UPHLS

UNDEF The United Nations Democracy Fund

Improving the access to social services for
People with disabilities in Rwanda

Disability Equality Manual

A Training Manual for Human rights groups

Kigali , August 2014

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UNDEF

The overall purpose of UNDEF is to support democratization around the world by funding projects that strengthen the voice of civil societies, promote human rights, and encourage the participation of all in democratic processes. Projects could be in the field of, inter alia, strengthening democratic dialogue, civil society empowerment, civic education, freedom of information, and strengthening the rule of law.

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Acknowledgements

For too long disabled people – most particularly disabled women and children – ha vebeen marginalized and excluded from mainstream society. There is no country in the World which can confidently claim that its disabled citizens have realized equal rights and equal opportunities. Rarely are disabled people equally able to exercise the vote, attend school or college, gain employment, use public transport, and live independently – the basic rights that most non-disabled people take for granted. The United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities, adopted by the UN General Assembly in 1993, imply a strong political commitment by member states to take measures to ensure that disabled people can realize equal rights. However, implementation of these measures is irregular – despite the fact that many international agencies acknowledge the links between disability and poverty. International development organizations and policy makers have yet to adopt and implement policies which are fully inclusive and which affirm the value of social diversity. While it is acknowledged that disabled people are among the poorest members of their communities, many agencies consider their needs to be related Solely to their impairments (in line with 'the medical model of disability'), rather than considering their needs in the context of their rights as equal members of society ('the social model').

There is a clear need to ensure that the most marginalized people are included in National development work. This requires planners to think multi-dimensionally, rather than to categories people on the basis of single identities, such as gender, disability, urban/rural provenance, or HIV status. We need to be truly committed to diversity and to consider the whole person, remembering in our analyses that a disproportionate number of those experiencing social exclusion and poverty will be women, and especially disabled women and women living with HIV/AIDS. We need to look at the world through more than one lens.

However, until we are familiar with the institutional, environmental, and attitude in al barriers that exclude marginalized groups from full participation in society, we will be unable to ensure appropriate responses. That is why this manual is so important. It helps practitioners in development organizations to understand the issues confronting disabled children and adults, and ways in which we can go about breaking down the barriers and including people with disabilities in our work. It presents disability as a matter of human rights and moves away from the charitable and medical models of disability to argue that it is society that needs to change.

Disabled people themselves are powerful advocates for social change. Development practitioners need to hear the voices of disabled women, children, and men, in order to plan inclusive development.

Preface

UPHLS's mandate is to overcome poverty and suffering. As this manual makes very clear, all PWDs in Rwanda are among the poorest and most marginalized members of their communities. We need to understand why this is, and to devise ways of supporting them to take action to overcome their poverty and achieve their civil, political, social, and economic rights. Disabled people, and particularly disabled women, are among those least likely to escape from the trap of poverty. Prejudice denies them the opportunity to develop the necessary skills, knowledge, and confidence, and to make effective use of their sources that they may already have. Many people working in development agencies are, often unwittingly, guilty of discriminating against people with physical or mental impairments and disabled people are therefore less likely than others to benefit from development interventions – for the very same reasons that explain why they are poor in the first place.

This means that people with impairments are likely to remain among the chronically poor, and when progress towards the Millennium Development Goals is measured in 2015, it will be interesting to see how many disabled people are among those who have been enabled to edge above the poverty line.

The Disability Movement in Rwanda, like any movement of people marginalized because of their identity, needs allies and deserves the support of development organizations. There is a growing realization that rights-based approaches to overcoming poverty and suffering are essential, but awareness of the abuses endured by specific groups in this regard is often low. People working in the fields of development and relief often assume that they need specialist skills in order to work with disabled people, but a good start can easily be made by ensuring that we apply our existing skills and principles to the task.

Abbreviations and acronyms

UNDEF	**United Nations Democracy fund**
UPHLS	**Umbrella of persons with disability in the fight against HIV & AIDS**
PWDs	**People with disabilities**
MDGs	**Millennium development goals**
DPOs	**Disabled peoples organizations**

Introduction

Why this manual?

Development organizations have failed to ensure that disabled people are equal participants in their programs. For agencies whose mandate requires them to reach those most in need, the (often inadvertent) exclusion of disabled people means that many organizations are currently failing to honor their obligations. Disabled people are among the poorest of the poor and the most powerless in virtually every community in the world. Programs which do not include them on an equal basis with their non-disabled counterparts are in her entry in effective. The manual explorer basic premise that the time is right to improve the *status quo*: Disability Equality must become part of the everyday reality of development programs. If communities and organizations are to benefit from becoming disability aware and if disabled people are to be empowered to participate on an equal basis, existing ways of thinking and working must change. This manual provides information and training materials which will support this change.

Existing materials on human rights and gender (both theoretical and practice-based) pay scant attention to the existence and rights of disabled people. Disability issues are not covered at all, or they are inappropriately covered. Most training and group-work activities make the assumption that all participants are non-disabled.

Traversing this manual:

The manual begins with four narrative chapters. Chapter 1 presents the thesis and underlying principles of UPHLS's approach; to illustrate them, it offers an overview of the situation of disabled people in Rwanda. Chapter 2 outlines the principles of Disability Equality and illustrates its importance for development Chapter 3 describes UPHLS-supported work with person with disability in Rwanda. Chapter 4 provides a rationale for
Disability Equality training and emphasizes its importance for inclusive development.

Part Two of the manual consists of a description and analysis of the Disability Equality Training of Trainers done by UPHLS in the past years, the materials for which form the basis for the materials presented in this manual. This is followed by an introduction to the training materials, and the materials themselves – workshop activities, facilitator's notes, and handouts. The two central themes are 'Acquiring Facilitation Skills' (commonly known as 'training of trainers') and 'Disability Equality'. Other training sections cover preparations, introductions, energizers, and forming the group; action planning; evaluations; and useful quotations.

Who can use this manual, and for what purpose?

The manual is designed to be used by two distinct sets of readers:

- National disabled people's organizations, seeking to raise awareness and put Disability Equality into action among their membership and the broader community.
- Development community (government staff, seeking to promote Disability Equality, whether internally within their own organizations or externally with programs and beneficiaries.

The narrative and theoretical chapters, the training materials, and the background reading materials may be used by disabled and non-disabled people, and national staff, in the following ways: to inform and develop fieldwork in development situations; and to design courses, seminars, workshops, informal discussion groups, etc. The participants (or beneficiaries) could be disabled and/or non-disabled people; national and/or staff, volunteers, members, or activists; members or staff of grassroots organizations, or national community leaders, educators, medical staff, civil servants, and so on.

The materials may be used to introduce or increase awareness of Disability Equality and support its practical implementation; to help disabled people to (re)gain self-esteem and confidence; to train disabled and non-disabled disability-rights activists; to encourage NGOs to consider disability in relation to the work of a group of women survivors of violence, or the work public-health workers, and other sectorial staff; and to teach others how to facilitate Disability Equality workshops or discussion groups. The development of local networks of facilitator's is important in district where there is a lack of Disability Equality trainers, especially those who are disabled. Beyond the contexts listed above, Part One of the manual maybe read by individuals who want to find out more about Disability Equality and its relevance to their lives and work.

Finally, we hope that this manual will provide an example of how, when social change is on the agenda, it does not matter that there never seems to be an optimum time to get started, or a perfect way of doing things. Whoever we work for – DPO, NGO, donor agency, etc. – the problems are the same. Very often the planning and practicalities are all wrong: there is too little money, not enough time, not enough staff, too much external interference. Maybe we know in advance that the results are not going to be spectacular (how can one adequately measure how someone feels about being alive, and the changes that result in his or her life?). But if we wait until the entire conditions are perfect, we will be waiting for ever. Doing the best we can, whatever the circumstances, and focusing on the principles and process, as much as on the end product, is enough to make a start. And once the start has been made, who knows where the process will lead us?

Hopes and fears

A significant shortcoming of this manual is that it is not written in such a way as to be accessible to many people with learning difficulties for their direct use. As a start, what the manual can and does try to do is to include consideration about how the issues of rights and equality relate to people with learning difficulties, and to prompt non-disabled people and people with physical and sensory impairments to think about this. The experience of the disability movement shows that change will come most effectively from disabled people themselves. This process can start with people with physical and sensory impairments becoming politicized, working together across the spectrum of impairments, and supporting people with learning difficulties to become actively involved. But it does not always happen this way, and there is also a need to support groups of people with learning difficulties to organize, speak, and act on their own behalf.

Lastly, we see this manual as a starting point, not the final product. We believe that it constitutes a powerful tool for change, even though it is shaped from a relatively limited range of experiences. We hope that readers will be inspired to use it and, with broader application and adaptation, improve it.

Part One: The principles of Disability Equality training

Disability and development:

An overview of the issues

Defining disability

What is disability? Trying to define it is a complex and controversial matter. It is important to consider the preferences of disabled people themselves, and to bear in mind that acceptable terminology changes over time, and from one culture to another. Two key terms – 'impairment' and 'disability' – are often used synonymously. However, their meanings are different, and it is important to make a distinction between them. **Impairment** has been defined as '*lacking all or part of a limb; having a defective limb, organ or mechanism of the body*'.1 some disabled campaigners question the use of this term, because of its negative implications; they prefer the more neutral term 'condition'. A condition may or may not be perceived as impairment and mayor may not restrict one's ability to function. In contrast, the term **disability**, as used by disabled people's organizations (DPOs), emphasizes society's denial of the human rights of the person with the impairment. In the words of Disabled Peoples' International: '*Disability is the disadvantage or restriction of activity caused by contemporary social organization, which takes little or no account of people who have impairments, and thus excludes them from the mainstream of social activities.*

The distinction between the two terms is neatly summarized in a discussion paper issued by the UK government's Department for International Development: '*Disabled people have long-term impairments that lead to social and economic disadvantages, denial of rights, and limited opportunities to play an equal part in the life of the community.* 'Societies may differ in their treatment of disabled people or in the way in which discrimination is expressed, but in general the marginalization of disabled people is international and irrespective of social class. Three major types of discrimination have been identified: **attitudinal**, **environmental**, and **institutional**. Disabled people may be socially excluded by attitudes of fear and ignorance on the part of non-disabled people, who may use negative and pejorative language about them; or they may be excluded from society because of generally low expectations of what disabled people can achieve. Environmental discrimination occurs where public services, buildings, and transport are not designed with access for disabled citizens in mind. Institutional discrimination occurs where the law discriminates (explicitly or by omission) against the rights of disabled people, making them in some way second-class citizens – without the right to vote, to own land, to attend school, to marry and have children.

> Disabled people want to be treated as normal citizens, with rights. They want to be treated equally and participate as equal citizens in their own communities. To achieve this, you need political and social action to change society.'

Disability, gender, and poverty

There exists a vicious cycle that links poverty and disability. Poverty frequently causes disability, or makes its effects worse, by virtue of factors such as malnutrition, inadequate housing, and dangerous work in hazardous conditions, poor-quality medical treatment, and inadequate access to services. Disabled people are likely to face barriers to their inclusion in society, to educational opportunities, and to their access to health care and employment, which in turn will perpetuate their poverty. Families with a disabled member also face barriers and are likely to experience a greater degree of poverty than similar families without disabled members.

The need to care for a disabled family member makes demands upon other members and reduces the time available to them for economic activity or skills development. Disability has a disproportionate impact on males and females: in Rwanda, most of the caring, as well as much of the production, is done by women, and girls are frequently withdrawn from school to look after a disabled brother or sister. Disabled girls and women have even less access to education, health care, and employment than disabled boys and men have. Disabled women are doubly discriminated against: as women, and as people with impairments. They are often invisible to the providers of health care and particularly reproductive-health care, yet they are also the frequent victims of sexual abuse.

Three models of disability

A major contribution made by disabled people to an understanding of disability has been the description and development of 'the three models of disability'. These are frameworks which help to explain the ways in which society responds to disability and to review the appropriateness of its responses.

The medical model of disability

The medical model tends to view disabled people first and foremost as having physical problems to be cured. The disabled person is relegated to the passive role of patient, with medical personnel and care professionals making many decisions –even about issues unrelated to impairment, such as how the individual should dress or what he or she may eat. This model is problematic because of its excessive focus on the desirability of fixing the disabled person's impairment. The quest for a cure is often protracted, painful, and unnecessary; it means that the rest of life is put on hold while professionals strive to return the body to a more 'normal' level of functioning. Corrective surgery is used to extend and straighten limbs, calipers are applied, and people are encouraged to try to walk, rather than use wheeled mobility appliances; deaf people are taught to speak and lip-read. Health-care professionals may refuse to tell disabled patients and their families that there is no cure for their condition, in the mistaken belief that this will sustain hope that they one day might be 'normal'. But if it happens that the impairment cannot be fixed, the disabled person is regarded as being beyond hope: his or her life is seen as worthless. By this stage, such a negative assessment may well become internalized by the person concerned.

There are clear cases where relatively simple levels of medical intervention can reduce the impact of impairments substantively; examples would be a surgical operation to correct a cataract or a club foot. It is also the case that some disabled people have a medical condition which requires support and intervention. Preventive measures to reduce the incidence of impairment and to promote its early detection are also valuable means of reducing the level and impact of disability. Disabled people do not reject medical intervention, but they stress that the impact of disability on the individual is much greater than its medical implications, and that it is misleading to focus on the search for a cure, rather than helping individuals to manage their own lives. The medical model perceives disability as a problem located in the disabled individual, and assumes that working on the individual can solve it (or not, as the case may be, in which case the person concerned might as well give up all hope of a full and satisfying life). The disabled person becomes defined solely in terms of his or her diagnosis, as a patient with medical needs and no longer as a person with a whole range of needs.

The religious, or charitable, model of disability

The religious, or charitable, model tends to view disabled people as victims of impairment and as the beneficiaries of charity, alms, and services – for which they should be grateful. Disabled people are viewed as tragic or suffering people, to be pitied and cared for. At the same time, disabled people may find that they have few choices, no means of accessing relevant advice, and no powers to decide how they could best be assisted. Services are designed for them and delivered to them, perhaps with the best of intentions, but with insufficient consultation. Careers may become unacceptably powerful, making decisions about what is best for those in their care. An extreme (though not uncommon) example of this is the enforced sterilization, without consultation or consent, of disabled women. It is not uncommon for disabled people to become dependent upon the source of help, and for the alms-givers to gain gratification and reward from the relationship. Charity is provided at the discretion of the giver, often on the basis of 'worthiness'. If the person providing charity or care decides that the disabled person is unworthy, bitter, or 'negative', help may be withdrawn on a whim. Disabled people are often caricatured as being tragic and passive, if they need high levels of support; as bitter, twisted, and aggressive, if they are beginning to question the *status quo*; and as courageous and inspirational if they have managed, against all the odds, to overcome the barriers that confront them.

Because disabled people are considered to be different from the norm, a range of different, or special, services to meet their needs has usually been provided for them: special transport; special buildings; special schools (where the courses are very often less challenging and academic than in mainstream schools, making it hard or impossible for disabled people to enter higher education and employment); special sports and recreational facilities; sheltered employment workshops. Extra resources are necessary in order to provide such special services, and in resource-poor economies the inability to provide adequate levels of service (in health care, education, production) for the whole population is frequently used as a justification for doing very little to provide special services for disabled people. It cannot be claimed that either the medical or the religious/charitable approach has had much success in improving the lives of disabled people – as proved by the high levels of poverty, abuse, marginalization, and discrimination that disabled people still face worldwide; yet for centuries these two models have determined disabled people's experience. Through what is known as the 'mirror effect', many disabled people (who, like others, see themselves reflected in the attitudes of the people around them) have come to believe that they are *unable*. In recent years the deliberate focus of the disability movement on abilities rather than inabilities has helped to develop a new understanding of disability. In order to create a society that includes disabled and non-disabled people equally, and thus achieves Disability Equality, we need a new way of perceiving and responding to disability.

The social model of disability

Such a concept and approach is described by disabled people themselves as 'the social model'. This refers to the way in which society organizes itself, taking little account of people who have impairments and thus excluding them from participation in the mainstream of social activities. The social model identifies three major barriers that confront disable people who have impairments: physical (exclusion from the built environment), institutional (systematic exclusion or neglect in social, legal, educational, religious, and political institutions), and attitudinal (negative valuations of disabled people by non-disabled people). Removing these barriers is possible and has a hugely beneficial impact, both on the lives of disabled people and on the whole community. Adopting the social model of disability does not mean rejecting any form of medical services, rehabilitation, or assistance from others; but it does change the way in which services and assistance should be given, placing them in the wider context of disabled people's lives. Disabled people's needs are basically the same as non-disabled people's: for life, love, education, employment, full participation in society, access to adequate services (including medical and rehabilitation services when necessary) as of right, and some choice and degree of control in their lives.

The social model has allowed many disabled people to regain control of their own lives, becoming the experts on their own experience and changing their outlook in fundamental ways. An understanding of the social model provides a radically different framework with which to understand the discrimination that arises as a result of impairment. For many DPOs, the social model describes the true nature of the problem of disability. The problem is not in the individual, nor in his or her impairment. The impairment exists, but its significance is neutral – neither necessarily negative nor necessarily positive. The problem of disability lies in society's response to the individual and the impairment, and in the physical environment, which is mainly designed (largely by non-disabled people) to meet the needs of non-disabled people. Disability takes on a social dimension and leads to social exclusion and the denial of human rights. The solution to the problems of disability must therefore come from change within the families, communities, and societies in which disabled people are living, rather than from changes in the impaired individual (as suggested by the medical model).

Disability inequality: the consequences for the development community

Despite the majority of UN member states being signatories to UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, these standards, which provide targets and guidance for the inclusion of disabled people in society and provide for equal access to services and participation, are rarely put into practice. There remains an enormous amount of lobbying and advocacy work to be done to encourage governments to address these issues and to reach the standards set out in this and other conventions.

Many disabled people are excluded from relief and development programs as beneficiaries, partners, and contributors. Their basic needs are simply not adequately met, and their human rights are at best ignored, at worst abused. The exclusion or omission of disabled people has a negative impact on the quality and effectiveness of programs. Disabled people are among the poorest of the poor, the most disempowered, and the most in need; they are present in virtually every community in the world, as well as in all populations targeted by development interventions. It follows that many agencies are currently failing to fulfill their Mandates. Most emergency, relief, and development organizations are mandated to address problems of poverty, marginalization, powerlessness, vulnerability, and abuse of human rights. These issues form the basis of many disabled people's daily experience, and yet too often there is a disparity between the mandate and stated operational philosophies of agencies, and what they actually do in practice to support disabled people in their struggle for equality. It is still not uncommon for relief and development agencies and donor institutions to be blind to disability or to ignore its impact when analyzing a given situation and the needs of those who are most affected by poverty or emergency. Whatever the type of program under consideration, the target population will almost certainly include disabled people. Aid and development workers may not see them or know about them, but they will be there and they are likely to be among the most vulnerable or marginalized people within the target beneficiary group.

What is 'Disability Equality'?

The concept of Disability Equality is grounded in two fundamental principles.

Principle 1: Redefining disability according to the social model

Our understanding and interpretation of disability should be guided by the social model and recognize the three forms of discrimination – attitudinal, environmental, institutional – that prevent full inclusion of disabled citizens. Through applying this analysis, one comes to see that disabled people are handicapped by the barriers that societies, and non-disabled members of that society, have erected around them. One gains a better understanding of disability – not as a medical condition, but as a product of the way in which society is organized, making insufficient allowance for the needs of all its members. Understanding the social model has been a turning point for many disabled people, and also for their allies.

Principle 2: Disability is a human-rights issue

Disability must also be understood within the context of human rights. The rights of disabled citizens are the same as those of non-disabled citizens. All people should have equal access to opportunity and services, as of right, are they women, older people, disabled people, or members of ethnic minorities. Many disabled people are isolated socially and/or physically, and learning about their human rights, including that most basic right to have some say and control over their own lives, has been the first step towards self-liberation.

A rights-based approach to disability recognizes that disabled people have the same rights as other citizens, although their entitlements may frequently be denied to them. The needs of disabled people are not different from those of other people. They have basic needs (for food, clean water, shelter, health care, education, and income); psycho-social needs (for friends, relationships, reproductive rights, equal access to services, and inclusion in the community); and political needs (to be able to organize, to associate freely, to be represented, and to have legal and voting rights). In addition, disabled people have fundamental needs in terms of communication and mobility that must first be addressed in order for them to be able to claim their other strategic rights as equal citizens. Meeting these practical needs is only a pre-condition, albeit a vital one, to enable disabled people to achieve inclusion in all other aspects of life.

Tools for change: Disability Equality training

Disability Equality training is the process of raising awareness of the causes and consequences of disability, and helping disabled people to claim their full and equal rights as citizens. Disability Equality has been promoted by disabled trainers as a tool to sensitize and mobilize disabled people to take action to lobby for rights and services. Its aim is to bring about action that will lead to greater inclusion, equality, and rights for disabled people; this requires both action on the part of disabled people, and a change in attitude on the part of the rest of society. Thus both disabled people and their non-disabled allies are promoting and encouraging ***Disability Equality*** as a framework around which an approach to disability that is based on the principle of equality of access to full services and rights as citizens.

Despite the deep poverty and discrimination experienced by many disabled people, ***Disability Equality training*** can be effective – because it begins by changing disabled people's perceptions of themselves. It focuses on what people *can* do, rather than what they cannot do, and it deals with feelings of powerlessness and the lack of self-confidence which might otherwise cause programs to fail. Disability Equality training helps everyone to review their attitudes to disability, and their understanding of it, and to assess what changes they each might make towards overcoming the barriers that exclude disabled people from full participation in society. An approach based on a commitment to Disability Equality is equally valid for disabled and non-disabled trainees. It is about starting with what is possible, in terms of dismantling barriers to inclusion (be these in our own minds, or in the environment over which we have some influence). It helps disabled and non-disabled people to find practical, workable ways of putting principles into action. It identifies ways in which non-disabled people can support disabled people in their struggle for equal access and inclusion – not because this is a worthy thing to do, but because it is the right of all citizens to be included in society, on equal terms. These are some of the specific aims of the training:

- To empower disabled people.
- To encourage everyone to value the lives and contributions of *all* members of society.
- To create an enabling environment which gives each individual an equal opportunity to develop his or her potential and to participate and contribute in whatever way he or she chooses.
- To identify the particular needs of disabled people which must be met if they are to make the most of the opportunities open to them.
- To provide equal access to necessary resources.
- To encourage respect for differences and diversity, while celebrating our common humanity.
- To gain equal rights and responsibilities for disabled and non-disabled people, in law and in practice.

Disability Equality Training of Trainers

UPHLS's work with individual grass root groups and the regional workshops and other activities had gone a considerable way towards creating a general understanding and acceptance of the relevance of Disability Equality principles to the lives of disabled people; and it had helped to build the confidence and abilities of certain individual members. The program then moved on to the next stage: the Disability Equality Training of Trainers (DETOT) course. This was more structured training, which aimed to give members the skills, knowledge, and attitudes to facilitate workshops about disability awareness themselves, and to raise awareness of the need for gender equality. And will able to share their learning with other association members and put it into practice in their everyday work and lives. The contents and methodology of the course form the bulk of this manual.

Part Two: The practice of Disability Equality training

The Disability Equality Training of Trainers (DETOT)

Aims, objectives, and methodology

The course is developed based largely on observation, experience, and feedback from participants during the various types of preparatory work done by UPHLS in the past district co-coordinators attended a planning meeting at which the basic idea and plans were presented for consultation, and practical details were discussed and agreed. The overall aim was to develop the capacity of UPHLS members to promote Disability Equality and raise awareness of disability in the wider community. In turn, local people, most of them disabled, would be able to educate others, and would reach more people Local Active Groups; it was hoped that they would apply the lessons that they learned from the course in their regional structures and individual groups, and draw in those their members who were still extremely isolated (physically or psychologically) within their own homes.

The DETOT course had the following specific objectives:

- to raise the participants 'own awareness of human rights and Disability Equality;
- to increase their capacity to change attitudes within their communities, raising awareness of the needs and potential strengths of disabled people;
- to reach out to marginalized disabled people;
- to create a small core group of facilitators who, with further support and input, would be able to lead workshops and discussion groups on the rights of disabled people;
- to encourage discussion of gender-related issues and support the inclusion of women, particularly disabled women, in community activities;
- to develop the potential for the creation of a disabled women's support group

The guiding methodological principle of the course is to create an environment in which participants and facilitators could share experiences and exchange ideas freely. The course was designed according to the principles of adult learning, to encourage the active involvement of all the participants. Because everybody learns in different ways, it provided a range of varied activities, including whole-group and small-group discussions and exercises, work in pairs and individual work, drawing, drama, posters, oral presentations, poetry, movement, stories, brainstorms, written handouts, and games.

Participants

Participants are chosen by the association of persons with disability and regional structures of the UPHLS. The only stipulation was that at all course members should be disabled people.

Scheduling and structure of the course contents

The training course will be structured to UNDEF project outcomes. There will be two modules: *Facilitation Skills* and *Disability Equality Issues.* However, to maximize the opportunities for learning, consideration of disability issues will be included in activities that focused on facilitation, and vice versa. The idea is for participants to do an activity and learn from it of itself, and then discuss and consider it from the point of view of a facilitator, answering questions such as: 'Why did we do that?', 'What would this type of activity be useful for?', 'Why?', and 'What would I do differently, to make it more effective in my own community? 'The first two sessions will be devoted to forming the group, setting priorities, and developing agreed ways of working. Few days of developing facilitation skills will be followed; then exploring disability-related issues, one week on planning, and one week on evaluation, combined with a celebration of the course and of participants 'contributions.

Sample workshop agendas

The activities in the manual vary considerably in their levels of complexity, in terms both of the concepts and issues covered, and the facilitation methods involved. Again, the idea is that facilitators should choose the activities that are most appropriate for their participant group and their particular circumstances (including the availability of materials), and adapt them where necessary. Most of the activities can be used with a broad range of participants, irrespective of their levels of education. Facilitators should beware of oversimplifying concepts –especially when participants lack formal education – because this is patronizing and risks reinforcing negative assumptions. It may be necessary to find an appropriate way to explain jargon and specialist terminology, to avoid or modify it, but don't underestimate participants' ability to understand and apply the underlying concepts.

Some of the activities require a certain level of literacy, but facilitators might be able to substitute symbols or objects for words in these cases. Other activities which require reading, writing, or drawing can be done with the help of partners or an appointed person in each small group. The activities are generally suitable for groups of people with a broad range of physical and sensory impairments, but they may require further adaptation, depending on the needs of individual participants.

This manual makes considerable use of handouts, flipcharts, and verbal presentations, but these are suggestions, not prescriptions: if they are not appropriate, you should devise your own alternatives. Different people learn differently: even within an apparently cohesive participant group, there will be some people who depend on handouts and some who don't find them helpful at all. It is good to have handouts available, but they are not essential. On the other hand, for courses designed to train trainers, handouts can be very useful to jog the memories of participants after the session and as the basis for activities or discussions in future group-work that they will themselves facilitate.

What I am proud of myself for

Time 15 minutes

Objectives

To raise people's self-esteem in many cultures, people are not encouraged to think or speak positively about themselves. Disabled people particularly can be influenced by the negative attitudes of others towards them. It can be helpful for people to have time and space to consider and express the good things about themselves. To increase confidence and sharing within the group.

Process

Ask the participants to spend five minutes in quiet reflection, thinking about themselves and their reasons to be proud of themselves. Before they start to do this, tell them that afterwards you want them to get into pairs, with someone they feel comfortable talking to, and share with their partner what they are proud about and why. They will not have to share this information with the whole group. After they have thought for five minutes, they have ten minutes to share and discuss their feelings together. Back in the whole group, if anyone really wants to share their own reason (not their partner's) for being proud about themselves, they can. Otherwise, just ask for general feedback on the exercise: how did it feel? Was it difficult/strange to think about yourself? in this way? Do you think it's good to do this? Why?

Disability, Equality, and Human Rights

Positive feedback

This exercise leads on from the previous one, if you are trying to build up people's self-confidence and mutual trust over a period of time. Or it can be used separately.

Time 20 minutes

Objectives:

- To increase trust and understanding within the group.
- To raise self-esteem and develop the ability to discuss positive feelings openly& introduce the idea that we all need positive feedback sometimes.
- To illustrate the role that positive feedback plays in strengthening motivation (building people up, instead of knocking them down).

Process

Ask people to work in pairs and to say three things that they like about their partner. There will be no specific feedback to the whole group, unless some people want to share with everyone, but this is purely optional. They have ten minutes for this. Back in the whole group, ask for general feedback: How did the exercise feel? Was it hard/easy to express positive things directly to their partner? Why is it important as group members (or facilitators) to be able to do this?

Option

This exercise can lead into a discussion or further activities about the need to recognize and value each person's contribution to society; and to illustrate that groups can be stronger if they consist of people with arrange of strengths and skills – which should be seen as a bonus, not a threat.

Disability – incidence and causes

It is difficult to interpret statistics, since official surveys tend to use only medical sources of evidence, and to classify impairments only by clinical criteria. Also, it is not easy to compare statistics gathered indifferent societies, which might employ different definitions. But the World Health Organization's estimate is widely accepted: 10 per cent of the world's population is disabled in some respect. The major causes of impairment are poverty, accidents, and war. As many as 50 per cent of all cases are preventable and directly linked to poverty. Broad classifications of the causes are given below:

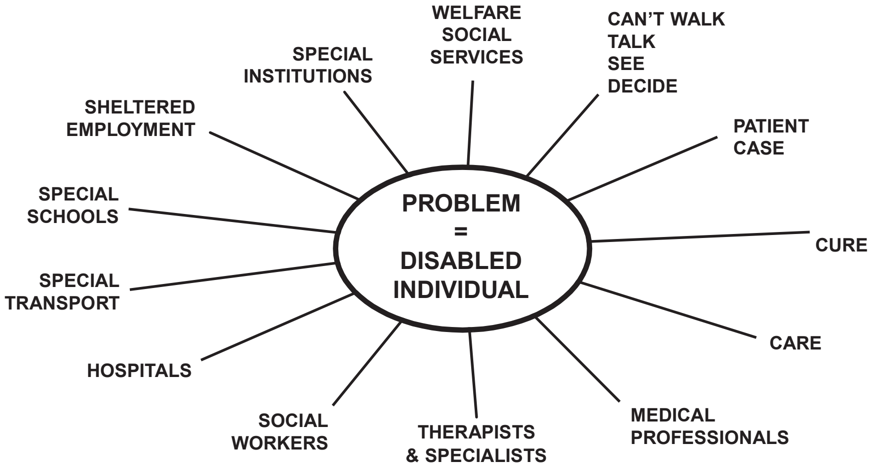
Malnutrition 20% of all cases
Accident/trauma/war 15%
Infectious diseases 11%
Non-infectious diseases 20%
Congenital conditions 20%
Other (including ageing) 13%
(Source: *Overcoming Obstacles to the Integration of Disabled People*, UNESCO, 1995)

However, such figures raise many questions, and can confuse rather than clarify matters. For instance, some congenital (pre-birth) conditions can be linked to malnutrition, which is fundamentally related to poverty. Similarly, many infectious and non-infectious, secondary to poverty-related factors, such the drinking of polluted water. It is also difficult to allow for ageing as a cause of impairment and disability. In the rich industrialized countries, large proportion of disabled people is over the age of 60, a proportion which increases as life expectancy increases. Ageing is also a factor in Rwanda but less so, because life expectancy is lower there.

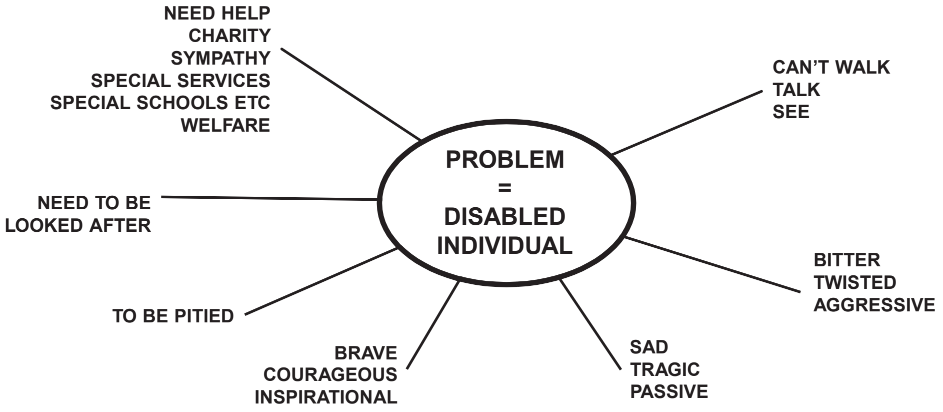
DIAGRAMS OF MODELS OF DISABILITY

The three models of disability

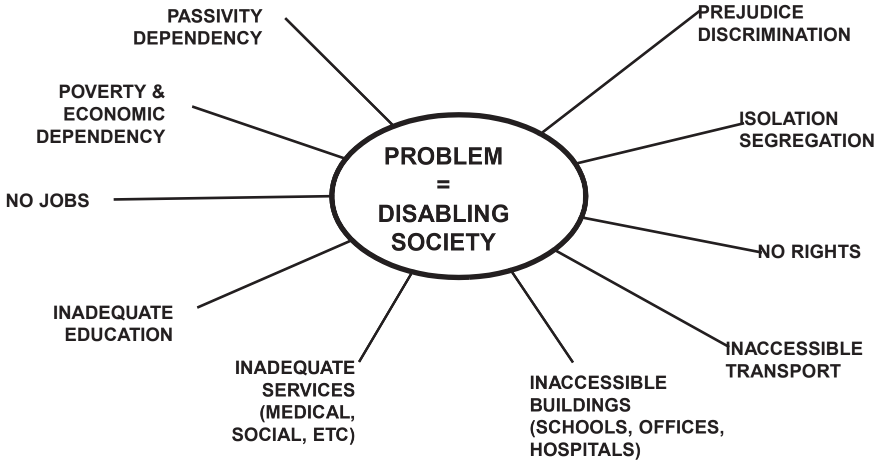
The medical model of disability



The charitable model of disability



The social model of disability



Action-planning to overcome barriers: for DPOs and local community members

The aim of the workshop includes identifying specific actions that participants will carry out to start breaking down barriers (or solving other types of problems), you can use the problem-tree as a starting point, and then do small-group work to decide what to do, when, with whom, etc. The whole of the next chapter is devoted to action planning. You will find more ideas for activities there. In any action-planning exercise, encourage participants not to complicate matters unnecessarily. This is not to discourage vision and ambition, but to encourage people to start with what is possible, develop a strong base, and then go forward from there. Changing attitudes is the first and most important step, which will then lead onto other things. Often this does not require a lot of preparation and resources. For example:

- A group of disabled people could support each other to become visible in their community, on the streets, in the places where everyone else goes – whether or not they are easily accessible. This is not necessarily an easy process: it is hard to cope with being stared or laughed at, and there are of course physical barriers to contend with. But with time, insistence, contact, and familiarity, the attitudes of the non-disabled community will start to change.
- From that, further actions can be developed.
- Schools and workplaces could invite disabled people to come and talk about their lives, what they do their dreams, their disability, and the barriers that confront them.
- Non-disabled family members could make a commitment not to talk in place of, and make decisions for, their disabled relative

HANDOUT 1

Simplified version of the Universal Declaration of Human Rights

Summary of Preamble

The General Assembly recognizes that the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world. Human rights should be protected by the rule of law. Friendly relations between nations must be fostered. The peoples of the UN have affirmed their faith in human rights, the dignity and the worth of the human person, and the equal rights of men and women and are determined to promote social progress, better standards of life and larger freedom, and have promised to promote human rights and a common understanding of these rights.

A summary of the Universal Declaration of Human Rights

1. Everyone is free, and we should all be treated in the same way.
2. Everyone is equal, despite differences in skin color, sex, religion, language, for example.
3. Everyone has the right to life and to live in freedom and safety.
4. No one has the right to treat anyone as a slave or make anyone a slave.
5. No one has the right to hurt or torture another human being.
6. Everyone has the right to be treated equally by the law.
7. The law is the same for everyone; it should be applied in the same way to all.
8. Everyone has the right to ask for legal help when their rights are not respected.

9. No one has the right to imprison another human being unjustly or to expel another human being from his or her own country.
10. Everyone has the right to a fair and public trial.
11. Everyone should be considered innocent until guilt is proven.
12. No one has the right to enter another's home or open another's letters without a good reason.
13. Everyone has the right to travel as they wish.
14. Everyone has the right to go to another country and ask for protection if they are being persecuted or are in danger of being persecuted.
15. Everyone has the right to belong to a country. No one has the right to prevent anyone from belonging to another country if they wish to.
16. Everyone has the right to marry and have a family.
17. Everyone has the right to own property and possessions.
18. Everyone has the right to practice and observe all aspects of their own religion and change their religion if they want to.
19. Everyone has the right to say what they think and to give and receive information.
20. Everyone has the right to take part in meetings and to join association sin a peaceful way.
21. Everyone has the right to help to choose and take part in the government of their own country.
22. Everyone has the right to social security and to opportunities to develop their skills.
23. Everyone has the right to work for a fair wage in a safe environment and to join a trade union.
24. Everyone has the right to rest and leisure.
25. Everyone has the right to an adequate standard of living and medical help if they are ill.
26. Everyone has the right to go to school.
27. Everyone has the right to share in their community's cultural life.
28. Everyone must respect the 'social order' that is necessary for all these rights to be available.
29. Everyone must respect the rights of others, the community, and public property.
30. No one has the right to take away any of the rights in this declaration.
(Published by Amnesty International)

HANDOUT 2
The development of codified rights for persons with disability

1948 Universal Declaration of Human Rights

1981 International Year of Disabled People (motto: *Complete Participation and Equality*)

1982 Declaration of the Rights of Disabled People

1983–1992 International Decade of Disabled People

1993 Standard Rules on the Equalization of Opportunities for Persons with Disabilities
1995 Start of Implementation of Standard Rules

1997 First report of UN Special Rapporteur

Applying the UN Standard Rules to real life

Time 30 minutes

Objective: For participants to become familiar with the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, and to begin to apply them to their own local context

Process: Introduce the topic of the UN Standard Rules.
- The Standard Rules cover all aspects of disabled people's lives. They offer detailed guidance to show how governments can make social, political, and legal changes to ensure that disabled people become full and equal citizens of their societies.
- They require a strong political and practical commitment by States to take action to equalize opportunities for disabled people.
- Very importantly, they provide an international monitoring system to help to ensure that the Rules are effective. They also provide the basis for technical and economic co-operation among States, the United Nations, and other international organizations.
- Although States cannot legally be forced to implement them, the Rules should become an accepted standard internationally when they are used by a large number of States.
- The adoption of the Standard Rules marks the fact that the international community is starting to understand that disability is a human-rights issue, and that disabled people's rights are abuse din every country in the world.

Divide participants into groups of four or five. Each group should take a different Rule (or set of Rules) from the UN Standard Rules and discuss its relevance to their work or life, and consider how they can ensure that it is applied in their work or life. It is probably simpler if you allocate Rules to groups, rather than allowing them a free choice. Emphasize any Rules that are particularly relevant to the participant group (for example, for medical staff, Rules 2, 3, 4, 19, 21).

HANDOUT 3
The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities

1. PRECONDITIONS FOR EQUAL PARTICIPATION

Rule 1: Awareness-raising

'States should take action to raise awareness in society about persons with disabilities, their rights, their needs, their potential and their contribution. There are nine recommendations under this Rule. They include providing information in accessible forms; supporting public information campaigns about disability; encouraging positive portrayals of disabled people in the media; and educating disabled people about their rights and potential.

Rule 2: Medical care

'States should ensure the provision of effective medical care to persons with disabilities. 'There are six recommendations under this Rule. They include the importance of ensuring that disabled people have the same level of medical care within the same system as other members of society;

and ensuring that medical and paramedical personnel are trained in relevant treatment methods and technology.

Rule 3: Rehabilitation

'States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning. There are seven recommendations under this Rule. These include developing national rehabilitation programs for all disabled people, based on individual needs and principles of full participation and equality; programs should include a wide range of activities, for the development of self-reliance, assessment, and guidance; disabled people and their families should be empowered; rehabilitation should be available in the local community; disabled people and their families should be involved in rehabilitation, for example as trained teachers, instructors, or counselors; the expertise of organizations of disabled people should be used when setting up or evaluating rehabilitation programs.

Rule 4: Support services

'States should ensure the development and supply of support services, including assistive devices for persons with disabilities, to assist them to increase their level of independence in their daily living and to exercise their rights. 'There are seven recommendations under this Rule, all of which support rights-based services – including, among other things, support for cheap and simple technical aids, available free or at low cost; and the involvement of disabled people in the design and support of personal assistance programs and interpreter services to support integrated living.

2 TARGET AREAS FOR EQUAL PARTICIPATION

This part of the Standard Rules sets out goals in various areas of life. Meeting these goals will help to ensure equal participation and equal rights for disabled people.

Rule 5: Accessibility

'States should recognize the overall importance of accessibility in the process of equalization of opportunities in all spheres of society. For persons with disabilities of any kind, States should (a) introduce programs of action to make the physical environment accessible; and (b) undertake measures to provide access to information and communication. There are eleven recommendations under this Rule. They include programs of action, laws, consultation with organizations of disabled people, and the provision of accessible information and sign language interpretation services

Rule 6: Education

'States should recognize the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the education system. 'There are nine recommendations under this Rule, including the support of integrated education through provision of interpreters and other support services; the involvement of parents and organizations of disabled people; and ensuring that services are available to very young disabled children and to disabled adults, particularly women.

3 IMPLEMENTATION MEASURES

This section outlines ways in which the Standard Rules can be carried out effectively.

Rule 13: Information and research
'States assume the ultimate responsibility for the collection and dissemination of information on the living conditions of persons with disabilities and promote comprehensive research on all aspects, including obstacles that affect the lives of persons with disabilities. 'This Rule, with its seven recommendations, says that research should not merely establish the incidence of disability but investigate the status of disabled people within their communities.

Rule 14: Policy-making and planning
'States will ensure that disability aspects are included in all relevant policy making and national planning. 'This Rule has five recommendations, designed to ensure that disabled people are involved in general policy-making, as well as having separate policies to meet their own needs.

Rule 15: Legislation
'States have a responsibility to create the legal bases for measures to achieve the objectives of full participation and equality for persons with disabilities. This Rule includes four recommendations, emphasizing the need for legislation to support the rights of disabled people and the need to include organizations of disabled people in drafting and evaluating Legislation.

Rule 16: Economic policies
'A state have the financial responsibility for national programs and ensures to create equal opportunities for persons with disabilities. 'This Rule has four recommendations to ensure that policies on disability inform the regular budgets of national, regional, and local authorities, and that economic measures are considered to encourage and support equal opportunities for disabled people, particularly at the grassroots.

Rule 17: Co-ordination of the work
'States are responsible for the establishment and strengthening of national co-coordinating committees, or similar bodies, to serve as a national focal point on disability matters. 'This Rule has four recommendations and gives independent, permanent, and legal status to national disability co-coordinating committees, with enough funds to fulfill their responsibilities, and allowing a major role for organizations of disabled people.

Rule 18: Organizations of disabled people
'States should recognize the right of organizations of persons with disabilities to represent persons with disabilities at national, regional and local levels. This Rule has eight recommendations which emphasize the importance of the direct representation of disabled people in disability policymaking and development, including at the local community level.

Rule 19: Personnel training
'States are responsible for ensuring the adequate training of personnel, at all levels, involved in the planning and provision of programs and services concerning disabled people. This Rule has four recommendations, covering the training of personnel working with disabled people. The Rule

emphasizes that training must be based on the principles of full participation and equality, and should involve disabled people, their families, and other Community members.

Rule 20: National monitoring and evaluation of disability programs in the implementation of the Standard Rules
'States are responsible for the continuous monitoring and evaluation of the implementation of national programs and services concerning the equalization of opportunities for persons with disabilities. This Rule has five recommendations, suggesting how Member States can monitor and evaluate their work on equal opportunities for disabled people, in close co-operation with organizations of disabled.

Improvised drama about disabled people's rights

In addition to (or as an alternative to) the above interviews-based exercise, you could use improvised drama, as a more light-hearted way of tackling the same issues.

Objectives: For participants to reflect on and share their own experiences of human rights.
To draw out lessons about what people can do to ensure that their rights are respected.
Preparation: Work out a short scenario and appropriate roles, based on a common real-life experience of disabled people in the community, the drama should be in two halves: the first shows a situation in which a disabled person's rights are ignored or abused; the second takes the same scene but turns it around so that the disabled person achieves what is her or her right. Find volunteers to participate (with you) in the drama and improvise it with them beforehand or during a break.

Process: Show the two-part drama to the whole group. Ask for their reactions. What did they see? What happened in the first part, and why? In the second part, and why? What rights-related issues were involved? Has a similar experience ever happened to members of the group? Divide people into four small groups. Most participants must be disabled persons. Ask the groups to work out their own drama, based on their own real-life experiences of occasions when their rights as disabled people were not respected, and the consequences of that; the second part should show what they have done, or might do, to change the situation and achieve their rights. Each small group performs its drama to the whole group. Facilitate feedback on each drama, using the same questions that you used in your own example, to draw out the concepts and strategies involved.

Sample drama three characters: a doctor; a person with a physical disability (who has stomach pains); a neighbor.
Disability Equality in practice

Part 1: Disabled person and neighbor enter doctor's office. From the very start, and throughout, the doctor and neighbor do all the talking, as if the disabled person wasn't there, the doctor asking the neighbor what is wrong with the disabled person, and the neighbor describing the fever symptoms that s/he thinks the disabled person has (which are completely different from the person's actual symptoms). The doctor writes out a prescription for medicines for the disabled person's fever. They leave.

Part 2: Disabled person and neighbor return to the doctor's office three days later, because there has been no improvement. This time, when the doctor and neighbor greet each other and start talking, the disabled person interrupts and insists on speaking for him/herself, explaining that the neighbor doesn't know what the symptoms are: the disabled person's father asked the neighbor to give him/her a lift to the clinic and told the neighbor only that his son/daughter wasn't feeling well. The disabled person explains his/her symptoms, being assertive whenever the doctor forgets and starts talking to the neighbor again. Finally the doctor identifies the real problem and makes out a prescription for medicine to cure the person's stomachache. Ask people what they thought the learning point of the drama was. Try to elicit statements such as the following: like everyone else, disabled people have (and need to exercise) a right to speak for themselves, otherwise someone else will do it for them, possibly with disastrous results. Disabled people can speak for themselves as individuals, and as an organized group, with one voice, to make changes.

Gender and disability

The activities in this section are presented in the format of a whole workshop, designed for people with little or no prior experience of the formal analysis of gender issues, and/or for people who are not familiar with the application of gender analysis to the situation of disabled people. For people with a well-developed understanding of gender equity, but no experience of applying it to disability, less time needs to be spent on general gender issues, and more time should be given to considering the disability related aspects of the subject.

It may be appropriate to stress at the beginning of the session that you will be dealing with some sensitive issues, and to remind the group of any agreed guidelines that are relevant, such as a commitment to support and respect each other, and the right not to participate in activities which cause discomfort.

Overall Objectives: By the end of the workshop, participants will be able to:

- explain the difference between sex and gender;
- list some of the key gender roles assigned to men and women by their community;
- describe the differences in the life experiences of disabled men and women, and explain the reasons behind them;
- Start to think about some issues that are of particular importance to disabled women.

The gender quiz

Time 30 minutes

Objective: To introduce the term 'gender' to participants who are unfamiliar with the concept.

Process: Ask the group if they understand the difference between 'gender' and sex'. If not, explain the difference quickly and simply. Read out the list of statements from the board or flipchart. Participants write down (quickly, based on their immediate response):

S if they think the statement is about a sex-related (biological) factor, or

G if they think it is about a gender-related (cultural) factor.

Then each participant exchanges papers with a neighbor and marks the responses as the facilitator gives the answers. The participants receive their marked papers. Conduct a whole-group discussion, drawing out the following learning points:

- Sex doesn't change.
- Gender roles change over place and time: they are different indifferent cultures.
- In some places men take on 'women's' roles, or women take on 'men's' roles.
- Often conflict, economic hardship, and modernization alter gender roles.
- Age, race, class, and disability are also major factors which determine our gender roles.
- We can choose to change aspects of the gender roles of women and men if we think they are negative.

HANDOUT 4
Gender quiz

1. Women give birth to babies; men don't.
2. Little girls are gentle; boys are tough.
3. In one case, when a child brought up as a girl learned that he was actually a boy, his school marks improved dramatically.
4. In India, female agricultural workers are paid 40–60 per cent of the male wage.
5. Women can breast-feed babies; men can bottle-feed babies.
6. In Britain, most building-site workers are men.
7. In Ancient Egypt, men stayed at home and did weaving. Women handled family business. Women inherited property; men did not.
8. Men's voices break at puberty; women's do not.
9. One study of 224 cultures found five in which men did all the cooking, and 36 in which women did all the house building.
10. According to UN statistics, women do 67 per cent of the world's work, yet their earnings for its amount to only 10 per cent of the world's income.

Answers: Sex: 1, 5, 8. Gender: all others.

Images and language of disability

This section considers how society's perceptions of disabled men, women, and children are reflected in the use of language and images in everyday life and in the media; and how the language and images that we use affect our perceptions, influencing us and our actions in potentially negative or positive ways.

Media search

Time One hour

Objective: For participants to assess the public image of disabled people, presented in various media.

Preparation: One week before the workshop, ask participants to conduct a media search to investigate how disabled people are portrayed, spoken, and written about in the media (radio, TV, newspapers, magazines, movies, documentaries, novels, traditional songs and stories, graphic images, etc.). They should not make a special effort to hunt out examples, but rather should collect what they come across in their usual contact with the media over the two-week period (in order to get an idea of what the general public are exposed to). But if the group includes the staff of development agencies, ask them in addition to include the publications on the shelves in their offices. Ask them to gather articles or be prepared to make a brief (oral) summary of the content of radio/film/news etc. focusing on the role played by the disabled person(s) and the impression of disability given to the viewer.

Process: In the round, ask participants to share their research with the whole group. Then ask for their comments or conclusions about the overall findings. You could use the following questions to facilitate the discussion and draw out learning points.

Questions How are disabled people generally being represented? How do participants feel about that? What impact do they think these kinds of image make on the general public?
What is the impact on disabled people themselves?
Were any particular sources especially positive or negative in their presentation of disability? Can participants suggest reasons for this? Did they find any media sources where disabled people represented themselves? If no, why? If yes, was the disabled people's self –representation different from the impression given by non-disabled communicators? Why? Why not? Were there any types of media where disabled people were not featured at all? What does this tell us? If participants worked in the media (maybe some of them do already), how would (do) they represent disability and disabled people?

Facilitator's

The word 'media' is used here in the broadest sense to mean any **notes** shared, public form of communication, for example stories or news passed down through song, or on television.

The absence of disabled people in the media (both as producers and as subjects) is one reason why they are invisible 'non-people' in many societies. Where people with impairments are featured, it is usually in one of three stereotypical ways: tragic and suffering, therefore in need of pity; or bitter, twisted, and evil as a result of their condition; or heroic and brave super humans or saints. None of these images is real, and all are (at best) patronizing.

They all start from a conscious or unconsciously assumed position of superiority on the part of the non-disabled person, who passes judgment on the person with impairment. The stereotypes do not enable non-disabled people to start to understand the varied reality of disabled people's lives; and they do not provide disabled people with images of disabled people to whom they can relate, or who can serve as positive role models.

The media play a major role in informing and shaping public opinion, so modifying their representation of disabled people is one important method of raising awareness of disability. Disabled people are more or less completely absent from publications about humanitarian relief and development (unless the publication specifically concerns disability). Between us we had read hundreds of books about micro-enterprise, gender, water and sanitation, sustainability, food security, rural development, etc., with never a disabled person in sight! This both reflects and perpetuates the exclusion of disabled people from mainstream life.

HANDOUT 6

Guidelines for acceptable language about disability

Words to avoid	**Words to use**
disfigured, deformed, abnormal, invalid	disabled
a victim of cerebral palsy	a person who has cerebral palsy a cerebral palsy case/patient
cerebral palsy case / patient	(as above)
spastic	(as above)
suffering from cerebral palsy	(as above)
crippled, lame	physically disabled confined to a wheelchair,
confined to a wheelchair, wheelchair- bound	wheelchair user
deaf and dumb, deaf-mute	person who is deaf/hearing- impaired/hard of hearing
sightless	person who is blind/visually impaired/ partially sighted
has fits, throws fits, epileptic	has epilepsy, has seizures
retarded, subnormal	person with a learning difficulty/ who has a developmental disorder
healthy, normal, able-bodied person	non-disabled person

These are some suggestions which fit the English language.

UMBRELLA OF ORGANIZATIONS OF PERSONS WITH DISABILITIES IN THE FIGHT AGAINST HIV & AIDS AND IN HEATH PROMOTION (UPHLS)

THE UNITED NATIONS DEMOCRACY FUNDS (UNDEF)

“The UNDEF project aims at empowering people with disabilities in Rwanda by improving their access to health and social services. This will be done by addressing the following key areas for people with disabilities: strengthening local structures supporting PWDs; advocate for the improvement of the legal and institutional
framework enabling PWDs and to advocate against stigma.” Project objective
“Contribute to a better access to health and social services for people with disabilities in Rwanda ! ”

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