



## **Activity report**

**Name of Activity:** Awareness raising workshop

**Target Group/Audience:** Persons with Disabilities

**Date:** 10<sup>th</sup> August 2022.

**Venue:** Kafue District (Baptist Community Church)- Kanyanja

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

**Objective:** 1 day workshop for persons with disabilities to educate them about their general rights, entitlements to social benefits.

**Attendance Total:** M: 12 F: 11

### **Activity details**

**Result Area/ Activity No.:** 4.3.: Awareness raising workshop

On the 10<sup>th</sup> of August 2022, a one-day sensitization meeting was conducted at the Baptist Community Church in Kanyanja. The awareness meeting reached out to people with disabilities in Kanyanja and in Kwabeza. 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 training was facilitated by Madam Gertrude Kapulisa, the Executive Director from Archie Hinchliffe Disability Intervention (AHD). The first session of the meeting started by looking at the definitions of disability. Disability was defined 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 UN CRPD 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 them to adopt the third definition.

After defining disability, the facilitator then engaged the participants by dividing them in various groups and gave them the task to list the types of disabilities they knew and mention the cause of each type of disability they had listed. After their group discussions, the participants selected representatives that made presentations of the discussions in front of other participants. The presentations highlighted the following: Stroke, Fits, blindness, heart attack, knocked knees, physical disability, albinism to mention a few among many others as types of disabilities that could be caused by alcohol abuse, having too many

thoughts, road accidents. they indicated that of some disabilities like knocked knees did not know the causes.

From their presentations, it was clear that there was a huge knowledge gap as they could not define what disability was and this gave the facilitator an opportunity to bridge up the knowledge gaps by pointing out why for instance fitting/epilepsy could not be categorized as disabilities in that they did not hinder an individual's full and effective participation in line with almost all the definitions of Disability as long as they are taking medication to control the attacks, and that disability was a condition rather than a sickness. She explained that disability could be congenital or acquired and she listed the major causes of disability globally as; chronic and other diseases, injuries, mental and psychosocial impairments, drugs and alcohol abuse, birth defects, malnutrition, HIV/AIDS, and other Communicable diseases. After pinpointing some causes of disabilities, she then also moved on and gave examples of disabilities such as Cerebral Palsy which occurred in children between the age of 0- 5 years old and that it was damage to an immature brain. She also talked about down syndrome, club feet, hydrocephalus, blindness, deafness, and TB of the spine Among others.

In the second session of the training the facilitator moved on to talk about the Barriers people with disabilities faced. Barriers were defined as obstacles that did not allow people with disabilities to participate in various programs or activities or things that excluded them from taking part in programs or activities that could be of benefit to them just like the able-bodied individuals. Among the barriers that were talked about were:

- i) Environmental Barriers- under these, the facilitator highlighted things like distance, structures that did not put into consideration the challenges people with disabilities faced

when trying to use the buildings. E.g., a two-story building that only had staircases and did not accommodate a person on a wheelchair to easily have access to that could be offered there. Secondly, she also gave an example of public transport, people with disabilities faced challenges to move from one place to another because most public transport-like buses were designed for people without disabilities.

ii) Institutional Barriers- under these she highlighted that there were certain laws that were put in place in certain institutions that infringed on the rights of people with disabilities. Despite having laws that promoted inclusiveness for people with disabilities, there were still some laws that silently existed within society that did not accommodate people with disabilities. For instance, people with disabilities were in many cases denied access to education to pursue their desirable courses like IT, teaching, Engineering. They were encouraged to pursue courses such as tailoring, carpentry to mention but a few, this affected their participation negatively as most of them opted to stay home and they were told that they could not do certain things because of their conditions thus led to their being excluded from attaining a certain level of education would have led to their being independent economically and socially included.

iii) Attitudinal Barriers- these were barriers that hindered full participation or full access to a particular service or services because people with disabilities were perceived as people who were cursed and/or pitied and that they could not manage to do things on their own. The attitudes of the people within the communities where people with disabilities lived just naturally believe that a person with a disability was completely unproductive and they had no ability learn anything due to their disabilities. she pointed out that this was not supposed

to be the case as people with disabilities were human beings with rights and were able to also able to carry out certain activities in their own ways. Secondly, she also said just like any other person, they too needed to have access to good and quality medical care and services. People had no right to think that persons with disability had a short life span especially children with disabilities and hence they did not deserve to have access to education, medical care, recreation, and other social benefits.

Having discussed the barriers, the facilitator moved on to discuss the human rights, this was aimed at raising awareness among people with disabilities on the rights they had- so that they could better advocate for better conditions and overcome some barriers such as those highlighted above.

The local and International Human Rights Laws and Policies like PWD ACT No. 6 of 2012, the Universal Declaration of Human Rights, the United Nations Convention on the rights of the child (UNCRC) and United Nations Convention on Rights for Persons with Disabilities (UNCRPD), were highlighted as been signed by the Zambian Government to ensure to protection of persons with disabilities rights. In addition, the PWD No. 6 Act was explained that it was linked to the UNCRPD and how ZAPD cane into being and its role.

Last but not the least, the facilitator also discussed with the participants on Advocacy. Advocacy was defined as an activity by an individual or group of people that is aimed at influencing decisions within political, economic, and social institutions and society as a whole. 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 and even national level. The facilitator highlighted a few stakeholders among many others such as the Traditional leaders (chief, the headmen), councillors, Members of Parliament that can be engaged to address the challenges they faced in their communities.

Persons with disabilities were grateful to have been part of such an informative training and requested for the organisations that were involved to continue organising trainings of such nature, so that they could have an opportunity to access new information that was of great value to them.

#### **Outline achievements:**

- Appreciation of the knowledge learnt and shared
- They gained knowledge on what disability was and the causes
- Gained knowledge on the human rights and rights of persons with disabilities and supporting documents
- Gained knowledge how they could advocate for better services and address the barriers they faced

#### **Challenges:**

- Training started late because upon arrival, the driver had to cover long distances to pick participants that had mobility challenges
- Time was limited as the training started late and ended slightly early to allow the driver to drop off participants that were coming from far places forcing members of staff to travel in the night back to Lusaka.
- Funds for Assistants to people with disabilities were not catered for

#### **Lessons Learnt:**

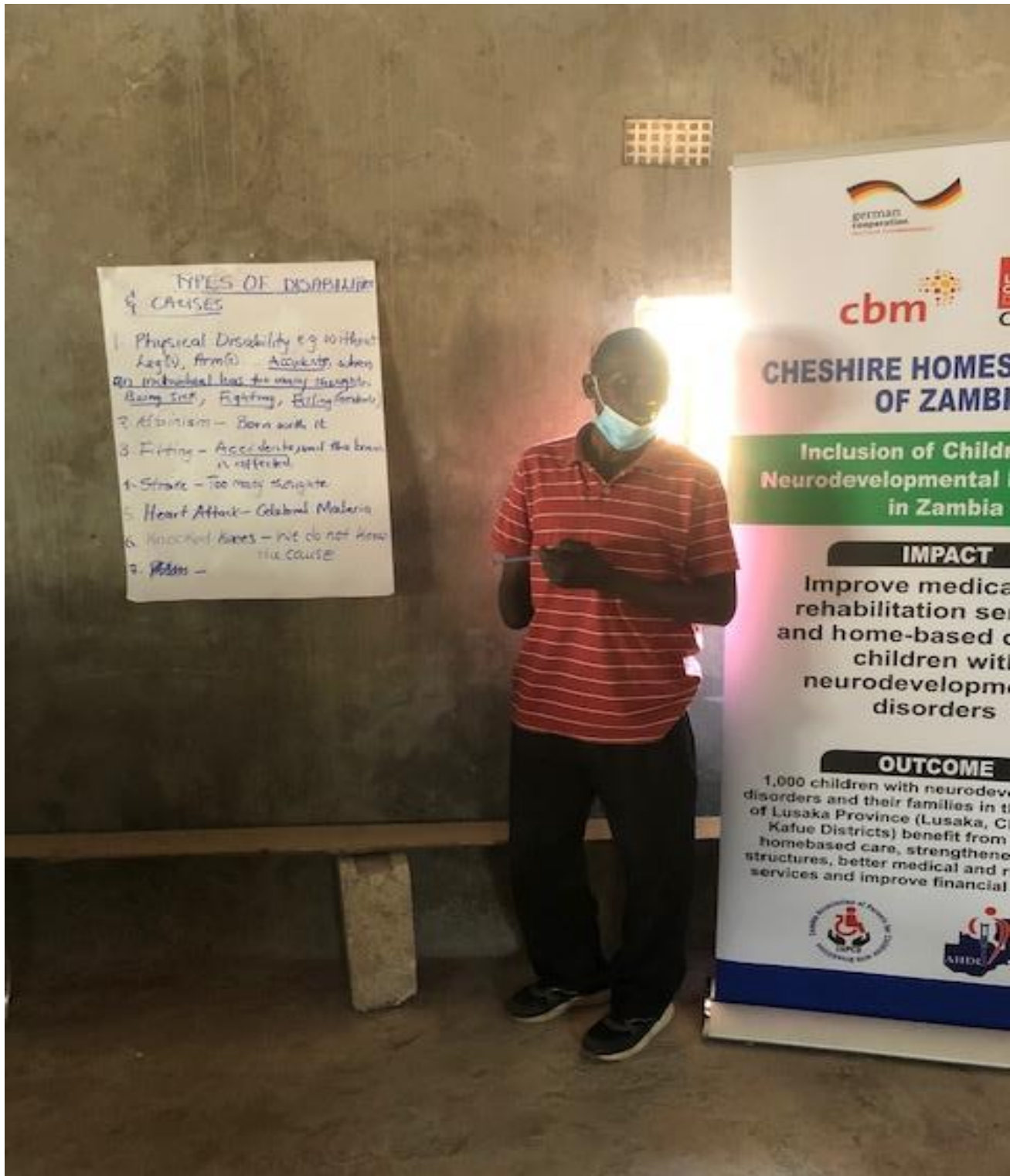
- Despite having disabilities, they lacked adequate information regarding disability, and disability was perceived among them as sicknesses rather than a condition. After the training, persons with

disabilities were able to distinguish the difference between their conditions and sickness. On the other hand, they also lacked information on the basic rights to various social and economic activities/services. They believed their various disabilities automatically excluded them from enjoying social, economic even political benefits just like others without disabilities.

### **Recommendations**

- Allocate some funds to cater for Assistants for persons with disabilities

## Pictures



Mr. Bornwell Chiyokoma making a presentation





Participants during a group discussion



**Facilitator assisting a woman with blindness during an energizer**



**Participants engaged in group work**

**Convener/Organizer:** AHDI/CHESHIRE HOMES

**Report compiled by:** Ms. Betty M. Mukonka

**Date when compiled:** 15<sup>th</sup> AUGUST 2022.