



Citizen Voice and Action for Disability *Practice Notes*

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Cover photo: Noor Omar Mohammed, a Somali refugee living with a disability in Kakuma, Kenya, is a small enterprise business owner and member of a CVA working group in Kakuma Refugee Camp, Kenya. He is also a member of the Voice of Disabled Peoples Association in the camp.

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Introduction

Citizen Voice and Action (CVA) is a local level advocacy methodology that transforms the dialogue between communities and government in order to improve services, like health care and education, which impact the daily lives of children and their families.

The goal of Citizen Voice and Action is to improve the accessibility and quality of public services. Through collaborative, non-confrontational dialogue between service users, government and providers, users are empowered to monitor and seek accountability for service delivery and to take collective responsibility for services. CVA is based on the view that each citizen has the right to hold to account his or her government for fulfilling its commitments.

This field guide is intended to help you to use CVA to address issues related to disability, as a supplement to existing resources on CVA implementation that can be found on [WVCentral](#).

Why is it important to address issues around disability using CVA?

Persons with disability, who make up to 15% of the world's population, have rights that need to be protected | Persons with disability in most countries are protected by legislation that has been developed in response to the country's ratification and signing of the UN Convention on the Rights of Persons with Disabilities (UNCRPD).¹ The UNCRPD guarantees equal access to education, health, social and other services for persons with disability. The UNCRPD also mandates governments to provide services that meet the specific needs of persons with disability including rehabilitation services and assistive technology. Governments have also been encouraged to commit to providing assistive technology such as wheelchairs, hearing aids, prosthetics and crutches as listed on the World Health Organization priority assistive products list on assistive technology provision.²

Children and other persons with disability in communities where WV works are often excluded from decision-making and advocacy efforts | Persons with disability are stigmatized in most countries, even if they are wealthy. This means that their needs are often ignored in the development of legislation, policy, budgets and in the provision of services. Even services designed for persons with disability are often designed without their engagement. [Citizen Voice and Action \(CVA\)](#). World Vision's proven approach to social accountability, provides a structure to support the engagement of persons with disability to take a leadership role. CVA also provides a way to collect data on issues of persons with disability's access to rights and services that isn't typically available from government data. This data can then inform better decision-making.

¹ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

² https://www.who.int/phi/implementation/assistive_technology/EMP_PHI_2016.01/en/

Who should be engaged in CVA for disability?

This will depend on your target level, from community up to national level. Generally, CVA should bring together people, service providers and government decision-makers who can make changes to budgets and plans. Three groups are essential:

1. Persons with disabilities (PwD) – with representatives of different types – those who have problems seeing, hearing, communicating and with mobility, mental health or intellectual disability.
2. Disabled person organizations (DPO) – organizations run by persons with disability, with organizations representing different types of disabilities.
3. Service providers (governmental, non-governmental, private) - those responsible for providing disability services including local and national representatives of Ministries of Health, Education, Social Protection as well as any cross-cutting disability committees that oversee the local or national level implementation of the UNCRPD-related legislation across different ministries;

Additionally, these other groups can be engaged:

- Disability-focused organizations – these are run by persons who don't have a disability but are focused on disability issues such as Humanity and Inclusion, CBM, Leonard Cheshire, Light for the World, Sightsavers
- Human rights protectors – government (ombudsman) and non-government organizations that focus on protecting citizens' rights that can be engaged to support disability rights.

In El Salvador, persons with disability were paired with existing CVA groups that had been focused on youth issues. The existing groups were passionate advocates and helped empower members who have a disability. In Kenya, Nicaragua, and Romania, groups included a range of participants, with people with disabilities and their families taking priority along with community members who had previously worked on CVA initiatives. Other group members included teachers, administrators, church leaders, government officials, and social workers. In India and Georgia, the CVA groups consisted entirely of persons with different disabilities and disabled person organization (DPO) representatives. This had the benefit of facilitating the formation of a local DPOs, or capacitating existing DPOs, but did not provide the contact with service providers or other community members.

How can you integrate disability within CVA?

There are two main ways:

1. **Integrated into existing CVA programs** by making sure that any CVA action related to a particular sector (health, education, WASH, etc.) ensures that persons with disabilities' rights and access to services is incorporated into the CVA process. Persons with disabilities, disabled person organizations and disability service providers would need to be included in this process. In order to do this, you should:
 - a. Integrate government standards for services for persons with disability and their application within the 'Monitoring Standards' tool in CVA – See detailed CVA

Guidance and shorter field guide at (<https://www.wvi.org/local-advocacy/publication/citizen-voice-and-action-field-guide> and <http://www.kwantu.net/resources-1/2015/11/25/citizen-voice-and-action-guidance-notes>)

- b. disaggregate data on access and quality of services to ensure that the views of persons with disability are identified
- c. organize a sub-group on disability that could report back to the main group within the scorecard process
- d. ensure representation of persons with a disability, their representative advocacy groups as well as any government officials with responsibilities for disability within 'community gatherings'.

2. **As a standalone CVA and disability program** that brings together groups focused on disability, persons with disabilities, DPOs, disability service providers, and potentially disability-focused organizations and human rights protectors. This program would focus exclusively on services and rights for persons with disability across different sector areas.

In either case, there are some main steps to take:

1. Identify a disabled person's organization who can work with you to define:
 - a. if your country has signed and ratified the UNCRPD and the optional protocol
 - b. if government legislation has been developed in line with the UNCRPD
 - c. the rights and services outlined for children and adults with disabilities
 - d. any gaps in the rights and services compared to the legislation or to the UNCRPD
 - e. existing priorities for advocacy among DPOs and persons with different kinds of disability (as wheelchair users may have very different priorities for example, to persons who are deaf)
 - f. existing data on access to services and rights for persons with disability
2. Develop a set of accessible information materials with DPOs that can inform communication around rights and services for persons with disabilities
3. Test those materials with communities to ensure that the language used is understandable and is positive about persons with disability (many cultures have very negative words for persons with disabilities).
4. Identify relevant indicators to support consistent monitoring (see Annex 3)

What changes do you need to make to existing CVA programming to make it more accessible for persons with disabilities?

The following steps are key to ensuring your program is accessible:

- **Engaging persons with different types of disability in the planning and implementation processes** – this will make sure that you can understand and address all barriers to participation for persons with different types of disability
- **Communication in accessible formats** – conducting home visits to those who can't access community venues, producing braille materials, providing information in sign language, using simplified language versions with images

- **Adapting the workshops** – please see Annex 1 for details on how to do this
- **Enhancing the image of persons with disabilities** – In El Salvador and Nicaragua, CVA groups used inclusion festivals and International Disability Day (December 3) to raise awareness of disability rights and show persons with disability in a positive way.
- **Challenging staff, service provider and community attitudes to disability** – using activities to challenge negative attitudes as outlined in Annex 2.

***Tip:** Involving children in CVA efforts can be an effective way to break down attitudinal barriers to disability inclusion. In Romania, World Vision's registered children brought awareness messages back to their friends and families, acting as a catalyst for change.*

How has CVA been used to address disability issues in our programs?

CVA has been used extensively in two standalone programs but has had limited use within mainstream CVA programs:

The USAID-funded **Training, Economic Empowerment, Assistive Technology and Medical/Physical Rehabilitation Services (TEAM) project** engaged 2,749 persons with disability in CVA processes in Colombia. The project and the disability officer from the Municipal Health Secretariat informed PwD and service providers about relevant legislation and national service delivery standards relating to health. By using the disability officer as a trainer, this strengthened the officer's position as a bridge between service providers (many of which were located outside the municipality) and community members and their role in guaranteeing the quality of service provision.

The 18 CVA groups each produced an action framework. They prioritized the most frequently violated rights for people with disabilities including delays in receiving care, the shortage of available appointments with health specialists, limited accessibility in parks and other community settings, and the limited opportunities for employment and income generation. Local authorities listened to CVA groups and expressed verbal commitment to addressing the issues raised. A total of 175 actions were directly attributed as responses to CVA processes. Groups then monitored progress towards these commitments. Perhaps the greatest impact of the CVA groups, was the strengthening of relationships around disability, resulting in greater solidarity, understanding and support.

“The TEAM project and CVA helped a lot of people to understand, and to energize and gather people through the Local Action Boards. I think it was a success.”

—Jorge, project participant, Barranquilla

Within the **ACCESS Wheelchair program**, that covered India, Romania, Nicaragua, El Salvador and Kenya, each CVA group developed a community action plan and use community scorecards. Common themes across communities included:

- Access to Disability Certification: Kenya, India, and Romania
- Accessible Infrastructure: El Salvador, Nicaragua, Kenya, and Romania

- Accessible Education: [El Salvador](#), [Kenya](#), and [Nicaragua](#)
- Accessible Transportation: [India](#) and [Nicaragua](#)
- Access to Medicines: [Kenya](#) and [Nicaragua](#)

The program achieved the following notable results:

El Salvador	Municipal ordinances on disability inclusion developed in 4 municipalities: Armenia, Santa Elena, San Vicente and Ozatlán. These municipal ordinances were the first in El Salvador, and addressed employability, rights promotion, accessibility, access to education and quality health care.
India	100 people obtained disability certificates. Two people with disabilities obtained train passes and 22 enrolled for bus passes. 250 people with disabilities enrolled in health insurance. New DPOs were created by CVA groups. National findings on needs of persons with disabilities were published and disseminated.
Kenya	In Kiambogoko, the sub county administrator pledged to reserve 5% of all jobs for qualified PWDs. In Osiligi, administrators reserved market stalls for PWDs and included accessibility in infrastructure budgets. Ramps and accessible toilets were constructed in schools, medical facilities, and government offices including Nakuru County Hospital, Chiefs' offices in Kiambogoko, Osiligi, and Katito, Olepolos Primary School, and A.I.C. Birsil Health Centers.
Nicaragua	Wheelchair ramps built at public institutions and in public parks. Anti-bullying campaign held in 26 schools. 410 health workers, mayoral representatives, municipal court authorities, education officials, and academics trained in disability inclusion. Ministry of Education committed to training 500 teachers in disability inclusion.
Romania	Local authorities built 24 ramps and access routes to make beneficiaries' homes accessible, made one bathroom and one public recreational area accessible, facilitated transport to specialized medical services, and protected clients' legal rights. Communities demonstrated a more positive attitude to persons with disabilities and wheelchair users increased their social interactions.

Annexes

Annex I | Pointers for facilitators of focus groups/group interviews to include children and adults with disabilities

Facilitators are key to enabling a safe, friendly and inclusive environment for focus group/group interviews and meetings. However, not all facilitators are trained or confident in dealing with participants with disabilities. This supplementary guidance may be helpful in building facilitators' confidence to turn the workshop into a more meaningful learning experience for everyone.

BEFORE THE WORKSHOP

- Provide participants with a list of accommodations that can be made available and ask them to identify which they might require. These could include: sign language interpretation, wheelchair accessible venue and toilets, adapted transport, captioning, enlarged text on printed material, electronic versions of materials to support screen readers, being accompanied by an aide or family member, allergy free food; vegan/vegetarian diet; fasting diet etc. This could be accompanied by a prior assessment of participants (see below).

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

Response category

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

- Do a prior assessment of participants to determine their unique needs including those with disability. Below is a simple checklist of what could be considered in the pre-workshop participant assessment (Adapted from Light for the World, 2017):
 - Determine what are the most important difficulties that people encounter? (The Washington Group Short Set of questions below may be helpful)
 - What are people able to do, what not?
 - Discussions with staff (individuals/groups, all levels) and other people who have engaged in similar workshops
 - Learning/evaluation reports from previous trainings/workshops
 - Observation of people (individuals/groups, all levels), and of their situation

- Adjust the pace, length/duration of the workshop. Ensure there are regular breaks.
- It is important that people who are less literate or those with mild to moderate intellectual impairments can catch up with the sessions. The key is using simple language, short messages, repetition and visual aids.
 - Make reasonable accommodations (arrange sign language interpreter, easy read/big print materials, audio, pictures, role play, etc.) to increase ease of learning for participants with different abilities. An accompanying person may be needed to assist a participant with disability.
 - Plan for a suitable venue that is accessible to participants, including travel arrangements and support. Appropriate signages, lighting, seating and room layout are also important to consider.
 - Commission DPOs (Disabled persons' organisation) as a resource/ trainer if possible as they will ensure the workshops are more accessible for all participants

DURING THE WORKSHOP

- Establish ground rules among participants to ensure participation is meaningful, inclusive, safe and fun
- Ensure that persons who are blind or have visual impairment receive a tour of the venue
- Reserve seats for persons with reduced mobility closer to doors and those with hearing and visual impairments closer to the facilitators
- Build the confidence of participants
- Be aware of non-verbal cues. This is very important especially when working cross culturally since gestures and expressions can be understood differently.
- Use appropriate ways of getting feedback during the activity – graffiti walls (where people can write their comments), parking lot (for people to place sticky notes), 'moodometer' (using emojis to express how they feel), blogs, journals
- Conduct quick post-session debriefs with participants to monitor and solicit feedback to improve sessions.

Coaching participants with disabilities

Participants with disability may require extra support as they learn from the sessions. If you are unsure about how you can support someone, speak to them informally at the end of the first session and ask them if there's anything that you can do to improve their learning or participation. Each person has their own specific needs.

Below are some tips for communicating with persons with different impairments.

Communicating with persons with different impairment

(Adapted from Bridging the Gap: Inclusive and Accessible Communication Guidelines 2018)

Persons who are deaf or hard of hearing

- To get the attention of a person, wave your hand or tap on the person's shoulder lightly when culturally appropriate.
- Follow the person's cues to find out if she/he prefers sign language, gesturing, writing or speaking.

- Look directly at the person and speak clearly, slowly and expressively without overreacting/overemoting to establish if the person can read your lips
- Speak in a normal tone of voice
- Keep your hands and food away from your mouth when speaking
- Try to eliminate background noise
- Use written notes to facilitate communication if the person is literate
- Encourage feedback to assess clear understanding.
- If you have trouble understanding the speech of a person who is deaf or hard of hearing, let her/him know politely
- Learn some basic signs yourself and encourage the group to practice them and use for direct communication with participant)

Persons who are blind or partially sighted / with visual impairment

- Always identify yourself and others who may be with you. When conversing in a group, remember to say the name of the person to whom you are speaking to give vocal cues
- Speak in a normal tone of voice
- Indicate when you move from one place to another and if you leave or return to a room.
- Let the person know when the conversation is at an end
- When you offer to assist someone with a vision loss, allow the person to take your arm to better guide this person
- When directing, use specifics such as "left at 2 meters" or "take three steps to your right"
- When offering seating, place the person's hand on the back or arm of the seat
- Read anything that is written, this will also help those participants who are not literate

Persons with speech impairment

- Give whole, unhurried attention when talking to a person who has difficulty speaking
- Allow extra time for communication
- rather than correcting. Be patient, do not speak for the person
- If necessary, ask short questions that require short answers or a nod or shake of the head
- Keep your manner encouraging

Persons with intellectual disabilities

- Take the time necessary to ensure clear understanding and give time to put the thoughts into words, especially when responding to a question
- Formulate simple sentences and repeat as necessary
- Use precise language incorporating simple words. Avoid the use of directional terms like right-left, east-west, etc.
- Use pictures and visuals
- When asking questions, phrase them to get accurate information. Verify responses by repeating each question in a different way
- Give exact instructions: for example, "Be back from lunch at 12:30," not "Be back in 30 minutes"
- Do not give too many directions at one time

Persons with reduced mobility/wheelchair users

- Talk directly to the person and try to be at his/her eye level, but do not kneel. If you must stand, step back slightly so the person doesn't have to strain his/her neck to see you.
- When giving directions to people with mobility limitations, consider distance, weather conditions and physical obstacles such as stairs, steep hills, road condition
- Always ask before you move a person in a wheelchair
- If a person transfers from a wheelchair to a vehicle, toilet, etc., leave the wheelchair within easy reach.
- Always make sure that a chair is locked before helping a person transfer.

AFTER THE WORKSHOP

As you finish the workshop, remember to appreciate everyone's participation and contribution. Seeking their feedback on the overall aspects of the workshop will also help to improve future sessions.

- Conduct a post-workshop evaluation, including questions about the ease of participation for persons with disability
- Consider working with organizations (e.g., DPOs) with specific skills on working with people with disability in future activities



Annex 2 | Suggested activity to challenge negative attitudes

Research³ suggests that it is hard to completely change negative attitudes toward disability in just one intervention as they stem from different sources. These negative attitudes vary according to context and are generally less severe towards persons with minor or moderate impairments and include:

- A belief that a disability results from sin by the parent or the individual and that persons with disability are dangerous
- Inherent discrimination towards minority groups
- Socio-cultural norms that say that people need to be physically “whole” and value wealth and status (which are often unattainable for persons with disability)
- A conflict or uncomfortable situation resulting from the person's inaccurate expectations of persons with disability (they will be passive, because they can't do one thing (hear, see) they must be stupid and can't do anything, they shouldn't have sexual relationships or get married, they shouldn't have opinions) and the reaction of the person with disability to that expectation. This conflict may lead to a person seeing persons with disability as ungrateful or aggressive.
- Being revolted or shocked by the disability – an amputation, skin condition or difference in body from the ‘norm’
- Fears around an individual's mortality and health that may stem from being around someone with a disability

We therefore recommend a combination of interventions to address attitudes:

- I. Behaviour change messaging – by informing and persuading
 - a. Inform – provide information about persons with disabilities, that they have rights as outlined in your country's legislation - to go to school, access services, get married; and about the different causes of disability to clarify that sin is not a cause.
 - b. Persuade – persuade people to see that persons with disability are persons that have rights and are valuable members of the community. It is helpful here to include passages from religious texts that provide a positive view of persons with disability and to help people to understand the barriers towards persons with disability. A great tool for identifying barriers are the Wall and Game of Life⁴ activities that are part of WV's Travelling Together – a one-day training on disability issues. The games are attached at the end of this document. Ideally, messaging should be developed based on barrier analysis.⁵

³https://www.researchgate.net/publication/232588909_Societal_attitudes_toward_disability_Concepts_measurements_and_interventions

⁴ <https://www.wvi.org/disability-inclusion/publication/travelling-together>

⁵ <https://coregroup.org/resource-library/a-practical-guide-to-conducting-a-barrier-analysis/>

2. Facilitate Contact in a meal or collective task such as the CVA process of developing joint plans – bringing persons without disability who have received behaviour change messaging together with persons with disability. Research has shown that this is easier when:
 - a. The persons with disability have a higher status, potentially resulting from the research they have conducted as part of the CVA process
 - b. The activity is facilitated by World Vision or other respected group, such as within a CVA training program
 - c. The activity is voluntary, enjoyable, and benefits everyone



Annex 3 | Suggested indicators

The following indicators could be monitored in either integrated or standalone disability and CVA programs. Indicators will need to vary depending on the rights and services for each country. All existing CVA indicators can be assessed by persons with disability and compared to other groups to identify differences in access to services and outcomes of services. To identify the numbers of persons with disability accurately, the Washington Group short set of questions⁶ should be used for adults, these are:

1. Do you have difficulty seeing, even if wearing glasses? a. No - no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty d. Cannot do at all
2. Do you have difficulty hearing, even if using a hearing aid? a. No- no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty d. Cannot do at all
3. Do you have difficulty walking or climbing steps? a. No- no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty d. Cannot do at all
4. Do you have difficulty remembering or concentrating? a. No – no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty d. Cannot do at all
5. Do you have difficulty (with self-care such as) washing all over or dressing? a. No – no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty d. Cannot do at all
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? a. No – no difficulty b. Yes – some difficulty c. Yes – a lot of difficulty d. Cannot do at all

For children, the UNICEF/Washington Group Measurement of Child Functioning module⁷ should be used. Indicative Indicators are outlined by sector.

Education

- # or % of children with disabilities attending school
- # teachers trained in special education or to support inclusive education
- # schools with wheelchair accessible latrines
- Blind children can learn braille in the school and access braille learning materials
- Deaf children can learn sign language and can receive instruction in sign language in school
- Parents of children with disabilities participate in parent teacher association meetings
- Schools or communities provide unpaid additional support for learners who need it

Health

- Availability of rehabilitation services – physical therapy, occupational therapy, speech therapy

⁶ <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

⁷ <https://data.unicef.org/resources/module-child-functioning/>

- Availability of assistive devices – wheelchairs, hearing aids, glasses, crutches and others
- Health information is accessible to the blind and visually impaired, the deaf and hearing impaired and in simple language for persons with intellectual impairments
- General health services including reproductive health services are available to persons with disability

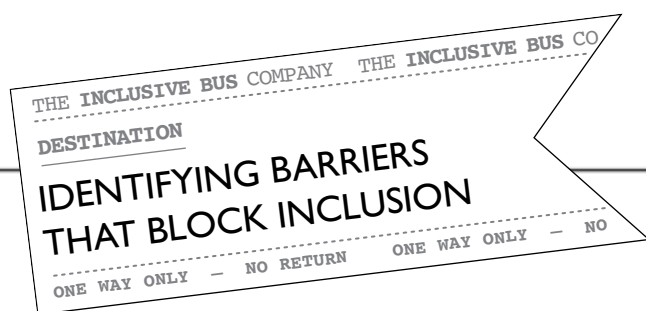
Child protection

- Mechanisms are in place to identify children with disabilities who are vulnerable
- Mechanisms are in place to refer children with disabilities to service providers that can meet their needs

Water, Sanitation, and Hygiene

- Latrines are accessible to wheelchair users
- Water access points are accessible to wheelchair users
- Provision is made so families of persons with disabilities can access water

The wall



TIME

60 Minutes

Steps 1 to 4: 50 mins

Step 5: 10 mins



MATERIALS

- Prepare three flip charts (see p.23) on different categories of barriers/discrimination (environment, policy/institutional, attitude);
- **Handout 2** on barriers;
- A5 cards, or large post-it notes, and marker pens for each group.

Barriers can feel almost like brick walls. But once identified they can be challenged and broken down allowing more and more disabled people to be included in development.

Barriers are broken down into three main areas – attitudinal, environmental and institutional (or policy). This makes the issues more manageable and highlights areas where direct intervention can make a difference.

Ensure you're familiar with the different types of barriers before leading this session.

Environmental barriers are often easiest to identify. But don't let the group get too focused only on physical access – steps, narrow pathways, uneven surfaces for example. Access issues are just as significant for those with sensory or communication impairments where information isn't available in formats they can understand.

Institutional barriers are some of the most difficult to identify. Without a proactive search for them, they won't be as immediately evident. That's because they're often linked to social and cultural norms and written into policies and legislation. The way to start identifying them is to focus on sectors in which you work, and try to map the legal, cultural and social practices that might need addressing. Consulting with local disabled people will be an essential part of helping identify them.

Attitudinal barriers are the most important to identify – time and time again they are the main reason prohibiting progress on disability inclusion. Negative attitudes and assumptions have led to many disabled people believing themselves to be worthless, dependent and in need of support. This cycle of charity and dependency can be difficult to break.

You need to draw out all these issues – and more – as you talk through barriers with the group. It's worth trying to identify some local examples in advance.



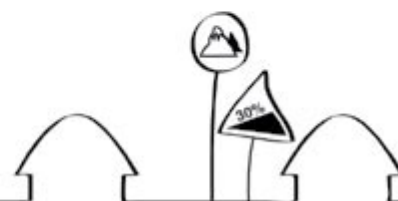
PRACTICAL TIPS

A good way of using this tool is with groups of disabled people – or even better with community groups that include disabled people. Prepare the wall statements with some of your ideas about barriers, then compare them to the ones local disabled people have identified. This can bring up issues that are missed when disabled people aren't included in consultations.

In the training room display the barriers in the order shown on the next page. This is different to the order in handout 2, as attitude is the biggest barrier. Most people tend to think of environmental barriers and it will probably be the fullest flip chart, many are often surprised that attitude is the biggest barrier!

METHOD

- 1 **Ask everyone to take a few moments to think about their daily life – work, social, home etc.** Imagine what obstacles might exist if they were disabled. For groups of disabled people ask them to describe what obstacles they face on a daily basis. Think as widely as possible – don't just focus on physical things. Write a list.
- 2 **Divide into mixed groups of four to six.** Give each group post-it notes (or A5 pieces of paper, with tape to attach to flip charts). Ask the groups to combine their observations and write down one idea per post-it note or piece of paper.
- 3 **After 15 minutes, bring the whole group together and display the prepared flip chart sheets to form a wall.** Explain the 'bricks' represent barriers to inclusion faced by disabled people and are grouped into three main forms – environment, policy/institutional, attitude. Explain the three barriers to the group. Distribute the handout now or at the end of the exercise.
- 4 **Ask one person from each group, in turn, to place their post-it notes/pieces of paper onto the 'wall' – thinking about the best heading (attitude, environment, institutional) for each post-it/piece of paper.** Discussions should flow as people try to decide where to place their obstacles and why. If people aren't talking, and you can see ideas going into barriers that are not appropriate, lead a discussion on it. Use this to help people understand the reasons behind the barriers and categories.
- 5 **Invite people to discuss their experiences of identifying barriers and what they've learned.** Use the lessons learned to make key points (based on the 'motive' section).



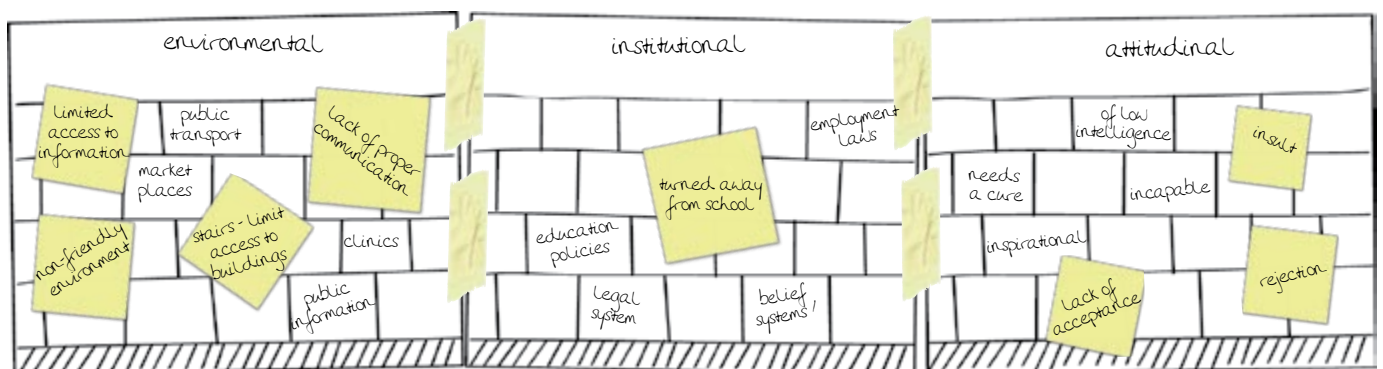


MOTIVE

This is a good exercise for groups who haven't thought about different forms of barriers that exist for disabled people – in other words, discrimination. The activity flows well from the session on models. It will help explain the barriers introduced in the description of the social model in Activity 2.

This activity is done in a systematic way, breaking the barriers down into three main forms – environmental, institutional (or policy) and attitudinal. This makes the issues more manageable and highlights areas where direct intervention can make a difference. The largest barrier is often the attitudinal one, and that should be stressed as the session progresses – or in the summary at the end.

Attitude barriers can be reduced through awareness-raising events, campaigns or training. Once identified, institutional barriers can form the basis of an advocacy strategy. Environmental barriers can be dealt with as you design project activities and inputs, making provisions for appropriate access needs.



↑
this is how your "wall" should look when you are finished



Game of life



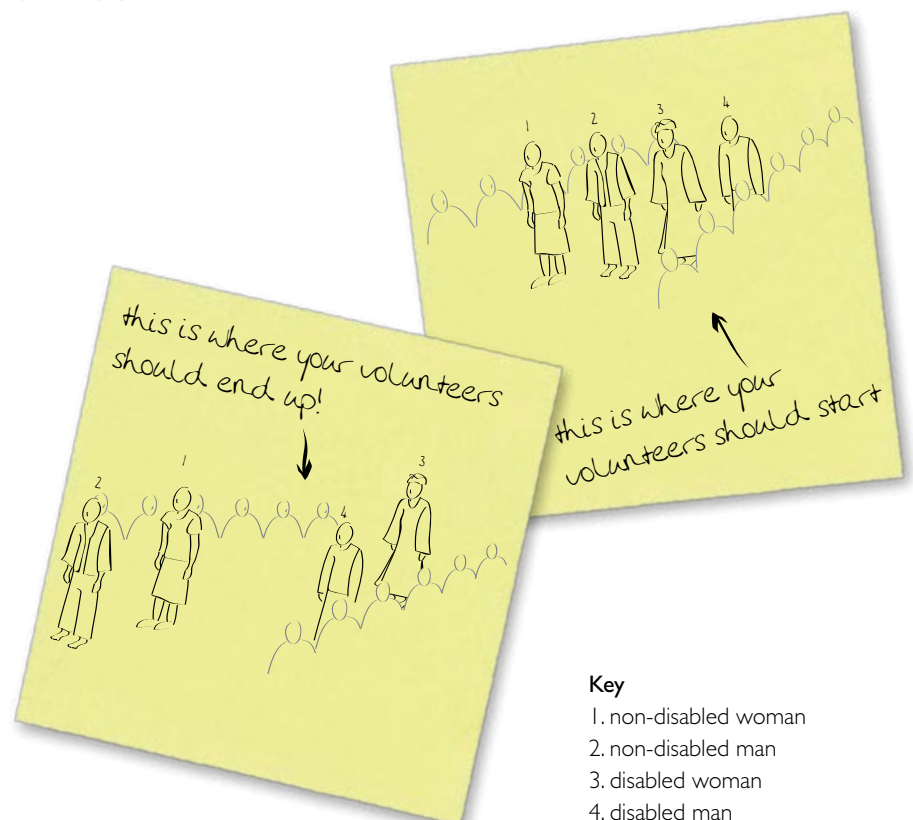
TIME

60 Minutes

Story is a powerful means of conveying your message. And it's used to great effect in this visual representation of discrimination. It helps to reinforce concepts raised.

When the story begins and participants start to think about whether a disabled infant would be as welcome as a non-disabled one, you can talk about some of the prejudices surrounding disability – and some of the causes of this stigma. Throughout the story there are many opportunities for raising issues of concern. So it's helpful if you prepare well by researching local attitudes, beliefs and challenges.

This is the activity where the main point of the training course 'hits home'. People have been transformed by this activity. Having a tea break afterwards is good, as participants often wish to discuss and reflect on the issues raised here with each other, and need a little time for the message to absorb. This can make the final part of the afternoon especially productive.





CRITICAL POINT FOR TRAINER

It's important that people volunteer for their roles.

In some situations, religious or traditional beliefs may preclude some from participating. Be aware and respect that. In some cultures, even to imagine being disabled can be seen as 'tempting fate'.

METHOD

Setting up the room is important. You may need to spend time reorganising the chairs. You'll need enough space for four people to stand side-by-side, with the other participants seated around the edges of the room, facing towards the volunteers. Creating a 'corridor' in the middle of the room, enabling you to use the full length of the room for the exercise, is ideal.

1. Ask for four volunteers from among the group (ideally, two men and two women), willing to stand for about 30 minutes to represent the following groups:

- non-disabled men;
- disabled men;
- non-disabled women;
- disabled women.

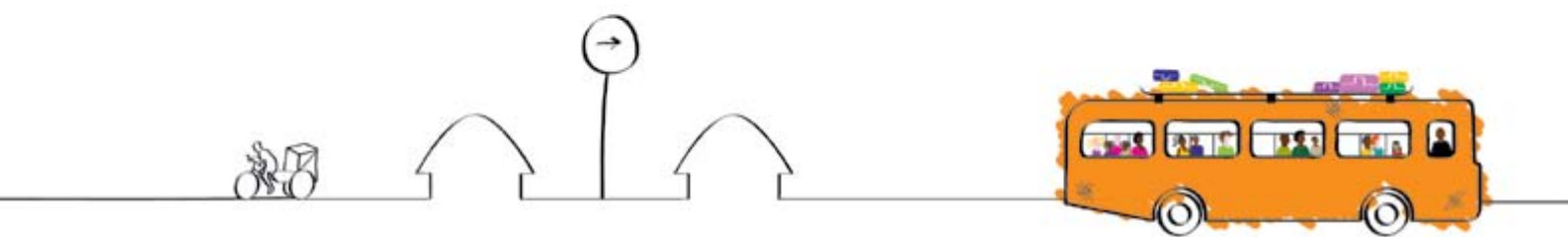
Stress this is NOT a role-play exercise – the volunteers will be representing a group of people from within a village. Many people do not like role-play, hence the need for reassurance!

2. Assign each volunteer a role. Explain how you'll be telling a life story, taking the characters on a journey from birth to old age. As you reach each significant life event, you'll ask them to respond as they think their character (or their family) would react. They'll need to take:

- two steps forward for a very positive or very successful experience;
- one step forward for a positive or successful experience;
- one step back for a not-so-positive or not-so-successful experience;
- two steps back for a negative or unsuccessful experience.

Once your volunteers understand what they'll be required to do, reinforce they are representing a group of people, so they should respond accordingly. Encourage them to avoid thinking about specific impairments or basing decisions on their own life experiences. Also, their response should be based on what they think is currently accurate for their culture and situation – not what it ought to be.

After each life stage and volunteers' responses, allow time for the others to react and comment. If there's disagreement, the group should decide by consensus and the volunteer may be asked to alter their move. The facilitator's role is to assess when to intervene and



comment to clarify reasons for decisions and to bring out and discuss any prejudicial points. The specific impairment is not relevant to the main point of this exercise, so try not to focus on this too much. It won't alter the essence of the activity.

3. **Set the scene for the story.** Since you want to emphasise links between disability and poverty, consider placing the story in a typical village. Describe it in as much detail as you can, explaining that income poverty levels are generally quite high – although most families have land and access to safe water. For entrepreneurs, opportunities exist in the nearby town where there are also health and educational facilities.
4. **Start with the first life event, as if telling a story...**ask for comments and suggestions from the rest of the group.

'One fine day, after a long wait of nine months, your character is born. How does your family feel when they see who you are? Make your moves.'

Note what might happen:

- family is very happy (non-disabled son born), *two steps forward*;
- quite happy (disabled son/non-disabled daughter), *one step forward*;
- not happy (disabled son), *one step back*;
- very unhappy (disabled daughter), *two steps back*.

'Now you are a bit older, and it's time to start thinking about school. How likely is it that you will be able to attend school? Make your moves.'

'Now you are 20. You'd like to get married, or form a relationship. How much do you think this will be possible for you? Make your moves.'

'You like to keep busy and want to make some money for your family. You try to get a job. How easy will it be for you to find one?'

'A few years go by. Everyone in your age group is having babies. How much will this be a possibility for you?'

Check if the disabled woman takes two steps back, or is instructed to do so by the group. Why did this happen? They may say it's because most disabled women are physically unable to have children – a common myth.



PRACTICAL TIP

Game of life can be used as a 'stand alone' activity for groups with limited amounts of time. There's no need to prepare any materials, and it can be run in as little as 30 minutes (ideally, one hour). It has a strong impact on people and always provokes many discussions. So it's ideal if you have limited time to get your message across.



CRITICAL POINT FOR TRAINER

In groups with disabled and non-disabled participants, this activity can have additional sensitivities. So it's really important participants feel comfortable enough with each other to honestly explore the situation from their perspectives. Be aware of this if you are a non-disabled person and it's the first time you've worked with disabled people.

Two steps back may well be an accurate response for a different reason – disabled women often don't have children because society thinks they can't or shouldn't.

'Now you're in your 40s. You have a lot of experience of life. You want to help your community by becoming involved in local politics. How likely are you to achieve this goal?'

5. Ask the group:

- Who is in the best position now? Who is in the worst place?
- Volunteers, how does this make you feel?
- Does any of this surprise anyone?
- Is it helpful as a tool for reminding us that disability and social exclusion seriously affects people's abilities to avoid poverty?
- The non-disabled man at the front of the exercise is regarded as living in poverty – what does this imply for disabled people?

The most powerful way to end this session is to ask the group to look once again at where the characters are standing. Recall that this was all taking place in a rural location where general levels of poverty are quite high. Even though the non-disabled characters are well ahead of the disabled ones, they're by no means wealthy. Ask the group – who benefits from your development programmes at the moment?

MOTIVE

Including disabled people is an important issue for poverty reduction – that's the message of this session. It should help show why they are especially vulnerable to chronic poverty. It also provides you as facilitator with a good opportunity to talk about many different development issues that affect disabled people – but which rarely get discussed.

To many, this session will dramatically reveal things about their communities which they may never have considered before. It can be fun. Humour can take the edge off the hard facts exposed by the game. But some participants can find it distressing, because it makes plain some painful, personal truths.