



ACTIVITY REPORT

Name of Activity: Awareness Training for Persons with Disabilities

Target Group/Audience: Persons with Disabilities

Date: 13th September 2022

Venue: Linda- (Benevolence Special Needs School) Lusaka District

Theme: NIL

Objective: Empower persons with disabilities with information on their general rights and entitlements to social benefits.

Attendance Total: Parents = M: 19 F: = 11

Coordinators = F: 1 bringing total to 31

Activity details

Result Area/ Activity No.: A04.3

Result 4: The political and social framework for children with neurodevelopmental disorders and their families has improved in the target area

Activity 4.3 Disability inclusion means understanding the relationship between the way people function and how they participate in society and making sure everybody has the same opportunities to participate in every aspect of life to the best of their abilities and desires. Some of the benefits of inclusion for people with disabilities including children with disabilities are friendship skills, peer models, problem solving skills, positive self-image, as well as respect for others. It is among many other reasons people with disabilities were mobilized in Linda Compound on the 13th of September to participate in a sensitization workshop held at benevolence special needs to school. The meeting was aimed at raising awareness among people with disabilities on issues such as human rights, disability concepts and approaches to disabilities, barriers persons with disabilities face, and help them know and understand their rights as well as know and understand the international local legal frameworks that protect the rights of persons with disabilities. Furthermore, the training was aimed at helping them have a better understanding for their entitlements, participate in advocacy and approach different stakeholders for their different needs and services.

The meeting was attended by nineteen (19) males, eleven (11) females and one (1) female coordinator bringing the total number of participants to Thirty (30) and was facilitated by Madam Getrude Kapulisa the Executive Director from Archie Hinchliffe Disability Intervention (AHDi). The workshop started with discussions on the functions of the brain.

The facilitator asked the participants to state some of the functions of the brain that knew. The participants stated that the brain was an organ that was responsible for coordinating some functions of the human body such sleeping, taking care of children, maintaining balance. The facilitator then added that the brain was indeed a big organ a human being as it is responsible for almost everything and that every human being regardless of age, color had a brain because it is a mode of communication. She stated that according to research that was done on human being, science revealed that the brain has an average weight of 1.4kg and was made up of small tissues that can not be seen with naked eyes unless under a microscope. She further said that the brain is functional all the time, however, is more active during the day as a person may be engaged in various and less active during the night as person is engaged in less activities. She added that the brain was a complex organ that controls thought, memory, emotion, touch, motor skills, vision, breathing, temperature, hunger, and every process that regulates our body. Together, the brain and spinal cord that extends from it make up the central nervous system.

Moving on, she highlighted that disabilities are a result of different reasons such accidents, born with them and due to severe illnesses. She said in medical terms, a loss of blood flow to part of the brain may damage the brain tissues, and such situations are referred to as cerebrovascular accidents which may be caused by blood clots and broken blood vessels in the brain. Symptoms of cerebral vascular accidents included dizziness, numbness, weakness on one side of the body, and problems with talking, writing, or understanding

language. She said it was therefore important to protect the brain, as well protect the brain of unborn babies by taking the right medication prescribed by medical staff and feeding on nutritious foods during pregnancy to avoid brain damages that may result into a baby being born with a disability.

After talking about the brain and the effects of brain damage, the facilitator proceeded to talk about different types of disabilities and how they may be caused. she started with Spina Bifida, which she said was a birth defect in which a developing baby's spinal cord fails to develop properly. It occurs when a developing baby's spinal cord fails to develop or close properly while in the womb. Symptoms may be seen on the skin above the spinal defect. They include an abnormal tuft of hair, a birthmark or protruding spinal cord tissue. She said this type of disability is usually caused when pregnant mothers do not take folic acid during the time of their pregnancies which would play an important role in the production of red blood cells and help the baby's neural tube develop into their brain and spinal cord. She said when a child is born with such type of disability depending on the location of the spinal defect, the child may have bladder and bowel problems, weakness, and loss of sensation below the defect, inability to move the lower legs (paralysis) and sometimes children born with spina bifida may also have club feet (s). However, she also said when treatment is necessary, it's carried out through surgery to close the defect and other treatments emphasize on managing complications.

Secondly, she talked about Down Syndrome, which she said was a genetic disorder caused when abnormal cell division results in extra genetic chromosome. Down's syndrome causes a distinct facial appearance, intellectual disability, and developmental delays. Further added that down syndrome may have many effects, and they be different for each person for example Some children may grow up to live almost entirely on their own, while others will need more help taking care of themselves. Mental abilities vary, but most people or children with Down syndrome have mild to moderate issues with thinking, reasoning, and understanding. Just like a person without disability people with down syndrome may also learn and pick up new skills their whole lives, but they may take longer to reach important goals like walking, talking, and developing social skills. She further told the participants that in instances where a child is born with such a disability, parents to the child must not blame the other for causing the disability in the child as both may contribute to the production of an extra chromosome in a child, thus it is the responsibility for both parents to the child to take care of the baby to promote its health growth.

Autism was defined a developmental disorder of variable severity that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behaviour. The facilitator said children born with this type of disability may have developmental disability caused by differences in the brain while other causes may not be known yet. She said that it is believed that there are multi-causes of autism that act together to change the most common ways people develop. People with autism may often

have problems with social communication and interaction, and repetitive behaviours or interests, or paying attention. However, they can also communicate, interact, and learn in ways that are different from people without disabilities and that there is often nothing about how they look that sets them apart from other people.

Moving forward, she moved on to talk about intellectual disability which said was a term used to refer to a person has challenges with learning at an expected level and function in daily life. She said intellectual disability may be caused by various reasons which among many others may include- trauma before birth (that may result from an infection or exposure to alcohol, drugs, or other toxins), trauma during birth (that may come about because of such as oxygen deprivation or premature delivery), chromosome abnormalities that result in Down syndrome and sometimes may be due to environmental factors. Children with intellectual disability may be characterized with having trouble following simple instruction, may struggle to develop social skills, struggle to remember things, and might also be unable to carry out personal care like getting dressed or taking a bath.

Last on types of disabilities and there causes, Madam Gertrude Kapulisa talked about Cerebral Palsy, which she said was a neurodevelopmental disability that results from damage to an immature brain in children between the age of 0 to 5 years and affects movement, posture, and coordination of a child. She said children with cerebral palsy may be characterized with features such as contractures (shortening of muscles), exaggerated or jerky reflexes, floppy muscle tone, lack of coordination and balance, pproblems

swallowing or sucking, problems with movement on one side of the body, stiff muscles (spasticity), difficulties with speech and language, sensory impairments, and visual/hearing impairments among others

After talking about various types of neurodevelopmental disabilities, their causes and characteristics the facilitator moved on to talk about the models of disability. Before she stated her presentation on the models of disability, the facilitator first asked the participants to say what they understood by the term disability. One of the participants defined the term disability as the inability to do something the way they are supposed to compared to people without disabilities. After a participant's definition of disability, she then said that disability may be a long-term condition that may be physical, sensory, and intellectual. She then defined disability as the outcome of an interaction between health conditions and impairments and the physical, human-built, attitudinal, and social environment according to the International Classification of the Functioning, Disability and Health. It was also defined as a permanent physical, mental, intellectual, or sensory impairment that alone, or in combination with social or environmental barriers, hinders the ability of a person to participate in society fully or effectively on an equal basis with others according to the Persons with Disability Act of Zambia, 2012. Lastly, described in the 2006 by UNCRPD as including those who had 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, and advised participants to adopt the third definition.

Having defined disability, the facilitator then moved on to discuss the models of disability. Models of Disability are essentially devised by people about other people. They provided an insight into the attitudes, conceptions, and prejudices of the former and how they impact on the latter. The models revealed ways in which society provides or limits access to work, goods, services, economic influence, and political power for people with disabilities. The models that were discussed under this session included the Traditional model which, in many cultures around the world perceived people with physical, sensory, or mental impairments as being under a spell of witchcraft, possessed by demons, or as penitent sinners, being punished by God for wrong doing by themselves or their parents.

The charity model Charity Model depicted disabled people as victims of circumstance, deserving of pity. This model may have been used probably mostly by non-disabled people to define and explain disability she highlighted. Charity Model was for instance graphically illustrated in the televised Children in Need appeals in which disabled children were depicted alongside young "victims" of famine, poverty, child abuse and other circumstances. Whilst such appeals raised considerable funds for services and equipment which are not provided by the state, many disabled people found the negative victim-image thoroughly offensive and for that reason she said the Charity Model was condemned by its critics as dis-enabling, and the cause of much discrimination.

She further moved on to talk about the medical model. Under this model she said, disability is a model by which illness or disability is the result of a physical condition, is intrinsic to the individual (it is part of that individual's own body), may reduce the individual's quality of life, and causes clear disadvantages to the individual. Then under the social model she said that it views disability because of environmental, social, and attitudinal barriers that prevent people with impairments from maximum participation in society, and last on the rights-based model she highlighted that- the model- as the name suggests, was based on basic human rights principles. She said it recognizes that disability is a natural part of human diversity that must be respected and supported in all its forms. People with disability have the same rights as everyone else in society.

After a comprehensive representation in the models of disability, the facilitator also talked about the barriers that may hinder participation for people with disabilities. She said there are many barriers that people with disabilities face and in the end exclude them from fully participating in various activities of society. Among these factors she pointed that People's perceptions of what it's like to live with a disability may be one of the most foundational barriers. Stigma, stereotyping, discrimination, and prejudice are some examples of attitudinal that could make it difficult for someone with a disability to be able to participate in everyday life. Policy barriers which may happen when there is lack of awareness or inclusion when it comes to activities or programs being accessible to people with disabilities. Federally funded services, accommodations or even opportunities – she said it

was important for policy makers to formulate policies would be inclusive of differently abled people to remove barriers and access to services or programs that people require.

While she highlighted that social barriers to disability were related to factors like education, income, and safety in the home. People with disabilities are less likely to get jobs or complete high school and are more at risk of experiencing family violence than those without a disability. These barriers may be detrimental to an overall sense of wellbeing and create barriers that prevent growth, earning potential and happiness she said.

The last session of the training focused on advocacy. Advocacy in this training was defined as any action that speaks in favour of, recommends, argues for a cause, supports, or defends, or pleads on behalf of oneself or others. Persons with disabilities were explained to that they could mobilize themselves and identify challenges they faced that led to their exclude from participation or benefiting from social and economic benefits. They could also identify various stakeholders that they could work with to have there their concerns represented during development planning meetings, be it at community level, district level, provincial level, and even national level. The facilitator highlighted a few stakeholders among many others such as the Traditional leaders (chief, the headmen), ward development councillors, Members of Parliament that can be engaged to address the challenges they faced in their communities and have access to the available resources like community

Development Funds to enable them to actualise their projects aimed at improving their living conditions

At the end of the training one of the participants gave a vote of thanks on behalf of all the participants that were present. He thanked the donors for releasing resources that enabled Cheshire Homes and Archie Hinchcliffe Disability Intervention to conduct such and informative activity that empowered persons with disabilities with information and skills that will enable them to take action to improve their livelihoods. He said persons with disabilities will therefore work together to ensure they take part in developmental actions to make sure that their needs are recognised, and proper action or actions are put in place to address their needs.

Outline achievements:

- 30 persons with disabilities attended the training and acquired information of the training
- Participants received the information and intended to put into practice by forming an Advocacy group for people with disabilities
- 19 Men participated and were actively involved in all activities during the training
- Appreciation of knowledge and skills learnt and shared.

Challenges:

- There was overwhelming response in the turnout of people with disabilities that wanted to acquire knowledge- such that some people were asked to go home and that they will be invited for the next training

- Resources were not enough to cater for assistants that accompanied people with disabilities

Lessons Learnt:

85% of the participants that attend the training did not have adequate information on the various causes of disabilities, their rights and particular policies or guidelines that protect persons with disabilities. The training that was conducted therefore, provided an opportunity for them to know what disability was and the causes of various types of disabilities that were discussed. Furthermore, they lacked information and skills on how they can advocate for better conditions within their communities despite resources being readily available. Hence, such awareness meetings are important for persons with disabilities to encourage their full participation and promote inclusiveness as they know their rights and engage in activities that speak to their wellbeing.

Recommendations

- Monitor and encourage trained persons with disabilities to form advocacy groups so that they do not become reluctant and forget the information and skills that shared.
- Conduct another awareness training so that participants that were turn away can also have an opportunity to acquire knowledge and skills that were shared.

Pictures



The facilitator delivering the training package to the participants



Participants actively listening to the facilitator



The facilitator assisting a man with blindness during an energizer

Convener/Organizer: Cheshire Homes (CBID) and AHDI

Report compiled by: Ms. Betty M. Mukonka

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