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**GESI Champions Training in Disability Inclusion:  
Participant’s Workbook**

C:\Users\abush\Desktop\cbm_eng_cmyk_2.pngFor GESI Champions participating in training on disability inclusion

Name:

Date: Location:



*Photo: GESI Champions, along with representatives from the Municipality of Gwanda, at a training workshop in Gwanda*

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| S:\CBM\InclusiveDevelopment\Administration\Logos\australian-aid-blue-and-red.emf | This training package was developed by CBM Australia as part of a partnership with World Vision to strengthen disability inclusion within World Vision’s Civil Society WASH project in Zimbabwe, with support from the Australian Government. |

# Training Overview

|  |  |  |
| --- | --- | --- |
| Session | Description | Session components |
| **Introduction** | An introduction to the disability inclusion training, and setting rules for an inclusive and respectful training environment. | * Presentation: introduction * Activity: Ice breaker * Activity: Expectations and ground rules |
| **Module 1: Inclusion and exclusion in the community** | Overview of the concepts of inclusion and exclusion, and the impact of exclusion on people with disabilities, particularly in the Zimbabwe context. | * Activity: Understanding inclusion and exclusion * Presentation: Situation of people with disabilities in Zimbabwe * Activity: Game of Life |
| **Module 2: Understanding disability and reducing barriers** | Introduction to the human rights approach to disability, and the concepts of impairments and barriers. Overview of some strategies for reducing or removing barriers. | * Activity: Different ways of looking at disability * Presentation: Understanding disability from a rights-based approach * Activity: Identifying barriers to inclusion * Presentation: How do you remove or reduce barriers? |
| **Module 3:  Skills for working with individual people with disabilities** | Introduction to some basic skills and approaches which GESI Champions can use to find and communicate with individual people with disabilities in the community. | * Activity: Observation skills * Presentation: Finding people with disabilities in the community * Activity: Words Matter – using respectful language * Presentation: How to interact with people with disabilities? * Activity: Conducting an inclusive community meeting |
| **Module 4:  Being a CHAMPION for disability inclusion** | Overview of the key roles and responsibilities of GESI Champions, including strategies they can use to promote disability in the community, with households, and by getting support from other services. | * Presentation: Laws, services and organisations relating to disability * Presentation: The roles and responsibilities of GESI Champions * Activity: Being a Champion for disability inclusion in the community |
| **Recap and Questions** | Review of key messages about disability inclusion and reflection on the roles of GESI Champions. | * Activity: Disability inclusion quiz * Presentation: Key messages * Activity: Next steps |

# MODULE 1: Inclusion and Exclusion in the Community

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| **KEY MESSAGES**   * Inclusion is when everyone is able to participate in community activities and gets access to the same opportunities and services. It is when positive changes reach everyone in the community, so that no one is left behind. * Some people and groups in our communities are more likely to be excluded than others. * There are a large number of people with disabilities in Zimbabwe, and they often face exclusion and discrimination across many different areas of life. * As well as disability, other characteristics like gender, age, wealth and ethnicity can also affect whether a person is included or excluded in society. * People with disability face barriers which can exclude them from opportunities like getting an education or finding work at different stages in their life. * To achieve inclusion, we need to deliberately reach out to those who are excluded and take actions to reduce the barriers which they are facing. * GESI Champions can play an important role in reducing exclusion and supporting inclusion in our communities. |

**MY NOTES**

## Resource 1.1. Quotes from community members with disabilities

The quotes below are from actual people with disabilities living in Zimbabwe.

**1**

I don't think I can raise money to buy a wheelchair in the near future. I can't even raise the capital to sell snacks on the roadside.

When we Deaf people visit the council office there is no signage showing us where to go and no one who can speak sign language. They ask us to write, but some of us cannot write. At the hospitals it is the same.

**5**

I have never participated in any community projects. A livelihoods program came to the community, but I was not included in this. I don't know why.

**3**

We are struggling so much. People look down on people with disabilities and despise us. They think we cannot add value to anything that is happening in the community.

**6**

I use my neighbour’s latrine and there is no path. I cannot see, so sometimes I fall in the trench between our houses.

**4**

I was living with my husband in town. But after I became disabled he made me leave.

**2**

## Resource 1.2. Zimbabwe National Disability Survey 2013

In 2013, UNICEF and the Government of Zimbabwe conducted a National Disability Survey which revealed that people with disabilities form a large group within the Zimbabwean population, and that this group of people faces exclusion across many different areas of life. These include education, health, employment, community participation and GBV. That is why it is so important for us to be champions for disability inclusion in our communities.

Some of the findings from the survey are summarised below:

* 14% of households in the survey area have a person with difficulty seeing, followed by mobility difficulties at 12.6% and hearing difficulty at 6.8%. In total 26.2% of all households have at least one member with a disability.
* The literacy rate among individuals with disability was substantially lower than among individuals without disability, with the gap varying between 9% and 23% across the 10 provinces.
* Fewer individuals with disability have ever attended formal education (84.2%) compared with people without disability (93.1%). This difference is greatest in rural areas, and for girls compared with boys with disabilities.
* People with disability were less involved in formal employment compared to individuals without disability.
* People with disabilities were more likely to report having been ill during the last 12 months (30.2%, whilst people without disabilities was only 7.2%).
* Individuals with disability reported less knowledge than individuals without disability about important health conditions (HIV and AIDS, STIs, Diabetes, TB and Cancer).
* Only 57.9% of people using assistive devices said that they were in good working condition. About 30% reported that they had not received any information or training on their device.
* Particularly large differences are found between people with and without disabilities for participation in local community meetings and gatherings (61.3% compared with 89.2%), and taking part in traditional practices (56.1% compared with 78.9%).
* Awareness of disabled people's organisations (DPOs) was very low (23.1%) and as few as 8.3% stated that they were members of a DPO.

People with disability reported more exposure to sexual abuse than people without disability, People with greater/more severe activity limitations and women experienced more sexual abuse than men.

# MODULE 2: Understanding disability and reducing barriers

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| **KEY MESSAGES**   * There are many different ways of looking at disability. These reflect underlying attitudes or norms about disability that exist in society. Some of these attitudes can be negative or hurtful to people with disabilities, but others can be positive and respectful. * As GESI Champions, we should treat disability is a normal part of life and recognise that people with disabilities have their own unique strengths and abilities to contribute. * We take a rights-based approach to disability, based on the United Nations Convention on the Rights of Persons with Disabilities. This approach says:   Impairments + Barriers = Disability   * This approach is also known as the ‘social model’ of disability, because it says that disability is caused by society creating barriers. * Impairments include physical, sensory, intellectual and psychosocial conditions which limit a person’s functioning. * Barriers include attitudinal, physical, communication and institutional obstacles which people with disabilities face when they try to participate in society. * Disability is very diverse: people with different types of impairments, different levels of impairment (from mild to severe), different causes of disability, different genders and so on, all have different experiences. * Disability inclusion is about identifying and reducing barriers: if you reduce the barriers, then you also reduce disability exclusion. * GESI Champions can play a role in helping to reduce barriers for people with disabilities. |

**MY NOTES**

## Resource 2.1. Understanding disability

The World Health Organisation (WHO) estimates that globally, about 15% of the population have a disability. That’s 1 in every 7 people.

Disability is **diverse** and not all people with disabilities are equally disadvantaged. The diversity of impairments mean the experience of disability can vary significantly. Women and girls with disabilities often experience double discrimination on the basis of **gender** and having a disability.

### What is disability?

Disability is explained in Article 1 of the United Nations Convention on the Rights of Persons with Disabilities:

**“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers hinder their full participation in society on an equal basis with others.”**

**IMPAIRMENT**

**BARRIERS**

**DISABILITY**

WHAT TYPES OF **IMPAIRMENTS** CAN PEOPLE EXPERIENCE?

WHAT TYPES OF **BARRIERS** CAN PEOPLE EXPERIENCE?

## Resource 2.2. Strategies to reduce barriers

Disability inclusion is about **reducing barriers:**

* If you reduce barriers, then you also reduce the impact of disability.
* If you reduce barriers, then people with disability are more likely to participate and be included in our communities.

**IMPAIRMENT**

**REDUCED BARRIERS**

**INCLUSION**

There are different strategies that can be used to reduce different types of barriers. These are shown below.

It is also important to remember that the participation of people with disabilities is crucial in all efforts to reduce barriers. Participation is important because:

* It is one of the rights of people with disabilities under international law
* Actions to reduce barriers and promote inclusion are much more effective when people with disabilities are involved

**STRATEGIES TO REDUCE BARRIERS FOR PEOPLE WITH DISABILITIES**

## Resource 2.3. Accessibility checklists for public water points and latrines

The two checklists below provide a list of accessibility features which can be included in the design of water points (standpipes or wells) and latrines to make them more accessible to a wide range of people. These can be used to monitor any facilities which are being planned or constructed in public locations, such as in communities, schools or public buildings. Note that these checklists are simplified – they are not a complete guide for designing accessible infrastructure. Any time a water point or latrine is being designed or checked/audited for accessibility, it is important that people with disabilities are involved in the process so that they can test the facilities and provide advice about any changes that should be made.

While these checklists are designed for water points and latrines, the principles can also be used for other types of infrastructure. For example, the principles relating to pathways, ramps and doors can also apply to buildings such as houses, shops or offices.

**ACCESSIBILITY CHECKLIST FOR PUBLIC WATER POINTS**

**Getting to the water point:**

* The path to reach the water point is wide enough for a wheelchair user to use safely 🡪 *Minimum path width: 90cm*
* The path is even and firm, with nothing to trip on, and clear of branches or any overhanging objects.
* There is a way for a person with vision impairment to follow the path (e.g. guide rail, raised edge, high contrast paint or visual guide)
* There is a ramp into the facility, which has handrails (at least on one side)
* The path and ramp slope is moderate enough for a wheelchair user to use independently 🡪 *Maximum slope gradient: 1 in 12*

**Accessing the water point:**

* The water point has an apron made from non-slip material (e.g. cement)
* The layout of the apron allows enough space for a wheelchair user or crutches user (or a person and their assistant) to turn around in
* The layout of the apron allows a wheelchair user to get close enough to the water point

**Using the water point:**

* The tap can be easily reached by a wheelchair user or child
* The tap has a lever that can be easily operated by a child or a person with weak hands
* There is a flat surface to stand the water container

**ACCESSIBILITY CHECKLIST FOR PUBLIC LATRINES**

**Getting to the facility:**

* The path to reach the latrine is wide enough for a wheelchair user to use safely   
  🡪 *Minimum path width: 90cm*
* The path is even and firm, with nothing to trip on, and clear of branches or any overhanging objects.
* There is a way for a person with vision impairment to follow the path (e.g. guide rail, raised edge, high contrast paint or visual guide)
* There is a ramp into the facility with handrails (at least on one side)
* The path and ramp slope is moderate enough for a wheelchair user to use independently 🡪 *Maximum slope gradient: 1 in 12*

**Getting inside the facility:**

* A wheelchair user can open the door and enter the facility independently   
  🡪 *Minimum door width: 80cm*
* The door is easy to open and lock by a child or someone with weak hands
* The lock is low enough to be easily reached by a wheelchair user or child
* The door opens outwards *at least 90° swing*
* The layout of the facility allows enough space for a wheelchair user or crutches user (or a person and their assistant) to turn around in
* The floor is non-slip (e.g. cement)
* When the door is closed, there is enough light to see inside during the day
* There is electric lighting at night time
* The toilet provides enough privacy for users (e.g. doors high and low enough to prevent outsiders looking over or under them)

**Getting onto the latrine:**

* There is a sitting latrine with a seat (not squatting latrine)
* There are handrails to support a wheelchair user to easily transfer onto the latrine
* A wheelchair user can flush the toilet independently

**Hygiene facilities:**

* The toilet paper be reached when sitting on the latrine
* There a bin with a lid for disposal of sanitary products
* The bin for sanitary products is emptied regularly, and there is an agreed and safe procedure for the final disposal of waste
* Water is always available for hand washing
* Soap or another method for cleaning (e.g. ash) is always available
* A wheelchair user can access the hand washing facility and soap
* The tap can be easily operated by a child or someone with weak hands
* The hand washing facility is private for females managing their menstruation (separate from the male facilities)

# MODULE 3: Skills for working with people with disabilities

|  |
| --- |
| **KEY MESSAGES**   * There are many types of disability that cannot be seen just by looking at someone, and some people with disabilities may not leave the home. * Even if we can see if someone has a disability, this does not mean we know what they can and can’t do. This is why it is so important that we ask individual people about the difficulties they face, rather than making assumptions about them. * GESI Champions can help find people with disabilities and collect data by working with Disabled People’s Organisations or other informal community networks, using existing lists of people with disabilities, and undertaking household visits. * It is important not to just ask if someone has a disability. Instead, use the six “Washington” questions to ask about any difficulties which a person has. * Being respectful and inclusive when speaking to people with disabilities (or about them) can make a big difference to their self-confidence and inclusion in society. Always use respectful language and focus on the person, not their disability. * There are some basic inclusive communication techniques which can be used to communicate with people with different types of impairments. GESI Champions should use these techniques, and also encourage others to use them. * There are also some practical steps which can be taken to ensure that people with disabilities are included in community events and meetings. |

**MY NOTES**

## Resource 3.1. Finding people with disabilities in the community

### Why should we identify people with disabilities in communities?

It is important to identify people with disabilities in communities so that we can support their inclusion and check to make sure they have participated in and benefited from community development activities.

### How to identify people with disabilities

We cannot rely on our own observations to see if a person has a disability, because many disabilities (such as intellectual disability) are not visible.

We cannot directly ask if a person has a disability because people may not want to tell you they have a disability because of stigma and discrimination.

The best way to find out if someone has a disability is to ask questions about the difficulty a person has doing certain types of common activities, such as walking or seeing. We should use the Washington Group Questions.

You can also work with local DPOs or disability service providers to help find people with disabilities. This can help make people in the community feel more comfortable about disclosing if family members have disabilities.

### What are the Washington Group Questions on Disability?

The Washington Group Questions on Disability (WGQs) are a set of six questions that can be used to identify whether someone has a disability. The questions are designed for use with adults (over 5 years of age). The questions do not diagnose disability or identify the causes of disability – this should only be done by a medical professional.

### Using the WGQs in the community

You can use the WGQs to help find people with disabilities in communities. Ideally, you would ask the questions directly to all people over 5 years of age during a household visit. You could also ask just the household head. You would ask the questions in a slightly different format: “Is there anyone in your household with difficulty seeing?” etc.

You could also ask the questions to community leaders or chiefs, or to other community members. You would ask the questions in a slightly different format: “Do you know anyone in your village with difficulty seeing?” etc.

### Asking the WGQs

If you are going to ask the WGQs it is important that you do the following:

* Do not use the word “disability” or introduce them as being questions about disability. Instead, if you need to introduce the questions, use the phrase “The next questions ask about difficulties you may have doing certain activities because of a health problem.”
* Read out each question one at a time exactly as it is written and read out the response categories for each question (do not change to “yes”/”no” questions).
* Do not skip any questions or assume you know the answer to them.
* Be respectful at all times and do not react negatively if someone answers yes to one of the questions.

### Interpreting survey results

If people answer “Yes – a lot of difficulty” or “Cannot do at all” to at least one question, then they can be recorded as a person with a disability.

### The WGCs

The table below presents the introductory statement, the six questions, and the four response categories for each question.

|  |  |
| --- | --- |
| The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM: | |
| 1. Do you have difficulty seeing, even if wearing glasses? | □ No – no difficulty  □ Yes – some difficulty  □ Yes – a lot of difficulty  □ Yes – cannot do at all |
| 1. Do you have difficulty hearing, even if using a hearing aid? | □ No – no difficulty  □ Yes – some difficulty  □ Yes – a lot of difficulty  □ Yes – cannot do at all |
| 1. Do you have difficulty walking or climbing steps? | □ No – no difficulty  □ Yes – some difficulty  □ Yes – a lot of difficulty  □ Yes – cannot do at all |
| 1. Do you have difficulty remembering or concentrating? | □ No – no difficulty  □ Yes – some difficulty  □ Yes – a lot of difficulty  □ Yes – cannot do at all |
| 1. Do you have difficulty (with self-care such as) washing all over or dressing? | □ No – no difficulty  □ Yes – some difficulty  □ Yes – a lot of difficulty  □ Yes – cannot do at all |
| 1. Using your language, do you have difficulty communicating, for example understanding or being understood? | □ No – no difficulty  □ Yes – some difficulty  □ Yes – a lot of difficulty  □ Yes – cannot do at all |

## Resource 3.2. Respectful language relating to disability

Negative language promotes stereotypes, prejudices and harmful practices relating to people with disabilities. Everyone can play a role by using positive and respectful language when talking to people with disabilities, or talking about disability.

The list below shows some respectful/recommended language (on the left side) and some negative/harmful language (on the right side). Can you think of other examples in local languages? There is space to write these at the bottom of the list.

|  |  |
| --- | --- |
| Do use | Don’t use |
| Person with a disability (**Umuntu okhubazekileyo**) | Disabled person, the disabled, handicapped, PWD, abnormal (**anganomali, isigogo, isilima**) |
| Person without a disability (**Umuntu ongakhubazekanga**) | Normal person, everyone else, healthy person, able-bodied (**abantu abanomali**) |
| Person with a psychosocial disability or person with a mental health issue (**Umuntu olomkhuhlane wengqondo**) | Mental, mad, crazy, insane, a mental illness, a mental disorder (**uhlanya, oyizimcare, oyisiyelele**) |
| Person with an intellectual disability or person with a learning disability (**Umuntu ophuzayo ukuzvisisa**) | Mental handicap, mental impairment, slow, learning impairment (**umuntu oyisiyelele**) |
| Person who is blind or person who has a vision impairment (**Umuntu ongaboniyo**) | The blind, visually impaired, suffers from vision loss, someone whose world is dark/black/colourless (**Isiphofu**) |
| Deaf person or person who is hard of hearing (**Umuntu ongezweyo endlebeni**) | Hearing impaired, hearing impairment, deaf-mute, deaf- suffers from hearing loss, someone who’s world is silent (**imbebebe, isatsuthe**) |
| Person with epilepsy (**Umuntu ole epilepsy**) | An epileptic |
| Person with a physical disability (**Umuntu okhubazekileyo**) | Crippled, lame (**Ujiri, isilima, isigoga**) |
| Person who uses a wheelchair or wheelchair-user (**Umuntu osebenzisa I wheelchair**) | Confined or restricted to a wheelchair, wheelchair-bound (**isilima, isigoga**) |
| Unable to speak (**Umuntu ongakhulumiyo**) | Mute, dumb (**o dumb, imbebebe**) |
|  |  |
|  |  |
|  |  |

## Resource 3.3. Inclusive communication tips

**Tips for interacting with people with disabilities**

The following **detailed tips on how to communicate with people with different types of impairments can be used to ensure your community meetings and events are inclusive and accessible for all people with disabilities.**

### **General tips**

* Talk directly to people with disabilities rather than people who might be assisting them (e.g. interpreters, family members, personal assistants)
* Ask people with disabilities how they prefer to communicate, where they prefer to meet, where they prefer to sit in meetings, etc.
* Try to sit or stand so that you are talking at eye level (rather than looking down at someone)
* When communicating with a whole community or a group of people with different types of impairments, use more than one type of communication – both visual and verbal.

### **Tips to include deaf people and people who are hard of hearing**

* Ask a person what type of communication is best for them – for example, sign language, lip reading, using help of a family member
* If a person uses sign language it is important to use a sign language interpreter
* When there are no sign language interpreters, close family members might be able to interpret for the person
* If a person can lip read, look directly at them, make sure they can see your lips and speak clearly
* Use multiple different types of communication – pictures, writing, demonstrations, etc.
* Make sure only one person speaks at a time in meetings and encourage people to raise their hands before speaking so the person (or interpreter) can follow the conversation (particularly if they are lip reading).
* Ask people where they would like to sit so they can hear better.

### **Tips to include people with vision impairments**

* Ask how people prefer to access written material (e.g. Braille, large print or electronic format) and provide materials in this format as much as possible
* Read out loud descriptions of written material or pictures that are used in any meeting
* In a group meeting or event, introduce yourself every time you speak (so that a person with vision impairment knows who is speaking).
* Try to make sure only one person speaks at a time in meetings.
* Tell the person if you are leaving the conversation or room

### **Tips to include people with intellectual disabilities**

* Use clear language, simple words and avoid long sentences
* Use pictures and photos instead of lots of words
* Do not speak to adults or teenagers/youths like they are children
* Repeat information and demonstrations to help understanding
* Use hands-on (practical) activities and give examples
* Give people lots of time to understand and think about what is being said
* Remove other distractions in a room to help people focus

### **Tips for including people with psycho-social disabilities**

* Keep discussions calm, and do not make people feel as though you want to end a conversation or leave them out of interactions
* Some people might feel uncomfortable being in a very big group, so make arrangements for a smaller group meeting if necessary
* If a person seems like they are not interested, give them encouragement to participate
* Treat the person with respect at all times and ask their opinion in discussions
* Be flexible and give opportunities for people to make a choice about how they want to participate in a meeting – some people might feel worried in situations where they do not have any control

## Resource 3.4. How to make community meetings more inclusive?

**Four steps for planning inclusive community meetings and events**

The following four steps provide some practical tips for how to make community meetings and events more inclusive of people with disabilities. While it is not always possible to follow every one of these steps, there are always some simple things that can be done, even when there is no budget available – for example, specifically inviting people with disabilities to attend and making sure inclusive and respectful language is used at all times.

### **Step 1: Identify and specifically invite people with disabilities**

* Make sure that individual people with disabilities in the community are invited to attend, e.g. through GESI Champions or a self-help group
* Ensure that all invitations and material used to advertise events show that people with disabilities, the elderly, and other groups are welcome to attend
* Use a variety of methods to advertise the event: for instance, written notices or posters; directly contacting women’s groups or disability self-help groups; loudspeaker announcements; etc.

### **Step 2: Choose an accessible venue**

* Try to find a venue that is physically accessible; including accessible toilets, wheelchair access (ramps and wide doorways) and good lighting
* Ask people with disabilities or self help groups which local venues are known to be accessible and easy to get to
* If no accessible venue is available, ask people with disabilities what assistance you can offer to enable them to attend (for example, providing a temporary wooden ramp, assisting them to enter the venue, choosing an alternative location)
* Ensure there is enough space in the venue for wheelchair users, and enough seats for people with disabilities or elderly people to sit down
* If possible, provide transport to meetings if people have difficulty walking or local transport options are inaccessible
* If no transport is available, considering holding meetings in locations close to where people with disabilities live
* If it is still not possible for people with disabilities to attend the meeting, make sure that someone informs people with disabilities about what was discussed at the meeting and any opportunities to register for activities/benefits/etc.

### **Step 3: Use inclusive communication**

* Ask a person what type of communication is best for them – for example, sign language, lip reading, with help from a family member.
* Speak clearly and use non-offensive language (e.g. use ‘a person who is blind’ NOT ‘a person who suffers blindness’). Only refer to someone’s disability or impairment where this is directly relevant.
* Provide materials in accessible formats wherever possible (e.g. Braille, large print or electronic format)
* Try and present information in both visual and audio formats. For example if you are showing a picture or a chart, also explain what is in the chart.
* Talk directly to people with disabilities rather than to people who might be assisting them.
* Introduce yourself to a person with vision impairment each time before you speak, so that they know who is speaking.
* Make sure that only one person speaks at a time in meetings. Encourage people to raise their hands before speaking so it is easier to follow the conversation.
* If a person uses sign language, it is important to have a sign interpreter. If professional interpreters are not available, a family member of a person with hearing impairment may be able to volunteer as an informal interpreter.
* **If a person can lip read, look directly at them, speak clearly and make sure they can see your lips.**

***(For more detailed tips on how to communicate with people with different types of impairments, see the ‘Inclusive Communication Tips’ resource.)***

### **Step 4: Encourage active participation during the meeting/event**

* Ask participants where they would like to be seated, e.g. in an area that is easily accessible, or somewhere close to the front where it is easier to see the presentation.
* Ask people with disabilities if they would like to be paired with another person who could help them participate
* If a person seems like they are not interested or quiet, give them encouragement to participate.
* Treat people (with and without disabilities) with respect at all times and ask their opinion in discussions.
* Encourage all participants (and any interpreters) to ask questions if they don’t clearly understand the discussion

# MODULE 4: Being a CHAMPION for disability inclusion

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| **KEY MESSAGES**   * GESI Champions play an important role in promoting disability inclusion in the community. * This includes promoting disability inclusion and the community level, through advocacy and awareness raising about inclusion, promoting inclusive meetings and events, and engaging local leaders and service providers. * It also includes supporting people with disabilities in their households to build their confidence, share information and advice, engage family members and encourage them to access services. * Zimbabwe has a range of national laws and policies which support the rights of people with disabilities. These can be an important tool in advocacy and awareness raising. * There are a range of services which people with disabilities may need to access, including medical/rehabilitation services and assistive devices. There are also some subsidies and benefits which people with disabilities can access. * Disabled People’s Organisations play an important role in representing the interests of people with disabilities, engaging on laws and policies, and sharing information and networking among their members. * GESI Champions are not expected to provide specialist advice or material support for people with disabilities. However, they can play an important role in linking people with disabilities to other services and organisations, and reducing any barriers which might prevent them getting the support they need. |

**MY NOTES**

## Resource 4.1. Roles and responsibilities of GESI champions

**GESI Champions’ Roles and Responsibilities**

* Raising awareness on Disability and Gender issues in meetings/events/door to door visits.
* Suggesting adaptations that can be easily made to promote accessibility
* Supporting people with disabilities to build confidence to participate in activities or meetings and/or speaking out on their behalf if they don’t want to participate
* Referring people with disabilities to relevant services
* Identifying people with disabilities and collecting data relating to disability
* Advocacy on GESI issues

**Actions to support individual people with disabilities in their households:**



**Actions to advocate and raise awareness on disability inclusion:**



## Resource 4.2. Laws and policies relating to disability in Zimbabwe

**Constitution of Zimbabwe Amendment Act 2013**

**Chapter 1, Section 3** of the Constitution provides for the founding values and principles of the State, one of them being the recognition of the inherent dignity of all people:

*The recognition of the inherent worth of all human beings means that the dignity of people with disabilities must be ensured and protected by the law. This is especially important because it is well documented that people with disabilities are often marginalised and excluded from activities which are important for personal development and self-worth. Such activities include employment, leisure and recreation. They are sometimes exposed to attitudes which erode th eir sense of self-worth, attitudes which reflect and communicate discrimination, stigma and abuse.*

**Chapter 2, Section 22** sets out the national objectives relating to people with disabilities as follows:

*(1) The State and all institutions and agencies of government at every level must recognise the rights of persons with physical or mental disabilities, in particular their right to be treated with respect and dignity.*

*(2) The State and all institutions and agencies of government at every level must, within the limits of the resources available to them, assist persons with physical or mental disabilities to achieve their full potential and to minimise the disadvantages suffered by them.*

*(3) In particular, the State and all institutions and agencies of government at every level must:*

*a. develop programmes for the welfare of persons with physical or mental disabilities, especially work programmes consistent with their capabilities and acceptable to them or their legal representatives*

*b. consider the specific requirements of persons with all forms of disability as one of the priorities in development plans;*

*c. encourage the use and development of forms of communication suitable for persons with physical or mental disabilities; and*

*d. foster social organisations aimed at improving the quality of life of persons with all forms of disability.*

*e. take appropriate measures to ensure that buildings and amenities to which the public has access are accessible to persons with disabilities.*

**Disabled Persons Act 1992/1996**

The primary law that addresses disability in Zimbabwe is the Disabled Persons Act, (DPA) which provides for matters related to the welfare of people with disabilities and establishes the National Disability Board (NDB), setting out its functions. The Act creates the office of the director for Disabled Persons Affairs whose duties include liaising with ministries and local authorities to ensure the implementation of the policies and measures promulgated by the Disability Board and co-ordinating the activities of organisations which work with people with disabilities.

*8. (1) No disabled person shall, on the ground of his**disability alone, be denied-*

*(a) admission into any premises to which members of the public are ordinarily admitted; or*

*(b) the provision of any service or amenity ordinarily provided to members of the public.*

*(3) A disabled person who is denied admission into any premises or the provision of any service or amenity in terms of subsection (1) shall be deemed to have suffered an injury and shall have the right to recover damages in any court of competent jurisdiction.*

*9. Chapter 17:01 (1) Subject to subsection (2), no employer shall discriminate against any disabled person in relation to-*

*(a) the advertisement of employment, or*

*(b) the recruitment for employment; or*

*(c) the creation, classification or abolition of jobs or posts; or*

*(d) the determination or allocation of wages, salaries, pensions, accommodation. leave or other such benefits, or*

*(e) the choice of persons for jobs or posts, training, advancement. apprenticeships, transfer, promotion or, retrenchment; or*

*(f) the provision of facilities related to or connected with employment. or*

*(g) any other matter related to employment.*

**Labour Act 2005**

Section 5: *No employer shall discriminate against any employee or prospective employee on grounds of race, tribe, place of origin, political opinion, colour, creed, gender, pregnancy, HIV/AIDS status or, subject to the Disabled Persons Act. (Chapter 17:01)*

**Mental Health Act**

This Act governs the care, detention and after care of the mentally impaired in Zimbabwe. The Act also provides for the establishment of the Mental Hospital Board which is tasked with the treatment, rehabilitation and general welfare of mental patients; the Special Boards which make reports in relation to mental patients detained in various institutions and the Mental Health Review Tribunal which primarily hears applications and appeals made by or on behalf of mental patients detained in institutions. The care, detention and after care of persons who are mentally disordered or intellectually handicapped as advocated for by the Mental Health Act assists in the realization of the right to the highest attainable standard of health without discrimination on the basis of disability.

**Education Act**

*Every citizen and permanent resident of Zimbabwe has a right to*

*(a) A basic state-funded education, including adult basic education; and*

*(b) Further education, which the State, through reasonable legislative and other measures, must make progressively available and accessible.* (Chapter 25:04)

## Resource 4.3. List of disability services

**GOVERNMENT SERVICES**

**Ministry of Health**

* Providing rehabilitation services through the Rehabilitation Departments/Physiotherapy Department which are present at Mpilo Hospital and United Bulawayo Hospital(UBH) in Bulawayo and the Gwanda Hospital in Gwanda. Physiotherapy, Occupational Therapy, Speech therapy is offered every Thursday from 8am to 4pm. Children below the age of 5 years and adults above the age of 65 are treated for free.
* Early identification of disability in children for prevention such as Delayed milestones, Stunted growth, Downs Syndrome and Microcephaly. Identification is done during post-natal care visits at the Neurodevelopmental Clinic at Gwanda Hospital, where mothers are taught about different conditions.
* Gwanda Hospital has a One Stop Center for Gender Based Violence survivors such as rape victims, where victims can be attended to in privacy and promptly.

**Ministry of Social Welfare**

* Providing public assistance through assessing cases within 14 working days of receipt of the necessary information. This assistance includes: Medical assistance for people who do not have money to pay for medical treatment, for x-rays, operations, medications as long as it is a Government Hospital, and for school fees payment.
* Investigating cases of children at risk, such as children exposed to child abuse within 24 hrs of report.
* If there is a drought, they provide a drought relief program, providing food aid.
* Providing assistive devices e.g. Wheelchairs, callipers and glasses. A person requiring such assistance should visit the Social Welfare department where they will be advised to seek three quotations from service providers of the device, if funds are available Social Welfare Department will purchase device.
* Vocational training for sewing, knitting at Ruwa and Beatrice, there are ways of applying through social welfare on enquiry, some courses require 5 O’Levels and some don’t.
* Social Welfare provides assistance with paying school fees for children with special needs e.g. King George School, Sr Humphrey Gibbs, as well as special classes at Government Schools.

**Ministry of Education**

* Providing assessment for children with developmental disabilities, through the Schools Psychological Services Department at Mhlahlandlela Complex, Hall 2 in Bulawayo and Government Complex in Gwanda. Parents can approach the Department for their children to be assessed for placement at a special needs school.

**OTHER SERVICE PROVIDERS**

**Jairos Jiri Association (Bulawayo)**

* Offers vocational training to people with disabilities by equipping them with various skills, e.g. clothing technology, computer programming, electronics, welding, wood technology.
* Offers community based rehabilitation (CBR) services, including occupational therapy, independent living, outreach and follow up.
* Runs pre-school education centres for people with disabilities.

**Leonard Cheshire Zimbabwe (Harare)**

* Offers rehabilitation exercises for children with disabilities.

**Schools for children with disabilities**

* Offering academic education, vocational training and rehabilitation services
* Schools include:
  + King George VI Children's Centre – children with various disabilities
  + St Francis Home, Engutsheni hospital – mental/psychosocial disabilities
  + Capota School for the Blind – vision impairment
  + Emerald Hill School for the Deaf – hearing impairment
  + Zimcare Trust Schools Bulawayo – intellectual & mental disabilities
  + Sir Humphrey Gibbs Training Centre School
  + Sibantubanye Trust
  + Simanyane School

## Resource 4.4. List of Disabled People’s Organisations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation | Contact Person | Address | Telephone | Email Address |
| Association of the Deaf (ASSOD) Bulawayo | Farai Munyamana | Bulawayo | 0712 708684 | [assod@gmail.com](mailto:assod@gmail.com) |
| Deaf Zimbabwe Trust |  | 12 Victory Avenue, Athlone, Greendale, Harare | 04448293  0713 097320 | [infomation@deafzimbabwetrust.org](mailto:infomation@deafzimbabwetrust.org) |
| Disability HIV&AIDS Trust | Mr. Simwaba / Yeukai/ Mr. Mkuta | 9 Quintim Avenue Eastlea | 04778565 | [info@zihat.org](mailto:info@zihat.org)  [lynvory@gmail.com](mailto:lynvory@gmail.com) |
| Disabled Women Support Organisation (DWSO) | Rejoice Timire | 23 Clayton Rd, Milton Park, Harare | 0714 162 068 | [rejoicetimire@gmail.com](mailto:rejoicetimire@gmail.com) |
| Dorothy Duncan Centre for the Blind and Physically Handicapped | Andrew Mutambisi | 4 Cecil Rd Greendale, Harare | (04) 49600, 495116, 251116, | [ddc@zol.co.zw](mailto:stewart.musiwa68@gmail.com,gchipere13@gmail.com) |
| Epilepsy Support Foundation | Mr. T. Kadzviti | 43 St Davids Road, Hatfield, Harare | (04) 571225 / 571233 | [epilepsyzimbabwe@gmail.com](mailto:epilepsyzimbabwe@gmail.com) |
| Federation of Organisations of Disabled People in Zimbabwe (FODPZ) | Elisa Ravengai | 188 Westwood Drive Westwood Harare | 04-292 109 / 0775 160 264 | [fodpzzimbabwe@gmail.com](mailto:fodpzzimbabwe@gmail.com) |
| Muscular dystrophy Association of Zimbabwe | W. Khupe | Bulawayo | 0777 958 458 | [khupe2002@yahoo.com](mailto:khupe2002@yahoo.com) |
| National Council of Disabled Persons of Zimbabwe (NCDPZ) | Farai Cherera | 12922 Ndlela Way Mbare, Harare | 0772 285 884 | [ncdpzdp3@gmail.com](mailto:pmusiiwa@yahoo.co.uk) |
| Spinal Injuries Association of Zimbabwe |  | 23 Clayton Rd, Milton Park, Harare | 0772 385 544  (04) 741393 |  |
| The Autism Organisation | D E Mamvura / H E Mutambara | 9-65th Avenue Haigpark Mabelreign | 0773 764 275 0772 809 936 | [autismzimbabwe@gmail.com](mailto:mawiresam@gmail.com) |
| Zimbabwe Albino Association of Zimbabwe | M. Munyoro |  | 0772 355 233 | [zimalbinoassos@gmail.com](mailto:zimalbinoassos@gmail.com) |
| Zimcare Trust |  | McGill House, 4 Drummond Chaplin Street, Milton Park, Harare | (04) 741859/ 60 |  |
| Zimbabwe Down's Syndrome Association | Mrs Sibonisiwe Mazula | 3rd Ave & Basch Street, Makokoba, Bulawayo | 0715 780 090 | [bonniemazula@gmail.com](mailto:bonniemazula@gmail.com) |
| Zimbabwe Women in Development Empowerment ZWIDE | C. Sibanda | Bulawayo | 0712 966 274  0772 450 979 | [Constancesibanda286@gmail.com](mailto:Constancesibanda286@gmail.com) |
| Zimbabwe National Association of Mental Health (ZIMNAMH) | L. Murambidzi | ZIMSEC Complex, Upper East Road, Mt. Pleasant | (04) 308 523  0772 571 075 | [zimnamh@mweb.co.zw](mailto:zimnamh@mweb.co.zw) |
| Zimbabwe National Association of the Deaf (ZIMNAD) |  | 31 J. Chinamano Avenue Harare | 0772 451 902 0772 450 979 | [zimnada@gmail.com](mailto:zimnada@gmail.com) |
| Zimbabwe National League of the Blind (ZNLB) | Ishmael Zhou | 16489 Brickfield Road,Thongrove, Bulawayo | 0712 542 795  0772 332 401 | [znlb@yahoo.com](mailto:znlb@yahoo.com) |
| Zimbabwe Parents of the Handicapped Children Association | Casper Boriondo | 8 Durbaston Mabelreign | 0772 808 034 | [parents90@gmail.com](mailto:parents90@gmail.com) |



*“Thank you for being a CHAMPION for disability inclusion!”*