the picture-card hyena).
The expensive treatment is as brutal as it sounds. By clawing and biting at the patient, the hyena is thought to force the evil spirit out. Patients, including young children, have been known to die during this process. No patient has ever been cured like this, it is a myth wwith terrible consequences.

There are many more myths like this, such as believing a child with a disability is born because the pregnant mother washed herself in a certain river.

After you have shared an example, you can ask if and what the common myths in the community are.

3. QUESTIONS - POSITIVE ATTITUDES & INCLUSION

We have just discussed the negative attitudes and consequences of our behaviour, we will now look at a positive scenario.

You can ask:

- What are examples of positive behaviours and attitudes towards disability?
- What services need to become inclusive for children and adults with a disability to participate in the community?
- What social activities can children with disabilities participate in?

TIP If community members are not responsive, then show a few examples of the green cards and ask if the audience can provide other examples.

4. QUESTIONS – SKILLS AND JOBS

The aim of our work and rights of people with a disability is to promote an inclusive community. Let us discuss what your community looks like if it is fully inclusive: In what activities can children and adults with a disability participate? Activities can be in relation to:

- Social activities
- Economic activities
- Governance activities

NOTE

In the cards 'begging' is provided as an activity as it is a common economic activity for people with a disability, but highlight that this is a negative activity. Do explain that begging makes a person dependent and unproductive and is not an inclusive example.

5. QUESTIONS - ASSISTIVE DEVICES

Many barriers to inclusion are caused by the negative behaviours of the community. We have just discussed positive behaviours and inclusive skills and activities. Moreover, there are also materials/equipment that can assist the individual person. We call these assistive devices.

› What devices do you know that can assist children and adults with a disability to live a more independent life?

NOTE

Explain to the community that it is recommended to consult a specialist to find advice what device suits the person with a disability best.

6. ACTION PLANNING

If the session went well, then the community members realise that they play an important role in ensuring active participation of children and adults with a disability in the community. As a start to your ambition to support inclusion in the community, you can start drafting an action plan with the community. Discuss the following questions with the audience:

1. What needs to be done to become an inclusive community?

2. Who will take the responsibility for the proposed actions?

3. When will the actions be done?

Make sure that you or your assistant takes notes. This can be on a flip chart or blackboard, so that everybody can see what is being suggested. The notes can be your starting point for the follow up meeting on disability inclusion with the community.

On the back of this card an example is given of an action plan template.

6. ACTION PLANNING

Example of template for an action plan that can be drafted on a flip chart or on a black board.

WHAT NEEDS TO BE DONE?	WHO IS RESPONSIBLE?	WHEN WILL IT BE DONE?

7. RE-CAP

After you have finished the question cards and action planning, your sheet or wall will be covered with different cards from each section. As the community might have heard and seen a lot of new terms related to disability, it is good to do a quick re-cap of the session.

You can request for a volunteer from the community to repeat the most important issues that have been discussed during the meeting. Refer to the picture cards on the sheet or board in order to give a clear and illustrated summary.

If need be you can help the volunteer by supplementing with the key information.

8. CLOSURE AND QUESTIONS

- Invite people to share their experiences regarding the meeting.
  - What have you learned today?
  - How have you enjoyed the meeting?
  - Has today's meeting changed your thoughts and beliefs towards people with disabilities? If yes, in what way?
  - What will you tell other community members who haven't been present at today's meeting?
- Ask your assistant to write down the comments as this will be the key information for your meeting report.
- Ask the audience if there are any questions left.
- Explain the 'way forward', so that the community members know what to do/ expect next.
- Thank everyone for his/her input and collaboration.

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INTERNATIONAL

DISABILITY AWARENESS TOOLKIT

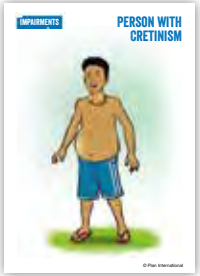
OVERVIEW OF DISCUSSION QUESTIONS AND CORRESPONDING PICTURE CARDS

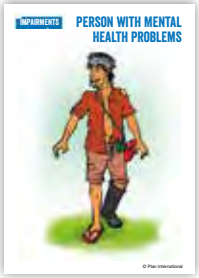
PLAN INTERNATIONAL

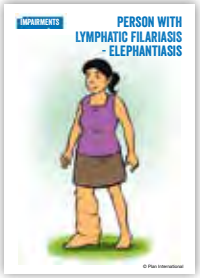
1. IMPAIRMENT QUESTIONS AND CARDS

- ✔ What is meant by the term ‘disability’ according to you?
- ✔ Do you know people with disabilities in your community or family?
- ✔ If yes, what type of disability do they have according to your observation?
- ✔ Are there other types of disabilities you know of that have not yet been mentioned?

1. IMPAIRMENT QUESTIONS AND CARDS







2. NEGATIVE ATTITUDES AND BELIEFS QUESTIONS AND CARDS

- ✔ What are the common attitudes towards children and adults with disabilities in your community?
- ✔ Why do people behave in the way they do towards people with disabilities?
- ✔ Where do you think these thoughts and beliefs towards people with disabilities come from?
- ✔ How do parents treat their child with a disability?
- ✔ What are the consequences if children with disabilities are not allowed to go to school?

2. NEGATIVE ATTITUDES AND BELIEFS QUESTIONS AND CARDS

Although escorting and supporting a person with a disability can be seen as a positive attitude in reality children of parents with a disability sometimes are denied access to education to full time support their parent.

These 4 picture cards reflect that cultural beliefs (the picture card with the balloon) and negative attitudes are found with both men, woman and children. It is good to highlight that these beliefs are still common with all generations and sexes

3. POSITIVE ATTITUDES AND INCLUSION QUESTIONS AND CARDS

- ✔ What are examples of positive behaviours and attitudes towards disability?
- ✔ What services need to become inclusive for children and adults with a disability to participate in the community?
- ✔ What social activities can children with disabilities participate in?

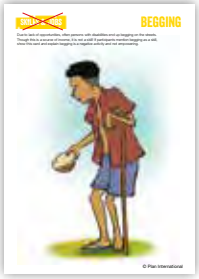
3. POSITIVE ATTITUDES AND INCLUSION QUESTIONS AND CARDS

4. SKILLS AND JOB QUESTIONS AND CARDS

In what activities can children and adults with a disability participate? Activities can be in relation to:

- ✔ Social activities
- ✔ Economic activities
- ✔ Governance activities

4. SKILLS AND JOB QUESTIONS AND CARDS



The focus is on positive income generating activities. However begging is still a common source on generating income. If mentioned, explain this is a negative example.

5. DEVICES QUESTIONS AND CARDS

✔ What devices do you know that can assist children and adults with a disability to live a more independent life?

5. DEVICES QUESTIONS AND CARDS

HOW TO PLACE THE PICTURE CARDS

IMPAIRMENTS

PERSON WHO IS BLIND

© Plan International

BLINDNESS AND VISUAL IMPAIRMENT

CAUSE

A person can be fully or partly blind from birth or later in life. There can be many causes, the most common are:

- Child blindness is often caused by poor nutrition or an infection
- Trachoma, which is caused by the spread by flies and touch
- River blindness spread by black flies
- Measles
- Brain damage, before, during or after birth
- Eye injuries, because of accidents
- Cataracts, which may be congenial or due to contaminated water or food
- Glaucoma
- Genetic
- Aging

SYMPTOMS

- Blindness is the inability to see anything. Someone who is visually impaired (partially blind), has limited vision, for example: blurry vision or the inability to distinguish the shapes of objects
- A person can be blind or partially blind with both eyes or with one eye

SUPPORT

- Some causes can be cured or operated on (like a cataract surgery).
- A pair of glasses can help persons with partial sight problems.
- A person who is blind should be supported to be independent, for example by learning to walk with a white cane

IMPAIRMENTS

PERSON WHO IS DEAF

© Plan International

DEAFNESS AND HEARING IMPAIRMENT

CAUSE

A person can be fully or partly deaf from birth or later in life. There can be many causes, the most common are:

› Genetic
› Premature birth
› Lack of iodine during pregnancy
› Drugs or medicines taken by mother during pregnancy
› Ear infections (after birth)
› Meningitis (after birth)
› Aging
› By piercing a sharp object in the ear

SYMPTOMS

› Not responding to surrounding sounds or calls
› Turning head to one side or cupping hand around the ear

SUPPORT

› Let a specialist do a hearing test
› A hearing aid may help
› Use sign language or fingerspelling for communication
› Early detection of hearing problems is important for possible treatment and learning to communicate.

IMPORTANT NOTE:

Many children with undetected hearing problems are mistakenly thought of as having learning difficulties. Children with learning issues should therefore have a hearing check.

IMPAIRMENTS

PERSON WITH A HUNCHBACK

© Plan International

HUNCHBACK

CAUSE

› Kyphosis (Hunchback formation) is seen in infants or teens due to malformation of the spine or wedging of the spinal bones over time.
› May result from weak back muscles or from poor posture, common in teenagers;
› Birth defects - If a baby's spinal column doesn't develop properly in the womb;
› Osteoporosis - bone-thinning disorder which can result in crushed vertebrae (bone).

SYMPTOMS

› An exaggerated forward rounding of the back
› But may also cause; back pain, stiffness, a loss of heights, difficulty standing up straight, and a degree of fatigue.

SUPPORT

› Children may require surgery to re-align the spine and prevent progression of the deformity
› Can benefit from certain exercises that encourage the straightening of their back.
› Children should also be encouraged to sit and stand as straight as possible, with the shoulders back, to help maintain a more normal alignment;
› In some circumstances be treated with a brace and physical therapy.

IMPAIRMENTS

PERSON WITH AN AMPUTATED ARM

© Plan International

ARM OR HAND AMPUTATION

CAUSE

Rarely, children are born without one or both hands/arms. More often, children lose an arm because of accidents and increasingly because of war. In other cases, limbs may have been cut off out of necessity due to advanced bone infections or dangerous tumours.

SYMPTOMS

- A loss of some part of the body, being a hand/hands, or an arm/arms.
- Is not limited to leg, arm or finger, but can also be ear, nose, tongue, breast, genitals.

SUPPORT

- It is highly important to care for a stump in order to maintain a good shape and position for a possible fitting of an artificial limb/prosthesis.
- For amputated hands or arms consider grasping aids or adapted tools to assist with daily functioning.
- Do regular exercises that strengthen muscles, straighten joints and prepare the healed scar tissue for weight bearing with a prosthesis.

IMPAIRMENTS

PERSON WITH AN AMPUTATED LEG

© Plan International

LEG OR FOOT AMPUTATION

CAUSE

Rarely, children are born without one or both feet. More often, children lose a leg because of accidents and increasingly because of war. In other cases, limbs may have been cut off out of necessity due to advanced bone infections or dangerous tumours.

SYMPTOMS

- A loss of some part of the body, being a leg/two legs from the knee down, or a leg/two legs from above the knee.
- Is not limited to leg, foot or toe, but can also be ear, nose, tongue, breast, genitals.

SUPPORT

- It is highly important to care for a stump in order to maintain a good shape and position for a possible fitting of an artificial limb/prosthesis.
- Do regular exercises that strengthen muscles, straighten joints and prepare the healed scar tissue for weight bearing with a prosthesis.

IMPAIRMENTS

PERSON WITH POLIO

© Plan International

POLIO

CAUSE

› Polio is a virus that can damage the nerves that control movement in the arms, torso and/or legs (It has no effect on feeling or mental ability!)

SYMPTOMS

› Majority of infected patients recover without noticing any effect at all.
› Other patients experience diarrhoea, tiredness, light fever or flu
› Only a few patients develop paralysis, which in some cases disappears fully or partly

SUPPORT

› There is no treatment for polio. Majority of polio patients are cured with rest and nutritious food
› Stretching the body while on bedrest prevents contractures (shortening of the muscle)

PREVENTION

› Vaccination at a young age
› Good hygiene

IMPAIRMENTS

PERSON WITH CEREBRAL PALSY

© Plan International

CEREBRAL PALSY

CAUSE

› Caused by brain damage that occurred before, during or soon after birth.

SYMPTOMS

› Cerebral palsy affects all developmental stages of a child, both physically and mentally.

› Spasticity is a common characteristic of cerebral palsy. Spasticity is frequent stiffening and stretching of parts of the body. It is the result of poor body balance and is an involuntary reaction to try and prevent falling.

SUPPORT

› Brain damage cannot be repaired or cured, but play and active stimulation by parents and caregivers can progressively improve a child's daily functioning.

IMPAIRMENTS

PERSON WITH LEPROSY

© Plan International

LEPROSY

CAUSE

› Leprosy is an infectious bacterial disease that affects the nerves in the skin, face, hands and feet.
› Leprosy is contagious if not treated and transmitted through droplets (body fluids in the air)

SYMPTOMS

› It can take months or years for signs of leprosy to become visible after infection
› Pale skin patches lacking sensation; weakened feet & hands; swellings/ulcers in the face
› The loss of sensation in the hands and feet can cause wounds and ulcers while performing everyday activities – burns go unrecognised and stones in shoes unnoticed.
› Wounds and ulcers can become infected, permanently damaging the skin, hands and feet, lbecoming amputations if not treated
› Nerve damage can lead to loss of muscle function, leading to deformities

SUPPORT

› Treatment with long-term Multi-Drug Therapy (MDT) can stop the disease from progressing if it is detected at an early stage.
› Wounds require rest and good hygiene to avoid infections

IMPAIRMENTS

PERSON WITH SPINA BIFIDA

© Plan International

SPINA BIFIDA

CAUSE

› A defect that comes from a problem in the very early development of the unborn child.
› The backbone that protects the spinal cord does not form and close as it should.

SYMPTOMS

› A condition that affects the spine and is usually apparent at birth. Sometimes there is a visible open wound on the back at birth.
  - Can cause physical and intellectual disabilities that range from mild to severe
  - Can cause problems such as loss of feeling in the person's legs or feet, not being able to move the legs, and/or incontinence.

SUPPORT

› Regular physical activity is important, especially for those with conditions that affect movement, such as spina bifida.
› The use of wheelchairs, crutches, braces, or walkers, will aid those who have severe damage to their spinal cord and cannot move easily around.

IMPAIRMENTS

PERSON WITH DWARFISM

© Plan International

DWARFISM

CAUSE

› In 1 of 5 children dwarfism is inherited. This is a result of a random genetic mutation in either the father's sperm or the mother's egg
› Other causes of dwarfism include metabolic (inherited genetic conditions that cause problems with chemical reactions in the body) or hormonal disorders, such as deficiencies in growth hormones or poor nutrition.

SYMPTOMS

› Results in an adult height of 4'10 (147.32cm) or shorter. The average height of an adult with dwarfism is 4'0 (121.92cm), but typical heights range from 2'8 (81.28cm) to 4'8 (142.24cm).
› The arms and legs are short for the body, and the head can be disproportionally big, the forehead bulging, and the bridge of the nose flat.
› A child may often have a swayback, pot belly and bowlegs

SUPPORT

› The majority of people with dwarfism do not have an intellectual impairment, have average life expectancy and have reasonably good health.
› Few people with dwarfism will require surgeries or other medical interventions to address complications and maximise mobility.

NOTE:

Use of the term 'dwarfism' varies amongst individuals, communities and countries. In some contexts it is considered offensive. Terms such as 'restricted growth', 'short stature' and 'little people' are other terms used. The best way is to name the person by name!

IMPAIRMENTS

PERSON WITH MACROCEPHALY

© Plan International

MACROCEPHALY

CAUSE

The most common causes for an enlarged head are;

› an enlarged brain

› or excessive fluid in the brain, where it collects in the large sections of the brain called the ventricles. This may occur for many reasons, including abnormal cysts within the brain, and infections such as meningitis.

SYMPTOMS

› The most notable symptom is an enlarged head.

› Other symptoms can include:

- delay in reaching developmental milestones,
- slowed growth of the rest of the body
- seizures

SUPPORT

› There is no specific treatment for macrocephaly. Medical care for children with macrocephaly focuses on management of specific symptoms such as developmental delays and treatment of the primary diagnosis responsible for the macrocephaly.

IMPAIRMENTS

PERSON WITH MICROCEPHALY

© Plan International

MICROCEPHALY

CAUSE

The causes of microcephaly in most babies are unknown. Some known causes are:

› Genetic disorders

› Difficulties during pregnancy, like infections, malnutrition, use of alcohol and drugs, interruption of the blood supply to the baby's brain.

› The Zika virus spread by the bite of an infected mosquito to a pregnant woman. Passed from a pregnant woman to her foetus during pregnancy, the virus can cause microcephaly.

SYMPTOMS

› Microcephaly is a birth defect where a baby's head is smaller than expected when compared to babies of the same sex and age.

› Babies with microcephaly often have smaller brains that might not have developed properly.

SUPPORT

› Microcephaly is a lifelong condition. There is no known cure or standard treatment for microcephaly

› To improve and maximise their physical and intellectual abilities, early stimulation is important to support and develop speech, daily tasks and physical well being.

IMPAIRMENTS

PERSON WITH DOWN SYNDROME

© Plan International

DOWN SYNDROME

CAUSE

Down syndrome is caused by the presence of an extra copy of chromosome 21 in a baby's cells. In the vast majority of cases, this isn't inherited and is simply the result of a one-off genetic mistake in the sperm or egg. The risk of having a child with Down syndrome increases with the age of the mother.

SYMPTOMS

- People with Down syndrome often have certain physical characteristics like small noses and a flat nasal bridge, a protruding tongue, short neck, with excess skin at the back of the neck, small ears.
- Physical development in children with Down syndrome is often slower than development of children without Down syndrome.
- Cognitive impairment, problems with thinking and learning, is common in people with Down syndrome and usually ranges from mild to moderate.

SUPPORT

- There is no medication for Down syndrome, but stimulation helps in the development of the child
- Often children with Down syndrome are at greater risk for medical problems, so regular check ups with a doctor is recommended.
- Children with Down syndrome can fully participate in society, if activities are adapted to their capabilities

IMPAIRMENTS

PERSON WHO IS DEAFBLIND

© Plan International

DEAFBLIND

CAUSE

- The most common cause for deafblindness is when a pregnant women is infected with the Rubella virus during the first three months of pregnancy.
- Deafblindess can also be ‘acquired deafblindness’, developed later in life, due to an accident or illness (most commonly meningitis), genetic conditions, or aging.

SYMPTOMS

- May not be totally deaf and totally blind, may have some remaining hearing and vision, while others have nearly complete loss of both senses.
- Difficulties with the main senses that help us to develop communication, interact with others, and learn about our surroundings

SUPPORT

- Utilise remaining hearing and/or vision in addition to either sign language, fingerspelling and/or Braille in order to communicate.
- If the loss of hearing/vision happens before having learned a regular alphabet, letter and words can be signed in the palm of their hand as a means of communication.
- Using a stick can help a person find their way and give them more confidence.

IMPAIRMENTS

PERSON WITH CRETINISM

© Plan International

CRETINISM

CAUSE

› Cretinism is a condition of severely stunted physical and mental growth due to untreated underactivity of the thyroid gland at birth.
› The most common cause of cretinism is low iodine in the mother's diet during pregnancy.
› In many parts of the world, often inland or mountainous places or areas of frequent flooding, the soil is very low in iodine which causes plants and animals to be low in iodine. Populations living in those areas are at risk of cretinism.

SYMPTOMS

› Produces a delay in mental and physical growth.
› Enlargement of the thyroid gland, forming a swelling called goitre.
› Some signs of cretinism can resemble Down syndrome i.e.: somewhat slow mentally, grows very slowly and is increasingly short for age, hair low on forehead, puffy eyelids, flat base of nose between eyes, widely separate eyes, puffy face, hands, and feet.

SUPPORT

› Early and continued treatment with thyroid medicine can help to improve growth, physical appearance, and sometimes reduce or prevent mental slowness.
› In areas where goitre is common, cretinism can be greatly reduced by encouraging everyone to use iodized salt when they are eating.

IMPAIRMENTS

PERSON WITH VALGUS KNEES

© Plan International

VALGUS KNEES

CAUSE

› Sometimes due to the folded position of a child's legs while in their mother's womb
› Can also develop as a result of a medical problem or disease, such as:
  - Injury of the shinbone (only one leg will be knock-kneed)
  - Osteomyelitis (bone infection)
  - Overweight or obesity
  - Rickets (a disease caused by a lack of vitamin D)

SYMPTOMS

› Knees touch, but the ankles do not touch, the legs turn inward
› This is normal between the ages of 2 and 12, but usually by age 5 or 6 the knees should begin to straighten.
› Difficulty walking (very rare)
› If left untreated, knock knees can lead to early arthritis of the knee and/or flat feet.

SUPPORT

› Braces may help straighten the knees and keep the condition from getting worse. However, in a child over 6 or 7 years old, braces usually do not help.
› Knock knees are not treated in most cases, but surgery may be considered for severe cases that persist beyond late childhood.

IMPAIRMENTS

PERSON WITH VARUS KNEES

© Plan International

VARUS KNEES

CAUSE

Otherwise called Bowlegs, Varus knees developed before the age of 3 may be caused by illnesses such as:

- Abnormal bone development
- Fractures that do not heal correctly
- Lead or fluoride poisoning
- Rickets, which is caused by a lack of vitamin D

SYMPTOMS

› Knees that do not touch when standing with feet together (ankles touching)
› Bowing of legs is same on both sides of the body (symmetrical)
› Bowed legs continue beyond age 3

SUPPORT

› Special shoes, braces, or casts can be tried if the condition is severe or the child also has another disease. It is unclear how well these work.
› Surgery can be done to correct the deformity in an adolescent with severe bowlegs.

IMPAIRMENTS

PERSON WITH EPILEPSY

© Plan International

EPILEPSY

CAUSE

For at least half of epilepsy cases the cause is unknown. However, causes can be:

- Genetic
- Infections in the brain
- Head injuries
- Stroke

SYMPTOMS

› Epilepsy is characterised by chronic fits, also called seizures or convulsions. Fits are sudden periods of unconsciousness or changes in mental state, often accompanied by jerking movements.

SUPPORT

› To reduce or prevent fits, anti-fit medications can be effective.

› During a fit: -

- Do not put anything in a person's mouth when they are fitting
- Do not try to control a person's movements.
- Remove obstacles so the person does not wound themselves

IMPAIRMENTS

PERSON WITH AUTISM

© Plan International

AUTISM

CAUSE

- All causes of Autism are not known
- Genes are one of the risk factors that can make a person more likely to develop Autism
- Children born to older parents are at greater risk
- Some children with other impairments, mainly hearing or developmental impairments may develop autistic behaviour if they are severely under stimulated and/or abused.

SYMPTOMS

- Autism can cause significant social, understanding and behavioural challenges, communication difficulties (social and emotional).
- Often no physical signs or difference in the way they look exist
- They may communicate, interact, behave, and learn in ways that are different from most other people i.e. difficulties relating to others/ repeating actions

SUPPORT

- Early intervention treatment services can improve a child's development to learn important skills, such as therapy to help the child talk, walk, and interact with others.

IMPAIRMENTS

PERSON WITH CLUBFEET

© Plan International

CLUBFOOT

CAUSE

› The reason children are born with a clubfoot or clubfeet is mostly unknown.

SYMPTOMS

› The foot (especially the heel) is usually smaller than normal.
› The foot may point downward.
› The front of the foot may be rotated toward the other foot.

SUPPORT

› Correction of clubfeet should ideally begin around 2 days after birth but can be undertaken until a child reaches the age of 4 years.
› 3 out of 5 clubfeet can be straightened without surgery in 6 to 8 weeks. If you can easily straighten the foot into a normal position, there is probably no bone deformity, and the foot will recover with exercise only.
› The foot position is corrected using the Ponseti Method, a technique that corrects clubfoot without surgery. Sometimes additional surgery is required for final correction.

IMPAIRMENTS

PERSON WITH ALBINISM

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ALBINISM

CAUSE

› Albinism is a genetic defect which makes the body unable to produce or distribute melanin, a natural substance that gives colour to your hair, skin, and iris of the eye.
› Albinism is an inherited genetic condition, therefore there is usually no case where it can be prevented.

SYMPTOMS

› Absence of colour in the hair, skin, or iris of the eye, lighter than normal skin and hair or patchy, missing skin colour
› Vision problems that are not correctable with eyeglasses, i.e. light sensitivity

SUPPORT

› Albinism itself does not need treatment, but the associated skin and eye problems do.
› Protecting the skin and eyes from the sun is very important i.e. wearing sunglasses outdoors and reducing sunburn risk by avoiding the sun, using sunscreen, and covering up completely with clothing when exposed to the sun.

IMPAIRMENTS

PERSON WITH MENTAL HEALTH PROBLEMS

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MENTAL HEALTH

CAUSE

Mental health (psychological) problems are a major obstacle to social participation for many people. Psychological problems can be:

› Genetically determined
› Result from traumatic experiences such as sexual abuse, physical abuse, violence, loss of a close family member or war.
› Brain damage – injury
› Abnormal functioning of nerve cells in the brain
› Long and extreme use of alcohol and drugs
› Mental health is NOT caused by witch-craft but can be scientifically explained

SYMPTOMS

Psychological problems can affect a person's emotions, thoughts and behaviours. It varies by person and disorder.

SUPPORT

› Psychological problems are usually treated by a combination of both medical and social/ behavioural interventions.
› Referral to a qualified mental health provider or in absence, a general doctor
› Do not ignore or isolate the person, but provide, love, support and encouragement

IMPAIRMENTS

PERSON WITH A SPINAL CORD INJURY

© Plan International

SPINAL CORD INJURY

CAUSE

Common causes of spinal cord damage result from a car accident, falls, sports injuries or disease

SYMPTOMS

Damage or trauma to the spinal cord can result in loss or impaired function of limbs causing reduced mobility or sensation.

- Damage to the spinal cord in the back will affect the movement and sensation in legs and possibly some stomach muscles.
- Damage to the spinal cord in the neck will affect movement and sensation in all four limbs, as well as stomach and chest muscles. This is called paraplegia.
- Can also affect breathing, bladder, bowel, sexual function, sweating and temperature control.

SUPPORT

- Every Spinal Cord Injury case is unique - always refer to specialist institutions to help manage a client's medical, functional and social needs.
- Provide social support for the person to accept the injury and adapt to a new lifestyle

IMPAIRMENTS

PERSON WITH MUSCULAR DYSTROPHY

© Plan International

MUSCULAR DYSTROPHY

CAUSE

In most cases, muscular dystrophy (MD) runs in families. It usually develops after inheriting a faulty gene from one or both parents.

SYMPTOMS

- Muscular dystrophy is a condition in which all muscles progressively lose their strength.
- It affects mostly boys, with the first symptoms occurring between 3 and 5 years old.
- By age 10 most children with muscular dystrophy are unable to walk.

One of the first signs of the disease in children is 'Gower's sign' – a way of standing up using hands on thighs for support.

SUPPORT

- Muscular dystrophy does not respond to medication and persons usually do not grow old.
- It is best to be honest with both the child and the parents about the disease. Parents and children with muscular dystrophy will require ongoing support to find solutions to the challenges of daily living.
- Help the child adjust to his increasing limitations and to be as active, stimulated and happy as possible.
- As postural muscles get weaker it is important to ensure a client is well supported during sitting/laying.

IMPAIRMENTS

PERSON WITH LYMPHATIC FILARIASIS - ELEPHANTIASIS

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PERSON WITH LYMPHATIC FILARIASIS (ELEPHANTIASIS)

CAUSE

Lymphatic filariasis, commonly known as elephantiasis, is caused by infection with filarial parasites (roundworms) which are spread to humans through mosquitoes. After the bite of an infected mosquito, the worms enter the body and move into lymphatic and blood vessels causing hidden damage to the lymphatic system. When the worms block the lymphatic system and reduce the flow of lymph, the body part gets swollen and that is what is called Lymphedema. Often the infection occurs during childhood, but the lymphedema (the swellings) develops later in life.

SYMPTOMS

› Lymphedema: fluid collection and tissue swelling in legs, arms, breasts, or genitalia (excessive fluid in scrotum of men).

› These painful and very disfiguring features of the disease lead to permanent disability and social exclusion.

SUPPORT

Severity and progression of the disease can be reduced and prevented with simple measures including good hygiene, skin care, exercise, and elevation of affected limbs.
Access to health care is needed throughout the lives of people with Lymphatic filariasis.

NEGATIVE ATTITUDES

BULLYING

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NEGATIVE ATTITUDES

ISOLATION

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NEGATIVE ATTITUDES

WITCH DOCTOR

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NEGATIVE ATTITUDES

EXCLUSION IN THE FAMILY

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NEGATIVE ATTITUDES

CHILD KEPT AT HOME

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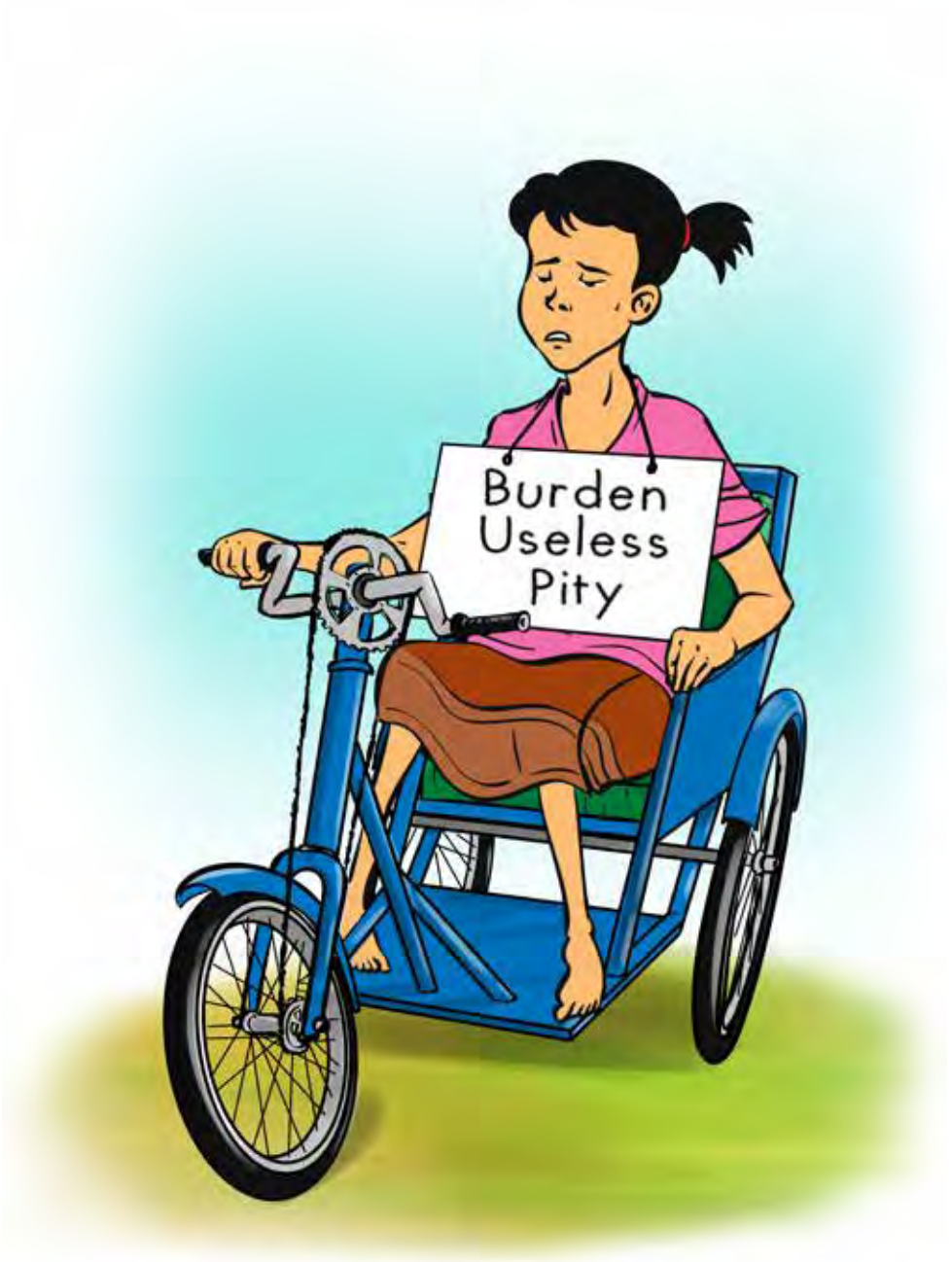
NEGATIVE ATTITUDES

STEREOTYPING



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NEGATIVE ATTITUDES

OVERPROTECTIVE

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REJECTION

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NEGATIVE ATTITUDES

ESCORTING PARENT WITH IMPAIRMENT

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NEGATIVE ATTITUDES

CULTURAL MYTHS

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NEGATIVE ATTITUDES

EXPENSIVE

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NEGATIVE ATTITUDES CULTURAL BELIEFS...

© Plan International

NEGATIVE ATTITUDES ...OF FATHERS

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NEGATIVE ATTITUDES

...OF MOTHERS

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NEGATIVE ATTITUDES

...OF CHILDREN

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NEGATIVE ATTITUDES

SAD PARENTS

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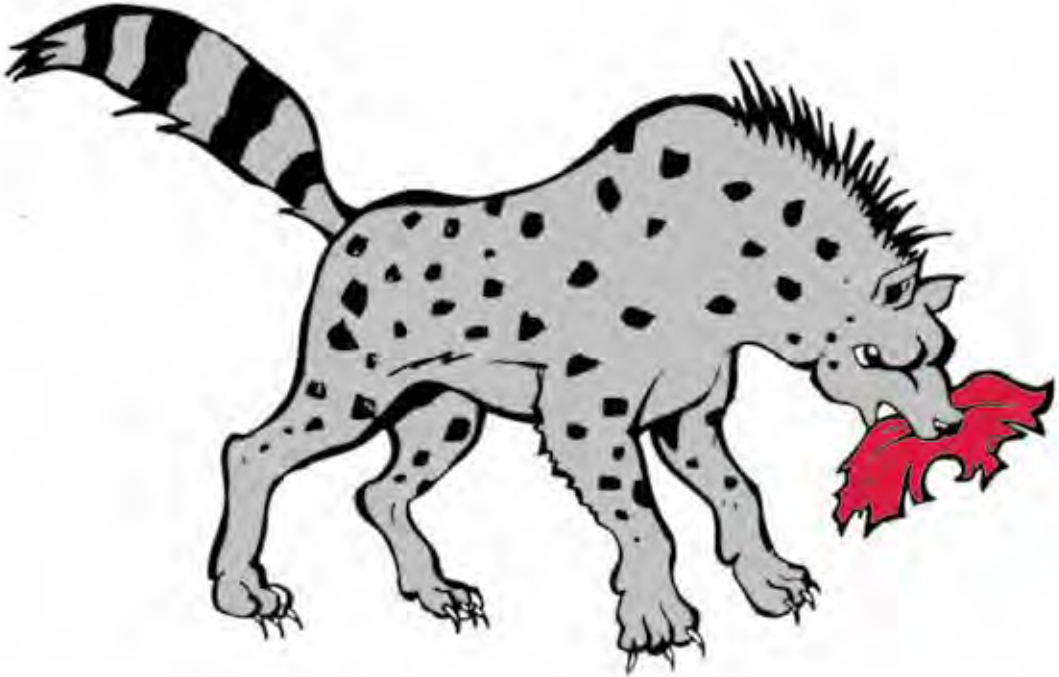
NEGATIVE ATTITUDES

CULTURAL MYTHS



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POSITIVE ATTITUDES

MAKING MUSIC

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POSITIVE ATTITUDES

DANCING

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POSITIVE ATTITUDES

HAPPY CHILDREN

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POSITIVE ATTITUDES

INCLUSIVE PLAY

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POSITIVE ATTITUDES

INCLUSIVE SCHOOL

© Plan International

POSITIVE ATTITUDES

INCLUSIVE CLASSROOM

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POSITIVE ATTITUDES

HAPPY FAMILY

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PEER SUPPORT

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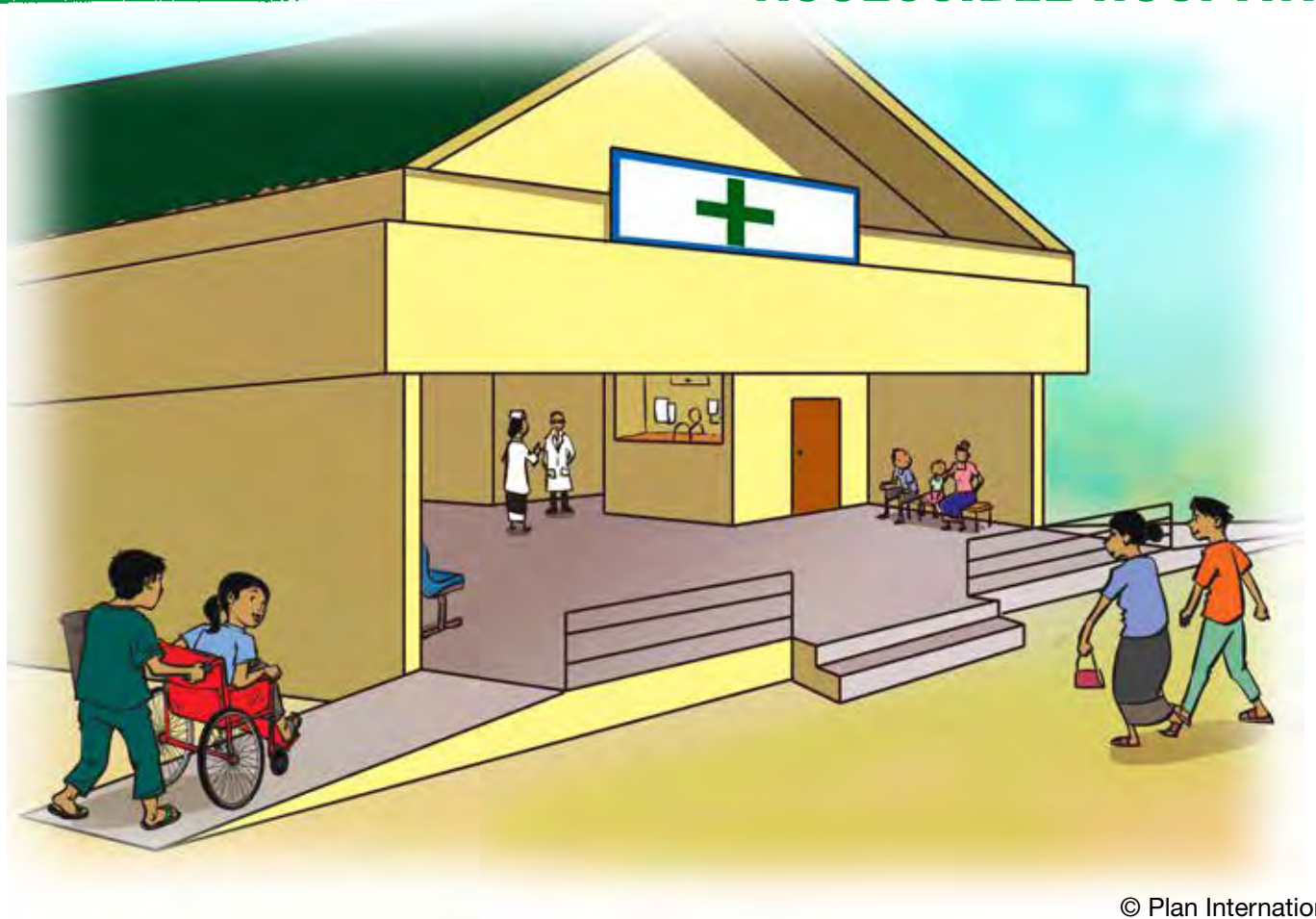
POSITIVE ATTITUDES

ACCESSIBLE HOSPITAL



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POSITIVE ATTITUDES

COMMUNITY WORKSHOP

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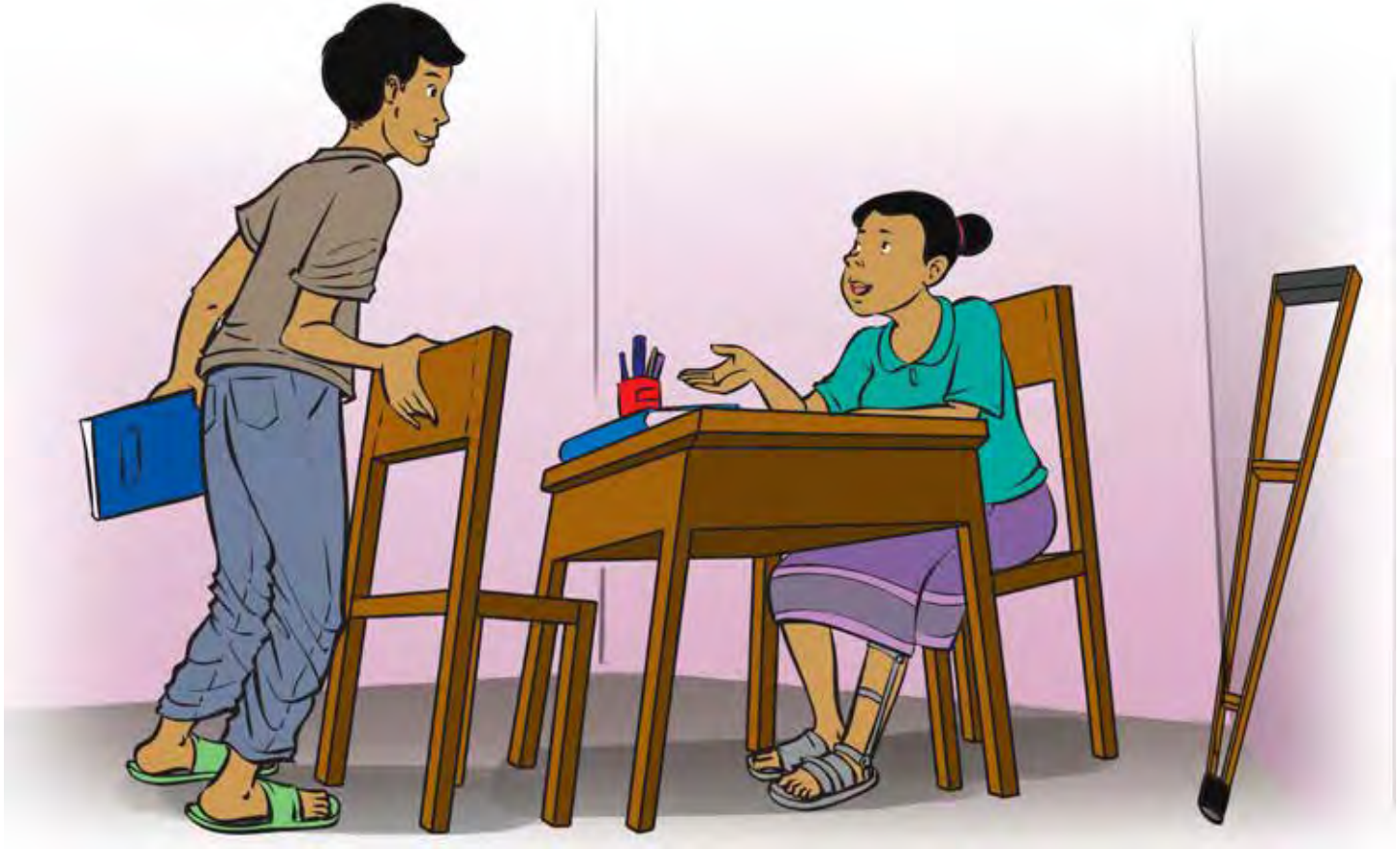
POSITIVE ATTITUDES

INCLUSIVE WORKPLACE



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POSITIVE ATTITUDES

INCLUSIVE HEALTH CARE

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MARRIAGE

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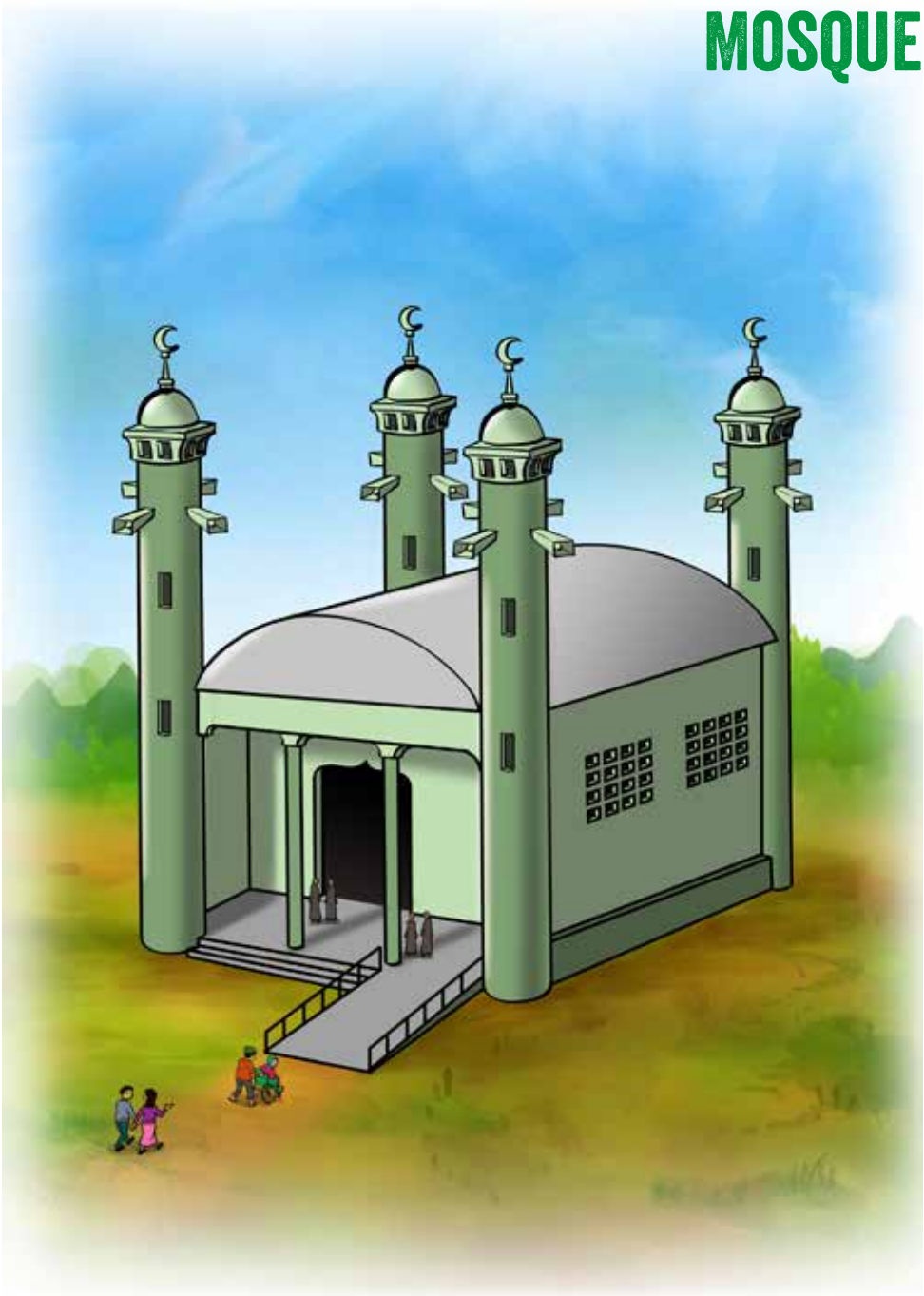
POSITIVE ATTITUDES

ACCESSIBLE MOSQUE



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POSITIVE ATTITUDES

ACCESSIBLE CHURCH

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POSITIVE ATTITUDES

PARENT SUPPORT

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POSITIVE ATTITUDES

INCLUSIVE MICRO FINANCE GROUPS

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POSITIVE ATTITUDES

COLLECTIVE WORK

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SKILLS & JOBS

POTTERY

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SKILLS & JOBS

COOKING WITH MUM

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SKILLS & JOBS

COOKING

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SKILLS & JOBS

SWEEPING

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SKILLS & JOBS

WASHING CLOTHES

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FARMING

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SKILLS & JOBS

BEGGING

Due to lack of opportunities, often persons with disabilities end up begging on the streets. Though this is a source of income, it is not a skill! If participants mention begging as a skill, show this card and explain begging is a negative activity and not empowering.

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SKILLS & JOBS

WEAVING

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SKILLS & JOBS

TAILORING

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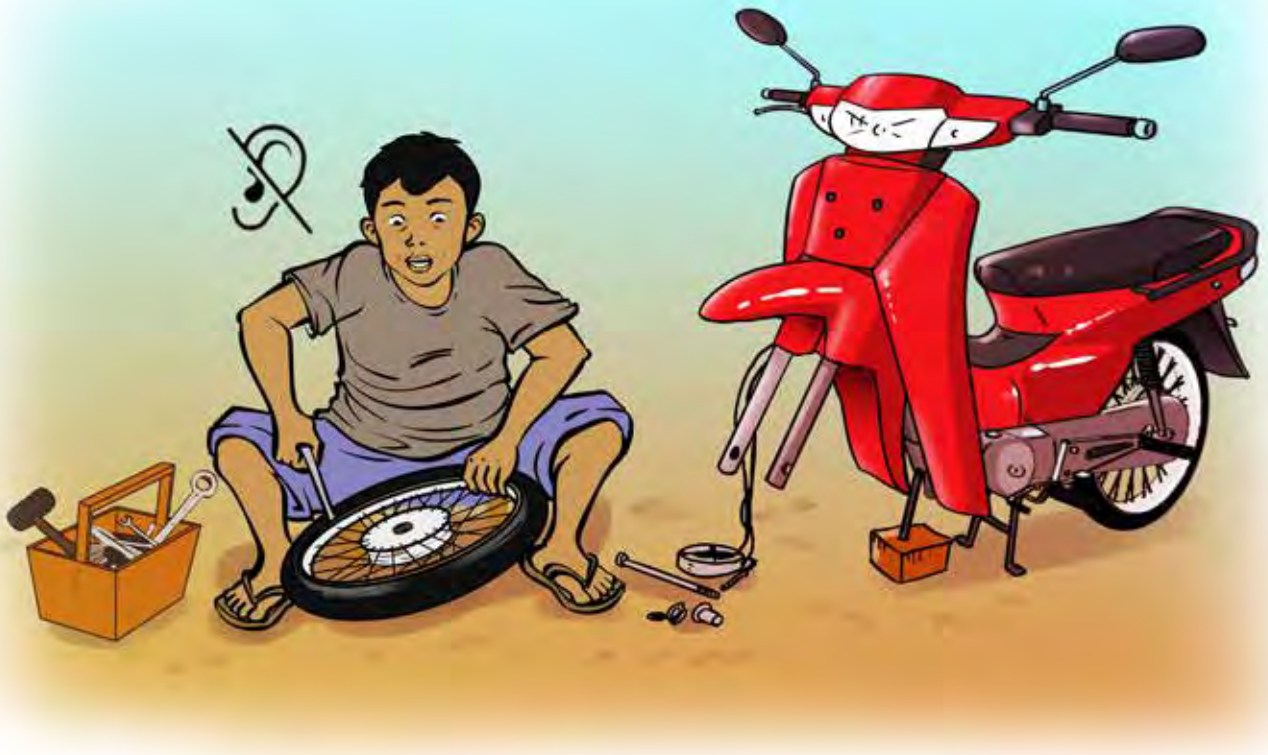
MECHANIC



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SKILLS & JOBS

COMPUTER WORK

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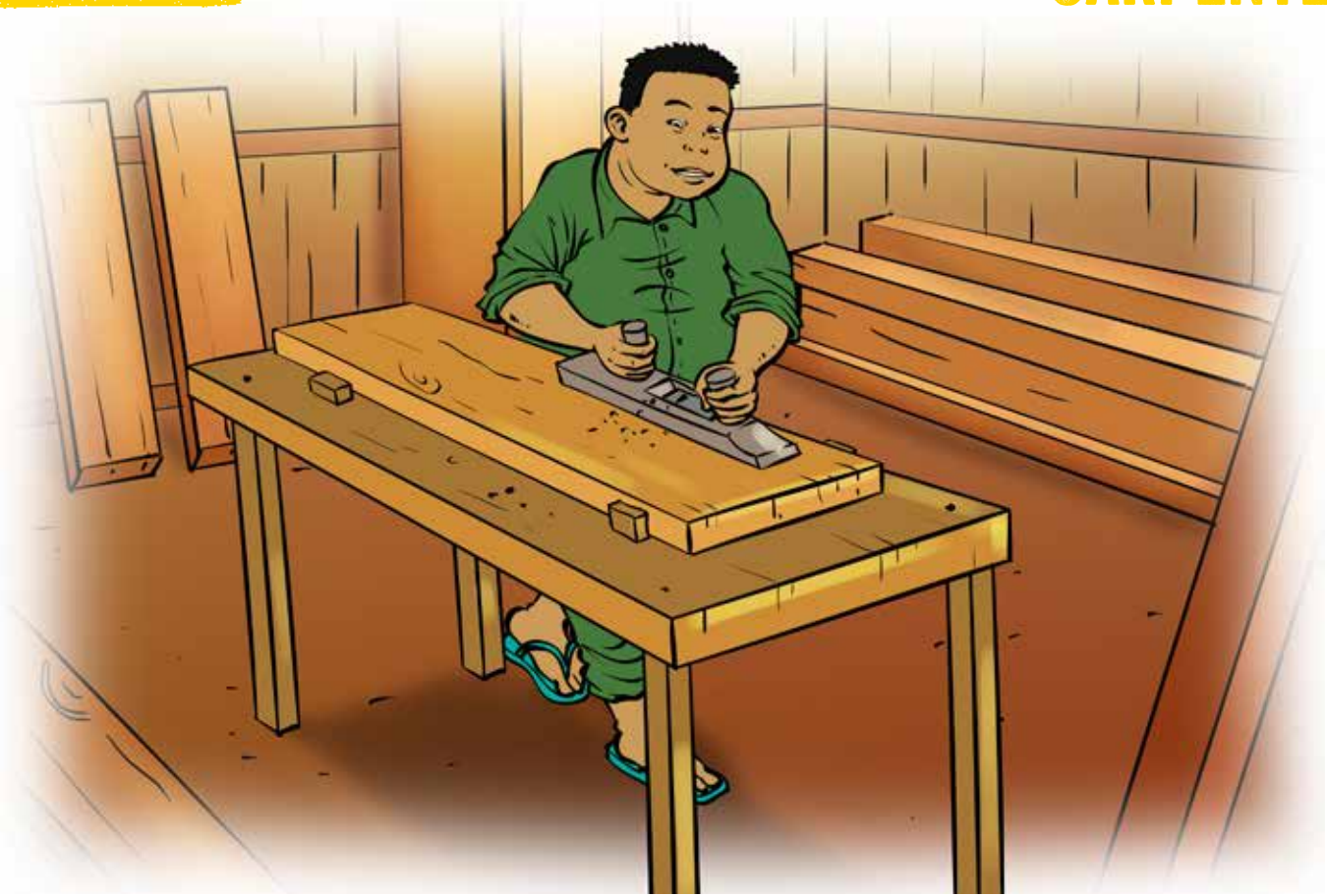
SKILLS & JOBS

CARPENTER



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SKILLS & JOBS

SALESPERSON

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BASKETWORK

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RADIO REPAIR

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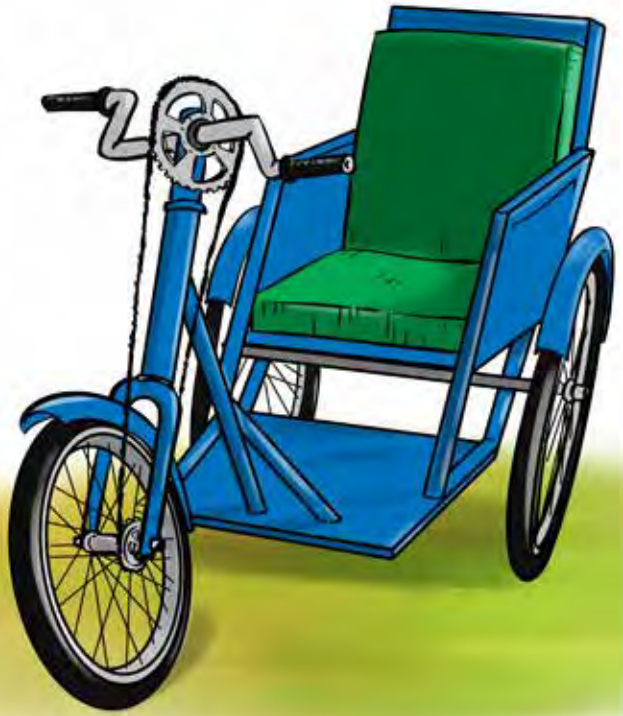
TRICYCLE



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ASSISTIVE DEVICES

CRUTCH (MODEL A)

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ASSISTIVE DEVICES

CRUTCH (MODEL B)

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ASSISTIVE DEVICES

WALKING STICK

© Plan International

GLASSES

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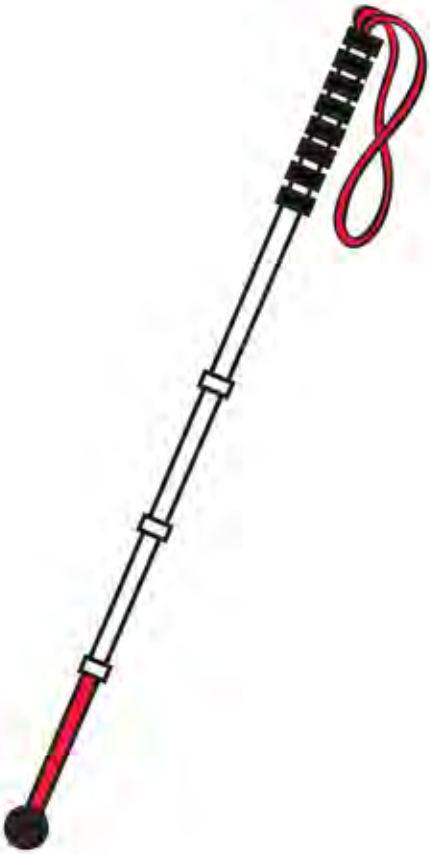
ASSISTIVE DEVICES

WHITE CANE



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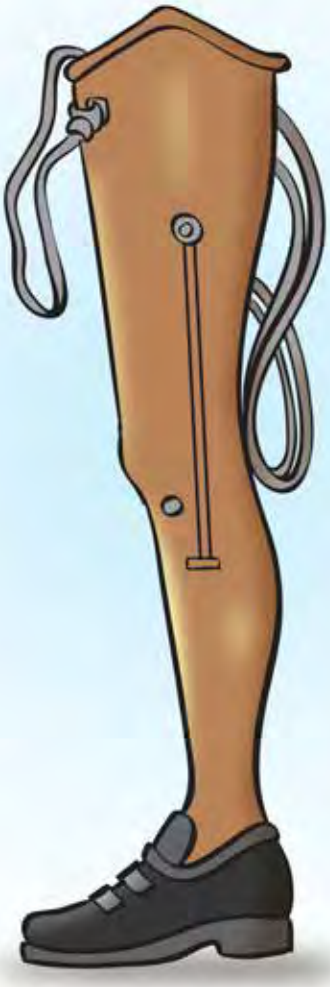
ASSISTIVE DEVICES

LEG PROSTHESIS



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ASSISTIVE DEVICES

LEG BRACE

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ASSISTIVE DEVICES

HEARING AID

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ASSISTIVE DEVICES

WALKER

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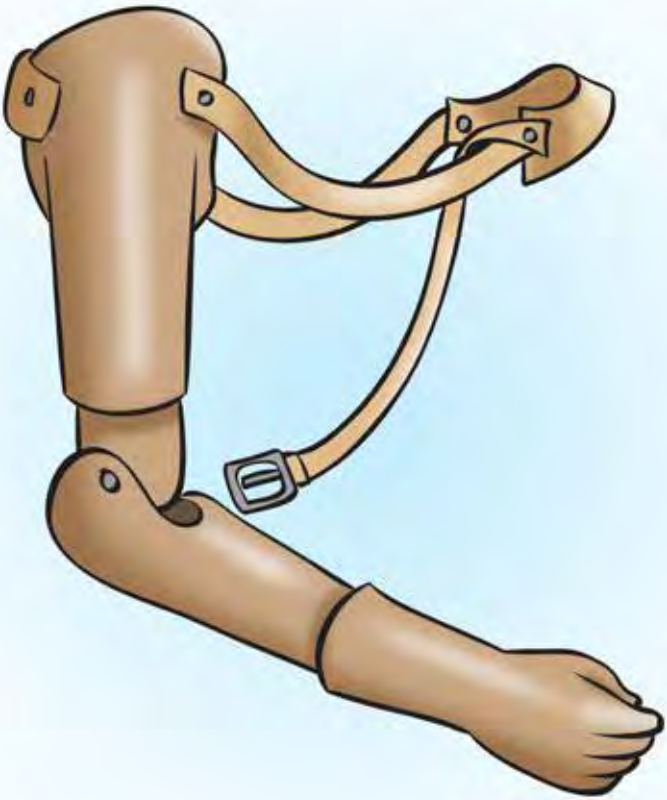
ASSISTIVE DEVICES

ARM PROSTHESIS



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REHABILITATION

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