

# Mentoring manual for children with Disabilities



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## INTRODUCTION

### BACKGROUND

The Forum for African Women Educationalists (FAWE) is a non-governmental organization with its goal to increase access, improve retention and enhance the quality of Education for girls, boys and women in Africa. FAWE Namibia (FAWENA)'s national chapter opened its office in 1999 with the support of the Ministry of Education (MOE) to help address the education challenges girls and boys face in Namibia.

The mentoring manual has been developed to respond to the needs of people with disabilities in Namibia. The Resource Guide is designed to provide a training tool for adults who mentor pre-adolescent and adolescent children, particularly children with disabilities. The publication will be an excellent resource that will improve accessibility to information and empowerment for children with disabilities.

Mentoring activities promote strong academic results, self-esteem, and goal-setting. Mentoring activities give children the opportunities to learn and grow. Mentors serve as positive role models and educate mentee about preventing the spread of HIV/AIDS.

With the financial support of USAID Namibia through "Expanding Participation for Persons with Disabilities program", FAWENA has succeeded in producing this comprehensive document. Among other sub-programs funded under the same program by USAID Namibia are:

- Scholarship awards to children with disabilities in primary and secondary school.
- Adaptive and assistive devices for children with disabilities
- Playground equipment for a pre-primary and a primary school
- Sensitization Community workshops/meetings on disability and on MoE inclusive policy
- Creation of a Referral manual
- Mentoring activities for children with disabilities
- Scholarships to children with disabilities to attend VTCs
- Capacity is built for organizations working with disabilities in advocacy skills.

The creation of this **Mentoring manual** could not have been possible without the support of several organizations and individuals dedicated to Children with disabilities'. A wealth of information was borrowed from the two manuals, namely, Ambassador Girls Scholarship Program's Girls Mentoring guide, and Peace Corps Mentoring and leadership project for the youth with disabilities.

# SESSION 1

## UNDERSTANDING A MENTOR'S ROLE

### Objectives

- Facilitate communication and collaboration among mentors Define mentoring, mentoring goals, and a mentor's role Identify the mentors' skills and goals
- Identify characteristics of a good mentor
- Discuss a mentoring agreement
- Exchange mentor's contact information

### Key Terms

**Facilitate:** To lead activities and discussion in a workshop or teaching session

**Mentee:** Someone who receives guidance or instruction from someone else

### Mentor

**Noun:** An adviser or role model, such as a teacher or someone active in the community

**Verb:** To advise or counsel someone

**Mentoring:** A process through which one person acts as a role model and offers guidance and support to another person

### Materials needed

Chalkboard and chalk, or Flipchart paper and markers

Notebook paper, for participants (if they are not expected to bring their own)

Pens or pencils for taking notes

Paper to collect participants' names and contact information

**Handout A: Mentoring Agreement Worksheet**

**Handout B: Mentoring Guidelines,**

**Annex 1: Icebreakers**

### Preparation

1. Select a discussion facilitator. (This can be a mentor, teacher, or qualified community member.)
2. The facilitator should review the entire session in advance to become familiar with the content.
3. Gather materials.
4. Write objectives and definitions of key terms as listed above on chalkboard or Flip chart paper.
5. Bring **Handout A: Mentoring Agreement Worksheet** and **Handout AA: Mentoring Guidelines** and make copies for all participants if possible.
6. Select an introduction game as an icebreaker from Annex 1 to start the meeting.



**Remember:** During the session, make a sign-up sheet and ask each participant to write his or her contact information, including name, title/profession, home or work address, telephone numbers, and e-mail address. Make copies of the contact information and distribute it to mentors so they can contact each other.

### Introduction



**Time allotted: 15 minutes**

### Facilitation Steps:

Conduct an icebreaker with the group. (See **Annex 1** for ideas.)

**Overview explanation for participants:** This session is designed to bring together both new and experienced mentors of pre-adolescent and children with disabilities to discuss their mentoring roles. New mentors can ask questions, and the more experienced mentors can share ideas and information. The end goal is to have a unified understanding of the mentor's role (especially if the mentors will be working with children with disabilities from the same school or area).

Ask mentors what they hope to get out of this session. Record their expectations on a chalkboard or flip chart paper. Compare session objectives with the mentor's expectations and acknowledge what can be addressed in the session.

### Activity 1: Defining "Mentoring"



**Time allotted: 25 minutes**

**Facilitation Steps:** Discuss the questions below in small groups. Explain that the answers to the questions below may be different for each individual. Ask one person per group to report back on the group's answers. Allow each group 15 minutes to discuss the following questions:

How do you define mentoring?

How do you define "mentor"?

Who can be a mentor?

Invite each group to share its answers with the large group.

Explain: For some people, a mentor is someone in a position of power who teaches others how to excel in school, a job, or career. To others, a mentor is someone who provides advice and acts as a role model. Another group may think that a mentor is someone who helps people solve their problems. In reality, a mentor can be some or all of those things. A mentor may be a village elder, a religious leader, a friend or family member, or a schoolteacher.

A mentor may be employed or unemployed, literate or unschooled. Of course, it would be difficult for someone who has not studied mathematics to mentor someone in physics, but not all mentoring skills are the same. For example, a one can have several mentors, each with different experiences or skills. A teacher may mentor the children with disabilities in her/his school work, and a child's aunt may be her/his role model for leadership.

### Fun Fact

The word "mentor" comes from Greek mythology. Mentor was the name of the person who cared for the child of the Greek hero Odysseus. According to legend, Mentor embodied both traditionally male and female qualities. But in the end, Mentor revealed herself/himself to be the Greek goddess Athena in disguise!

Share the following mentoring ideas with the participants. Encourage mentors to discuss the following points: Mentoring is a process in which one person guides, advises, supports, and/or acts as a role model for someone else.

A mentoring relationship sometimes embodies characteristics found in a professional relationship (such as that between a teacher and student, or a supervisor and an assistant), but it can also contain elements of a friendship.

Usually, a mentor is older and more experienced than the mentee. However, the mentor, too, often learns from the mentee. Peer mentors who are close in age to their mentees can also provide valuable guidance and encouragement.

A mentee and mentor have respect for each other and usually agree on certain guidelines for their relationship. Their relationship can last anywhere from a few months to several years.

## Activity 2: Why Become a Mentor?

 **Time allotted: 20 minutes**

### Facilitation Steps

**Overview:** It is important to understand why you want to become a mentor and what you hope to get out of a mentoring relationship. Usually, someone wants to be a mentor to help others—to share his or her expertise, experience, guidance, and advice.

Ask participants to write the numbers 1–5 on a piece of paper. They may want to keep this paper for future reference and inspiration when they are mentoring children with disabilities.

### Note to facilitator

If you decide to have mentors write their answers, allow them some time to reflect on their answers individually.

Read the following questions and ask the participants to write their responses next to each **number**. Some possible answers you may use to guide your discussion are in parentheses after each question.

#### 1. Why is mentoring important?

*(Possible answers: Mentors act as role models, motivate the children, and provide advice to help them succeed, serve as tutors or support learners academically, help them understand puberty and adolescence, etc.)*

#### 2. Why do you want to be a mentor? What are your mentoring goals?

*(Possible answers: To help boys and girls succeed, use my skills to help others, to mentor them the way I was mentored while I was growing up, etc.)*

#### 3. What skills and experiences do you have that make you a good mentor?

*(Possible answers: I like to motivate others, believe in the importance of their education and achievement, work well with children, have experience as a teacher or working with administrators, can provide resources for girls and I am a role model in my community, have experience organizing activities such as career fairs, and/or am skilled in a particular subject such as biology, language, etc.)*

#### 4. What would you like to learn about mentoring?

#### 5. What personal or other rewards do you expect from being a mentor?

*(Possible answers: Help learners to pass final exams or into the next grade, help them to overcome obstacles, learn more about myself, gain skills in working with children, learn how to give advice and help others, etc.)*

After you have read all the questions, ask people if they would like to share their answers with the group.

Remind mentors that one benefit of being a mentor is that it gives them an opportunity to share their expertise and experience with youth. It also helps them understand young people so they are better able to meet their needs. Most importantly, many mentors often find much personal satisfaction in helping another person succeed.

### Note to facilitator

Depending on what the mentors would like to learn, you may want to spend more time on certain sessions/activities than others. You may also want to organize additional sessions and/or invite someone with a particular skill to facilitate the session. Remember to be flexible!

## Activity 3: What Does a Mentor Do - and Why?

**Time allotted: 20 minutes**

 **Facilitation Steps**

**Overview:** Now you will expand upon some of the issues the mentors may have raised about why they have chosen to mentor children with disabilities. Not all mentors play the same roles or have the same responsibilities. This session explores the various roles that mentors play.

Ask the group to think about what a mentor does. Individually, in partners, or as a large group, ask mentors to take five minutes to brainstorm and write a list of things they think a mentor should be or do. (They may write answers on flip chart paper or the chalkboard, or have them write individual lists.)

Call on the mentors to share items from their list and to explain their answers.

Make a list of the mentoring tasks on the chalkboard or flipchart paper. During the discussion, refer to the following list of roles, characteristics, and qualities commonly associated with mentors:

- Act as role models
- Help girls cope with changes at school, at home, or with their personal or physical development
- Serve as liaisons between mentees, teachers, parents, or caregivers
- Assist girls in dealing with problems (academic, with friends, with family, etc.)
- Promote children with disabilities' confidence and self-esteem
- Provide resources for children with disabilities
- Provide advice in making decisions
- Organize activities for children with disabilities, such as a human rights, career day or an HIV/AIDS discussion
- Expose girls to new ideas, places, or people
- Help girls cope with changes at school, at home, or with their personal or physical development
- Serve as liaisons between mentees, teachers, parents, or caregivers
- Assist girls in dealing with problems (academic, with friends, with family, etc.)
- Promote children with disabilities' confidence and self-esteem
- Provide resources for children with disabilities
- Provide advice in making decisions
- Organize activities for children with disabilities, such as a human rights, career day or an HIV/AIDS discussion
- Expose girls to new ideas, places, or people
- Advocate for children with disabilities' education and their rights; encourage them, their parents, and community members promote children with disabilities' education

### What is the goal of mentoring?

Ask participants why mentors do those things. Possible answers may include items from the list above, as well as the following:

- Provide children with disabilities with information and guidance that allows them to make good decisions
- Enable and empower them to accomplish their goals and dreams
- Foster friendships between children with disabilities



#### Activity 4: What Does it take to be a good mentor?



**Time allotted: 25 minutes**

##### Facilitation Steps

**Overview:** This activity will help define the characteristics of a good mentor.

Refer back to the list of mentors' tasks or responsibilities. For each task or job listed, Ask fellow mentors what they think a mentor could do, or what characteristics the mentor would need to have, to accomplish this task.

For example, how could a good mentor help children with disabilities cope with challenges and changes at school?

How does a good mentor serve as a role model?

What qualities or characteristics would they add to this list?

What mentor characteristics or skills are most important to people in your group?

*Refer to the list below while leading the discussion*

##### Characteristics of a good mentor:

- Listens to mentee's concerns and doesn't do all the talking
- Asks questions (without making the mentee uncomfortable)
- Doesn't judge (but provides constructive feedback or advice)
- Doesn't pick favorite students among mentees
- Respects the mentee's confidentiality; do not repeat what is said in mentoring sessions
- Encourages mentee in her schoolwork and goals
- Empowers mentee to make good decisions and supports her
- Helps mentee find solutions to her problems, but doesn't tell her the answers
- Respects the mentee's decisions
- Helps develop mentee's strengths and skills
- Refers mentee to other people or resources when necessary, such as health or social workers
- Acts as a positive role model
- Respects the mentee's ethnic and religious background
- Shows interest in the mentee's life, activities, and thoughts
- Arrives on time for all mentoring activities
- Talks on a level that the mentee can understand
- Shares experiences with mentee (when appropriate)
- Advocates for the mentee at school, at home, and in the community

After mentors have brainstormed their own list, distribute

**Handout 2: Mentoring Guidelines.** Discuss the items on the handout.

**"If you find it in your heart to care for somebody else, You will have succeeded."**

**Maya Angelou, American author.**

#### Activity 5: Creating a Mentoring Agreement



**Time allotted: 25 minutes**

##### Facilitation Steps

**Overview:** This activity trains mentors on how to develop mentoring ground rules.

While a mentoring relationship is not something bound in writing laws, it may help to explore the terms of the mentoring relationship in advance. A mentor and the mentee should discuss their individual expectations for the relationship. (See Session 5: Establishing the Mentoring Relationship.) This will clarify the relationship's goals and terms.

Writing a mentoring agreement will ensure that both parties clearly understand their responsibilities and expectations. Mentors should be sure to discuss the mentoring agreement with their mentee's parents or guardians.

As a group, review and comment on the mentoring agreement in **Handout A: Mentoring Agreement Worksheet**. Discuss how you would adapt it to your particular community or situation.



**Remember:** Mentoring is a two-way street. Both mentors and mentees must understand each other's expectations to make the relationship beneficial, fun, and positive!

#### Activity 6: Questions and Closing



**Time allotted: 5 minutes**

##### Facilitation Steps

- Ask mentors for their feedback on the discussion.
- Did the session meet their expectations?
- Were all the objectives accomplished?
- Are there any topics that participants would like to discuss in further detail at another time?
- Would they like to continue meeting regularly to share mentoring experiences and ideas?
- Establish the next meeting date and time. Appoint a meeting organizer/facilitator.
- Thank the participants for their active involvement.

## SESSION 2

### COMMUNICATING WITH YOUR MENTEE

 **Time allotted: 2 hours**

#### Objectives

Learn and practice good listening and communication skills

 **Key Terms**

**Active listening:** Listening to someone in a way that demonstrates that you understand the person's feelings, thoughts, or ideas

**Communication:** Transmission or exchange of ideas through talking, writing, listening, and nonverbal behavior

**Empathy:** Understanding a person's feelings or thoughts from his or her perspective

**Nonverbal behavior:** Actions used to communicate without using words

#### Recommended Materials

Location with sufficient space for small-group discussions

Chalkboard and chalk, or flipchart paper and markers

Notebook paper for participants

Pens or pencils for taking notes

Small pieces of paper to write examples of mentoring scenarios

#### Preparation

1. Gather materials.
2. Write key terms (but not definitions) on chalkboard.
3. Write lines of dialogue from mentoring scenarios (from Activity 1) on slips of paper.
4. Review activities and discussion points.

#### Introduction

 **Time allotted: 5 minutes**

**Facilitation Steps:** Conduct an icebreaker with the group. (See Annex 1 for ideas.)

Ask participants if they have any questions from the last session. Answer questions accordingly.

**Overview explanation for participants:** This session is designed to give mentors the tools and strategies needed to establish and maintain good communication with their mentees.

Sometimes mentors do not always know how to communicate well with mentees. This might be because people of different generations do not usually speak to each other about problems or personal issues. However, the mentor needs to know how to communicate because good communication is essential to fostering a good relationship with her mentee.

#### Activity 1: Communication and Listening Skills

 **Time allotted: 1 hour**

**Facilitation Steps:** Lead a discussion using the following questions as guidelines. Depending on the group's size, you may want to conduct the activity in small groups. Write the main part of each question on a chalkboard so groups can refer to the questions during discussion time. Sample questions:

How do people communicate in your community? (For example, do women often gather at certain times or places? Is the information exchanged orally, in written form, braille, sign language or by dance or song?)

What type of information is acceptable and not acceptable to communicate with others? Will this affect your mentoring relationship? If so, what strategies might mentors use in overcoming this barrier to communication?

What are acceptable forms of communication among and between people of various groups? (For example, how do children with disabilities generally communicate with each other? How do they communicate with parents and teachers? Are there certain expectations or taboos against various forms of communication between groups?)

How are girls expected to communicate with mentors? Will certain expectations or taboos affect communication between children with disabilities and mentors? How do mentors expect to communicate with children with disabilities?

Explain that learning to be a good listener is at the heart of good communication. Good listening skills are not something with which everyone is born. It takes time to learn how to be an empathetic listener—someone who pays careful attention to another person's words and seeks to understand that person's feelings. But being a good listener will help you to be a good mentor children with disabilities already get lectured in school, and sometimes even at home.

You are the children with disabilities' audience for expressing herself. Your role as a mentor is to listen, help your mentee focus her thoughts, and discuss possible solutions. In addition, you will help support and empower your mentee to reach her own decisions.

A few communication tools will help you demonstrate openness to the thoughts and experiences of your mentees, including nonverbal behavior, empathy, and active listening:

- a) **Nonverbal behavior:** Ask mentors if they can define the term "nonverbal behavior." Refer to the *Key Terms* list of definitions. Explain to mentors that awareness of nonverbal behavior will allow them to interpret the messages that mentees may share. As a mentor, you can also use nonverbal behavior to demonstrate that you are listening, that you understand and that you are committed to providing support. Nonverbal behavior includes gestures, eye contact, body position, facial expressions, voice intonation, and other sounds.

Ask mentors to demonstrate some examples of these nonverbal behaviors that promote or discourage open communication. Make sure to point out that expressions of nonverbal behavior and emotions differ across cultures and individuals. For example, in some cultures, it is very important to look someone directly in the eyes to demonstrate that you are listening to him or her. In other cultures, this is considered rude.





Ask mentors in the group:

### How is this nonverbal behavior interpreted in your culture?

**How do you show your mentee that you are listening without using words? Use the examples listed below explain the concepts.**

b) **Empathy:** When you show empathy, you show that you accept what the person is saying. When you try to understand a situation from her viewpoint, the mentee will feel like she is understood and may be willing to share more of her thoughts and feelings. You can show that you are listening and understand your mentee's feelings, emotions, and thoughts by using the basic expression, "I understand that you feel this way, given your experiences." This communication tool is useful because it does not force your mentee to think or feel a certain way. In practicing empathy, you recognize what the person is saying given his or her experiences, not your own.

**Share the following example with mentors. Call on a volunteer to pretend to be the mentee.**

**Example:** Your mentee tells a story about being afraid that she might fail her mathematics test even though she has been working for two hours every night reviewing for the test.

**Showing empathy:** "I understand that you are nervous about your test despite the time you have spent studying. Would you like to talk some more about this?"

**Not showing empathy:** "You shouldn't worry about that. You always get good grades." When the mentor shows empathy, he or she shows understanding of the mentee's feelings. By asking a follow-up question, the mentor gives the mentee an opportunity to continue to share her concerns. In the second example, although the mentor shows that she is listening, her words tell the mentee that she doesn't take the concerns seriously. She does not allow the mentee to continue to express her concerns or help her find a solution. When exploring feelings or emotions with your mentee, it is important to remember that:

**Silence can be important!** Sometimes, the mentee might find it difficult to share something. Give them time to collect his/her thoughts. Don't pressure them to speak before they are ready.

**One feeling or emotion can cover up another one.** For example, a child with disabilities may be angry at her/his best friend, but is really afraid of rejection. It is important to try to identify the real feeling.

**People may have ambivalent or conflicting feelings about a situation.** For example, a child with disabilities can be very sensitive.

**You sometimes may be hurt, angry, or frustrated by what the mentee says.** Be conscious of how these feelings could affect your support of the mentee.

Empathic expressions should only be used when you really understand what the person is saying. If you don't understand, it is better to ask for more information than to tell the person you do understand.

c) **Active listening:** Active listening uses both nonverbal and verbal communication to show interest and concern for a person. One active listening tool is to try to summarize the person's situation or feelings to check for understanding. For example, you might comment, "**If I understand you well, you are saying...**" This technique will make you pay attention to the speaker so you can summarize correctly.

**Example:** "My little sister is driving me crazy! I caught her trying to steal my best school pen again the other day. She always uses them to scribble and wastes all the ink. She's such a pest."

**Summarizing (good focus):** "So if I understand you correctly, you are frustrated when your little sister uses your pens."

**Summarizing (poor focus):** "So I understand you do not take care of your school supplies?" Some additional questions might be used to explore and facilitate the expression of feelings and emotions.

Open-ended questions are those with many different answers and often begin with **what, why, could, would, and how**. On the other hand, closed questions require short answers, such as "yes" or "no." Open-ended questions are often more useful to gather information because they allow the person to express themselves more freely than by just giving a short answer.



**Note to facilitator:** Be careful when asking questions using "why." It might make the person feel like you are asking them to justify their feelings or thoughts.

**Share the following example with the mentors in your group.** To make the activity more interesting, invite a volunteer to be the "mentee." Before the session, write what the mentee should say on a piece of paper and give it to the volunteer.

Ask mentors to discuss the differences in the three different responses. After you have listened to their responses, provide the following information to summarize the example:

**Mentee:** "It is nice to have a boyfriend, but sometimes it is difficult."

**Exploring question:** "You mention good and bad things about having a boyfriend. Can you give me examples of those good and bad things?"

**Exploring question (open):** "Could you tell me more about your situation?"

**Exploring question (closed):** "Why is it nice to have a boyfriend?"

- a) The first exploring question addresses the mentee's first statement that having a boyfriend is nice but sometimes difficult. It allows the mentor to better understand what the mentee means when she says that it is nice and difficult to have a boyfriend.
- b) The second exploring question tries to get the mentee to explain why she brought up this topic. Is it because she's happy with her boyfriend, or perhaps because she is experiencing difficult times? The mentor won't know unless he or she asks an open-ended question.
- c) The third example doesn't allow for the mentee to freely explain the relationship's positive or negative aspects. Instead, the mentor has "led" her to talk about the positive points, when she might have really wanted to discuss her problems in the relationship.

Explain to the mentors that sometimes your mentee may simply want to share her story or feelings with someone she trusts. However, she may also approach you to help find a solution to a problem or concern. After you have listened, identified, and explored the concern with your mentee, you may want to find out if she would like to discuss possible solutions or outcomes.

**The following questions may help this exploration:**

- What solutions can you think of to this problem/issue?
- What might happen as a result of these different solutions?
- Given what you've told me, what would you like to have happen now?

After you have discussed one or several solutions and possible outcomes, it may be useful to help your mentee determine what steps might be taken to reach those solutions and identify potential resource people to help her.

### Activity 2: Role-Play



**Time allotted: 1 hour**

**Facilitation Steps:** Divide participants into groups of three. Explain that each group will conduct a role-play. A role-play is a short drama in which people pretend to take on the roles of other people. In this role-play, one person in the group plays the mentee, another person is the mentor, and the third person is the observer.



Assign each group one or two of the scenarios listed below, depending on the number of groups. Ask them to dramatize the following situation:

- a) Your mentee is at boarding school and recently learned of her mother's death.
- b) Your mentee recently learned that she has won a secondary school scholarship.
- c) Your mentee is angry with her best friend because she was talking with a boy she likes.
- d) Your mentee is waiting to get the results back from her final school exam.
- e) Your mentee learned that her best friend and fellow classmate is pregnant.
- f) Your mentee learned that she will travel to stay with her aunt in the city during school vacation.

Have the mentee approach the mentor for support and feedback on the assigned issue(s) and explore possible solutions/actions to be taken. For each scenario, the mentors should practice using nonverbal behavior, empathy, and questioning to talk about the issue with the mentee. The mentees should add details to make the role-play interesting.

### Discuss the following questions as a group

- What did the observer see?
- What communication techniques were used (active listening, empathy, etc.)?
- What would you recommend doing differently?
- What did it feel like to be the mentee? The mentor?

Invite each group to enact its role-play for the large group, if time permits. Share observations, feelings, and recommendations with the larger group.

### Activity 3: Questions and Closing



**Time allotted: 5 minutes**

**Facilitation Steps:** Ask mentors for their feedback on the discussion. Were all the objectives accomplished?

Are there any topics that participants would like to discuss in further detail at another time? Establish the next meeting date and time. Appoint a meeting organizer/facilitator. Thank the participants for their active involvement.

### Mentoring Techniques



**Time allotted: 2 hours**

#### Objectives

- ▣ Practice good listening and communication skills
- ▣ Practice empowering others
- ▣ Share mentoring experiences with other mentors

#### Recommended Materials

- Notebook paper for participants
- Several sheets of paper for Activity
- Pens or pencils
- Scenarios

Annex 3: Practice Mentoring Scenarios

#### Preparation

1. Gather materials.
2. Prepare Activity 2. Write scenarios from Annex 2 on separate pieces of paper; alternatively you can make a photocopy of the annex and cut the different scenarios into separate strips.
3. Review activities and discussion points.

### Introduction



**Time allotted: 5 minutes**

**Facilitation Steps:** Conduct an icebreaker with the group. (See Annex 1 for ideas.) Ask participants if they have any questions from the last session. Answer accordingly.

**Overview explanation for participants:** As with any skill, mentoring requires practice and dedication. The activities in this session will allow them to practice what they learned in previous sessions and to improve their mentoring techniques.

### Activity 3: Questions and Closing



**Time allotted: 5 minutes**

**Facilitation Steps:** Ask mentors for their feedback on the discussion. Were all the objectives accomplished?

Are there any topics that participants would like to discuss in further detail at another time? Establish the next meeting date and time. Appoint a meeting organizer/facilitator. Thank the participants for their active involvement.

### Mentoring Techniques



**Time allotted: 2 hours**

#### Objectives

- ▣ Practice good listening and communication skills
- ▣ Practice empowering others
- ▣ Share mentoring experiences with other mentors

#### Recommended Materials

- Notebook paper for participants
- Several sheets of paper for Activity
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Annex 3: Practice Mentoring Scenarios

#### Preparation

1. Gather materials.
2. Prepare Activity 2. Write scenarios from Annex 2 on separate pieces of paper; alternatively you can make a photocopy of the annex and cut the different scenarios into separate strips.
3. Review activities and discussion points.

### Introduction



**Time allotted: 5 minutes**

#### Facilitation Steps:

Conduct an icebreaker with the group. (See Annex 1 for ideas.) Ask participants if they have any questions from the last session. Answer accordingly.

**Overview explanation for participants:** As with any skill, mentoring requires practice and dedication. The activities in this session will allow them to practice what they learned in previous sessions and to improve their mentoring techniques.

## Activity 1: The “Do’s and Don’ts” of Mentoring

 **Time allotted: 30 minutes**

**Facilitation Steps:** Explain that being a good mentor involves more than being a good and empathetic listener. Review **Handout 2: Mentoring Guidelines** and discuss the guidelines as a group.

Ask participants if there are any items with which they strongly agree or disagree. Are there any items mentors think should be added to the list?

Discuss the importance of **setting boundaries with mentees**. Remind them that being a good mentor does not mean you have to do whatever your mentee asks. You do not have to give her money or do anything that you are not comfortable doing. Conversely, mentors should understand that they are not a mentee’s parent and must respect other relationships in the girl’s life. Mentors are not supposed to tell a girl what to do. Rather, they are supposed to help a girl navigate the relationships in her life and make good decisions.

**Important reminder:** In cultures where men and children with disabilities do not normally interact, mentors should be especially careful to ensure that their actions and intentions are not misunderstood. For example, they should meet with their mentee only in appropriate, public settings and not in private.

**A final note:** Respecting confidentiality is critical to establishing and maintaining trust with your mentee. Confidentiality means that the mentor does not share private information about the mentee with others unless the mentee’s health or well-being is at risk.

## MODULE 1: GETTING TO KNOW YOU



The best mentoring programs were those in which young people had a ‘friendly- like’ relationships with their mentors”. Its goal is to help you get to know your mentee better. The best way of getting to know them and having a friendly relationship is to spend time with them. Take as much time as needed to learn more about the person that you will be doing these activities with. As your friendship grows, so will the amount of fun, communication, and trust.

### Activities: Breaking the ice

#### Choose one or two activities below

##### Activity 1

- Write questions on scrap pieces of paper and have each person draw the paper out of the box and answer the questions about them.
  - Example of questions: your name, favourite music, favourite food, your best friend name’s, where do you see yourself in 10 years’ time
  - Let each person get a chance to answer the questions

##### Activity 2

- Watch a movie

The mentee can rent an educational movie that is disability friendly, for example “The Legend of the Mountain”



## Module 2: Rights of Persons with Disabilities



In order to advocate for your rights, you must know what your rights are. This module is meant to educate the participant about his/her rights as a person with a disability as they are stated in the following:

- The National Policy on Disability (Namibia)
- National Disability Council Act (Namibia)
- Sector Policy on Inclusive Education (Namibia)
- UN Convention on the Rights of Persons with Disabilities
- The Continental Plan of Action for the African Decade of Persons with Disabilities
- Standard Rules on the Equalization of Opportunities of Persons with Disabilities

There are many documents related to disability rights, however, we will focus on these most important rights that persons with disabilities living in Namibia.

Take your time going over these documents. Also, we suggest checking the sources routinely to find the most up to date policies, as amendments are often made.

### Activity #1: My Rights

#### Overview

#### BEGINNER LEVEL

This activity is an introduction to understanding what it means to have rights and an activity for the participants to start making the mentee think about their own rights.

#### Objectives

After this activity, the participant will be able to

- List at least 5 of their rights that are important to them
- Describe the importance of knowing their rights

#### Materials Needed

Pen, 1-2 pieces of paper



**Time Needed: 20 to 30 minutes**

#### Procedure

1. Discussion of the word "rights" and the term "equal rights"

"The principal of equal rights implies that the needs of each and every individual are of equal importance, and that planning and policy-making should be based on those needs. Furthermore, all resources must be employed in such a way as to ensure that every individual has an equal opportunity to participate." (National Policy on Disability)

2. Ask the children with disabilities what they think are their rights (can be general human rights or rights as a person with a disability). What does it mean to them to "have equal rights"?

3. Losing our rights

- Cut up a piece of paper into 10 pieces (large enough to write a sentence on)
- Both the mentor and the mentee write down 5 rights that are important to them. Write one right separately on the pieces of paper. (Example - the right to an education)
- Turn over the paper so you cannot see what was written. Tell your mentee that you have decided that you are going to take away 3 of the mentee's rights and 1 of the mentor's (still not looking at what was written)
- Flip over the rights that were not removed. Have the mentee read out all the rights that were not removed.
- The mentor will then read out loud the rights that were taken away.
- Discuss with children with disabilities (your mentee/s) about what rights each person lost. How do they feel to not have those rights anymore?
- How does the minute file since they had 3 rights removed, but the mentor only had 1?

4. At the end, discuss:

- Why is it important for everyone to know what their rights are?
- Why should persons with disabilities know their rights?

**Source:** Life Skills Manual, 2001.

Namibia Ministry of Lands, Resettlement and Rehabilitation, 1997

### Activity #2: Continental Plan of Action for the Africa Decade of Persons with Disabilities

#### Overview

#### BEGINNER LEVEL.

Participants will review the Continental Plan of Action for the Africa Decade of Persons with Disabilities and play a mix and match game.

#### Objectives

After this session, children with disabilities will be able to:

- Review the Continental Plan of Action for the Africa Decade of Persons with Disabilities
- Gain more knowledge about the objectives of this plan.
- Discuss what their region and country are doing to address the plan.

#### Materials Needed

Continental Plan of Action for the Africa Decade of Persons with Disabilities, electronic copy.

Mix and Match Handout (Handout 2b)

Scissors



## Time Needed

Preparation time needed for the mentor to review the Continental Plan of Action for the Africa Decade of Persons with Disabilities. It is encouraged that the mentor be able to summarize and pick out important parts in each policy.

\*\*\*This could take more than 1-2 sessions as needed – try to avoid taking longer than 45 minutes to review the policy with your mentee, as spending too long reviewing the information in one session may become overwhelming for your participants.

## Procedure

1. Help your mentee review the Continental Plan of Action for the Africa Decade of Persons with Disabilities.
2. Ask the mentee to describe in simple terms and within a couple sentences what this policy is about – as if they had to explain it to different persons with disabilities in their community. You can use older children to do this.
3. See the Mix and Match Handout (Handout 2b). It is a copy of the 12 objectives listed in the Continental Plan and the action that the Member states should try to do.
4. Cut up and separate the objectives from their suggested actions.
  - Mix up the slips of paper
  - See if your participant can match each action with its objective.
  - If the mentee begins to have difficulties, let them refer to the Continental Plan of Action for the Africa Decade of Persons with Disabilities to assist them.
5. Discuss with your mentee about which objectives are the most important to them.
  - Why did they think those objectives are the most important?
6. Ask your mentee to think about how their region addresses the Continental Plan. Are there any objectives that they think their region or country is not addressing?

**Source:** Secretariat of the African Decade of Persons with Disabilities, 2002.

## Activity #3: Standard Rules on the Equalization of Opportunities of Persons with Disabilities

### Overview

#### BEGINNER LEVEL.

Participants will review the Standard Rules on the Equalization of Opportunities of Persons with Disabilities and discuss elements of the Standard Rules.

### Objectives

After this session, mentees will be able to:

- Understand the difference between the term “disability” and “handicap”, and when appropriate to use each term.
- Gain a basic understanding of the Rules
- Identify what their community/region is doing to address the Rules

## Materials Needed

Standard Rules on the Equalization of Opportunities of Persons with Disabilities, electronic copy.  
Paper, pen or pencil.

## Time Needed

Preparation time needed for the mentor to review the Standard Rules on the Equalization of Opportunities of Persons with Disabilities. It is encouraged that the mentor be able to summarize and pick out important parts in each policy.

\*\*\*This could take more than 1-2 sessions as needed – try to avoid taking longer than 30 minutes to review the policy with your mentee, as spending too long reviewing the information in one session may become overwhelming for your participant.

## Procedure

1. Help your mentee review the Standard Rules on the Equalization of Opportunities of Persons with Disabilities.
2. Ask your mentee to describe the difference between the words “disability” and “handicap”. The Rules state that “in all societies of the world, there are still obstacles preventing persons with disabilities from exercising their rights and freedoms and making it difficult for them to participate fully in the activities of their societies.” What are some obstacles that your mentee thinks exist in their community and/or region?
  - Disability – having a functional limitation. May be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness.
  - Handicap – It describes the relationship and encounters between persons with disabilities and their environment. Loss or limitations of opportunities to take part in the life of the community on an equal level with others. Shortcomings in the environment which prevent persons with disabilities from participating on equal terms.
3. For the Four Preconditions for Equal Participation (Awareness-raising, Medical Care, Rehabilitation, and Support services):
  - In your community/region, are there any government, ministry, or NGO programs/ services that focus on one of the four “preconditions”?
  - With children with disabilities, brainstorm program ideas that can be started or modified in your community to address these preconditions? Try to come up with at least 1-2 ideas for each precondition. Make a list of these program ideas – to add to their final community disability project possibility list.
4. For the Seven Target Areas for Equal Participation (Accessibility to the physical environment and to information and communication, Education, Employment, Income maintenance and social security, Family life and personal integrity, Culture, Recreation and sports, Religion)
  - Ask your mentee, which of the Seven Target Areas they feel are the most important to them. Have them discuss why. They can choose up to 3 areas.
5. Ask the mentee to describe in simple terms and within a couple sentences what this policy is about – as if they had to explain it to different persons with disabilities in their community.

**Source:** United Nations Enable, 2004.



## Activity #4: Namibian Policy on Disability and the National Disability Council Act

### Overview

#### INTERMEDIATE LEVEL.

In this activity, participants will review the Namibian Policy on Disability and the National Disability Council Act, brainstorm project ideas, and identify current resources for persons with disabilities.

### Objectives

After this activity, participants will:

- Get a basic understanding of what the National Disability Council is and what they do
- Have a basic understanding of the Namibian Policy on Disability
- Define "Society for all"
- Identify community/regional OPD's
- Generate ideas for disability programs/projects and possibly for their final disability awareness project



### Materials Needed

Copy of the National Disability Council Act, which includes a copy of the Namibian Policy on Disability. There should be electronic versions of these available.

Pen and paper, and Organizations of Persons with Disabilities (Handout 2a)

### Time Needed

Preparation time needed for the mentor to review the National Disability Council Act and the Namibian Policy on Disability. It is encouraged that the mentor be able to summarize and pick out the important parts in each policy. The Namibian Policy on Disability is written as part of the National Disability Council Act.

\*\*\*This could take about 1-3 sessions that last about 60 minutes each – try to avoid taking longer than 30 minutes to review each policy with your mentee, as reading all the policies in one session and for too long may become overwhelming for your participant.

### Procedure

1. Help your mentee review the National Disability Council Act

- Answer the following questions
  - Why is it important for Namibia to have a disability council?
  - One of the roles of the Council is to "take all necessary steps in order to improve the situation of persons with disabilities in Namibia" (3.2). What is one thing that YOU think could be improved in your region?
  - The Council must be comprised mainly by members who are persons with disabilities (5.2). Why do you think that it is important to have the majority of Council members to be persons with disabilities?
- The NDC Act (15.1b) says that the Council needs to gather information regarding: "organizations of persons with disabilities and organizations rendering services to persons with disabilities and the types of services rendered by those organizations;"
  - Help your mentee find out the different OPDs (organizations of persons with disabilities) available in their region and in Namibia. Write these down as a reference for your mentee.

2. Have participants review the Namibian Policy on Disability

- Answer the following question:
  - What does having a "society for all" mean to you?
  - The participants will choose 5 Key Concerns and come up with SMALL and SIMPLE project or program ideas that they think the Ministry of Health and Social Services or community disability groups could implement.

The Key Concerns can be found in the policy and are listed below:

- Raising awareness; Prevention, early intervention, and health education; Treatment, therapeutic aids and orthopedic technical services; Physical environment accessibility; Access to information; Education for Children; Education for Adults; Vocational guidance and training; Employment; Spoken and written word integration; Culture and religion; Sport and recreation; Social Welfare and housing; Transport, traffic and road safety; Economic security; Legal protection; Training of personnel; Information, statistics and research; Family life and personal integrity; Organizations of and for persons with disabilities; International co-operation; National communication and co-ordination.
  - Keep a list of the ideas that the mentee develops – these could be possible ideas for their final community disability project.
3. Ask the mentee to describe in simple terms and within a couple sentences what each policy is about – as if they had to explain the policies to different persons with disabilities in their community.

**Source:** Government Gazette of the Republic of Namibian, 2004.  
Namibia Ministry of Lands, Resettlement and Rehabilitation, 1997.

## Activity #5: United Nations' Convention on the Rights of Persons with Disabilities

### Overview

#### INTERMEDIATE LEVEL.

Participants will review the United Nations' Convention on the Rights of Persons with Disabilities, find out information about disability services available in their community/region, and brainstorm possible final project ideas.

### Objectives

By the end of this session, participants will:

- Be able to give a description about the UN Convention on the Rights of Persons with Disabilities
- Find out disability services available in their community/region with regards to topics specified in the UN Convention
- Brainstorm ideas on possible programs to be started and possible ideas for their final community disability project.

### Materials Needed

United Nations' Convention on the Rights of Persons with Disabilities, electronic copy.

Pen and paper



### Time Needed

Preparation time needed for the mentor to review. United Nations' Convention on the Rights of Persons with Disabilities. It is encouraged that the mentor be able to summarize and pick out the important parts in each policy.

\*\*\*This could take more than 1-3 sessions as needed – try to avoid taking longer than 45 minutes to review the policy with your mentee, as spending too long reviewing the information in one session may become overwhelming for your participant.

The length of this depends on how knowledgeable your participant is regarding programs available to persons with disabilities.

### Procedure

Help your mentee review the United Nations' Convention on the Rights of Persons with Disabilities

Ask the mentee to describe in simple terms and within a couple sentences what this policy is about – as if they had to explain it to different persons with disabilities in their community.

Have the mentee answer the follow questions. Some of the questions will request some investigation or speaking to different stakeholders in the community. If your mentee is unaware of services, programs, or projects available, have them go out into the community to find out! If there are no programs available for the Articles listed below, then create a list with program ideas generated from these questions that could be a possible final community disability project.

In Article 3 it talks about "Full and effective participation and inclusion in society". What does this statement mean to the mentee?

Article 5 discusses equality and non-discrimination. Does the mentee know anyone, or perhaps even themselves, who experienced discrimination because they had a disability? Discuss what happened. If not, come up with a scenario that demonstrates discrimination due to having a disability and then come up with a RESOLUTION on what could be done to avoid/stop the discrimination?

Article 6 and 7 talk about women and children with disabilities.

- Name some programs in your community/region that benefit women and girls.
- If the mentee is unsure of any programs than he or she should go out into the community to find out what is available. Speak to the Ministry of Health, Youth, and Gender, or perhaps people in charge of rehabilitation programs for your community.
- If there are no/minimal programs available, brainstorm some possible programs for women and children with disabilities in your community and add to your final project list.
- Article 8 is about awareness-raising. What kinds of disability awareness activities have you seen in your community?
- If there are few/no programs, brainstorm some possible programs awareness-raising activities and add to your final project list.
- Article 16 deals with freedom from exploitation, violence, and abuse. In your community/region, where does a person with a disability get assistance if they become victims to any form of exploitation, violence, or abuse?
- If there are few/no programs, brainstorm some possible programs for persons with disabilities who feel that they are victims of exploitation, violence, or abuse, and add to your final project list.
- Personal mobility is discussed in Article 20. Mobility aids/devices includes crutches, canes, wheelchairs, prosthesis. Where do persons go in your community/region to get these items?
- Article 24 discusses education topics. Find out about inclusive education programs in the schools in your area.
  - Are there schools tailored for persons who are deaf or blind?
  - Are teachers in the area educated in special education?
  - What opportunities are available for persons with multiple disabilities?
  - Are persons with disabilities excluded from the education system? Why?
- Health issues are discussed in Article 25. Do you think that your local health clinics give the same range and quality of services to persons with disabilities? Why or why not? What kind of experiences has your mentee had with health services?
- Work and employment is part of Article 27. How difficult is it for people in your community with disabilities to get a job?
  - Do they have access to vocational training in your region?
  - If there are few/no programs, brainstorm some possible employment assisting programs for persons with disabilities and add to your final project list.
- Article 30 has to do with participation in cultural life, recreation, leisure and sport. What kind of opportunities do people with disabilities have in your community/region to participate in these events?

- If there are few/no programs, brainstorm some possible programs for recreation, leisure and sport and add to your final project list.

- After this session – review the list possible final community disability project ideas that were generated during this activity.

**Source:** United Nations Enable, 2006

### Activity #6: Let's Talk About It!

#### Overview

#### ADVANCED LEVEL.

This is a chance for the mentee to either write and send a short story to a local newspaper or prepare a short speech to read over NBC radio regarding disability awareness and rights. If the mentee's location prevents them from doing the above, there is an option for the mentee to speak to someone with a disability in their community.

#### Objectives

After this session, the mentee will:

- Learn how to write an informative message to the public
- Learn the process for making appointments with the media
- Deliver a speech on the radio, have a story published, or speak with another youth with disabilities in their community about the rights of persons with disabilities and disability awareness

#### Materials Needed

##### Pen & paper



##### Time Needed

This is dependent on the amount of time needed to make appointments and to have the mentee write their speech/story

#### Procedure

1. The mentee will choose to either write a short story for a local/Namibian newspaper or speech for NBC radio. If the mentee is unable to send in a letter to a newspaper or talk on NBC radio – then they must find a youth with a disability or a parent of a child with a disability in their community – whom they can talk about disability rights with.
2. Topics that the mentee should choose from are:
  - Knowing Your Rights – do persons with disabilities know their rights?
  - National Disability Day (June 10) reminder with information about the rights of persons with disabilities
  - International Disability Day (December 3) reminder with information about the rights of persons with disabilities
  - World AIDS day or National Testing day – reminding people with disabilities to get tested with information about the rights of persons with disabilities
  - Or other important days for people in the disability community with information about rights of persons with disabilities
3. Have the mentee brainstorm what they want to write or say and make a rough draft that will be proofread by their mentor.



4. Take the mentee through the proper steps that must be taken to get a story published in the news paper or to make a speech on NBC radio. The mentee must be included in the whole process and use the assistance of the mentor to figure out how they get their story to the newspaper or radio (ex. The mentee writes the story, but the mentor brings the letter into town to mail it to the newspaper)
- If the mentee chooses to write a newspaper story:
    - Check regularly to see if the letter gets published
      - If the mentee chooses to make a speech on NBC radio
    - Discuss the importance of showing up on time (and even early) to the make the speech
      - If the mentee speaks with another youth with disabilities or the parent of a child with a disability in their community
    - The mentee should find another youth or even the family of a person with disabilities in their community to go over the rights of their child.

**Source:** Secretariat of the African Decade of Persons with Disabilities, 2002.



 **Time allotted: 1 ½ hours**

**Objectives**

**Understand self-esteem and self-confidence**

 **Key Terms**

Empower: To enable another person to accomplish something

Self-confidence: Feeling confident in oneself or competent in one’s abilities

Self-esteem: A confidence and satisfaction with oneself, self-respect

Validate: To recognize or affirm the worthiness or legitimacy of something or someone

**Recommended Materials**

Chalkboard and chalk, or flipchart paper and markers

Notebook paper for participants

Pens or pencils for taking notes

**Preparation**

1. Gather materials.
2. Review activities and discussion points.

**Introduction**

 **Time allotted: 5 minutes**

**Facilitation Steps:** Conduct an icebreaker with the group. (See Annex 1 for ideas.) Ask participants if they have any questions from the last session. Answer questions accordingly. Overview explanation for participants: This session will help them understand their role in motivating girls and acting as a role model.

### Activity 1: What Does it Mean to Empower Someone?



**Time allotted: 15 minutes**

#### Facilitation Steps:

Ask participants if they have ever heard the term “empower.” What does “empower” mean to them? Discuss some possibilities. “Empowering” someone means to enable him or her to accomplish something. Empowerment can happen in many different ways. For example, a teacher can empower a student to do well on a mathematics exam by helping her with her homework, congratulating her on a good test score, and encouraging her to do her best, for examples of things that adults can say or do to girls to empower them. Write answers on the chalkboard or flipchart paper.

### Activity 2: Why is it Important to Empower Children with disabilities?



**Time allotted: 15 minutes**

**Facilitation Steps:** Introduce the topic by explaining that children with disabilities are often not encouraged to achieve in school or to pursue their dreams. In many cultures, children with disabilities learn from an early age that their needs and wants are second to those of their parents, other siblings and family members. Instead of hearing positive messages, they are often discouraged against setting high goals.

Explain that mentors play an important role in encouraging children with disabilities to have goals and helping them achieve them.

#### Read the following example

A girl and a boy with disabilities tell their aunt they want to attend university. Her aunt tells them that they are being silly—no person with disabilities in the family has ever gone to university. Besides, the aunt says, there’s no way the family could ever afford it. She tells them that a people with disabilities will never use their education anyway because they will spend most of them at home.

Ask the group: How could the aunt have responded differently? Possible responses: Instead of telling the girl and boy that going to university had never been done and what would never be done by a girl and boy with disabilities in the family, she could have encouraged them to study hard and get good grades so they could maybe earn a scholarship.

She could have told them that they would talk to the girl’s and boy’s parents about the importance of their education.

She could have explained that they can use their education in many ways, and will even help them in marriage and family life.

By acknowledging the importance of both girl’s and boy’s dreams, the aunt would help give them the self-confidence to achieve it. She would have validated, or reaffirmed, their goal of attending university.

**Acknowledging and validating** a mentee’s goals and dreams is a first step in helping to empower children with disabilities to accomplish their goals. When mentors empower their mentees, they instill self-confidence and self-esteem in them.

Ask participants to define “self-confidence” and “self-esteem.” Refer to the definitions in the **Key Terms box**. Ask them how people exhibit, or show, their self-confidence or self-esteem.

### Activity 3: Motivating Messages



**Time allotted: 30 minutes**

#### Facilitation Steps:

Ask a mentor (preferable some with disability) to think of a person in their life who empowered or instilled self-confidence in them. Ask the mentor the following questions:

- Who was that person?
- What was the person’s motivating message?
- What effect did it have on you?

Give mentors 10 minutes to write their memories of the person who motivated them and the “motivating message.” Then ask mentors to share their motivating messages and how they affected their lives. Ask mentors to write a motivating message to children with disabilities or mentee. After 10 minutes, ask the mentors to share their messages.

Ask each mentor the following questions:

- Why did the mentor select that message?
- Did the mentor receive that message from someone when he or she was young?
- Is the message the mentor wrote one that the community as a whole sends to children with disabilities? Why or why not?

How would the mentor re-enforce that message with actions? (Remember, actions often “speak louder” than words!)

### Activity 4: The Look of Self-Confidence



**Time allotted: 25 minutes**

#### Facilitation Steps:

A self-confident person is someone who is empowered and motivated to do well and accomplish his/her goals. She believes in her/his abilities.

What does a self-confident person look like? Ask the participants this question. Ask a mentor to come to the chalkboard or flipchart paper and draw their idea of a self-confident person. Ask another volunteer to add to the picture.

Ask the group to discuss the following questions:

- How does a self-confident person walk? Talk?
- What kind of expression does the person have on his or her face?
- How does the person interact with others?
- What are some of the feelings the person may have?

Raise these discussion points:

- ▣ A self-confident person feels she/he can accomplish her/his goals (although she/he can still experience doubts or ask for assistance).
- ▣ She/he is confident of her/his abilities and isn’t afraid to meet new people or try new things.
- ▣ A self-confident person is also confident enough to ask for help when she/he needs it.

Summarize the session by reviewing how mentors will assist their mentees in becoming self-confident.



**Remember:** Self-confidence comes from the inside and shows on the outside!

### Activity 5: Questions and Closing



**Time allotted: 5 minutes**

#### Facilitation Steps:

Ask mentors for their feedback on the discussion:

- ▣ Were all the objectives accomplished?
- ▣ Are there any topics that participants would like to discuss in further detail at another time?
- ▣ Establish the next meeting date and time. Appoint a facilitator.
- ▣ Thank the participants for their active involvement.



## MODULE 4: THE IMPORTANCE OF CHILDREN WITH DISABILITIES' EDUCATION



The right to education was first set down in writing in 1948 in the United Nations' Universal Declaration of Human Rights. Since then, the right of boys and children with disabilities to receive a quality education has been reemphasized in several documents, including the 1989 Convention on the Rights of the Child. Most recently, the United Nations made children with disabilities' education a key Millennium Development Goal, stating that it hopes to achieve universal primary education—for both boys and children with disabilities—by 2015.

African leaders emphasized this goal's importance at the April 2000 World Education Forum in Dakar, Senegal. At the conference, participants adopted a Framework for Action, which includes Goal 5: "Eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality by 2015, with a focus on ensuring children with disabilities' full and equal access to and achievement in basic education of good quality." After the forum, 13 agencies, including the World Bank, UNICEF, and the World Health Organization (WHO), formed the United Nations Children with disabilities' Education Initiative to work toward this goal.

But why is educating children with disabilities important? Does it matter if a girl attends school or not? What can be done to increase children with disabilities' enrollment and retention in school? The following sessions are designed to help mentors, children with disabilities, and communities answer these important questions.

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"...There is no tool for development more effective than the education of children with disabilities."

—Kofi Annan, former Secretary-General of the United Nations.

### Activity 1: Why is it Important to Educate Children with disabilities?



**Time allotted: 2 hours**

#### Objectives

Understand the benefits of educating children with disabilities  
Define obstacles to children with disabilities' education  
Explore strategies for increasing children with disabilities' school enrollment and retention

#### Recommended Materials

Chalkboard and chalk  
Notebook paper for participants  
Pens or pencils for taking notes  
Pieces of paper for children with disabilities' questions

#### Handout 4: Two Letters, Two Lives

Container (box, basket, envelope, etc.) for collecting questions at the end of the session

#### Preparation

1. Review statistics specific to your country
2. (Optional) Make copies of Handout 4: Two Letters, Two Lives to hand out to the participants.
3. Gather materials.
4. Review activities and discussion questions.
5. Prepare answers for children with disabilities' questions from the previous session.
6. Prepare slips of paper for questions. (See final session activity.)

#### Introduction



**Time allotted: 10 minutes**

**Facilitation Steps:** Conduct an icebreaker with the group. (See **Annex 1** for ideas.) Read aloud the questions, the children with disabilities submitted anonymously at the end of the previous session and provide answers. Ask children with disabilities if they have any more questions and provide accurate responses.

Introduce the session by writing the following statistics on the board or by reading them aloud, include statistics specific to your country or region.

- Namibia has ratified various international conventions affirming a commitment to accept persons with disabilities, focusing on their abilities and not their disabilities; providing equal education and employment opportunities for them; and treating them with the respect due to every human being.
- The National Policy on Disability 1997, had further paved the way for persons with disabilities to be included at all levels of the Namibian society. Additional to that the Ministry of Education has an Inclusive Education Policy, however, not fully implemented.

- According to the 2001 Census report reflected, there are 91 517 people with disabilities, approximately 5% of the Namibia population. The National representative study of 2003

(Living conditions of persons with Disabilities Sintef study) revealed that 38.6% of the population of person with disabilities never attended school compared to the 16.2% of the population without disabilities.

- Ministry of education EMIS, 2011 reported that there was an enrollment rate of 35 011 learners (female: 16 148; male: 18 863) with some form of disabilities with Kunene, Hardap and Kavango had the highest percentage rates.

- The unemployment rate of persons with disabilities in Namibia is above 50% which is significantly higher. There is a need to provide the people with disabilities with skills so that they can enter different sectors and create empowerment for them through to invest in various training programmes so that disabled people could develop leadership and entrepreneurial skills and social responsibility.



- Differences in school enrollment among boys and children with disabilities have been reduced (particularly in primary school), but not eliminated. Only two sub-Saharan African countries have achieved a similar level of access to education for boys and children with disabilities (Namibia, Mauritius and the Seychelles).
- Literacy is a basic human right, yet it remains a major challenge in sub-Saharan Africa, where as of 2004, 150 million adults - 62% of them are women could not read or write.

Ask children with disabilities for their reaction to these statistics.

### Overview explanation for participants

Tell them that activities in the next few sessions are designed to explore the importance of children with disabilities' education and how they can work to increase enrollment and retention of children with disabilities in their communities.

### Activity 3: Sector Policy on Inclusive Education

#### Introduction

An education system that embraces and responds to diversity has in its object character formation of those involved: learner, teacher, school leaders, Education Officers (all levels), line ministries, offices & agencies, parent Community, higher education institutions and support service providers, etc.

**Definition:** UNESCO defines Inclusive policy as 'process of addressing and responding to a diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education'.

Explain that Sector Policy on Inclusive Education is aimed at creating inclusive sector, however, emphasis is placed on most excluded population such as marginalized children including children with disability. The vision of the policy is for all children to learn and participate fully within the mainstream schools and to create a learning environment which is accommodating and learner-centered.

The backbone of the policy is the National legal instrument and international conventions and protocols that the country signed. The strategies of the policy aim to integrate the policy in into all other sectors policies, create awareness of the right to education and foster attitudinal change, as well as support instrumental development. The policy also has supporting guidelines in implementing inclusive education. The policy believes that children that learn together, learn to live together, "Reaching the excluded and the un-reached".

**Source:** Sector Policy on Inclusive Education, 2014

## MODULE 5: DISABILITY INFORMATION AND SENSITIVITY



The goal of this module is to gain general knowledge and an understanding of different disabilities, to gain perspective on having a different type of disability, and to discover alternative and adapted ways for persons with those disabilities to complete daily activities.

Understanding the different types of disabilities is pivotal for anyone who will be advocating for the rights of persons with disabilities.

Please be aware that because the participants do the activities simulating a disability for a

SHORT amount of time, the focus of most of these activities is to initiate conversation about what modifications can be done to help the person complete the activity and to focus on what the person with a disability CAN do. Choose the activities according to your mentee's disability – for example: no need for them to complete an activity to learn Braille if they are blind and already know how to do so.

### Activity #1: World Wide and 'In My Country' Disability Facts

#### Overview BEGINNER LEVEL.

This is an introduction to the facts about the disability world wide as well as in their community.

#### Objectives

After this activity, mentees will be able to:

- o Discuss what it means to have a disability
- o Increase their knowledge on recent statistics about persons with disability in the world and in Namibia.

#### Materials Needed

Disability Statements Handout (see the Mentor Guide: Handout 5a)  
Scissors. If unable to print handout – pen and paper.



**Time Needed: 1 hour, or 1-2 short sessions.**

#### Procedure

1. Have the mentee say what they think the word "disability" means to them
  - o The United Nations Convention on the Rights of Persons with Disabilities definition is: "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." (United Nations Enable, 2006)
  - o Disability does not mean inability
  - o Describe what it means to have "barriers"
    - o Example – obstacles, something in the environment that makes it more difficult or prevents a person with disabilities from doing something
  - o Briefly clarify the difference between physical, mental health (schizophrenia, bipolar, depression), intellectual (Down Syndrome, autism, learning disabilities), or sensory (hearing, visual, communication).



- Print out the Disability Statements from the Handout 4a. \*\*\*Please note that the Mentor's copy of this handout is different from the mentee's (the mentee's handout only states the true facts while the mentor's handout states true and false statements). Cut out all the true and false statements (or if no computer printer - write out the following true and false statements separately on slips of paper).
- Fold up the pieces of paper and place them in a hat. Have the mentee draw each slip of paper and make an educated guess about which are true statements and which are false.
- Use the bottom portion of the Disability Statements Handout from the Mentor Guide: Handout 7a for answers and clarifications about whether each statement is true or false. The true facts about these statements are also listed in the Disability Facts Handout from the Mentee Workbook: Handout 5a. Feel free to discuss the statements with your mentee!

**Source:** Life Skills Manual, 2001.

## Activity #2: Tree of Life

### Overview BEGINNER LEVEL.

The participant will give some background about where they come from, however, will focus on challenges and successes that are related to their disability. This activity should take place of the simulation activity specific to their disability.

### Objectives

After this session, the mentee will be able to:

- Identify personal disability related challenges and successes they have had in their past

### Materials Needed

Large piece of paper, pen or pencil, crayons/markers/coloring pencils



**Time Needed: About 1 hour**

It is possible that your mentee may need time to think about the different tree elements. The option to give them a few days to think about what they will write.

### Procedure

This activity is similar to activities done in other modules. What makes this one very important is for the mentee to focus on their successes and challenges in life as they relate to being a person with a disability. Explain to your mentee that the goal of this activity is for them to identify things, that due to their disability, they felt like they were challenged or that they were able to overcome obstacles.

- Tell your mentee that you will be drawing a picture that talks about important events in their life and describes the successes and the challenges that they have faced because of having a disability
  - Have your mentee draw a LARGE picture of a tree. If they are unable to draw, then the mentor will draw the tree.
  - Explain the following tree elements to them:
    - Roots - represent where they come from, important family members, things about their culture that are important to them
    - Tree Trunk - represents important life experiences they have had - school, living in their community, people they have met, events that changed them
    - Branches - Things that give them strength
    - Leaves - Accomplishments that they have experienced
    - Buds - Dreams that they have for the future, that have not occurred yet
    - Fruit - Disability related successes that they have had
- Example: "What obstacles have you overcome?"
    - Bugs - Disability related challenges that they have had

- "Have you felt like you have not been included in activities or have been left out of things because of having a disability?" Fallen leaves - things that they have lost or people they have lost in their lives.
- Have the mentee add the elements and label the tree as it is relevant to their life. (Example - they could write "Family" on a branch). The mentee can either work on it WITH their mentor or present it after they have completed labeling the tree with the different elements.
  - Have a discussion and ask your participant the following questions:
    - Why do you think that "Where you come from, important family members, and things important about their culture" is represented as the roots of the tree?
    - Are there more "Fruits" or "bugs" on the tree?
    - What can they do in the future to prevent extra "bugs"?
    - What kind of coping strategies have they used when faced with a challenge?
    - Discuss the importance of identifying their own disability related successes and challenges.

**Source:** LifeLine/ChildLine

## Activity #3: One Hand

### Overview

### BEGINNER LEVEL.

The participant gains perspective on having a PHYSICAL disability that affects their ability to use their hands during every day activities.

### Objectives

After this session, the mentee will be able to:

- Describe what it means to have a physical disability
- Describe some of the challenges that someone with a physical disability may have
- List alternative ways of completing day to day activities.

### Materials Needed

Depends on which activities you want the mentee to try and what is available to you:

Bring your lunch (including cool drink), plastic soda or water bottle, pair of shoes with laces, toothbrush and toothpaste, floss for your teeth, clothes (jacket, shirt, socks, and pants), scissors and a magazine, band aid from the Peace Corps medical kit, slices of bread and peanut butter.




**Time Needed: About 50 minutes**

### Procedure

- Describe what a physical disability is
  - A limitation that affects the use of one or more limbs and the spine. It affects their gross (big) movements such as walking and fine (small) movements such as buttoning a shirt. It can include balance and coordination problems.
  - However, this "limitation" does NOT mean that they are unable to walk, get dressed, or do other activities of daily living.
- Ask them if they know anyone who has a physical disability that affects their ability to use their hands. What things do you think or have you observed are challenging for that person to do?
- Try at least 5 of the following activities with one hand behind your back:
  - Eating lunch
  - Twisting off the cap to a soda/water bottle
  - Tying your shoes
  - Brush your teeth
  - Floss your teeth
  - Put on clothes
  - Cut pictures out of a magazine
  - Try to make a peanut butter sandwich

- Put on a band aid
- Be creative and try some other activities not listed on this page

4. Have a discussion and ask your participant the following questions:
- o What difficulties and challenges did you have when completing the different tasks with one hand?
  - o What modifications did they make or how did they change the way they did the different activities in order to complete the task?

 Note to mentor – emphasize the point that the mentee was able to complete the task – it may have just taken longer.

- o What kind of challenges would occur for someone who is missing one hand and having to use a wheelchair? What happens if you could not use both hands?

**Source:** Adcock and Remus, 2006.

#### Activity #4: Adapt to Adaptive Equipment

##### Overview

##### BEGINNER LEVEL.

Activity for participants to learn about people with PHYSICAL disabilities who use a wheelchair, crutches, has a prosthesis, or who has difficulties walking.

##### Objectives:

After this session, the mentee will be able to:

- ▣ Describe what it means to have a physical disability
- ▣ Describe some of the challenges that someone who uses an assistive device may have on a daily basis
- ▣ List some possible barriers in their community that may exist

##### Materials Needed

Wheelchair, crutches, or a large and long stick and string. Basketball or other activities you want the mentee to try



**Time Needed: 1 hour**

##### Procedure

1. Describe what it means to have a physical disability
  - ▣ A limitation that affects the use of one or more limbs and the spine. It affects their gross (big) movements such as walking and fine (small) movements such as buttoning a shirt. It can include balance and coordination problems.
  - ▣ However, this “limitation” does NOT mean that they are unable to walk, get dressed, or do other activities of daily living.
2. Ask your mentee if they know anyone who has to use a crutch, wheelchair, cane, or has a prosthesis (artificial leg). Have you heard them talk about any challenges or barriers that they have had to overcome?
3. Go visit the hospital and talk with a physiotherapist or a person who works in the rehabilitation area that will let you borrow and teach you how to use a wheelchair or crutches. If you are unable to borrow these, try tying a long and strong around their leg stick (goes behind the leg from the mid-thigh down to the heel).
4. Try doing the following activities (with the permission of the person lending you the equipment)
  - Go up and down the hallway
  - Go out into the parking lot or somewhere outside
  - Try to get something off of a tall shelf
  - Get a few items out of the refrigerator

- Try to go to the bathroom to use the sink and toilet
- Try to play a game of basketball outside
- See how far they can go (distance wise) in 30 seconds

5. Discuss the following:
- ▣ How did feel while accomplishing the task? Did you need assistance, have to modify how you performed the task, or did you unable to complete the task?
  - ▣ Was it easy to get around or were there some physical boundaries in the environment (ex. Thick sand, no ramp to get into/out of the building)?
  - ▣ Are there some places in your community that you think you would have trouble going to because of the wheelchair, crutch, or difficulties walking?
  - ▣ Why is it important to identify the physical barriers that may exist in your community?

**Source:** Werner, 1996.

#### Activity #5: Time to Sign!

##### Overview

##### BEGINNER LEVEL.

This activity introduces your participant to learning the alphabet in sign language and how people who have HEARING impairments communicate.

##### Objectives

By the end of this session, the mentee will:

- o Describe what it means to have a hearing impairment
- o Know to sign the Namibian sign language/finger alphabet and must sign 5 different words/quotes listed below.

##### Materials Needed

Sign Language Handout (Handout 5c)

Time Needed You will need time to practice at home – this will depend on each person’s ability to learn the alphabet.

##### Procedure

1. Describe what it means to have a hearing impairment
  - o Having a hearing impairment can range from having complete hearing loss to not being able to hear certain sounds (either high or low pitched) or softer noises. It also could mean that the sounds people hear are not clear.
  - o Keep in mind, that hearing aids make speech sounds louder, but do not necessarily make the sounds clearer.
2. Ask your mentee if they know anyone who has a hearing impairment. What are some challenges or barriers that they may have on a daily basis?
3. Print out the Sign Language handout.
4. Tell them that today you are going to do an activity about sign language – which is another form of communication.



Note to mentor – Namibian sign language has some signs that are different from the American sign language.

- o Ask your mentee if they have ever seen anyone in their community, school, or workplace that uses sign language.
5. Discuss the Namibian National Policy on Disability’s statement about sign language:
- o “The state shall promote and strengthen the position of Namibian Sign Language in order to encourage and strengthen communication amongst deaf people who use this form of communication, and between deaf and hearing people. The state shall ensure that interpreter services with qualified sign language interpreters are developed to facilitate appropriate communication between deaf and hearing people.”



- o Have the mentee talk about instances when he/she has seen sign language interpreters.
6. Have a discussion about when and where it is pivotal to have sign language interpreters available? (Example – hospital, police station, schools, TV news, etc.)
  7. Together, the participant and the mentor will learn how to sign the alphabet.
  8. Practice, practice, practice!
  9. To “pass” this activity, both the mentor and mentee should be able to sign the alphabet to each other and spell out the following:
    - o The mentor’s name
    - o The mentee’s name
    - o The name of your town/village and region
    - o The slogan: “Disability does not mean inability.”
    - o “Nothing about us, without us” (slogan from the National Disability Council)
  10. Discuss with your mentee about what challenges a person with a hearing impairment may have on a day to day basis. Are there any things that can be done to prevent these challenges? If the mentee does not know sign language, what is another way that they could communicate with someone who has a hearing impairment?

**Source:** Namibia Ministry of Lands, Resettlement and Rehabilitation, 1997.

### Activity #6: Let’s Learn Braille!

#### Overview

#### BEGINNER LEVEL.

Participants and their mentors are introduced to the Braille alphabet and numbers! This activity gives insight to how a person with a VISUAL disability may receive messages.

#### Objectives

After this session, participants should:

- o Describe what it means to have a visual impairment
- o Be able to read an easy sentence in Braille
- o Be able to translate a message into Braille
- o Describe the challenges that someone who is visually impaired may have when they are given written material

#### Materials Needed

Pencil/pen, paper, Braille Handout (see Handout 5d).

Optional: Index card, something sharp (like the tip of a mechanical pencil)

#### Time Needed



**1 hour for session**

#### Procedure

1. Prior to the session, the mentor can choose whether or not they want to make their own raised dot Braille message for the mentee to decipher. One way to make a message with the embossed letters – use thick paper (like an index card). With a pencil, draw dots to form a message. Then use the end of a pen cap or tip of a mechanical pencil to try to make a raised dot for all the letters that you drew. Afterwards, erase any pencil markings.

2. Describe what it means to have a visual impairment

- o People with visual impairments have difficulty seeing. It includes people with low vision (can see a little or cannot see clearly) or who are totally blind (cannot see anything). Sometimes people can see large objects and large shapes, but are unable to see details. Other people can tell if it is light/dark or night/day, however, cannot see any shapes or objects. (Werner, 1996)
- o You can be born blind or develop it later in childhood or adulthood.

3. Ask your mentee if they know anyone who is blind or has a visual impairment. When they walk around, do they use a cane or have someone assist them? You can tell them about the use of “Seeing-eye dogs”. What kind of modifications does the person have to make on a daily basis?
4. Discuss with the mentee about Namibia’s Policy on Disability regarding Braille. Do they think this happens often?
  - “The state shall ensure that information available to the general public is also converted into Braille and in large print for blind and/or partially sighted people respectively.”
5. Discuss some history about Braille
  - α Braille is a way for people with a visual impairment to gain information, learn to spell, and a direct means of contact. It is a system where the person must touch a series of raised dots that represent letters and numbers. The person gently glides their fingers over the raised dots that have been embossed onto the paper.
  - α Braille was created by a man named Louis Braille when he was 15 years old back in the early 1800s.
  - α It is a simple 6 dot rectangle, where each letter, number, and symbol is represented by a pattern of the dots in a 3x2 pattern
  - α People who are visually impaired have access a wide-variety of reading materials, from educational and recreational written material, to practical manuals.
6. Look at the Braille Handout (Handout 5d) and learn the differences between the different letters and numbers!
  - There are trends in how each pattern represents each letter or number
  - Spend time to learn the positions of the 6 dots in a Braille cell. Knowing where the dots and empty spaces are is important to being able to read Braille.
  - Letters A-J (the first 10 letters) - These letters use only the top 4 dots of the 6 in the cell
  - Letters K-T (the next 10 letters) - These are identical to the letters A through J, except they have an additional dot in position 3.
  - Letters U, V, X, Y, and Z - These are the same as the letters A through E, except they have an extra dot in positions 3 and 6.
  - Letter W - Does not follow the pattern because Braille was written originally in French, which in the 1800s did not contain the letter W.
  - Numbers - Add a number sign pattern in front of one of the first 10 letters of the alphabet. For example, a number sign and the sign for letter “C” means “three.
7. Try to see how quickly you can read the code at the bottom of the handout
8. Try reading the embossed Braille letters or message that you made on the index card
9. Each member must create their own Braille message that includes letters and numbers.
10. Trade papers with your partner and try to solve their message
11. Discuss what frustrations a person who is visually impaired may have if they are given a letter from their doctor or someone important that is not in Braille. What kinds of information should automatically be transcribed into Braille?

**Sources:** Namibia Ministry of Lands, Resettlement and Rehabilitation, 1997  
Werner, 1996. American Foundation for the Blind, 2011.

## Activity #7: Understanding Communication Disorders

### Overview

#### BEGINNER LEVEL.

The participant gets an introduction into learning about what it is like to have a COMMUNICATION disorder.

### Objectives

After this session, the mentee will be able to:

- o Describe what it means to have a communication disorder
- o Describe some of the challenges that someone with a communication disorder may have.
- o List alternative ways for them to communicate

### Materials Needed

Pen/pencil, paper, Understanding Communication Disorders Handout (see Handout 5e)



**Time Needed: 30 minutes**

### Procedure

1. Describe what a communication disorder is:
  - Someone with a communication disorder has difficulties trying to speak or other people are unable to understand their speech. They may have limited expressive and receptive language, and therefore, it is difficult to understand or interpret what they are saying.
2. Does the mentee know anyone who has communication disorder? Can your mentee describe what may be challenging for a person that has problems speaking?
3. Have the mentor pick 3 example sentences from the Understanding Communication Disorders hand out in the (Handout 9e). (Be aware that the sentences in the Mentee workbook are not the same as the ones in the Mentor guide). The mentor must figure out a way to communicate each sentence to their mentee without speaking, writing, or using any letters of the alphabet. The mentee must guess what the mentor is trying to communicate.
4. Switch roles and have the mentee pick 3 example sentences from the Understanding Communication Disorders Handout in the (Handout 9e) while the mentor tries to guess what message is being communicated.\*\*\*Another option is to have your mentee come up with 3 of their own sentences.
5. Discuss the following questions:
  - Was it difficult to communicate using a different method?
  - What ways did you try to communicate that were successful?
  - List some ways that people with communication disorders (who cannot talk) can communicate with one another.
  - Possibilities include using sign language, gestures, using a picture exchange communication system (Which involves pointing to a set of pictures or symbols on a board. I.e. Picture of a toilet or drink showing that they have to use the bathroom or want a drink), write things down

**Source:** Adcock and Remus, 2006.

## Activity #8: Understanding Intellectual and Learning Disabilities

### Overview

#### BEGINNER LEVEL.

Gives the mentee a basic understanding of what it is like to have an INTELLECTUAL/LEARNING disability such as dyslexia and how this affects their daily life.

### Objectives

After this session, the participant will be able to:

- Discuss what it means to have an intellectual and learning disability
- List at least 3 intellectual or learning disabilities
- Describe the difficulties experienced by people who have an intellectual or learning disability and cannot read.

### Materials Needed

Pen or pencil, piece of paper; timer

### Time Needed



**30 minutes**

### Procedure

1. Explain what it means to have an intellectual or learning disability
  - People with an intellectual or learning disability learn new skills and process new or complex information slowly. Their ability to learn or to function in daily life is limited.
  - Includes autism, as a result of Down Syndrome or fetal alcohol syndrome, and dyslexia
  - Intellectual disabilities are not the same as mental health issues (ex. Schizophrenia, drug addiction, anorexia, bipolar disorders, etc.) Mental health disorders can affect the mood, inadequate patterns of behavior, and other psychiatric problems.
  - Not all people with an intellectual disability are alike – some differences include:
    - ▣ Difficulties understanding what other people say
    - ▣ Difficulties saying what they mean or feel
    - ▣ Difficulties socializing
    - ▣ Difficulties in reading or writing
    - ▣ Difficulties concentrating
    - ▣ They may act younger than their true age
    - ▣ May have to do things more than once or more times than normal to learn something new
    - ▣ May not understand when someone says that they are doing something incorrectly
    - ▣ May not understand when people are making fun of them
2. Explain what it means to have dyslexia
  - One type of learning disability where the person reading words sees the letters of words switched around. Example – “blue” becomes “bule”
3. Discuss how having an intellectual/learning disability affects communication
  - Writing is a major way we communicate, but we tend to take it for granted. A person with an intellectual disability will often have difficulties in reading, or will take longer than would normally be expected to read written forms of communication. Remember, they may also learn new skills and process new or complex information slowly.
4. Without letting the mentee see what the mentor is writing, the mentor will write down 5 long sentences. (Example: “Yesterday we had horrible weather, but today is a very beautiful day”). Tell them that you have written 5 sentences and want them to read them out loud. Then show them the sentences and have them read the sentences out loud. Keep track of the time it took.
5. Without letting the mentee see what the mentor is writing, the mentor will write down another 5 sentences – but this time write each word backwards. (Example: “I ma gniidnif siht esicrexe yrev tluciffid ot etelpmoc.” = “I am finding this exercise very difficult to complete.”). Example sentences:
  - I went to sleep really late last night and did not get any rest.
  - My natural science teacher gave us a very difficult test today.



- During the school holiday I was busy plowing the farm.
  - My cousin – Precious – will be attending university next year.
  - When I grow up I want to be the President of Namibia and have a big family.
6. Once again, tell the mentee that you have written another 5 sentences that they need to read out loud. As the mentee starts to read, keep urging them to read faster, interrupt them, tell them you can have someone else read it if they cannot do it. Pretend to be impatient with them as they are trying to read the second group of sentences.
  7. After the mentee finishes reading the sentences discuss the following questions:
    - What kind of challenges did you have while reading the second set of questions?
    - How did the mentee feel when the mentor was trying to make them read faster?
    - Besides having the words written correctly, what would have made the activity easier?
    - What day to day challenges do you think that persons with intellectual disabilities have on a daily basis?
    - Discuss how some important written messages (i.e. Medication instructions, disability grant information, HIV/AIDS information, bank statements, etc.) may be too complicated and look like a foreign language to you – how would you feel?
      - ▣ People with intellectual and learning disabilities often have difficulties reading messages. Think about how you can make it easier for someone to read an important poster or message

**Source:** Adcock and Remus, 2006.

### Activity #9: Breaking Barriers

#### Overview

#### INTERMEDIATE LEVEL.

Participants are introduced to identifying different barriers that affect people with different disabilities. This involves taking a field trip to evaluate the accessibility in the community. This activity is similar to an activity in Module 13 (Impact of HIV/AIDS on the Disability Community). If the participant has already successfully completed this activity in Module 10, they have an option to skip this one in the Disability Sensitivity Module.

#### Objectives

After this activity, participants will be able to:

- o Identify different barriers that a person with a physical, sensory (hearing and vision), and intellectual disability may encounter when in the community
- o Determine how to remove those barriers

#### Materials Needed

Breaking Barriers Handout (Handout 5b) – for reference



#### Time Needed:

2-3 sessions – each taking no longer than 1 hour each.

#### Procedure:

This session can be broken up into 2-3 different sessions. One could be used to review the Breaking Barriers Handout, and another session to visit and observe a place in the community and to discuss what you found. A third session could be arranged to go meet with the manager of the place you had visited or to discuss your findings with your mentee. This all depends on the mentee.

1. The phrase “society for all” is emphasized in the Namibian Policy on Disability. Explain to the participant that in “society for all” persons with disabilities should have access to all services, treatments, and buildings. When considering accessibility for persons with disabilities to services, treatments, and buildings, all disability groups must be considered (to include people with mobility, vision, hearing, and intellectual disabilities).

- Discuss about different modifications that can be made to ensure access to information, services, and buildings for the people of different disability groups. Make sure that your participant includes persons with physical disabilities, hearing and visual impairments, and intellectual disabilities. Refer to Handout 5b - Breaking Barriers. The mentee has a copy of this in their mentee workbook too for their reference.
2. Choose a place in town that you and your participant can go visit and evaluate to see if there are any barriers to different disability groups.
    - Pick from one of the following sites to visit:
      - ▣ HIV/AIDS testing center
      - ▣ Health Clinic
      - ▣ Police Station
      - ▣ Local grocery store
      - ▣ Local hotel/lodge
      - ▣ Location of where they pick up their disability grant (This will differ according to age and away to find out if your mentee knows where they can get their grant).
  3. Bring a piece of paper and pen on your field trip so that one of you can write down “your findings”.
    - Use your Breaking Barriers - Handout 5b to assist you
    - Write down things that the site is doing to accommodate for persons with disabilities
    - Write down things that the site is NOT doing to accommodate for persons with disabilities, therefore, creating barriers.

Consider what they are doing for people with mobility disabilities, visual impairments, hearing impairments, and intellectual disabilities.

4. After you have finished your evaluation of the site – sit down and discuss:
  - ⌘ Your findings – what can you do to improve the items that you said were NOT accommodating to persons with disabilities
  - ⌘ What are you going to do with the findings?

\*\*\*\*\*For an extra ADVANCED LEVEL activity – have your mentee meet with the manager/supervisor of the site you visited and show them your findings. See Communication Module 9, Activity 4 to review communication skills when in an important meeting/interview.

**Source:** South African Bureau of Standards, 2011.



The goal of this module is to determine what it is and why it is important, for the mentee to learn to treasure themselves and to learn their self-worth, and to discover what things lower self-esteem.

### Key Words:

Self-esteem: Describes how people feel about themselves.

High Self-esteem: Good feelings about oneself. People with high self-esteem know they are worthy of love and respect.

Low Self-esteem: Poor feelings about oneself. People with low self-esteem do not expect love and respect from others because they feel unworthy of it.

Put-down: A word, phrase, expression, statement, gesture, or situation that results in a person feeling not good enough, not important, not capable, or less valued or significant than before.

### Activity #1: What is self-esteem and why is it important?

#### Overview: BEGINNER LEVEL.

This session is meant to introduce your mentee to the idea of self-esteem and have them understand how they can work towards building their own self-esteem.

#### Objectives

After this session, participants will

- o Define self-esteem
- o Figure out what level of self-esteem your mentee has

### Materials Needed

Pen and paper



**Time Needed:** 50 minutes or 1-2 sessions, depending on the time needed by your mentee.

### Procedure

1. Ask your mentee if they have ever heard the term "self-esteem." If they have, ask them what it means. (Possible answers: Having confidence; to be conceited or arrogant) Explain that people with good self-esteem love and respect themselves. When people feel they deserve love and respect, they expect it from others and are not likely to accept being mistreated or disrespected.
2. Ask your participant "Why it is important to have high self-esteem?" Explain to your mentee that how people feel about themselves affects their actions towards others and what they can accomplish in life. Ask him/her to brainstorm how a person with good self-esteem acts. Write down their ideas on a piece of paper and be sure to include the following points.
  - o People with high self-esteem
  - o accept their mistakes and keep going
  - o accept new challenges and try new activities, and thereby, gain self-confidence
  - o are more comfortable with others
  - o believe that they can succeed and set goals to do so
  - o feel more confident in their decisions and make choices based on their own desires and values, not those of others (inform them that the opposite is also true. People with low self-esteem may be more likely to fall under the influence of others, not trusting their own values or decisions.
3. Point out that people are not born with self-esteem. Children learn self-esteem when they feel loved and valued. As children hear positive remarks, including praise, encouragement, and reassurance about themselves and the things they do, their self-esteem is strengthened over time. Parents and family play a crucial role in building or damaging a young person's self-esteem and helping a child grow up believing that he/she is both lovable and capable.
  - o Ask your mentee if they were ever given praise for doing something well. How did they feel when they were given praise?
  - o Ask them if they give other people they know praise for doing something well?
    - Make a suggestion for them to try doing this.
    - Discuss how praising, encouraging, and reassuring others is an important LEADERSHIP skill and something that role models do.
4. Point out that high self-esteem is different from being conceited. People with high self-esteem like themselves. However, that does not mean that they think they are perfect or better than other people. Ask your mentee if they can think of ways people can improve their self-esteem. Write down their responses on a piece of paper and be sure to include the following ideas:
  - o "You can work on your self-esteem every day by..."
  - o Not comparing yourself with others. Setting your own goal, and not judging yourself according to someone else's achievements.
  - o Recognizing your special talents and appreciating yourself the way you are. Make a list of things you do well. Are you an artist, singer, good student, storyteller, dancer, or athlete? In what subjects do you excel in school? What things do you do well at home?
  - o Being aware of the things you would like to improve about yourself, but not being overly critical of yourself.
  - o Being realistic. Set achievable goals so that you can be satisfied when you accomplish them.
  - o Believing in yourself. Tell yourself: "I can do it!"
  - o Spending time with people who care for you, make you feel good about yourself and boost your self-esteem.
  - o Can they identify who these people are in their lives
  - o Staying away from people who damage your self-esteem, particularly if they do it on purpose.



Self-esteem protects you. When someone treats you poorly, your sense of self-esteem shouts: "This is wrong. I do not want to be treated like this!"

o Thinking about the kind of person you are and making a list of your best qualities: What do you like about yourself? Are you generous? Do you have a good sense of humor?

- Have them make a list of 3 things that they like about themselves

**Source:** USAID, 2008.

## Activity #2: Factors that lower self-esteem

### Overview BEGINNER LEVEL.

Mentee will learn the many different ways they or other people can lower their self-esteem and ways to avoid that.

### Objectives

After this activity, participants will:

- o Define put down.
- o Learn how to identify things that will lower self-esteem and explore why they have that effect.
- o Come up ways to avoid or limit damage of put downs.

### Materials Needed

Pen and paper



**Time Needed:**  
30 minutes

### Procedure

1. Explain that there are reasons why many young people have low self-esteem. Very often, the "negative" things about people are highlighted while the "positive" things are not spoken.
2. Ask your mentee to explain the meaning of the word "put-down." Explain that a put-down is a word, phrase, expression, statement, gesture, or situation that results in a person feeling not good enough, not important, not capable, or less valued or significant than before.
3. Ask your mentee to give examples of put-downs, preferably that they have encountered. Possible examples include:
  - o "That's a stupid idea."
  - o "I suppose that's the best you can do."
  - o "What idiot would do that?"
  - o "That's typical of you."
  - o \*\* Try to include put-downs that are gestures or other non-verbal put-downs such as talking to one person in a way that excludes or ignores another.
4. Ask your participant how people would feel if they continuously heard negative comments.
5. Now discuss with your mentee whether it is only other people who put us down, or whether we also do it to ourselves and how. Write down responses. Some examples of ways we can put ourselves down include:
  - o "Not accepting compliments. " Oh, I'm not really that good, I was just lucky."
  - o Giving credit to others when it rightfully belongs to us. "You did all the work, I just helped a little."
  - o "I couldn't do anything without him."
  - o Giving others opinions before our own. "Our teacher always says..." "My friend thinks..." "I don't really know, but my mother says..."
  - o By responding when someone says, "Hey, stupid!"
  - o By accepting nicknames like "shorty," "fatty," or "thick-head"
6. Discuss the following questions with your mentee:
  - How do put-downs affect us?

- How are we likely to feel about ourselves if we believe put-downs?
- If someone is continually put down, how are they likely to behave towards themselves and others?

7. Emphasize that people who are used to being put down often:
  - o Find it difficult to interact with others or meet new people because they are afraid of rejection
  - o Are easily influenced or do things they do not want to do in order to be accepted
  - o Cannot stand up for their rights
  - o Are shy, lack confidence
  - o Find it difficult to make decisions
8. Close the discussion by asking your mentee what they could do to limit the damage that put-downs can do to them and others. What kind of coping mechanisms has your participant used in the past that were helpful and successful?

**Source:** USAID, 2008.

## Activity #3: Treasure Yourself

### Overview INTERMEDIATE LEVEL.

This session is meant for the mentee to work on building their own self-esteem

### Objectives

By the end of this session, mentees will identify positive things in their own lives.

### Materials Needed:

Treasure Chest Handout (see Handout 6), Pen, and paper



**Time Needed:** 55 Minutes (5 minutes for the first part, 50 minutes for the second part)

### Procedure

1. Give your mentee the Treasure Chest handout (Handout 6). Have them write a few general things that they like about themselves on this piece of paper.
2. Read the following questions aloud one at a time. Ask your mentee to answer each question.
  - What do you think is your greatest personal achievement to date?
  - What do you like most about your family and friends?
  - What do you value most in life?
  - What are three things you are good at?
  - What is one thing you would like to improve about yourself?
  - If you died today, what would you most like to be remembered for?
  - What do your friends like most about you?
3. Go over these different aspects of self-esteem with your mentee. Take turns reading them out loud:
  - o Know Ourselves: It is important for us to know who we are- our values, goals, dreams, and priorities - so that we can accept ourselves and interact better with others.
  - o Respect Ourselves: Some people can do certain things better than others. Our friends may play football better, work better, or learn faster. They are not better, just different. Never compare yourself to others.
  - o Love Ourselves: We must love ourselves before we can love others. When we have a good relationship with ourselves, our relationship with others will improve
  - o Value Ourselves: Instead of hating ourselves for what we are not or have not done.
  - o Trust Ourselves: Trusting ourselves means knowing that we can be our own teacher, our own guide, and our own decision maker in matters relating to us.
  - o Accept Ourselves: Accept ourselves as we are. Of course we can always try to improve some things about ourselves, but we should not judge ourselves too harshly.
  - o Show Ourselves: Let people know who we really are. A healthy personality is based on being honest about who we are.



- o Stretch Ourselves: As we grow up we develop a mental picture of ourselves called a “self-image.” Our self-image is not easy to change, but it is possible. By trying new things, our mental picture of ourselves can slowly be expanded, enlarged, and embellished.
  - o Self-discipline: Staying focused and having control over our actions helps to achieve our goals.
  - o Nourish Ourselves: Take good care our mind, body, and feelings.
  - o Be Ourselves: Sometimes people feel that they should try to be like other people. It is important to be ourselves and be proud of who we are.
- o Share Ourselves: Once we feel good about ourselves, our time spent with others will be more satisfying and fulfilling. Sharing our life will help us to feel better about ourselves.

4. Ask them which of the aspects is the most important to them and why?
5. Take out the Treasure Yourself handouts again and see if, at the end of the session, they have any more qualities that they like about themselves that they can add to this piece of paper.

**Source:** USAID, 2008.

**Activity #4: Who Am I?**

**Overview INTERMEDIATE LEVEL.**

This is a quick exercise for your mentee to understand their own worth.

**Objectives**

By the end of the session, the mentee will:

- o List qualities they admire about themselves
- o List areas that they think they can improve on

**Materials Needed**

**Pen/pencil, piece of paper**



**Time Needed:**  
**20 minutes**

**Procedure**

1. Tell the mentee to think about themselves and what they believe are the most important parts of them? How do they see themselves? Explain that they can think about things they like or things that they can improve on.
2. On a piece of paper, write in large letters, “I am...”
3. Have the mentee write out 10 sentences about themselves that start with those words.
4. Ask them to place a star next to the sentences that they like about themselves and to circle any sentences of things that they may want to change.
5. The mentor can show them an example of this by doing one about themselves as a mentor.
6. Ask your mentee to look at the sentences and consider as to whether or not they think they have a good self-esteem or a good self-image?

**Source:** Life Skills Manual, 2001.

This module prompts the participant to think about people that are important to them, role models, and the people that they admire. They will get a chance to tell their story as they look at their strength and weaknesses and set short and long term goals.

**Activity: Picture Pizzle**

- This is an exercise to prompt discussion about the important people in the mentee’s life
- How they will help them with their goals and their future endeavors

**Procedure**

1. Ask the mentee to come up with at least 5 important people in their lives. Have them draw a picture of themselves and the 5 people on the Picture Puzzle Template. (For mentees that have trouble drawing, write a name or two of someone in their lives on each puzzle piece.) Optional for the mentor to also do one about the important people in their life.
2. Paste the picture on the cardboard paper. (If you do not have glue, then you can copy the puzzle picture onto the cardboard paper and then just draw directly on the cardboard paper).
3. Cut the picture on the lines.
4. Have the mentee put the puzzle back together. (Assist the mentee if needed)
5. As the mentee is putting together the puzzle pieces, ask the following questions:
  - a. Have the mentee describe each person they drew individually.
  - b. Who are they?
  - c. What role do they play in your life?
  - d. Why are they important to you?
  - e. How have they helped you in the past?

If you were in trouble or needed to talk to someone, would you feel comfortable going to them?

**Source:** Substance Abuse and Mental Health Services Administration, 2004.



## Activity #2: Goal Setting

### Overview

#### BEGINNER LEVEL.

This activity is intended to help mentees begin an action plan for their goals. It also helps mentees visualize their goals and incorporate them into their future.

### Objectives

By the end of the session mentees will be able to:

- Define short-term and long-term goals.
- Create an action plan for goal setting.
- Come up with short-term and long-term goals and figure out a plan to reach those goals.

Have the mentees, visualize their goals and how to incorporate them into their future.

### Materials Needed

What Are My Goals? Worksheet (See Handout 7b), flip chart paper (alternative option – cereal box), markers, magazines, glue or tape



### Time Needed

1 hour or 1-2 sessions, depending on the time needed by the participant

### Procedure

2. Discussion:

Discuss the meanings of “short-term goals” and “long-term goals”, making sure to give examples.

- Short-term goal: A project that can be completed within six months. Examples include: “I am going to clean the house today”; or, “I am going to pass my exams in two months”; or, “I am going to knit some table coverings to sell at the market.”
- Long-term goal: A project that can be completed in a year or more. Examples include: “I am going to go to University to become a doctor”; or, “I am going to have three children who will go to good schools.”

3. Explain the worksheet:

What Are My Goals? (See Handout 7b). Walk your mentee through the worksheet. (Optional for the mentor to also fill one out as an example.)

- Take time to discuss the challenges they may face when trying to reach their goals, steps to be taken, and why planning is important when trying to reach their goals.
- Also discuss the importance of having people to support them when reaching their goals.

3. Have your mentee fill out the worksheet. (Assist them by writing down what they say, if needed.)

Review what was written on the worksheet.

4. Goal Collage

- After completing the goal worksheet, trace the mentee’s upper body on flipchart paper. (Option – if you do not have flip chart paper, use the back of a cereal box and no need to trace the mentee’s body). Have the mentee create a collage on the flipchart paper showing their goals. They can draw pictures, paste pictures from magazines, or write words. Assist your mentee if needed.

**Source:** Life Skills Manual, 2001

### Activity

- Draw a picture of yourself how you look:
  - ▣ In this current year,
  - ▣ 6 months from now
  - ▣ 1 year from now
  - ▣ 5 years from now

This year	1 year and 6 months from now
1 years from now	5 years from now

Each person should present their poster (if possible)

## Activity #3: The Person I Admire

### Overview

#### BEGINNER LEVEL.

Mentees and their mentors get a chance to describe qualities that they admire in other people, identify a role model, and qualities that they want to emulate.

### Objectives

By the end of this session, participants will be able to:

- Describe qualities that they want to emulate
- Describe qualities that they believe make a good role model

### Materials Needed

Pen/pencil, and paper



**Time Needed:** 1 hour or 1 to 2 short sessions

Prior to meeting with your mentee for this session – tell them that you want them to think of someone they consider to be a role model (can be someone they know or a celebrity. No fictional characters)

### Procedure

1. Write down the term “Role Model” and ask the mentee what they think this term means. The mentor can write down important points made by the mentee. (Can come to a definition as explained in the Life Skills Manual: “Someone whose example you follow in your life” or, “someone you admire and wish to be like.”)
2. Ask the mentee who they consider to be their role model or someone they want to be like, perhaps a person with disabilities? Why do they consider them a role model? They can choose someone they know or a celebrity. Please allow some time for the mentee to think about this if you have not told them about this activity prior to the meeting. The mentor should be willing to share their role model and answer the same questions – but AFTER the mentee has finished describing their role model.
3. On the piece of paper – write down the following:
  - a. If you had a chance to ask your role model 3 questions, what would they be?
  - b. What makes us admire our role models?

4. Discuss:
  - a. The importance of role models.
  - b. Is this someone that you will want to imitate or be like in the future?
  - c. Is your mentee working on developing the same qualities?
  - d. Can watching these role models help them to the right path to avoid dangerous situations?
  - e. How can emulating their role model help lead them achieve their goals in life?
5. Write down 1 thing that your mentee will do to become more like the person they admire.
6. Ask your mentee "What can the participant do to become a role model to others?" Explain that being a role model is an important part of being a leader in the community or school.

**Source:** Life Skills Manual, 2001.

#### Activity #4: Life Story

##### Overview

##### INTERMEDIATE LEVEL.

This activity prompts mentees to think about their life story during their past, present and futures.

Mentees will be encouraged to reach their vision for their future by making positive decisions and surrounding themselves by positive people.

##### Objectives

By the end of the session mentees will be able to:

- Discuss different stages of their lives.
- Identify factors that might have an impact on their future plans.
- Discuss options for their lives in the future.

##### Materials Needed

None



**Time Needed: 45-60 minutes.**

##### Procedure

1. Visualizing our Life Stories: Ask children with disabilities (your mentee) to visualize their life story and their future. Have them imagine their lives as you ask leading questions. You can use the following script to help you lead the visualization:
  - Let us think about your life five years ago: Who did you live with? Who did you have in your life that you could talk to? What did you do in your spare time? What activities did you enjoy doing? Did you make good decisions? (Do well in school; listen to the elders in your family, etc.) Did you spend time with friends who helped you make good decisions? (They did they force you to make bad decisions that could affect your future.)
  - How is your life now? How has it changed from five years ago? Are you spending time with good people that help you make good decisions? (They encourage you to stay away from alcohol and drugs, to abstain from sex and bad friends.)
  - Now, think of yourself next year: Who will you be living with? Who will your friends be? Will you be in secondary school or university?
  - What will you do in your spare time? Will you smoke, drink or take drugs? How may these decisions affect your future?
  - Next, imagine yourself in five years' time. (Ask some of the same questions from above.)
  - Now think of your life when you are in the late 20s or late 30s (depending on the mentee's age). Will you be married? What work will you be doing?

- Finally, imagine that you have your own children ages 13 or 14. What kind of lifestyle would you wish for them? What fears will you have for them?
  - Trainer's Note: These questions may have to be altered depending on the mentee. However, visualizing their past and what they want for their future is important for any mentee. If appropriate it is also important to talk about the topics above. Many of these mentees may have never been asked to think about these issues.
2. Ask the participants to think about what they just visualized. Have them write down their "life story" imagining their futures while keeping in mind the questions they were thinking about during the session. If a mentee cannot write down their story and they feel comfortable sharing their life story, they can verbally say it. If not remind the mentee to think about the questions asked during the session and ask them to think about what they want from the future.

**Source:** Life Skills Manual, 2001





The goal of this module is for the participant to learn what it takes to be a leader, what makes them a leader, and leader challenges. In order to create “a society for all”, which is mentioned in the National Policy on Disability, and to continue the process of positive change, more strong leaders are needed.

### Key Terms:

**Leader:** A person who influences or motivates others within a particular community, a role model.

- ▣ Organizing a group of people to achieve a common goal.
- ▣ A guiding, or directing head.

**Role Model:** A person whose behavior, example, or success is or can be emulated by others, especially young people.

- ▣ Any person who serves as an example, whose behavior is emulated or copied by others.

**Leadership:** The position or function of a leader, a person who guides or directs the group.

- A process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task.
- An act or instance of leading, guidance, or direction.

### Activity #1: What does it take to be a Leader: Questions about Leadership

#### Overview

#### BEGINNER LEVEL.

This session is designed as a one on one discussion with the mentor and the mentee. It serves as an introduction to the concept of leaderships and what makes a leader.

#### Objectives

By the end of this session, the mentee will understand what a leader is and what it takes to be a good leader.

#### Materials Needed

Pencil or pen, Leadership Workbook (See Handout 8) – Fill out the answers in the workbook



**Time Needed: 30 minutes**

#### Procedure

Mentor asks the mentee to write down what the word leader means.

1. Mentor has the mentee read their definitions, then they move onto the follow up questions

2. Questions about leadership?

What qualities should this person have?

- ▣ Possible qualities: Integrity, dedication, humility, openness, assertiveness, sense of humor, fairness, confidence

What qualities should this person NOT have?

What skills or education should this person have?

Who can be a leader?

**Source:** The Pennsylvania State University, 2004.

### Activity #2: What does it take to be a Leader: Why is leadership important?

#### Overview

#### BEGINNER LEVEL.

This session is designed as a one on one discussion with the mentor and the mentee. It serves as an introduction to the concept of leadership and what makes a leader.

#### Objectives

By the end of this session, the mentee will understand why leadership is important, especially in people with disabilities.

#### Materials Needed

Pencil or pen, Leadership Workbook (See Handout 8) Fill out the answers in the workbook



**Time Needed  
30 minutes**

#### Procedure

Mentor begins with a review of what it means to be a leader.

1. Mentee will be asked to review his/her Leadership notebook to contribute

2. Now that the mentee understands what it means to be a leader the mentor will start the discussion on the importance of leadership:

- ▣ Why is it important to be a leader/show leadership?
- ▣ Why is it important for people with disabilities to be leaders?
- ▣ Can you think of people with disabilities in your community and within your country who are leaders?

3. After the discussion about what a leader is, the mentor asks the mentee if there is anything that they want to add to their initial definition about being a leader.

**Source:** The Pennsylvania State University, 2004.

### Activity #3: What makes YOU a leader: How are YOU a leader?

#### Overview

#### INTERMEDIATE LEVEL.

An activity for the mentee to discover what they may have done in the past that show some leadership qualities.

#### Objectives

At the end of this session the mentee will be able to identify their leadership strengths.

#### Materials Needed

Pencil or pen, Leadership Workbook (See Handout 8) Fill out the answers in the workbook



**Time Needed: 30 minutes**

#### Procedure

The mentor will start the session with a review of the qualities of a leader.

1. Explain a time when you lead a group or an individual to accomplish a common goal, a time when you exhibited leadership
2. What qualities did you use to be effective in this scenario?
3. What leadership qualities do you have?
4. How can you become a better leader?

**Source:** The Pennsylvania State University, 2004.

### Activity #4: What makes YOU a leader: Back up your QUOTE!

#### Overview

#### INTERMEDIATE LEVEL.

The mentee will participate in another activity that makes them think about what already makes them a leader.

#### Objectives

By the end of this session the mentee will be able to describe how a famous quote is important to them and how it is relevant to their life.

#### Materials Needed

Pencil or pen, cut out quotations, Leadership Workbook (See Handout 8) Fill out the answers in the workbook.



**Time Needed: 30 minutes**

#### Procedure

1. The mentor will cut out the following quotations about leadership and instruct the mentee to choose ONE. The mentor will also choose one quote after the mentee chooses theirs. Next, the mentor will ask the mentee why they chose that particular quote and why it is important to them. The mentor will also briefly share their quote to spark further discussion. After this discussion the mentee will write about why they chose the quote they did.
2. Leadership quotations:
  - "A leader... is like a shepherd. He stays behind the flock, letting the most nimble go out ahead, where upon the others follow, not realizing that all along they are being directed from behind." Nelson Mandela
  - "Leadership: The art of getting someone else to do something you want done because he wants to do it." -Dwight D. Eisenhower

- "Honesty, sincerity, simplicity, humility, pure generosity, absence of vanity, readiness to serve others – qualities which are within easy reach of every soul – are the foundation of one's spiritual life." Nelson Mandela
- "If your actions inspire others to dream more, learn more, do more, and become more, you are a leader." -John Quincy Adams
- "If you can dream it, you can do it." -Walt Disney
- "Leadership and learning are indispensable to each other." – John F. Kennedy
- "I suppose leadership at one time meant muscles; but today it means getting along with people." -Mahatma Gandhi
- "It is better to lead from behind and to put others in front, especially when you celebrate victory when nice things occur. You take the front line when there is danger. Then people will appreciate your leadership." -Nelson Mandela
- "Management is doing things right; leadership is doing the right things." Peter Drucker
- "A good objective of leadership is to help those who are doing poorly to do well and to help those who are doing well to do even better." -Jim Rohn
- Effective leadership is not about making speeches or being liked; leadership is defined by results not attributes." -Peter Drucker
- "Character matters; leadership descends from character." -Rush Limbaugh
- "The key to successful leadership today is influence, not authority." -Ken Blanchard
- "Leadership is a matter of having people look at you and gain confidence, seeing how you react. If you're in control, they're in control." -Tom Landry
- "One of the tests of leadership is the ability to recognize a problem before it becomes an emergency." -Andrew H. Glasow
- "Leadership cannot really be taught. It can only be learned." -Harold S. Geneen

**Source:** The Pennsylvania State University, 2004.  
FAWENA, 2014

### Activity #5: Leader Challenges

#### We are all just potatoes: Breaking down stereotypes

#### Overview

#### BEGINNER LEVEL.

This is an introduction to looking at the leadership challenge of stereotypes.

#### Objectives

To help mentee break down stereotypes and understand that every individual is different, with and without disabilities in an effort to make them a better leader.

#### Materials Needed

4 Potatoes, Leadership Workbook (See Handout 8) Fill out the answers in the workbook



**Time Needed: 30 minutes**

#### Procedure

1. Both the mentee and the mentor should select one potato each out of the 4 to choose from.
2. Instruct the mentee to get to know their potato, examine its bumps, bruises, and scars. Know the potato well enough to consider it one of your friends.
3. After 5 min both the mentee and mentor will introduce their new potato friends and share how they got their bumps and bruises.
4. Once both have shared put all the potatoes set all of the potatoes on the desk and ask the mentee: "Would you agree with the statement 'all potatoes are the same'? Why or why not?"
  - Take home points to this discussion
  - Potatoes are a little like people, sometimes we think 'They're all alike.' But what this really means is that we haven't taken enough time to get to know them as an individual.



- ▣ When we do really get to know someone we find out that everyone is different and special in their own way. This makes us unique, just like our new potato friends.
- ▣ Can you list groups in your community or school?  
ex. Kids from town, kids from the village, kids with disabilities
- ▣ When we lump everyone from the same group together and assume they all have the same characteristics, what are we doing?
- ▣ Stereotypes
- ▣ When you do this does every person fit their stereotype once you get to know them?
- ▣ Why are stereotypes dangerous?
- ▣ What are the stereotypes of people with disabilities in your community?
- ▣ How could you break down these stereotypes?
- ▣ How could stereotypes prevent you from being a good leader?

**Source:** The Pennsylvania State University, 2004.

### Activity #6: Famous Leaders with Disabilities

#### Overview

#### BEGINNER LEVEL.

The participants learn about famous leaders with disabilities

#### Objectives

By the end of this session, mentees will:

- ▣ Identify individuals with disabilities who are strong leaders.
- ▣ Disability does NOT mean inability

#### Materials Needed

Pen or pencil, Leadership Workbook (See Handout 8) Fill out the answers in the workbook



#### Procedure

1. Ask the mentee if they can think of any leaders in their community who have disabilities
  - What makes this person an effective leader?
  - What unique qualities does this person have that make them a stronger leader because of their disability?
2. Explain to your participant that you will be discussing famous leaders with disabilities. Go through the list below with your participant.
  - Johanna Benson made history when she became the first winner of a gold medal for Namibia in either the Olympic or Paralympic Games after her success in the 200 meters T37 sprint.
  - Alexia Ncube-Women with disability as Member of Parliament in Namibia
  - Tom Cruise- He is a famous movie star (in many action movies). He learns his lines by listening to a tape because he suffers from dyslexia.
  - Ludwig Van Beethoven- Famous German composer and considered one of the greatest musicians of all times. The last 30 years of his life were shaped by a series of disabilities, the first of which was the onset of deafness.
  - Franklin D. Roosevelt- President of the United States of America, he was paralyzed by polio and confined to a wheelchair.
3. Ask your participant which famous leader discussed did they identify with the most and why?
  - What makes this person an effective leader?
  - What unique qualities does this person have that make them a stronger leader because of their disability?
  - Do you share any qualities with this person? Are there any qualities that you wished you shared with this person?

4. After discussing your participant's chosen leader and their successes, as your participant:
  - How can they become a better leader in their school, community or workplace?

In conclusion, tell your participant that disability does not mean inability. Just because all of the previously stated individuals learned a little differently or were physically handicapped, did not mean that they were not able to excel as leaders and create a difference in the world!

**Source:** The Pennsylvania State University, 2004.1  
FAWENA, 2014

### Activity #7: Leadership in ACTION!

#### Overview

#### INTERMEDIATE LEVEL.

To challenge participants to do some leadership problem solving.

#### Objectives

By the end of the activity, the mentee will be able to:

- Apply leadership training to problem solving.

#### Materials Needed

Leadership notebook, pen or pencil



**Time Needed: 20 minutes**

#### Procedure

1. Read one of the scenarios below out loud with your participant. \*\*Choose the scenario that applies best to your participant's life and issues\*\*

#### Scenario 1

Maria is a learner in grade 9 with a learning disability, it's hard for her to read out loud when the teacher calls on her. Patrick, the head boy, usually bullies and assigns extra cleaning tasks for Maria and a few others who are different in the class. Many of the other learners are scared of the head boy and don't want to confront him for fear of being beaten. Maria knows that she should not be doing all of the extra work, but she also does not want to be treated differently by her peers, especially the head boy. What should Maria do?

#### Scenario 2

Richard is 31 years old and has been living in his village for his entire life. He has a physical disability that doesn't allow him to walk around so he spends most of his time sitting in his chair. One day the village borehole breaks and the village calls an emergency community meeting addressing the problem. From his home stay, Richard always has a good view of the borehole. He has been noticing cattle getting through the old fence, along with small children and other adults.

As a result, Richard has some good ideas of how the borehole was broken and, once it gets fixed, how to prevent the borehole from breaking in the future. The only problem is the village head woman doesn't ever invite him to community meetings. Richard is afraid to go to the meeting because he doesn't think the community will give him a chance to talk, let alone take his suggestions seriously. What should Richard do?

2. Ask the participant 'based on your leadership training, how you would best address the problem in the scenario?'
3. Ask the participant 'have you ever been in a situation similar to this?
  - If so, how did you respond to the situation?
  - Would you respond differently now? If so, how?
4. Ask the participant 'can you think of any other problems you may face on a daily basis in your community, at school, or at work?'

- If another problem is brought up, discuss possible ways of addressing the situation with positive leadership.

**Source:** The Pennsylvania State University, 2004.

## Activity #8: Managing Stress with Leadership Roles

### Overview

#### INTERMEDIATE LEVEL.

Participants are asked a series of questions about stress and stress associated with having a leadership role. They will try out a coping mechanism.

### Objectives

By the end of the activity, the mentee will be able to:

- o List at least 4 of the 6 strategies for managing stress
- o Discuss ways to deal with stress that they may encounter personally or when in a leadership position
- o Try one activity to help cope with stress

### Materials Needed

Stress Management Strategies (Handout 8b)



**Time Needed: 45 minutes**

### Procedure

For the following questions, feel free to write down your participant's answers on a piece of paper.

2. Ask your participant to define stress.
  - ▣ The Peace Corps' medical book claims that "Stress itself can be defined as the body's non specific response to any demands made upon it. This response is termed 'non specific' because the body goes through a number of specific biochemical reactions and readjustments without regard to the nature of the stress-calming event."
  - ▣ It can have a big impact on your emotional health
3. Ask your participant, "Why would having long term stress not be a good thing?"
  - ▣ Explain that stress in the short-term, is a natural reaction, protective, and healthy (like a 'fight or flight' response). However, if you experience stress for a long time and without any kind of release or compensatory relaxation period afterwards, it can lead to stress related illnesses, puts pressure on the whole body system (i.e. The immune system), until your body becomes exhausted and you are forced to relax frequently because your body has become ill.
  - ▣ Ask your mentee, "Do you think that leaders experience stress? And why should an effective leader know how to manage their stress?"
  - o As a leader you may use the stress to keep you focused on a task, keep you competitive, or cause some action to occur.
  - o A research study done by the Center for Creative Leadership reported that 75% of the people they interviewed claimed that when they assumed a leadership role, their level of stress increase.
  - o Reasons for increased stress with leadership roles:
  - o Tendency to do more in a smaller time frame (Common reasons for stress: lack of resources and time)
  - o More job related responsibilities and learning more information.
  - o Increased demand placed on the leaders by those they work with
  - o As a leader, you may be involved in work that is stressful – having to organize events or manage other people
  - o They must build many relationships with different stakeholders and make many phone calls.
  - o They are the sole person responsible for decision making in their jobs.
  - o Having to motivate their co-workers and resolve any conflicts that may occur at work.
  - o Their role may involve working long hours, which prevents people from spending time with their families – also leading to stress.
  - o There is a tendency to take on extra burdens.

- o Leaders face many challenges that they must learn how to keep in perspective. Having to organize your priorities because you have many tasks.
- o The study by the Center for Creative Leadership found that people who exercise to reduce stress were rated to have more leadership effectiveness of those that they worked with.
- o The problem with increased stress associated with leadership roles was that, most of the time, people in those leadership roles do not know how to deal with that increased stress in their lives

4. Ask your mentee to recall a stressful time in their life.
  - o How did you feel?
  - o What did you do to try to decrease the stress you were feeling?
5. Review the handout Stress Management Strategies (Handout 8b)
  - o Avoid unnecessary stress
  - o Alter the situation
  - o Adapt to the stressor
  - o Accept the things you cannot change
  - o Make time for fun and relaxation
  - o Adopt a healthy lifestyle
6. Ask the mentee, "As a leader, what can you do or try to help reduce or manage the stress of the people you work with?"
7. Ask the mentee, "Does managing stress make you a good or bad role model?"
8. Ask your participant what he or she can do differently to relieve stress and what kind of mechanisms they will use to manage their stress.
  - o Make a list of ways they will try to manage stress.
  - o And try one of the following ways to manage stress with your participant:
  - o Use one of the examples from the Stress Management Strategies Handout 3b
  - o Exercise, work in the garden, read, play a card game, do puzzles, eat, cook/bake.
  - o Make a list of people who will support you in times when you are stressed and can help assist you in managing stress
  - o The key is to make the way you manage stress a HABIT.

**Source:** Campbell, et al, 2007.  
Peace Corps Namibia, 2001.





The goal of this module is to improve the mentee's ability to convey their thoughts, feelings, ideas, to improve their listening skills, and to learn about what things are needed in order for good communication to occur. Communication can either be verbal or nonverbal.

### Activity #1: Draw this!

#### Overview

#### BEGINNER LEVEL.

Each person will take turns verbally describing an example picture and have their partner draw the picture without looking at it.

#### Objectives

By the end of the activity the mentee will:

- o State the importance of listening and giving directions
- o Get an idea of how they verbally communicate with others

#### Materials Needed

Draw This! Handout (Handout 9a), blank piece of paper, pen or pencil \*\*\* Please note that the example pictures in the mentor's handout section are different from the ones in the mentee's workbook



**Time Needed: 45 minutes**

#### Procedure

1. Have the mentor pick one of the example pictures from the Draw This! Handout 9a). Do not tell the mentee about the photo you choose and do not let them see the picture. The mentee will have a blank piece of paper and a pen/pencil.
2. You and your partner should sit back to back so you cannot see each other's papers.

3. The person with the example picture describes the picture verbally so their partner can recreate the picture on their blank piece of paper. HOWEVER, they cannot say what exactly the overall picture is – they must describe it in parts – according to shapes, segments, or lines. Example – you CANNOT say “draw a picture of a house with a tree on either side.” Instead, say “in the middle of the page draw a big square with a triangle on top....”
4. After the person drawing feels that they have completed the picture, face each other and compare your pictures.
5. Now switch roles – the mentee should choose an example picture from the Draw This! Handout 4a).
6. When done, discuss the following:
  - ▣ What did you find difficult about this activity?
  - ▣ Was there something that your partner did to make the activity easier?
  - ▣ How important is “listening” in this activity?
  - ▣ Have both the mentor and mentee give feedback to each other about what each person did WELL during the activity

### Activity #2: Body Language

#### Overview

#### BEGINNER LEVEL.

An activity for the mentee to understand what body language is and how to use it effectively when in conversation

#### Objectives

After this activity, participants will be able to:

- o Describe what body language means and its importance
- o Describe how we can communicate our feelings through body language
- o Evaluate their own and their peer's body language during different circumstances

#### Materials Needed

Body Language – What Do You See? Handout (Handout 9b) (can show this to the mentee on your laptop or print out);

Body language – Scenarios handout (Handout 9c) (can either print and cut out scenarios or write onto a separate piece of paper)



**Time Needed: 45 minutes**

#### Procedure

1. Discuss what they think body language means and why it is important
  - ▣ A nonverbal way to express what we are saying when communicating with another person
  - ▣ Can include eye contact, distance between people, positions
  - ▣ Fact: 93% of communication is nonverbal (body language 55% and your tone of voice 38%) (www.samaritans.org)
2. Have your participant look at Body Language – What Do You See? Handout (Handout 9b)
  - o Describe the people's body language in the pictures
  - o What do you think the people are thinking or feeling? How could you tell?
3. The last part requires you and the participant to act out different emotions. Please look at Body Language – Scenario handout (Handout 9c). It lists different scenarios that are related to a specific emotion.
  - ▣ Print out the handout and cut the paper so each scenario is on a different piece (or write out the different scenarios on individual pieces of paper). Fold them up and, without seeing what is written on the pieces of paper, have each person pick 2 scenarios.
  - ▣ One person is the actor who acts out the scenario and the other person is the observer. The actor is not allowed to talk. The observer must guess what kind of emotion is being portrayed and after they have guessed correctly, must say what about the person's body

language made you think about that emotion.  
Each person should act out 2 different scenarios.

4. Have a discussion about the importance of body language when communicating

Source: Samaritans, 2009. FAWENA, 2014

### Activity #3: Listen to My Story

#### Overview

#### BEGINNER LEVEL.

The participant will reflect upon telling a story to an interested/good listener or to a bad listener.

#### Objectives

After this session, the participant will be able to list the differences between being a good listener and a bad listener.

#### Materials Needed

Pen/pencil and paper



**Time Needed: 15 minutes**

#### Procedure

The mentee should describe in detail to their mentor about an important time in their life that made them feel happy. They should pick a story that will take at least 5 minutes to describe.

\*\*\*Mentor's note: During this first round as a listener – you should say nothing but just concentrate hard to listen to what they are saying. After your mentee has been talking for about 3 minutes, then change your listening skills so that you are not listening at all to their story. You can yawn, look away, check your phone, etc.

2. After the mentee has told their story the two should discuss about what it felt like to be telling an important story to good/interested listener versus to a bad listener.
3. Have the mentee come up with a list on QUALITIES OF A GOOD LISTENER and QUALITIES OF A BAD LISTENER.
4. Tell your mentee to observe some students in the classroom (or people at a meeting) – do they see any of these “Good” or “bad” qualities?

**Source:** Life Skills Manual, 2001.

### Activity #4: Time to Network!!

#### Overview

#### ADVANCED LEVEL.

This activity shows the importance of collaborating and networking with people in their community who work hard to advocate for the rights of persons with disabilities.

#### Objectives

After this session, participants will:

- Gain contact information from a respected member of the community who advocates for the rights of persons with disabilities
- Use good listening skills during the interview
- Describe current issues in disability advocacy
- Describe important elements when setting up meetings with important people in the community

#### Materials Needed

Pen/pencil, many pieces of paper, envelope



#### Time Needed

This may take multiple sessions - 1 hour for the first part and 1 hour for the interview

#### Procedure

1. The mentor and mentee will agree upon meeting with a respected person in the community who is an advocate for persons with disabilities
2. Help the mentee set up a meeting time and place that works for everyone
3. Brainstorm with your mentee about different questions to ask the person they will be interviewing. Can use the following:
  - What has the person been doing to advocate for the rights of persons with disabilities?
  - What, if any, kinds of challenges have they had advocating for the rights of persons with disabilities in our community? In Namibia?
  - What do they think are the most important rights for persons with disabilities to know? Are there any rights that most people are not aware of?
  - Find out what they think Namibian organizations, ministries, and advocates can do to promote the rights of persons with disabilities
  - What do they think youth in Namibia can do to start to advocate for their rights?
4. Preparation for the meeting:
  - Remind your participant to dress neatly for the interview
  - Discuss what time the two of you should meet for the interview. Also talk about the importance of showing up early.
  - What do they need to bring to the interview – a tape recorder, pen and paper to write?
  - Have the questions written out for the mentee to ask
  - For the end of the interview, have the mentee come up with a polite way for them to thank their interviewee for meeting with them
  - Tone of voice – discuss the importance of tone of voice during an interview (avoiding loud short sentences that may seem aggressive)
  - Body language – review what it means to be an active listener
    - Pay attention – look at the person talking, avoid being distracted by other environmental factors
    - Show you are listening – good posture, nodding occasionally, avoid interrupting and allow them to finish their thoughts
5. After meeting with the person, have your mentee write a thank you letter to the person saying how their talk may have influenced him/her.
6. Drop off the letter





In an ideal world, everyone would assume some social responsibility or social consciousness, but this is not the norm. Social responsibility/consciousness is holding beliefs and acting in a way which focuses on another, the extended family, and the community... concern and action for the common good.

### Activity #1: Understanding Social Responsibility/Consciousness

#### Overview

#### BEGINNER LEVEL.

This activity is to develop or reinforce with the mentee a sense of social responsibility/consciousness

#### Objectives

After this activity the mentee will:

- o Be able to explain or define social responsibility/consciousness
- o Identify the value and benefits of social responsibility to self and community
- o Recognize that there are many ways which community members can participate and contribute to their communities
- o Begin to develop a personal strategy on how to actively become part of positive social change.

#### Materials Needed

#### Pen & Paper



#### Time Needed

This activity could take 1-3 sessions as determined by mentor and mentee.

#### Procedure

1. This activity is to basically build a foundation and reference point for the next activity.... Which is identifying community action groups in the community and developing a commitment and strategy for the

mentee to participate in their community. "Ubuntu" is a concept that is known in several African countries, and definitions may vary a bit, but basically it means having a consciousness, awareness and concern for others. Desmond Tutu offered the following definition in his book No Future Without Forgiveness. "A person with ubuntu is open and available to others, affirming others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs to a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed"

2. The discussion should include a wide array of activities in which one can participate in one's community or Nation. Participation can range from simply helping a neighbor in distress to participate in the political arena.
3. A key element is to give of oneself without expectation of reward in return. With a solid recognition that when we give, we do receive. We receive a feeling of having done the right thing. A potential pitfall here is that one who does good deeds may begin to think: "How wonderful am I?" AVOID THIS AT ALL COSTS!!
4. Ask the mentee to make a list of
  - o ways in which he can participate in the community
  - o ways I have given back to my
  - o ways I plan to give back in the future
5. Discussion on Corporate Responsibility can be included also.

**Source:** Tutu, 1999.





Organizational skills will serve any individual well in all aspects of life, but of course, are a particular asset, when participating in an organization of persons with disabilities. In this module the mentee will gain a basic understanding of the need for and value of organizational skills and understand the basic concepts and techniques of organization skills.

### Activity #1: Why we need strong organizational skills

#### Overview

#### BEGINNER LEVEL.

This module is to develop or increase awareness of the importance and value of strong organizational skills

#### Objectives

After this activity the mentee will:

- o Have a basic understanding of the need for and value of organizational skills
- o Understand the basic concepts and techniques of organization skills

#### Materials Needed

Pen, paper, Organizational Skills Information Sheet (Handout 11)



#### Time Needed

This activity could take 1-2 sessions

#### Procedure

1. The mentor and mentee should review the Organizational Skills Information Sheet (Handout 13) together

- o Read alternative sentences
- o Discuss topics as you proceed

2. Identify which of the above mentioned CHARACTERISTICS OF AN INDIVIDUAL WITH STRONG ORGANIZATIONAL SKILLS that the mentee has already
3. Identify organizational skills your mentee would like to add to his or her repertoire
4. Identify someone in your mentee's life who practices effective organizational skills and link their potential for bringing about positive change in relation to their organizational skills
5. Additional activities may include - Review NID booklet "Principles of Internal NGO Management." This might be more appropriate for an older, more mature, and experienced mentee. Mentor and mentee go through this booklet together, informally discussing topics as they go.

### Activity #2: Implementing Good Organizational Skills

#### Overview

#### INTERMEDIATE LEVEL.

This activity requires the mentee to use different organizational skills to plan a real or imaginary event.

#### Objectives

After this activity the mentee will:

- Experience an opportunity to think through and possibly implement a project or event
- Prioritize tasks
- Delegation of tasks
- Utilize good time management skills

#### Materials Needed

Pen and paper. More materials may be needed if the mentee plans to go through with planning the event.



#### Time Needed

One or two sessions or more depending on whether or not the planning activity is actual or simulated

#### Procedure

1. Together the mentor and mentee will make a list of potential activities which might be utilized in this exercise. They might include, but not limited to:
  - o Organize an International or National Disability Day in their community.....for those with higher aspirations, it could be planning an event at National Level
  - o Organize a disability training session at a school
  - o Organize a White Cane Day event
  - o Participate in Disability Prevention Week
2. All tasks in order to hold a successful event should be listed and put into various categories, including
  - Venue
  - Program or agenda
  - Invitations
  - Catering
  - Tent, tables, chairs, etc.
  - Publicity, etc.
3. If an actual event is being planned, the mentee may actually establish a planning committee composed of various stakeholders, setting up working committees or delegating tasks to individuals.
4. Objectives should be established indicating what constitutes a successful event. (Monitoring & Evaluation) This is sometimes a tough one, as too often people want to measure the number of people attending the event, etc. However, as this can be a measure, it may need to be more about less tangible and obvious thing (ex. awareness increased with members of the community not previously aware).





People with disabilities rarely get to share their own stories. Oftentimes their needs are completely ignored. Even when people with disabilities and their issues are discussed, the discussion is rarely led by the people with disabilities themselves. Not only does this limit the discussions about disabilities, it also keeps people with disabilities from having the opportunities to work on public speaking skills that are essential for independence in society.

It is important for people with disabilities to have opportunities to speak to groups and express themselves. This helps eliminate ignorance, increase confidence, make people with disabilities more desirable to the workforce, and ensure that people with disabilities have a say in discussions and decisions being made about them.

### Activity #1: Preparedness for Public Speaking

#### Overview

#### BEGINNER LEVEL.

This is an introduction to public speaking.

#### Objectives

To inform your mentee that some even before they speak, they will be communicating.

#### Materials Needed

Public Speaking Worksheet #1 (Handout 12a), pen or pencil, blank paper



**Time Needed: 20 minutes**

#### Procedure

1. Inform your mentee that he communicates with more than just words. His nonverbal communication can say just as much as the words of his speech. Brainstorm things that a person can do besides speak that still communicate. Examples can include the way you dress, the way you smell, whether you are on time or not, whether you look nervous.
2. Go over Public Speaking Worksheet #1 with your mentee, stressing the importance of dress, punctuality, and volume. At the end of the worksheet, work with your mentee to plan how they will prepare for a speech. Make sure they understand for example, why each outfit is appropriate or inappropriate. This should include picking an appropriate outfit, making sure they and their clothes are clean, arranging to arrive early, and practicing their speech. Obviously, not everyone in Namibia has a business suit and it is not always needed to dress that formally, so discuss a specific outfit with your mentee that they own for a specific speaking engagement.

### Activity #2: Audience

#### Overview

#### BEGINNER LEVEL.

An activity to understand the audience in a public speaking situation.

#### Objectives

To get your mentee to think about tailoring their speech to a specific audience.

#### Materials Needed

Public Speaking Worksheet #2 (Handout 12b), pen or pencil, 2 magazines



**Time Needed: 20 minutes**

#### Procedure

1. Inform your mentee that it is important to change the speech for an audience. Even if you are talking about the same person, you would talk differently about him if it was at his funeral than if it was at his wedding. At a funeral, you would show that you are sad and respectful, and at a wedding you might tell jokes and be much happier.

If you are speaking to young children, it is important to use words that they understand at a young age. It is very important to speak in a language your audience can understand. Because of the culture in some groups, a female speaker should not say some things to a male audience and a male speaker should not say some things to a female audience. If your audience is older, it is very important to show respect.

2. Using the two magazines and Public Speaking Worksheet #2, analyze an advertisement together. Preferably, the magazines should be for different audiences (examples: men and women's magazines; an ad for dessert and an ad for health food or a gym; clothes from a teen magazine and a woman's magazine). Who is the audience for the ad? How do you know? Then have them analyze another magazine ad by themselves.

### Activity #3: Making a Speech

#### Overview

#### ADVANCED LEVEL.

Practice for making a speech.

#### Objectives

To help your mentee write, practice, and deliver a speech to an audience.

#### Materials Needed

Public Speaking Worksheet #3 (Handout 12c), pen or pencil, Evaluation Handout (Handout 12d)



## Time Needed

First session – 1 hour

Second session – Depends on venue of speech

### Procedure

1. Discuss the parts of a speech. Every speech should have a beginning, middle, and an end. In the beginning, the person or situation is introduced. In the middle, the person or situation changes. The end discusses what is different after the change and appeals to the audience to do something.
  - Here is a sample speech:
    - o Beginning – I may not look like it now, but I used to be very shy. The game of soccer changed my life. My name is Raymond, and I was my mother and father’s only child. I had no brothers and sisters, and growing up I had no friends. I was very lonely.
    - o Middle – My entire life changed because of soccer. When I was in primary school, I had to play soccer at school with the other boys. I was really good at it and liked playing. More importantly, I made a lot of friends with the boys on my soccer team. Even when we weren’t playing soccer, we would still hang out. I finally had friends.
    - o End – Making friends through soccer changed my life. I had a team of friends who supported me. People cheered for me and wanted me to succeed. I took that confidence from the soccer field and applied it to my life. I hope that you see that soccer is more than just a game.
2. In the beginning of the speech, Raymond was shy and had no friends. In the middle, he starts to play soccer and gets friends. In the conclusion, he has confidence from soccer that he uses in his regular life.
3. Work with your mentee to think of something that changed their life. You should then work together to craft a three-part speech with a beginning, middle, and end focusing on who they were before and after the change. The change could be meeting a person, a job he had, a school he attended, a club he joined or started, a book he read, a trip he took – anything that had a big impact on his life.
4. When crafting the speech, focus special attention on the hook and the call to action. The hook is the first sentence, which needs to grab the audience’s attention. Many bad speakers do not care if their audience is engaged, so it is important for your mentee to show his audience that he wants to entertain them with the first sentence. A hook can be a quote, a joke, or a rhetorical question. In Raymond’s speech about soccer, his hook is “I may not look like it now, but I used to be very shy.” This hook works because it surprises the audience; why would a shy person be giving a speech? It makes the audience want to know more, so they pay attention.
5. The call to action is the very end of the speech. Every speaker will want the audience to do something after hearing his speech. The speaker may want his audience to vote for something, buy something, change their attitude or way of thinking about a topic, or tell more people what they have learned. In Raymond’s speech about soccer, his call to action is “I hope that you see that soccer is more than just a game.”
 

It is a simple call for action, but it works. He wants his audience to think about soccer not just as a game, but as something that builds friendships and confidence. He wants to change how they think about soccer. A great hook would be for your mentee to change the way his audience thinks about people with disabilities, seeing them as more confident and independent.
6. Go over the Evaluation handout with your mentee. Make sure that he knows on what criteria he is being evaluated. Explain that evaluations are important so he can know what his strengths are and what he needs to practice.
7. After you have come up with a speech together, have your mentee practice it several times. Instruct them to practice it in front of a mirror and with loved ones several times before the next time you meet. At your next mentoring session, arrange for you mentee to deliver his speech to an audience. This could be in a ministry, church, school, children with disabilities or boys group, clinic or hospital, or anywhere else that you have access to an audience appropriate for his speech.

Arrange for the audience to have evaluations so they can give feedback. You can either give your mentee the completed evaluation forms or synthesize the results and present him with what the audience thought he did well on and where he needs to improving this.

- Discuss how praising, encouraging, and reassuring others is an important LEADERSHIP skill and something that role models do.
4. Point out that high self-esteem is different from being conceited. People with high self-esteem like themselves. However, that does not mean that they think they are perfect or better than other people. Ask your mentee if they can think of ways people can improve their self-esteem. Write down their responses on a piece of paper and be sure to include the following ideas:
 

“You can work on your self-esteem every day by...”

    - ▣ Not comparing yourself with others. Setting your own goal, and not judging yourself according to someone else’s achievements.
    - ▣ Recognizing your special talents and appreciating yourself the way you are. Make a list of things you do well. Are you an artist, singer, good student, storyteller, dancer, or athlete? In what subjects do you excel in school? What things do you do well at home?
    - ▣ Being aware of the things you would like to improve about yourself, but not being overly critical of yourself.
    - ▣ Being realistic. Set achievable goals so that you can be satisfied when you accomplish them.
    - ▣ Believing in yourself. Tell yourself: “I can do it!”
    - ▣ Spending time with people who care for you, make you feel good about yourself and boost your self-esteem.
      - o Can they identify who these people are in their lives
    - ▣ Staying away from people who damage your self-esteem, particularly if they do it on purpose. Self-esteem protects you. When someone treats you poorly, your sense of self-esteem shouts: “This is wrong. I do not want to be treated like this!”
    - o Thinking about the kind of person you are and making a list of your best qualities: What do you like about yourself? Are you generous? Do you have a good sense of humor?
    - ▣ Have them make a list of 3 things that they like about themselves

**Source:** USAID, 2008.



## Module 13: Impact of HIV/AIDS on the Disability Community



### Introduction

There is a big need for increased attention to the impact of HIV/AIDS in persons with disabilities. Researchers have found that individuals and groups with disabilities do not have the same access to HIV/AIDS education and information, intervention, and services as their non-disabled counterparts, therefore making them more vulnerable and susceptible to contracting HIV. Overall, persons with disabilities are not being reached due to lack of education, information presented in inaccessible formats (complex messages, no radio messages, and inaccessible borders), not included in HIV/AIDS outreach efforts, and AIDS workers, are not familiar with disability issues. Participants will get a chance to make a difference in increasing HIV/AIDS access and education to persons with disabilities and to increase disability awareness to those working with HIV/AIDS groups.

The HIV/AIDS associated risk factors are increased for individuals with disabilities. The risk factors include poverty, lack of education, lack of information and resources to ensure safe sex, increased risk of violence/rape and legal protection, substance abuse, disabled AIDS orphans, access to affordability of care if individuals with a disability do become HIV positive, and stigma.

It is recommended that you discuss the handout Facts on HIV/AIDS and Disability (Handout 13b) with your mentee BEFORE starting any of the activities in this module.

Sub-Saharan Africa is the region of the world that is the most affected by HIV/AIDS. More than two out of three (68%) adults and nearly 90% of children infected with HIV live in this region, and more than three in four (76%) AIDS deaths in 2007 occurred there.

Young people worldwide are particularly affected by the AIDS epidemic. As of 2004:

- About half of all new HIV infections occurred among people aged 15–24.
- An estimated 10 million young people were living with HIV.
- By 2010, 18.4 million children in sub-Saharan Africa—more than one in three orphans—will have lost parents to AIDS.

Girls and young women with disabilities are especially vulnerable to HIV/AIDS. Women make up about half of all people living with HIV worldwide. In sub-Saharan Africa, where the epidemic is worst, they make up an estimated 57% of adults living with HIV, and three quarters of young people living with HIV on the continent are young women aged 15–24. Moreover, girls and women are less likely than men and boys to have information about HIV transmission and prevention.

Girls and young women must know how to protect themselves from this devastating illness, as well as other sexually transmitted infections (STIs). While talking about HIV/AIDS may be difficult, painful, or embarrassing for some people, the following sessions provide concrete information regarding modes of HIV transmission and prevention. They will also help you to facilitate discussions about the most important topic—how young people can make good decisions that will keep them HIV-free  
Girls' mentoring resource guide

### Activity 1

#### What is HIV/AIDS



**Time allotted: 2 hours**

#### Objectives

Define HIV/AIDS and to determine certain myths and facts about HIV and AIDS

Examine the causes of HIV in your community

Key Terms: AIDS (Acquired Immunodeficiency Syndrome): A collection of diseases caused by HIV (Human Immunodeficiency Virus): The virus that causes AIDS

#### Recommended Materials

Chalkboard and chalk, or flipchart paper and markers

Paper (small pieces and large flipchart paper, if available)

Notebook paper for participants

Pens or pencils for taking notes

Tape

Bowl, basket, or hat

Handout 13: HIV/AIDS Myths and Facts

Pieces of paper for mentees' questions

Container (box, basket, envelope, etc.) for collecting questions at the end of the session

#### Preparation

1. Look up HIV/AIDS statistics specific to your country or region in the HIV surveys in Annex 6.
2. Review any national country policies or educational policies related to HIV/AIDS.
3. Understand the difference between HIV and AIDS, and the various modes of transmission.
4. Gather materials.
5. Copy the statements on HIV/AIDS from the left column of the Handout 13a: HIV/AIDS Myths and Facts onto separate pieces of paper; add any HIV/AIDS myths prevalent in your area. (See Activity 2.)
6. Review activities and discussion questions.
7. Prepare answers to mentees' questions from the previous session.
8. Prepare slips of paper for questions. (See final session activity.)



## Introduction



**Time allotted: 10 minutes**

### Facilitation Steps:

1. Conduct an icebreaker with the group. (See Annex 2 for ideas.)
2. Read aloud the questions the girls submitted anonymously at the end of the previous session and provide answers. Ask the girls if they have any more questions and provide accurate responses.
3. Overview explanation for participants: The next few sessions address HIV/AIDS. This is a topic that they may or may not have heard a lot about. However, no matter what they have heard, they will have the opportunity to learn more, to ask questions, and to discuss their feelings about this issue.
4. Ask the following questions to find the girls' level of knowledge, as well as what they would like to know about HIV and AIDS:
  - How many of you have discussed HIV in school?
  - Do you have any ideas about what HIV is?
  - How does HIV affect the body?
  - How can you protect yourselves against the pandemic?
  - Are there certain things about HIV/AIDS that you would like to know more about?



### Note to facilitator

Be sure to write down these items for later reference. Because girls may not ask about certain taboo topics, make sure to remind them at the end of the session to write down any other subjects they would like to discuss and submit them anonymously.

5. Explain that today's discussion will be an overview of HIV. Throughout the next few sessions, you will discuss various topics related to HIV/AIDS, including how it is transmitted and how it can be prevented. Tell the girls that some things that you will be talking about may make them feel uncomfortable or embarrassed, but it is important to talk about how girls can keep themselves healthy and safe. Remind them that they should ask questions at any time.

## Activity 2: Myth or Fact?



**Time allotted: 20 minutes**

**Facilitation Steps:** Tell the mentees that you will now discuss what HIV is, how it spreads, and how it can be prevented. Write on the chalkboard the words "Myth" and "Fact." Put the HIV/AIDS myths and facts from the left column on Handout 13a: HIV/AIDS Myths and Facts into a hat, basket, or bowl.

(Do not copy the statements in the right column. These are answers that you will read aloud to the students.) Then invite the mentees to select a piece of paper (without looking). Tell them not to show it to anyone else.

One by one, ask the mentees to read the sentence they selected and tape it under "Myth" or "Fact." Continue until all mentees have presented their myths or facts.

Once all students have taped their myths and facts to the chalkboard, read them individually and ask students to raise their hand if they agree with the placement of the paper. Ask the mentees to justify their opinion. Then provide the correct answer with an explanation.



### Note to facilitator

You do not need to get into a lengthy discussion. Rather, this is to help you determine the mentees' level of knowledge and to make mentees aware of what they do not know about HIV.

## Activity 3: Why Do We Have HIV in Our Community?



**Time allotted: 20 minutes**

**Facilitation Steps:** Divide mentees into groups of 3–6 people. Give each group a piece of flipchart paper, if available, and a marker. Explain that the goal of this activity is to get them thinking about the causes of HIV in the community. You don't want them to think about the biological reasons (for example, what fluids transmit HIV, which you will discuss in a later session). Instead, you want them to reflect on what social or cultural reasons may be helping HIV to spread. Their answers should be reflected in a diagram, with HIV at the center. Around the word "HIV," they should include words or phrases that explain what causes HIV.

Around the word "HIV," they should include words or phrases that explain what causes HIV.

Example: (Do not show this diagram to mentees, as it may influence their responses.)

HIV No role models (or bad role models) Poverty Lack of knowledge No hope for the future Some men refuse to use condoms Alcohol abuse Condoms not available to youth mentees have sex for school fees, Cultural beliefs

## Activity 4: HIV Transmission



**Time allotted: 1 hour**

### Objectives

Identify modes of HIV transmission

Identify how HIV spreads throughout a group

Understand the role that STIs plays in facilitating HIV transmission



### Key Terms

Anal sex: Sex during which a man's penis is inserted into his partner's anus or rectum

Genital discharge: Fluid or mucus released from the genitals. A person with an STI may have discharge that is yellow or green, or smells different than normal.

HIV-: Symbol used to indicate that someone has tested negative for the HIV virus

HIV+: Symbol used to indicate that someone has tested positive for the HIV virus

Infertile: Physically unable to have children

Kissing: When one person's lips touch another person's lips

Masturbation: An act during which a person touches his or her own genitals to stimulate pleasure

Mutual masturbation: When two people touch each other's sexual organs with their hands to stimulate pleasure

Oral sex: Sex during which a man's mouth or lips come into contact with a woman's genitals, or a woman's mouth or lips comes into contact with a man's penis or genitals

Port of entry: A place on a person's body where HIV can enter, such as an open wound or the lining of the vagina

Sexual abstinence: Refraining from (not having) any type of sex, including vaginal sex, anal sex, or oral sex

STI: Sexually transmitted infection (also referred to as an STDS, sexually transmitted disease)

Transmit: To pass something from one person to another

Vaginal sex: Sex during which a man's penis is inserted into a woman's vagina

### Recommended Materials

Small pieces of paper for Activity 2

Pens or pencils

Handout 13b: Sexually Transmitted Infections - Signs and Symptoms

Notebook paper for participants

Pens or pencils for taking notes

Pieces of paper for girls' questions

Container (box, basket, envelope, etc.) for collecting questions at the end of the session

### Preparation

1. Gather materials.

2. Prepare Activity 2:

Cut paper into small squares (one square per participant). On almost all of the papers, write "vaginal intercourse." Write "anal sex" on two pieces of paper. Write "oral sex" on one piece of paper. On about 10 percent of the papers (or 2 out of 20 papers), draw a large plus sign (+). (If the rate of HIV infection in your community is higher than 10 percent, increase the number of squares to correspond to this percentage.) Draw a "C" on about 20 percent of the papers (or 4 out of 20 papers). Leave the remaining pieces of paper blank. Fold the pieces of paper so that the markings are not visible.

3. Review activities and discussion questions.

4. Prepare answers to girls' questions from the last session.



5. Prepare slips of paper for questions. (See final session activity.)
6. Optional: Make copies of Handout 13b: Sexually Transmitted Infections—Signs and Symptoms. Invite a health worker to talk about this issue.

## Introduction



**Time allotted: 10 minutes**

### Facilitation Steps

1. Conduct an icebreaker with the group. (See Annex 1 for ideas.)
2. Read aloud the questions the girls submitted anonymously at the end of the previous session and provide answers. Ask the girls if they have any more questions and provide accurate responses.
3. Overview explanation for participants: Explain that today's discussion will focus on what HIV is and how it is transmitted from person to person. Tell the girls that what you will talk about may make them feel uncomfortable or embarrassed. However, girls need to know how they can keep themselves healthy and safe. Remind them that they should ask questions at any time.

## Activity 5: Modes of HIV Transmission



**Time allotted: 20 minutes**

### Facilitation Steps:

1. Ask girls to name the fluids that can transmit HIV. (Write all their answers on the board, even if some are not correct. Later, circle the correct answers as you explain them.)
2. Once they have provided answers, explain that HIV can only be transmitted through direct contact with these specific body fluids: blood, semen, vaginal fluids, and breast milk. Make sure you explain that semen is what comes out of a man's penis during ejaculation and that vaginal fluid is found in a woman's vagina. Fluids that cannot transmit HIV include: tears, saliva, urine, mucous, sweat, vomit, and feces.
3. Ask the girls to explain how HIV can be transmitted from one person to another. Ask them to be as specific as possible. Write a list on the board. Answers should include:

#### HIV Transmission Modes

- Sexual activity: During sex, a person comes into contact with semen and vaginal fluid from a person with HIV. This is the most common mode of HIV transmission in Africa. A person can be come infected with HIV by having vaginal sex, oral sex, or anal sex.
- Parent-to-child transmission (PTCT): HIV can be passed from a man to a woman, who can in turn pass HIV to her baby during pregnancy, delivery (childbirth), or while breastfeeding. One out of every three babies born to an HIV-positive mother also becomes infected with HIV.

#### PTCT can happen at three different times:

- a) Unborn babies become infected with HIV while they are in a mother's uterus, or womb.
- b) Newborns become infected during delivery if there is contact with the mother's blood.
- c) HIV-positive mothers pass the virus to infants through breast milk, which can contain HIV.
- d) Emerging studies show that parents' chewing of food for their infants (pre-masticated food) may transmit HIV through blood in the mouth.

Blood-to-blood contact: This mode of transmission occurs when blood from an HIV-infected person comes into contact with another person's blood, usually through open wounds or sores. Common activities that result in blood-to-blood contact include:

- a) Treating another person's wound without wearing latex (rubber) gloves.
- b) Blood transfusion using blood that has been taken from an infected person.
- c) Sharing an unclean razor or knife to shave people's heads, perform tattooing, or perform female genital cutting (FGC).
- d) Sharing non-sterile (unclean) needles during intravenous drug use or medical procedures.

Explain to the girls that HIV enters another person through one of these fluids. Just touching the fluids, however, will not give someone HIV. The fluids must enter into the body through a "port of entry," or "door." Ask girls to brainstorm some of these "ports of entry." Their answers should include a cut or an open wound vaginal wall (lining inside the vagina) vulva (soft skin surrounding the vaginal opening) lining on the head of the penis; rectum (anus); mouth (sores or openings); lining of the throat (especially in the case of newborn babies who are breastfeeding).

This is why you can't get HIV from simply eating with someone who has HIV or from sharing the same toilet. If there is no blood, semen, breast milk, or vaginal fluid, there is little risk of getting HIV. Moreover, HIV cannot survive outside the body, so a person cannot get the virus from dried fluids. (Dried fluids can, however, transmit other dangerous diseases and should not be touched.) In some cultures around the world, adults chew food and then pass the food from their mouths to the mouths of infants to help them digest it. Research has shown that this "pre-chewing" of food can transmit HIV, so it should be viewed as risky behavior.

One-by-one, read each transmission mode listed on the board or a piece of paper and ask the girls to identify the "door" through which HIV passes from one person to another. Ask girls to again name various types of sexual activity. Ask them if the activities can transmit HIV. The correct answers are:

Vaginal sex: yes  
 Anal sex: yes  
 Oral sex: yes  
 Masturbation: no

Mutual masturbation: lower risk (as long as there are no cuts or sores on hands or genitals)  
 Closed-mouth kissing: no risk  
 Open-mouth kissing: lower risk (as long as there are no cuts or sores in the mouth)

#### Emphasize the following points:

Having vaginal sex or anal sex without using a condom puts a person at a very high risk of getting HIV if exposed to the virus. This is because vaginal sex involves two fluids that can transmit HIV—vaginal fluid and semen.

Having "dry sex" (vaginal sex while the vagina is not lubricated), also increases a person's risk of HIV infection. This is because the soft tissue (skin) lining the inside of the vagina is more likely to tear, thus creating a port of entry for HIV to enter the body. Anal sex without a condom is considered very risky in terms of HIV infection because the anus does not produce natural lubrication (wetness) like the vagina does. Thus, it remains dry during sexual intercourse. Consequently, the skin inside the anus is likely to tear during sex, thus creating a "port of entry" for HIV to be transmitted from semen.

The risk of HIV transmission during oral sex is considered lower than both vaginal and anal sex. However, unprotected oral sex can still lead to HIV infection, especially if one person has a sexually transmitted infection or sores on the genitals or mouth and/or if ejaculation occurs. There is no risk of getting HIV as a result of masturbation because there is no exchange of fluids. A person who masturbates touches his or her own sexual organs.

There is almost no risk of HIV infection during mutual masturbation because there is no direct exchange of fluids that can transmit HIV. However, a person with cuts on his or her hands who comes into contact with semen or vaginal fluid could become infected. Moreover, some STIs can be spread through skin to skin contact. A person cannot get HIV from a closed mouth kiss, but "deep" open-mouth kissing carries a risk of HIV infection through sores in the mouth.

The following points provide a useful summary for your discussion:

Vaginal sexual intercourse is the most frequent and common mode of HIV transmission in Africa. Girls should understand that unprotected vaginal, oral, and anal sex all puts them at risk for HIV. Before receiving an injection, always ask if the needle has been sterilized or if it is new. In most countries, needles are sterilized or used only one time per person. Girls should not be fearful of getting a vaccination or injection because they protect people from other important diseases. Most blood transfusions are safe where the blood supply is monitored and checked for HIV. Pregnant women who think they may have been exposed to HIV should get tested for the virus. Pregnant women who are HIV-positive can transmit the virus to their

babies during pregnancy, during childbirth, or breastfeeding. If a pregnant woman is HIV-positive, she should talk to her doctor immediately about how to avoid transmitting the virus to her baby during pregnancy, childbirth, or breastfeeding. In many countries, pregnant women can receive medication to greatly reduce transmission of the virus to their children.

Now that the girls understand how HIV is transmitted, ask them to explain how HIV is not transmitted. Make a list on the chalkboard. Be sure to include the following answers.

#### **HIV cannot be transmitted by:**

Eating out of the same bowl as someone who is HIV-positive

Sharing a toilet with someone who is infected with HIV

Getting bitten by a mosquito (Mosquito only injects saliva and draws blood up a passage that's completely separate from the one that delivers the saliva, which is why mosquitoes cannot transmit the virus.)

Sexual abstinence (not having sex)

Kissing a person with HIV (as long as it's closed-mouth kissing)

Hugging a person who is HIV-infected

Drinking water from the same well or faucet as someone with HIV

Sharing a desk or table with someone who has HIV

Masturbating (touching one's own sexual organs)

Ask the girls to identify certain practices or places in their community associated with HIV transmission.

#### **Examples may include:**

Older men who have already had sex tend to marry girls or young women who have little sexual experience. Men frequent a local bar, truck stop, or the market where they pay girls and women for sex. Young men leave home to work in large cities or other countries. Some do not use a condom or are not faithful while they are away. As a result, they return to their village or town infected with HIV and transmit the virus to their wives or girlfriends. In addition, their wives or girlfriends may have been unfaithful and become infected in the absence of their husbands or boyfriends.

Some people believe that condoms reduce sexual pleasure, or will prevent future pregnancies, and refuse to use them. Traditional customs whereby a widow is married to her deceased husband's brother. Using unclean razors or instruments to cut or pierce the body in any way, such as for tattooing the mouth or gums, male circumcision, or cutting a girl's genitals.

The belief that an HIV-positive man will be cured if he has sex with a virgin girl or elderly woman. If some of these points do not emerge in the discussion, you may want to talk about these practices or places and ask the girls why they might be associated with HIV.

### **Activity 5: The Spread of HIV Epidemic**



**Time allotted: 15 minutes**

**Facilitation Steps:** This activity is most effective with a group of 10–20 people.

Invite participants to come to the middle of the room and form a large circle. Tell them to close their eyes and to put out their left hands. Give each participant one of the square pieces of papers that you have prepared. Tell them to keep the paper folded in their hands and not to look at it.

Once you have distributed all of the papers, tell the girls they can open their eyes (but not look at the paper). Instruct them to move around the room and greet three people with a handshake. Even though all participants will be girls, for this activity they should pretend that they are a mixed group of girls and boys.

After the greetings, ask the girls to sit down. Explain to them that the handshake and greeting represented sex (either vaginal, oral, or anal) between two people. Remind them that HIV cannot actually be transmitted through handshakes or greetings.

Ask the girls to look at their cards. Draw a big "+" on the chalkboard and ask everyone who has 4. "+" on her card to stand up. (Write the number on the chalkboard.) Explain that for the purposes of the game, everyone with a "+" on her card is infected with HIV (HIV+). Then tell the group that anyone who greeted those two people should stand up, too. Explain that these people may also be infected with HIV. (Write the number of people on the board.) Now ask that anyone who greeted those people should also stand up. (Write the number on the chalkboard.) They, too, could be infected with HIV. Continue asking people to stand up until almost everyone is standing.

Once everyone is standing, draw a big "C" on the board. Ask participants to raise their hands if 5. They have a "C" on their card. Tell them that the "C" stands for condom, indicating that they "used a condom" and are not infected with HIV, even though they had "sex" with a person infected with HIV. Ask those with a "C" on their cards to sit down. (Write the number of people standing at the chalkboard.) However, those without a "C"—those who did not "use a condom"—are infected.

Ask all participants to sit down. Remind them that shaking hands with a person who has 6. HIV cannot lead to HIV infection. They only shook hands for the game. Then lead a discussion using the following questions as guidelines. (Be sure to wait for mentees' responses before providing additional answers.)

1. How did the HIV infection spread among the group? (Answer: People "spread" the virus by "shaking hands" with each other.)
2. How fast did the virus "spread"? (Answer: Refer girls to the numbers you wrote on the chalkboard. Point out that it increased dramatically after just a few handshakes.)
3. Is this similar to how HIV can spread throughout a community? (Answer: If one HIV-positive person has sexual intercourse without using a condom, the virus can spread to the other person. That person can, in turn, spread it to someone else if they do not use a condom.)
4. How did you feel when you found out you were "infected" with HIV? Some girls may be visibly upset when they are told they are "infected" with HIV. Remind them the exercise is only a role-play and they are not really infected. (Possible answers: Surprised, angry, sad, or confused.)
5. How do you think people feel when they learn they have HIV? (Possible answers: Common emotional responses include disbelief or denial, anger, shame, and sadness. Family and friends can help people living with HIV/AIDS cope with these emotions by showing their support and not stigmatizing them. They can get help for the person at a local clinic or organization.)
6. How did it feel to be told you did not have HIV? (Possible answers: Some girls may feel lucky, relieved, happy, or sad for their friends who "have" HIV. They may also feel like it was only a matter of chance that they did not "catch" HIV. They may be nervous to realize how easy it for the epidemic to spread.)
7. What could group members have done to protect themselves from getting infected?
  - a) A person could have refused to "have sex" (or in this case, shake hands). In real life, this would be practicing abstinence.
  - b) A person could have asked to see the other person's card before "having sex" (shaking hands). In the real world, this means asking your partner to take an HIV test before you have sex with him.
  - c) A person could have decided to only greet one person. This is like deciding to be faithful to one partner so as not to increase one's risk of becoming infected.
  - d) A person could have "used a condom" (or not shaken bare hands).End the activity by asking everyone to sit down.

### **Activity 6: Immune System Role-Play**



**Time allotted: 10 minutes**

#### **Facilitation Steps**

The next two activities will focus on what HIV does to a person's body. When a person becomes infected with HIV, the virus attacks the person's immune system. Ask mentee if they can define immune system. The immune system is the part of the body that fights germs, bacteria, and viruses. When bacteria and viruses enter our bodies, the immune system recognizes them and destroys them, which keeps us from getting sick (or helps us to get better if the virus or bacteria does make us sick).

Next, the girls will act out how HIV affects a person's immune system. Select one person to play each of the following roles.

Give each person a piece of paper with one of the following written on it:

- Healthy body
- Immune system
- HIV
- Opportunistic infections (3–5 people representing diarrhea, malaria, tuberculosis, pneumonia, or other diseases)



Select one girl to represent a healthy body. Ask her to stand in front of the group. Have her hold a piece of paper with the words “healthy body” written on it.

Explain that the immune system’s job is to protect a healthy body against illness. (The mentee who is playing the role of the immune system should come up and “protect” the body. (She can illustrate this by putting her arm around her or giving her a hug.)

Tell the mentees that when a person gets sick with an illness such as a cough, the cough attacks the body. The body may get sick, but the immune system fights against the sickness until it is gone. (Have the person who is playing the part of the “cough” come and “attack” the body. The immune system should “fight” the cough until the body is again healthy.) Continue by explaining that the immune system continues to protect the body against other 5. illnesses.

(Have the other “illnesses” come and “attack” the body, while the immune system works to push them away. Encourage girls to act out their illnesses as they “attack” the body.) If a body becomes infected with HIV, however, something different happens. HIV is very clever and instead of attacking the body, it attacks the immune system. (Have the person who represents HIV come and “attack” the immune system.)

The immune system can fight HIV for a while, but eventually HIV is too strong and the immune system becomes weak. This is when all the other sicknesses come in and “attack” the body. (Have all the sicknesses come and “attack” the body at the same time.) The sicknesses are called opportunistic infections because they take the opportunity to attack the person’s body when the immune system is disabled or weak.

Once the HIV has seriously weakened the immune system, the person can become very sick. At this point, the person is at risk for developing AIDS.

Once the role-play is over, ask the girls the following questions and help summarize what happened:

- How easy or difficult was it for the opportunistic infections to attack the healthy body when there was a healthy immune system? (Answer: The opportunistic infections had a difficult time reaching the healthy body when there was a healthy immune system.)

- How easy or difficult was it for the opportunistic infections to attack the healthy body when the immune system was not healthy? (Answer: It was very easy for them to reach the healthy body.) Explain that once HIV destroys the immune system and the person has AIDS, his or her immune system becomes too weak to fight illness. The person becomes sick with many different illnesses at one time, which is why AIDS is called “Acquired Immunodeficiency Syndrome.”

People with AIDS do not, however, die directly from AIDS. Instead, they die from opportunistic infections such as tuberculosis, diarrhea, and malaria, which they have contracted because the immune system was too sick to fight them. (This is why some people might say that a person did not die of AIDS, but another illness. However, it is HIV and AIDS that are indeed the root causes of the death.)

### Activity 7: Elephants and Lions Game



**Time allotted: 15 minutes**

#### Note to facilitator:

Depending on the animals found in your area, you may want to change the name of the game and type of animals dramatized.

#### Procedure

The next activity will help the girls remember the effects of HIV on the bodies. Ask girls to form a large circle. Ask for 3–4 volunteers to enter the middle of the circle. Tell these girls that they are now baby elephants. Ask for 4–5 volunteers. These girls are the mother elephants. Their priority is to protect the baby elephants. Now ask for two more volunteers. These volunteers will play the part of lions, who like to eat baby elephants. The mother elephants’ job is to protect the baby elephants from the lion. To do so, they need to hold hands and make a circle around the baby elephants. Another volunteer should be selected to play the part of the “jungle beast.”

The jungle beast is a very special actor, whose role will be revealed later in the drama. The remaining girls should play the part of snakes in the trees. These snakes should observe and pay special attention to what happens during the drama.

When you say, “go,” the lions should try to “attack,” or touch, the baby elephants. When you say, “stop,” the lions should back away immediately. Next, tell the jungle beast to remove one of the mother elephants from the circle. When you say, “go,” the lions should again try to attack, or touch, the baby elephants. Remind the snakes in the trees to pay special attention to what happens.

Tell the jungle beast to remove two more mother elephants. The lions should again have the opportunity to touch the baby elephants. Tell the snakes in the trees to observe what happens. After the game, lead a discussion about what happened. Write the following four words in one column on the chalkboard:

- HIV
- Diseases (opportunistic infections)
- Body
- Immune system

In another column, write these words:

- Baby elephants
- Lions
- Mother elephants
- Jungle beast

Ask and discuss the following questions:

1. With regard to HIV, what do the baby elephants represent? (Answer: the human body) (Draw a line from human body to baby elephants.)
2. Who do the mother elephants represent? (Answer: the immune system, which protects the body) (Draw a line connecting the immune system to the mother elephants.)
3. What are the lions? (Answer: illnesses, or opportunistic infections, that attack a person’s body, especially when the immune system is weak) (Girls may think that the lions represent HIV, but emphasize that the lions attacked the baby elephants, which represent the body.)
4. In this game, who is HIV? (Answer: the jungle beast, who took the mother elephants away from protecting the baby elephants)

Final Note: Emphasize that HIV breaks down a person’s immune system, which leaves a healthy body extremely weakened against disease.

**Source:** USAID Girls’ Mentoring Resource Guide, 2011

### Activity 8: Get Together and Learn

#### Overview

#### INTERMEDIATE LEVEL.

This is an advanced activity that requires the mentee to be proactive and organized in order to set up a meeting. They will schedule and put together an HIV/AIDS education session with a local HIV VCT counselor, educator, or health worker with other youth or adults with disabilities or parents of children with disabilities. Another option is to use Picture Codes with the group

Objectives: By the end of the session, the mentee will learn how to set up an educational meeting.

#### Materials Needed

Meeting place, chairs.



**Time Needed**

The session should last about 1 hour, but activity will take time to prepare

#### Procedure

1. Have your mentee find 5–10 other people (preferably youth) with disabilities or a parent of a child with a disability, that would be interested in attending an educational and informational HIV/AIDS session.
  - o Talk with the 5–10 people to see what they would be interested in learning about with regards to HIV/AIDS
  - o Find out if you will also need to get material written in large letters or Braille or a sign language interpreter to meet the needs of the people interested in coming to the session

2. Find an HIV/AIDS VCT counselor, health educator, or health worker from a Ministry or NGO in your community who would be able to talk to your group.
  - o Possible partners to work with: Project Hope, SFH, Catholic AIDS Action, NAPPA, TCE, RACOC, Ministry of Health, FAWENA, Ministry of Education (have a specific HIV/AIDS outreach program), Ministry of Youth, Namibia Red Cross Society, or other community based and regionally based NGOs.
  - o Ask what kind of topics they could talk about.
  - o The priority is to find someone to talk about the importance of getting tested (WHY they should know their status), about the HIV/AIDS drivers, or about HIV/AIDS prevention. Other options: Condom demonstrations, information about sexually transmitted infections,
3. If the presenter does not offer a place to host the session (i.e. Their clinic), find a venue to host this talk – can be outside or in a more formal setting (option – if the group is small and the PCV is willing, can be held at the mentor’s house)
4. Prepare the venue where the session will take place. Optional: have snacks available.
5. When the session is over, have the mentee get feedback from the other people with disabilities to see if they felt that the session was beneficial. Would they like to have another one that discusses another topic regarding HIV/AIDS? Do they know other people that may be interested?
6. Have your mentee sent a thank you note to the presenter thanking them for their time.

### Activity #9: Get Involved Overview

This is an advanced level activity that will require a lot of persistence and commitment from the mentee. The participant will get a chance to research to gain information about their community’s knowledge on the effects of HIV/AIDS on the disabled community.

#### Objectives:

After this session, the mentee will:

- Learn how to obtain information by passing out and receiving completed surveys.
- Learn how to interpret the information
- Learn about their communities’ views and knowledge about HIV/AIDS and its effect on persons with disabilities

#### Materials Needed

Facts on HIV/AIDS and Disability (Handout 13c), Community HIV/AIDS Survey for Individuals with Disabilities (Handout 13d), Community HIV/AIDS Survey for HIV/AIDS and Disability Organizations (Handout 13e)



#### Time Needed

Multiple sessions. This could take a few weeks – depending on the amount of time it takes to conduct the survey.

#### Procedure

1. Review the handout on Facts on HIV/AIDS and Disability (Handout 13c).
2. Tell your mentee: “We are going to learn more about our community and how much they know about persons with disabilities and HIV/AIDS. One of the best ways to learn about the thoughts of the community is to conduct a survey and ask them specific questions about the topic. We can use the survey to help us understand about our own community.”
  - o Discuss the importance of “knowing their community”
  - o Ask them how much they think their community knows about the connection between HIV/AIDS and disability
3. Print out the Community HIV/AIDS Survey for Individuals with Disabilities (Handout 13d). Review the different parts of the survey with your mentee.
  - Have your mentee come up with a list of people in the community with disabilities or parents of children with disabilities with whom you can conduct a survey with.

Survey a minimum of 10 people, but the more people - the better the results. However, do as many as you and your mentee feel is appropriate.

- Schedule any necessary appointments (if needed) with members of the community.
  - Have the mentee practice what they will say when they present the survey to community members.
4. Go out into the community and start the survey. This can be done two different ways:
    - Hand out the surveys to people and select a time to retrieve those complete surveys
    - Verbally ask them the questions and record on one piece of paper.
  5. Retrieve the surveys/collect results
  6. Print out the Community HIV/AIDS Survey for HIV/AIDS and Disability Organizations (Handout 13e).
    - o Do steps #3-5 with NGOs in your community (if possible).
    - o This will require your mentee to brainstorm about different HIV/AIDS and disability organizations and advocacy groups that are in your community that you can use complete the survey.
    - o This may include, but is not limited: Parents of Children with Disability groups, disability support groups, Regional Disability Networking Forums, Project Hope, SFH, Catholic AIDS Action, NAPPA, TCE, RACOC, FAWENA, Ministry of Health, Ministry of Education (have a specific HIV/AIDS outreach program), Ministry of Youth, Namibia Red Cross Society, or other community based and regionally based NGOs.
  - Schedule any necessary appointments (if needed) with members of different HIV/AIDS and disability groups/NGOs.
  7. Ask your mentee the following questions:
    - Did people in the community know as much or less than you had thought about the connection between HIV/AIDS and disability?
    - What did you find most interesting or surprising about the results of the survey?
  8. SHARE the information. Determine whom to share this information with – Ministry of Health and Social Services, RACOC, or put it on the agenda for a local meeting for persons with disabilities.

**Source:** The World Bank/Yale University, 2004.

### Activity #10: Breaking Barriers... Again!

#### Overview

#### ADVANCED LEVEL.

This is similar to Activity #9 Breaking Barriers in Module 12; however, this activity is specific to evaluating HIV/AIDS related centers. This is another chance for participants to identify different barriers that affect people with different disabilities. This involves taking a field trip to evaluate the accessibility to HIV/AIDS testing clinics and service programs in the community. If they have already done Activity #9 in Module 12, then they have the option to skip this activity in this module.

#### Objectives

After this Identify activity, participants will be able to:

1. Different barriers that a person with a physical, sensory (hearing and vision), and intellectual disability may encounter when in the an HIV/AIDS testing clinic or buildings that provide HIV/AIDS services
2. Determine how to remove those barriers



**Materials Needed**

Use the Breaking Barriers Handout (Handout 5b) – for reference



**Time Needed**  
1 to 1 ½ hours

**Procedure**

1. Explain to the participant that in “Society for All” persons with disabilities should have access to all services, treatments, and buildings. When considering accessibility for persons with disabilities to services, treatments, and buildings, all disability groups must be considered (to include people with mobility, vision, hearing, and intellectual disabilities).
  - Discuss on different modifications that can be made to ensure access to information, services, and buildings for the people of different disability groups. Make sure that your participant includes persons with physical disabilities, hearing and visual impairments, and intellectual disabilities. Refer to Handout 5b - Breaking Barriers. The mentee has a copy of this in their mentee workbook too for their reference.
2. Choose an office/center in town that provides HIV/AIDS services, testing, education, or treatment and evaluate to see if there are any barriers to different disability groups.
  - Some examples include:
    - HIV Clinic, counseling, care and treatment centers
    - An office for an HIV/AIDS NGO’s
    - An office that provides AIDS education outreach
3. Bring a piece of paper and pen on your field trip so that one of you can write down “your findings”.
  - Use your Breaking Barriers - Handout 5b to assist you
  - Write down things that the site IS doing to accommodate for persons with disabilities
  - Write down things that the site is NOT doing to accommodate for persons with disabilities, therefore, creating barriers.
  - Consider what they are doing for people with mobility disabilities, visual impairments, hearing impairments, and intellectual disabilities.
4. After you have finished your evaluation of the site – sit down and discuss:
  - Your findings – what can you do to improve the items that you said were NOT accommodating for persons with disabilities
  - What are you going to do with the findings?
  - \*\*\*\*\*For an extra ADVANCES LEVEL activity – have your mentee meet with the manager/ supervisor of the site you visited and show them your findings. See Communication Module 4, Activity 4 to review communication skills when in an important meeting/interview.

**Source:** South African Bureau of Standards, 2011.



The goal of this module is to introduce or increase understanding of what are “ethics” and to comprehend the importance and value of “ethics” in government, within any organization, or for an individual in day to day practice.

**Activity #1: Applying Ethics to a Scenario**

**Overview** INTERMEDIATE LEVEL.

This activity is to develop or reinforce a sense of ethics, a sense of right and wrong

**Objectives**

After this Module the mentee will:

- Be able to look at situations in a critical manner
- Be able to look at all aspects of a situation or scenario
- Be able to choose the ethical approach or response to the situation

**Materials Needed**

Pen & paper, possible use of role playing / drama

**Time Needed**

This activity could take 1-3 sessions as determined by the mentor and mentee.

**Procedure**

Below find two scenarios. Have the mentee read the scenario and then have a discussion about it, using the questions to spark thought and discussion. (The mentor is encouraged to come up with your own questions as well.)

**SCENARIO 1**

The treasurer of an organization of people with disabilities in your village is a good person with the respect of all in the community.

Two months ago the organization, which is a registered Welfare Organization, received a grant of N\$5000 from the Ministry of Health and Social Services with the funds being specifically designated for implementing disability awareness training at the local senior primary school.

A member of the group approached the treasurer asking to borrow N\$1000 to assist in covering funeral costs for a family member's funeral who recently passed away. The person promised that the money would be paid back at the end of the month. The treasurer knew the family well and knew they had very few resources and the potential for the money being paid back were slim. Ultimately the treasurer agreed and gave the N\$1000 to the individual without discussing the situation with any other members of the management committee.

#### Questions

- Was it OK for the individual who had a death in the family to ask to borrow the money?
- Was it acceptable for the treasurer to give the money to the person asking?
- Would it have been OK to give the money to the individual if the treasurer had consulted with the management committee?
- What do you think was going on in the mind of the treasurer?
- What could the treasurer have done differently?
- What does "designated money" mean?
- What harm has been done to the organization of persons with disabilities by misusing the grant money?
- What safeguards could be put in place to eliminate this from happening again?

#### SCENARIO 2

One of your neighbors with whom you have become friendly has an adult family member with multiple disabilities and presents some behavioral challenges as well. The individual with a disability, who you know is a recipient of the Disability Grant, is neglected and potentially abused. He is seen with inadequate clothing, often appears to go without food, and generally is not cared for.

#### Questions

- What should one do in this situation?
- If approaching the family is an option:
  - How would one do this?
  - What would you say / do?
- Should one talk to the neighbor first, or go right to the Ministry?
- Are there other complicating variables in the lives of the family?
- What is the neighbor's obligation to the individual with a disability?

#### Activity #2: Understanding Ethics

##### Overview

##### BEGINNER LEVEL.

This activity is to develop or reinforce a sense of ethics, a sense of right and wrong

##### Objectives

After this activity the mentee will:

- Explain what ethics are and why they should be practiced at all times.
- Understand what constitutes an ethical person / leader and ethical behavior

##### Materials Needed

Pen & paper

Namibia Institute for Democracy Booklet "Guide to Organizational Ethics"



Time Needed

This activity could take 1-3 sessions as determined by the mentor and mentee.

##### Procedure

The Namibia Institute for Democracy (N.I. D.) Booklet "Guide to Organizational Ethics" is a strong, user-friendly booklet, which at first glance may seem a bit overwhelming. However, reviewing this document with your mentee can be of great value. The understanding and absorption of the material will vary widely, but there are elements that all can take away from it. Your challenge is to try to make it INTERESTING.

Ways to present the information:

- Consider reading it through with your mentee, alternating reading out loud. If you think that it is just too much material, review it in advance, identifying specific chapters which you think are appropriate.
- Suggest that the mentee takes very basic notes, highlighting the important points and ask him to summarize in the next session together.
- Ask the mentee to summarize the information as you read through it.
- Summarize the whole or parts of the booklet at the following session

Many organizations fail as a result of unethical behavior, so try to get through this important material, in order to strengthen the capacity of future participant and leaders in the disability movement



**Handout A:**  
**Mentoring Agreement Worksheet**

We, \_\_\_\_\_ and \_\_\_\_\_  
Mentor's Name Mentee's Name

have entered into a mentoring partnership voluntarily. We agree on the following guidelines to make this relationship a rewarding experience:

- We plan to meet on \_\_\_\_\_  
The day(s) of the week you will meet \_\_\_\_\_  
at \_\_\_\_\_.  
Time The location of our meeting place is \_\_\_\_\_  
Location
- If one of us cannot make it to a meeting, we will do the following: \_\_\_\_\_  
\_\_\_\_\_

- Will be on time for our meetings or notify the other person ahead of time.
- We promise to complete all required activities and the final community disability project.
- We will be honest, be respectful, and keep each other motivated during our meetings.
- Mentor Responsibilities – as a mentor I promise to:
  - 1.
  - 2.
  - 3.
- Mentee Responsibilities – as a mentee I promise to:

- 1.
- 2.
- 3.

We agree to the terms listed above for our partnership in the Mentoring & Leadership Project for Youth with Disabilities.

\_\_\_\_\_  
Mentor Signature Date Contact Number

\_\_\_\_\_  
Mentee Signature Date Contact Number

**Handout AA**  
**Mentoring Guidelines**

1. Work with the mentee to define common goals for your mentoring relationship.
2. Establish regular meeting times. Frequent contact with your mentee will let her know you are there to support her.
3. Show you are interested in your mentee. Ask about her family, her favorite school classes, and her dreams for the future. Without intruding on the mentee's privacy or asking for confidential information, you may want to find out more information about your mentee by talking to her teachers or acquaintances.
4. Share your experiences with the mentee when appropriate. This way the mentee knows something about you, too. She may be inspired by your experiences and feel that she "is not alone."
5. Respect the relationship. Be on time for appointments, prepare necessary materials, and honor the mentee/mentor contract. Do not use your position as mentor to force a mentee to do some thing he/she does not want to do.
6. Be a good listener. Let the mentee/s do most of the talking. Empathize with the mentee and put yourself "in her/his shoes" to better understand her/his situation.
7. Foster trust and honesty. If your mentee does not trust you, the relationship will be severely compromised. Don't make promises you can't fulfill.
8. Assist your mentee in finding solutions for her/his problems. Do not immediately offer a solution that you think is best. Ask questions that will help her come to a healthy, positive solution. Remember that the girl/boys's solution may not be the same as yours.
9. Don't be judgmental or criticize your mentee. Help her/his assess a situation and make decisions for her/himself, but do provide guidance.
10. Be a positive role model. Remember that your actions sometimes speak louder than words.
11. Empower the mentee to make good decisions. Remember that a mentee will sometimes learn a valuable lesson by making her own decision, even if it is a poor decision. Your mentee needs to find their own path in life, but you can help point them in the right direction.
12. Determine how your mentee learns best. For example, some mentees will need to talk through their problems, while others will want more feedback from you. Help your mentee assess their strengths and weaknesses.
13. Maintain confidentiality. Do not share information about your mentee with anyone else, unless the mentee health or well-being is in danger.
14. Ask others for advice. If you do not know how to address particular problems, consult another mentor, a health worker, or other professional in the community. Consult the organization with which you are working to mentor the girl or and boys. If you need more information, contact local organizations or do research on the Internet.
15. Be patient! Working with people with disabilities is not always easy and sometimes time-consuming, but you'll be surprised by the rich rewards.

## Organizations of Persons with Disabilities and other Disability Related Organizations

## NATIONAL LEVEL

National Federation of People with Disabilities in Namibia (NFPDN)  
Contact: 061 271 133

Namibian National Association of the Deaf (NNAD)  
Contact: 081 284 6018

Namibian Association of Children with Disabilities (NACD)  
Contact: 061 264 246 / 081 230 2633

Namibian Organization of Youth with Disabilities (NOYD)  
Contact: 081 670 9340

Namibian Association of Persons with Physical Disabilities (NAPPD)  
Contact: 081 449 8174 / 081 233 3888

Namibian Association of Differently Abled Women (NADAWO)  
Contact: 061 288 2578 / 081 149 2232

Namibian Federation of the Visually Impaired (NFVI)  
Contact: 061 220 835

Albino Trust  
Contact: 061 288 2680 / 081 149 7780

## REGIONAL LEVEL

Regional Disability Networking Forum

**Instructions:** The mentor should CUT along the dotted lines to separate the Objectives for the Continental Plan of Action for the African Decade of Persons with Disabilities

-----  
**Objective 1:** To formulate and implement national policies, programmes and legislation to promote the full and equal participation of persons with disabilities.

-----  
To achieve this objective, Member States should:

- Review and, where necessary, amend through their parliaments and national assemblies, all legislation that impacts negatively on the lives of people with disabilities;
- Pass and promulgate, through their parliaments and national assemblies, enabling disability - related legislation aiming at equal opportunity;
- Amend, through their parliaments and national assemblies, constitutional bills of rights to include a non-discriminatory clause on the basis of disability;
- Establish parliamentary committees on disability;
- Develop disability-friendly policies and programme

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**Objective 2:** To promote the participation of persons with disabilities in the process of economic and social development.

-----  
To achieve this objective, Member States should:

- Develop and implement a strategy to promote the recruitment of women and men with disabilities by employers of all kinds;
- Develop and implement a strategy to promote opportunities for entrepreneurs with disabilities;
- Develop and implement a strategy to promote training opportunities for women and men with disabilities in mainstream training programmes;
- Take adequate account of the economic empowerment requirements of people with disabilities in both rural and urban areas;
- Develop and promote preferential procurement strategies in favour of persons with disabilities;
- Provide incentives that encourage participation of persons with disabilities in the economy;
- Involve disabled persons and their organizations in the development, establishment and provision of social security services.

-----  
**Objective 3:** To promote the self-representation of people with disabilities in all public decision-making structures.

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To achieve this objective, Member States should:

- Develop strategies for the effective inclusion and efficient participation of disabled members of parliament or national assembly's;
- Establish disability desks in the office of the President or Prime Minister and at all levels of government;
- Include at least one disabled member in their representation of five to the African Parliament;
- Include disabled people in all political and line functions of the African Union;
- Promote and encourage the development, by all political parties, of party policies and manifestos relating to equalization of opportunities for persons with disabilities.

-----  
**Objective 4:** To enhance support services for disabled persons.

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To achieve this objective, Member States should:

- Facilitate the provision of technical aids, assistive devices and equipment, personal assistance and interpreter services (including sign language and tactile interpretation), free of charge or at a cost related to their means, to persons with disabilities to facilitate mobility, communication and activities of daily living;



- Support the design, development, production, distribution and servicing of assistive devices and equipment for people with disabilities, adapted to local conditions, and dissemination of knowledge about them;
- Design and implement personal assistance programmes in such a way that the persons with disabilities using the programmes have a decisive influence on the way in which the programmes are delivered.

**Objective 5:** To promote special measures for children, youth, women and elderly persons with disabilities.

To achieve this objective, Member States should:

- Ensure access to reproductive health services which are relevant to women with disabilities;
- Ensure access to early childhood development programmes, enrolment of school-going age disabled children in primary, secondary and tertiary education;
- Develop and implement special measures to facilitate full and equal participation of youth with disabilities in training and employment, arts, sports, culture, science and technology.

**Objective 6:** To ensure and improve access to rehabilitation, education, training, employment, sports, the cultural and physical environment.

To achieve this objective, Member States should:

Training

- Train youth, women and men with disabilities in relevant marketable skills, where possible in mainstream settings;
- Promote vocational rehabilitation and, where necessary, retraining opportunities for people who acquire a disability in the course of their working lives;
- Train people with disabilities in business skills, including marketing and management.

To achieve this objective, Member States should:

Education

- Establish policies to ensure that girls and boys with disabilities have access to relevant education in integrated settings at all levels, paying particular attention to the requirements of children in rural areas;
- Provide special education, where education is not possible in integrated settings for children with disabilities;
- Allocate specific budgets for the education of children with disabilities;
- Include a module on teaching of children with special needs in the curricula of teacher training courses;
- Provide training to teachers in mainstream schools, to facilitate the inclusion of children with disabilities;
- Design and produce specialized teaching materials;
- Foster partnership between schools, families and other members of educational teams;
- Promote inclusive education.

To achieve this objective, Member States should:

Rehabilitation

- Develop and implement rehabilitation programmes, with guidance from ARI.

To achieve this objective, Member States should:

Employment

- Ratify and implement the ILO Convention No.159 concerning Vocational Rehabilitation and Employment (Disabled Persons) to ensure entry to the labour market of persons with disabilities;
- Promote learnerships or apprenticeships to facilitate the employment of youth with disabilities;
- Develop and implement strategies to promote employment of persons with disabilities, including tax rebates and incentives.

To achieve this objective, Member States should:

Access

- Develop and implement regulations to promote universal design and physical accessibility;
- Promote accessible information in alternative formats, including large print, Braille, electronic and audio formats;
- Promote the availability of sign language interpretation at public meetings and in the media.

To achieve this objective, Member States should:

Sports

- Create an enabling environment to enhance the effective and equal participation of disabled sports women, men and youth at local, national, regional, continental and international fora;
- Promote and develop sports and cultural activities to enable the integration of disabled children in all centres of learning.

**Objective 7:** To prevent causes of disability.

To achieve this objective, Member States should:

- Allocate sufficient resources for the prevention of disability;
- Introduce an information campaign or strengthen existing information on the causes of disability, focused in particular on pregnant women and mothers;
- Supplement 'mother and child' programmes with an on-going programme of scientific and medical research;
- Introduce a system of early identification and referral, or strengthen existing systems, to minimize the occurrence of secondary disability;
- Introduce and implement stringent road safety policies, or strengthen existing policies;
- Introduce a systematic land-mine clearance programme, where mines exist, or strengthening of existing programmes;
- Develop and implement an awareness and education campaign against domestic violence;
- Introduce and enforce occupational safety and health standards, and strengthen existing enforcement mechanisms;
- Design and implement an awareness-raising campaign relating to abuse of drugs and alcohol;
- Provide to persons with disabilities, particularly infants and children, appropriate medical care with in the same system as other members of society;
- Train local community workers to participate in areas such as early detection of impairments, the provision of primary assistance and referral to appropriate services;
- Provide information on HIV/AIDS to persons with disabilities, in all accessible formats.

**Objective 8:** To promote and protect disability rights as human rights.

To achieve this objective, Member States should:

- Develop an African Convention on the Rights of People with Disabilities;
- Include disability issues in the implementation of human rights instruments at national level;
- Support the development of sign language and recognize it as an official language of deaf people;
- Support the development of tactile language as a language of deaf/blind people;
- Allocate overall responsibility for coordination of disability related policies, programmes and services to the President's or Prime Minister's Office, and establish a disability desk in all Government ministries and State organs.

**Objective 9:** To support the development of and strengthen Disabled Persons' Organizations.

To achieve this objective, Member States should:

- Develop and implement training programmes for public servants to enhance the provision of disabled-friendly services;
- Promote and facilitate the establishment of National Federations of Disabled Persons Organizations;
- Promote and facilitate, through financial support, local and national representation of disabled persons.

**Objective 10:** To mobilize resources.

**Handout 4a:  
Two Letters, Two Lives1**

**Letter 1:**

Dear Mariama,

Greetings! I hope you are well. I am sorry I have not written in so long, but I have been so busy taking care of things here. I apologize ahead of time for my poor handwriting and grammar. It's been so long since I have had time to write.

How is your family? How is your husband? I remember that when we were in school together, he was always trying to get your attention at football games!

I am not sure exactly where my husband is living at the moment. He left two months ago to find work and I have not heard from him since. I have also heard he is looking for a second wife, now that I have had my fourth baby. My youngest daughter, who is now one year old, has had diarrhea for the last three months and I do not know what to do anymore. Since my husband has not sent money, I cannot take her to the health center. I tried to get a job in a nearby town, but since I never got my diploma like you did, no one will hire me. I do not know how I would have time to work outside the home, anyway. My oldest daughter, who is 10, is in school, but if I have another baby, she will have to stay home and help me with the little ones.

I hope your new job is going well. I look forward to receiving a letter from you soon.

Your friend,

Haby

**Letter 2:**

Dear Haby,

Greetings! I was so happy to receive your letter, although it made me sad to hear that your husband has left and you are now taking care of the children by yourself. Since he was so much older than we are, I never got to know him, but I am sure he will be in touch with you soon.

My husband is doing fine. He now manages his own Internet café and coaches football in his spare time! Our eldest son is now 6 years old. He has already started playing football with his father! He started school this year and really likes it.

My daughter Binta is now 3. She has had problems with eye infections, but thankfully the doctors were able to treat them. Now she sees very well now and she runs around the house trying to keep up with her big brother! Binta spends most of the day with our neighbor, who has volunteered to look after her. In exchange for her help, my husband allows her to use the Internet each week. I also look after her children on the weekends when I am not working. I have been working almost full-time now as an assistant accountant at the electric company. I guess those math classes I took have finally paid off!

A neighbor mentioned he is going to be in your village next week, so I am sending some money with him for you to take your baby to the health center.

I miss you and hope that you can come for a visit soon!

Your friend,

Mariama

1. Adapted from an activity in Choose a Future! Issues and Options for Adolescent Girls, The Centre for Development and Population Activities (CEDPA), Washington, DC, 1996.

To achieve this objective, Member States should:

- Set up a special fund to facilitate the implementation of Decade activities, and make resources available to ARI and DPOs at continental, regional, national and local levels, for the coordination and successful implementation of the Decade activities;
- Include a disability component in all Government budgets and budgetary allocations in all their line functions;
- Ensure the inclusion of disability as a criterion in Poverty Reduction Strategy Programmes, and other programmes for consideration by international donors.

**Objective 11:** To provide mechanisms for coordination, monitoring and evaluation of the activities of the African Decade of Persons with Disabilities.

To achieve this objective, Member States should:

- Establish and strengthen National Coordinating Committees with emphasis on the adequate and effective representation of disabled persons and their organizations and define their roles in these Committees;
- Strengthen the administrative and technical capacity of ARI, at both continental and regional levels, to enable it to effectively co-ordinate and monitor the implementation of the Plan of Action for the Decade;
- Establish a panel of experts with a majority of people with disabilities, nominated by DPOs, to serve as advisors to ARI's technical team;
- Submit reports on the implementation of the Decade Plan of Action to the OAU Secretariat;

To achieve this objective, The OAU should:

- Call upon OAU Heads of State and Government to appoint a Special Rapporteur on Disability to ensure implementation, monitoring and reporting of the Decade activities;
- Report on the implementation of the Decade Plan of Action to the Assembly of Heads of State and Government on a biennial basis.

**Objective 12:** To advocate and raise disability awareness in general and awareness of the African Decade of Persons with Disabilities in particular.

To achieve this objective, Member States should:

- Develop and implement a media and communications strategy for the African Decade, including the development of an African Decade website;
- Develop a media Code of Good Practice relating to disability;
- Develop and promote cultural activities and sports events by people with disabilities, to raise public awareness of their abilities;
- Formulate and implement a comprehensive and protracted awareness raising campaign aimed at improving society's perception of women with disabilities;
- Translate the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities into national languages and make them available in all alternative formats ;
- Encourage research on disability-related topics of relevance to Africa, at every level, and disseminate research findings;
- Establish a database or databases, compiling disability-related information of different kinds;
- Foster international exchange of information within Africa, so that African countries can learn from each other;
- Promote information exchange within countries, for example, through the establishment of disability resource centres and providing information to persons with disabilities and their families.



## Discussion Questions

What is the relationship between Mariama and Haby?

How did they get to know each other?

Where do they live now?

What type of disability does each one have?

What are the differences in Haby's and Mariama's lives? Are there any similarities? Describe each woman's family situation.

How would you describe the tone of each letter? Explain your answer.

How has education played a role in Mariama's life? In Haby's life? In their husbands' and children's lives?

Is either one of these women's situations common in your community? Why or why not?

What are the advantages or disadvantages of Mariama's life? Of Haby's life?

If you were Haby or Mariama, how would you feel?

Is there any advice you would offer to either Mariama or Haby?

## Handout 5a Disability Facts Mentee Fact Sheet

\*\*\*Please note that as the facts will continue to change and the numbers reported can increase or decrease. Please check with the different resources to update any facts.

"In MY country...." - Facts on Disability in Namibia

Learners older than 5 years old that have NEVER attended school

Disabled 38,6%    Nondisabled 16,2%

Learners who have completed grade 8-12

Disabled 23%    Nondisabled 31%

Unemployment

Disabled 90,9%    Nondisabled 77,6%

Salary

Disabled earn about 30% less than nondisabled

Accessibility to services

72,9% have access to health services

Less than 30% have access to vocational training, counseling services, assistive devices, welfare services, and educational services

- "A person with a disability often has to deal with negative attitudes, rejection, isolation, and disempowerment. This can lead to poor access to mainstream education, no employment opportunities, and exclusion." (Namibian National Policy on Disability)
- "NIED has developed a curriculum for inclusive education. Its purpose is to make the curriculum more responsive to the needs of all learners requiring special needs education in Namibian Schools. More specific, the Curriculum for Inclusive Education ensures consistency attainment and sustainability of the aims and objectives of the Inclusive Education Policy." (NIED, Ministry of Education, Supplement to the National Curriculum for Basic Education: Inclusive Special Needs Education. 2011.)

*General Disability Facts (from World Health Organization, www.who.int)*

- "People with disabilities are among the most marginalized groups in the world. They have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities."
- "Disability is now understood to be a human rights issue. People are disabled by society, not just by their bodies."
- "Almost a billion people (650 million and increasing) live with some form of disability - This corresponds to about 10% of the world's population. Somewhere between 110 to 190 million people have significant difficulties in functioning."
- Disability disproportionately affects vulnerable populations. Lower-income countries have a higher prevalence of disability than higher-income countries. Disability is more common among women, older people and children and adults who are poor.
- People with disabilities often do not receive needed health care. Half of disabled people cannot afford health care, compared to a third of non-disabled people. People with disabilities are more than twice as likely to find health-care providers' skills inadequate. Disabled people are four times more likely to report being treated badly and nearly three times more likely to be denied health care.
- Children with disabilities are less likely to attend school than non-disabled children. Education completion gaps are found across all age groups in all settings, with the pattern more pronounced in poorer countries.

- People with disabilities are more likely to be unemployed than non-disabled people. Global data show that employment rates are lower for disabled men (53%) and disabled women (20%) than for non-disabled men (65%) and non-disabled women (30%).
- People with disabilities are vulnerable to poverty. People with disabilities have worse living conditions—including insufficient food, poor housing, lack of access to safe water and sanitation—than non-disabled people. Because of extra costs such as medical care, assistive devices or personal support, people with disabilities are generally poorer than non-disabled people with similar income.
- Rehabilitation helps to maximize functioning and support independence. In many countries rehabilitation services are inadequate. Data from four Southern African countries found that only 26–55% of people received the medical rehabilitation they needed, while only 17–37% received the assistive devices they needed (e.g. wheelchairs, prostheses, hearing aids).
- About six hundred million people live with disabilities of various types due to chronic diseases, injuries, violence, infectious diseases, malnutrition, and other causes closely related to poverty. This number is increasing. Of this total, 80% of people with disabilities live in low-income countries; most are poor and have limited or no access to basic services, including rehabilitation facilities.
- However, people with disabilities have fewer opportunities for health services than their non-disabled counterparts. This includes any type of health outreach, education, and promotion services. Barriers to receiving adequate health care are related to physical barriers, disability knowledge of clinicians and health workers, health costs, and decreased availability of services.

#### Statistics from disabled-world.com

- 80% of the world’s disabled population lives in a developing country (UN Development Program)
- 20% of the world’s poorest people have a disability (World Bank)
- 90% of children with disabilities in developing countries do not attend school
- Females and children with disabilities are more likely to be abused (UNESCO)

#### Yale Global Survey on HIV/AIDS and Disability

- HIV risk factors are increased in individuals with disabilities. They have a higher risk of poverty, lack of education, lack of information and resources to ensure safe sex, increased risk of violence/rape and legal protection, substance abuse, disabled orphans with AIDS, poor access to affordability of care of individuals with disabilities that do become HIV positive (i.e. testing, care, lower priority for medication), and stigma. All of these risk factors lead to an increased vulnerability to contracting HIV/AIDS.
- The reason it is believed that people with disabilities are not being reached for HIV/AIDS information and care are due to, but not limited to, lack of education, information is in inaccessible formats (radios, posters, complex messages, clinics that are not physically accessible), not included in HIV/AIDS outreach efforts, and poor familiarity with disability issues by AIDS workers, government ministries, and NGOs.

#### Other Information

- The presence of negative attitudes, limited physical access, limited access to communication and/or resources, and barriers to rights as individuals are some examples of obstacles being face by persons with disabilities. (Brown, S.E. Disability culture/rights/pride paradigm. Las Cruces, NM: Institute on Disability Culture. 1995)
- Women and girls with disabilities are vulnerable to abuse – this includes being beaten at home, rape, and forcibly being sterilized (www.un.org, UN International Convention on the Rights of Persons with Disabilities, Enable)
- About 30% of street kids have a disability (UNICEF)
- “Comparative studies on disability legislation show that only 45 countries have anti-discrimination and other disability specific laws.” (www.un.org, UN International Convention on the Rights of Persons with Disabilities, Enable)
- Worldwide, about 90% of children with disabilities in developing countries do not go to school. (UNESCO)
- According to a 2004 British study, “Persons with disabilities are more likely to be victims of violence or rape, and less likely to obtain police intervention, legal protection, or preventative care.” (www.un.org, UN International Convention on the Rights of Persons with Disabilities, Enable)
- The literacy rate worldwide is about 3% for adults with disabilities and 1% for women with disabilities. (www.un.org, UN International Convention on the Rights of Persons with Disabilities, Enable)

Ways that people can contribute to the change and eliminate barriers that people with disabilities face:

- o Understand the need for access to buildings in their community
- o Encourage participation of people with disabilities in community activities by using accessible meetings and event sites
- o Understanding children’s curiosity about disabilities and people who have them
- o Advocating a barrier-free environment
- o Speaking up when negative words or phrases are used about disability
- o Accepting people with disabilities as individuals capable of the same needs and feelings as yourself



**Physical Disability**

- Access – all buildings should have access suitable for use by persons using wheel chairs, crutches, or for others who are un able to walk
- Ramps – at least 1,1 m wide and slip resistant, have a hand rail, have space for a door to open at the end of the ramp, not to steep
- Doors – Width adequate to accommodate wheelchairs, door handles should be the lever type, door handles are not more than 1,2m above floor height.
- Obstructions in the Path of Travel – No protruding objects can obstruct the passage of a wheelchair, any rise or drop of more than 25mm requires a ramp
- Toilet Facilities – buildings should have at least one toilet for use by person using a wheelchair, doors on toilets will be sliding or hinged and open outward, adequate space for transfer from wheelchair to toilet, flashing handle must be easily accessible
- Sinks – mounted without legs and top of wash basin should be no more than 830mm tall
- Auditorium/Halls – If there are fixed seats then there must be floor space accessible to a person in a wheelchair, that space should be near an exit door
- Parking – Be available for persons with disabilities, must be level, be clearly demarcated as intended for use of persons with disabilities only

**Hearing Impairment**

- If site provides health services, is there an interpreter available
- Is there too much background noise (crowds, music, TV, & unwanted noise) that makes human speech difficult to understand?
- Good lighting to allow them to see for more accurate lip-reading and signing

**Visual Impairment**

- Written material (brochures or handouts) are written in Braille, large print, audio format
- Informational posters are available in Braille or large print
- Obstructions in the path of travel

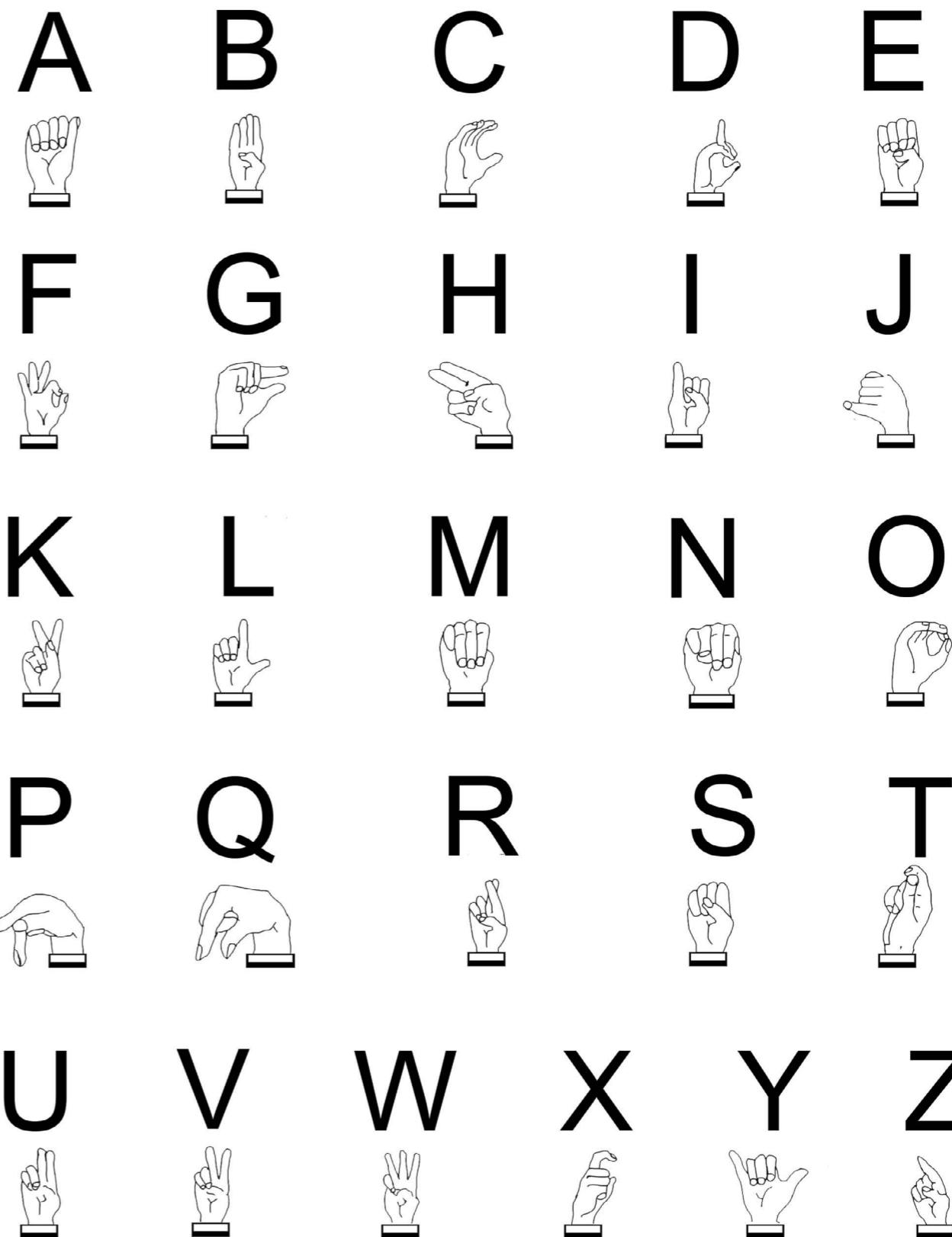
**Intellectual Disability**

- Signs are written in simple language and easy to understand
- If help is needed, are they given clear explanations and does the person check to see that they have effectively communicated their key points?

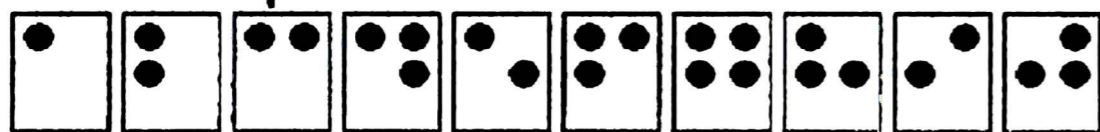
**Other Things to Consider**

- Thresholds of doors/entrances are smooth and barrier free
- Curb ramps
- Entrances
- Signs
- Stairs
- Urinals
- Handrails & grab bars in the bathroom
- Alarms
- Detectable warnings
- Aisle width

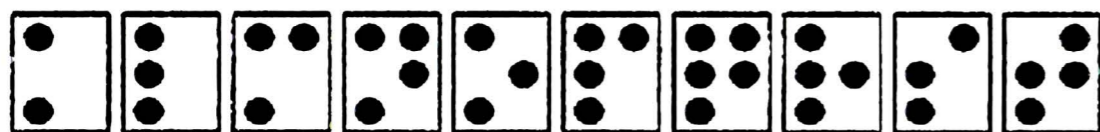
\*\*\*Information was adapted from the South African Bureau of Standards, Part S, "Facilities for Disabled Persons", Regulations.



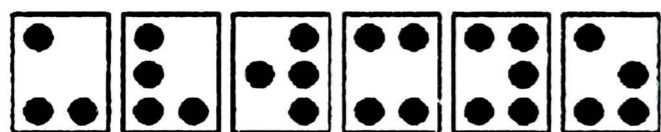
### Braille Alphabet:



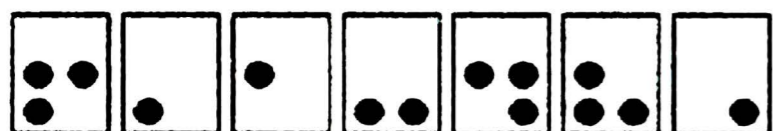
a b c d e f g h i j



k l m n o p q r s t

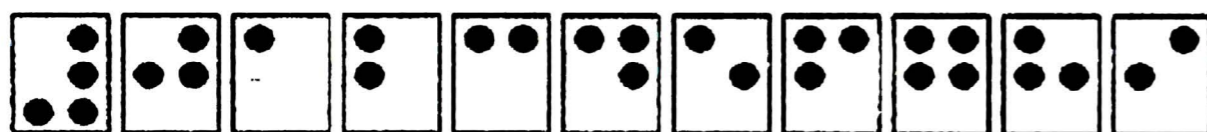


u v w x y z



! ' , - . ? Capital

### Numbers:



# 0 1 2 3 4 5 6 7 8 9

Information from [www.braillebug.org](http://www.braillebug.org)

1. I feel sick.
2. I want a cold Fanta.
3. When is the math test?
4. I need to talk to the police.

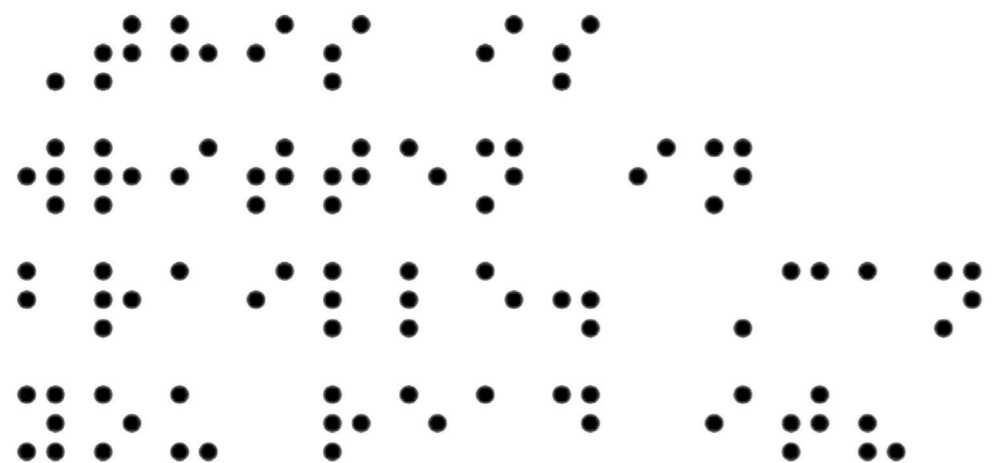
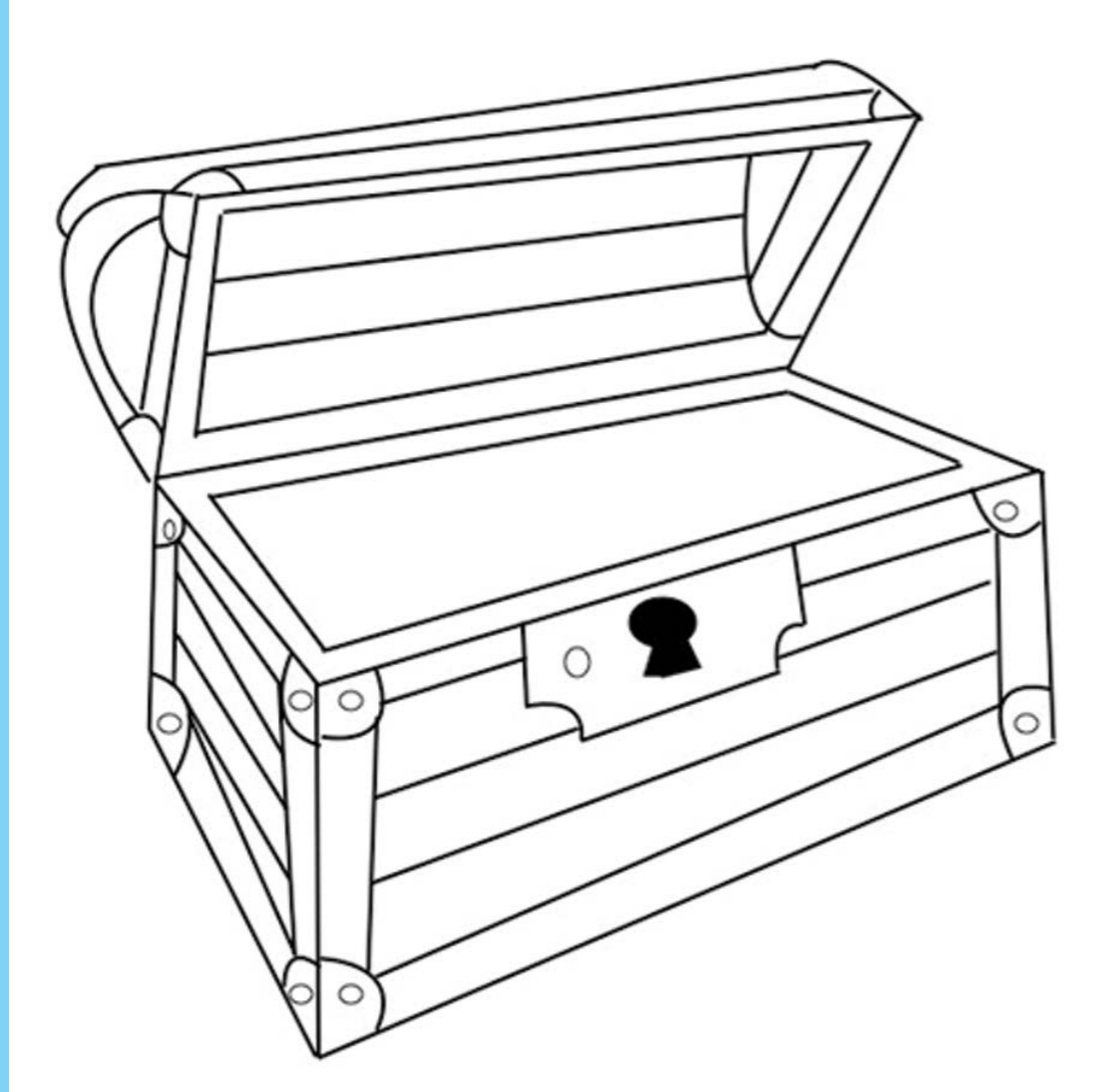


Figure out what is written in the 2-D Braille message to the left.

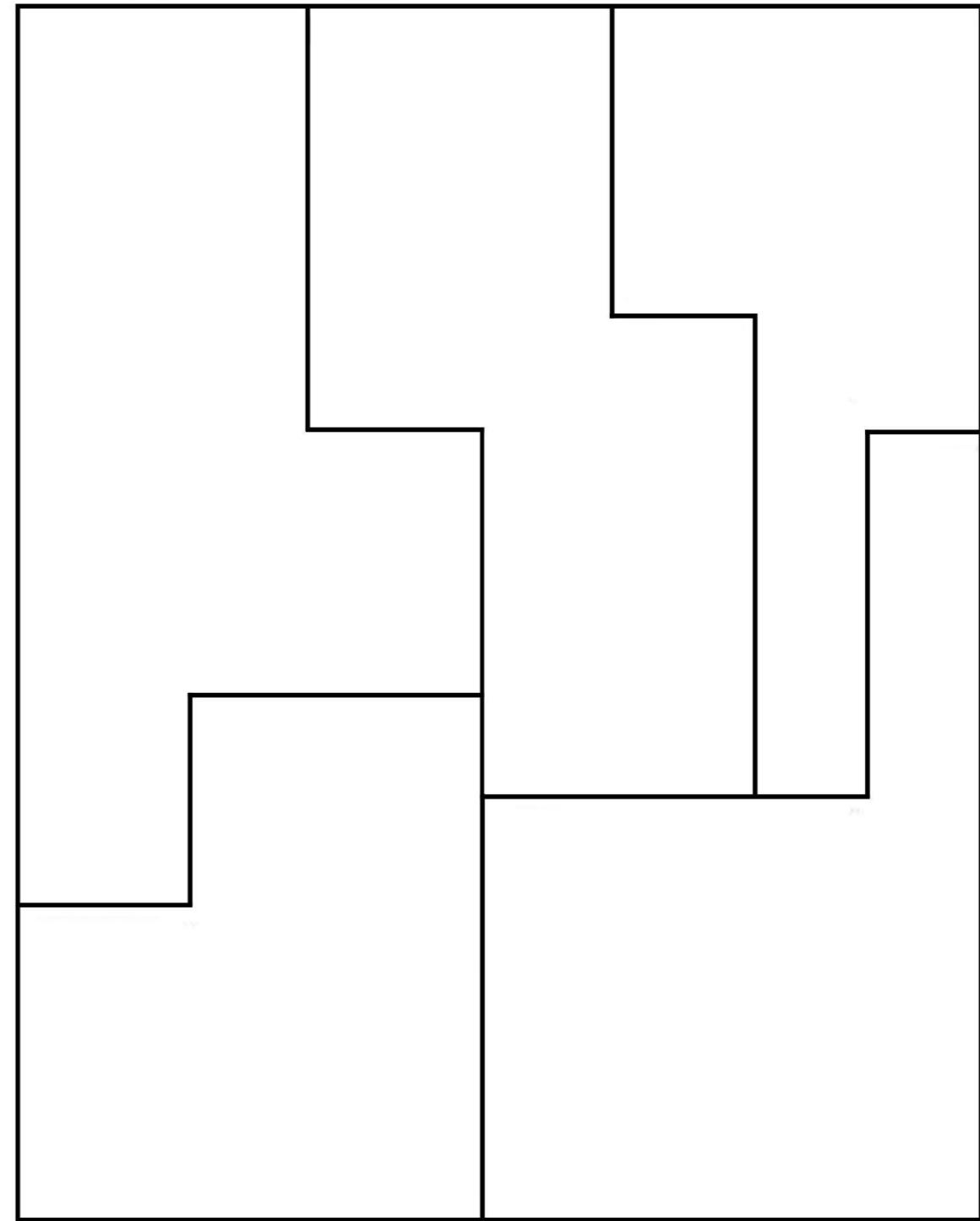
Source: Indiana Governor's Council for People with Disabilities. Awareness in the Classroom Packet.

[www.IndianaDisabilityAwareness.org](http://www.IndianaDisabilityAwareness.org)





**“Follow the  
directions and  
you will have a  
picture puzzle**



**Handout 7b  
What Are My Goals?**

Short-Term Goal	Short-Term Goal
Benefits in reaching my goal	Benefits in reaching my goal
What might stand in my way?	What might stand in my way?
What do I need to learn or do?	What do I need to learn or do?
Who will encourage me?	Who will encourage me?
Plans of action – steps I will take	Plans of action – steps I will take
Completion Date	Completion Date

**Handout 8a  
Leadership Workbook**

Activity 1: What does it take to be a leader: Questions about Leadership

Write down in your own words what the word **leader** means?

Answer the questions below during the discussion on leaders with your mentor.  
What qualities should this person HAVE?

- ▣
- ▣
- ▣
- ▣

What qualities should this person NOT have?

- ▣
- ▣
- ▣
- ▣

What skills or education should this person have?

- ▣
- ▣
- ▣
- ▣

Who can be a leader?

- ▣
- ▣
- ▣
- ▣

Why and how do people become leaders?

- ▣
- ▣
- ▣
- ▣



Activity 2: What does it take to be a leader: Why are leaders important?

Answer the questions below during the discussion on why leaders are important with your mentor.

Why is it important to be a leader?

- ▣
- ▣
- ▣
- ▣

Why is it important for people with disabilities to be leaders?

- ▣
- ▣
- ▣
- ▣

Can you think of people with disabilities in your community and within your country who are leaders?

- ▣
- ▣
- ▣
- ▣

Activity 3: What makes you a leader – How are you a leader?

Answer the questions below with your mentor during session.

Write a STORY about when you lead a group or an individual to accomplish a common goal, a time when you exhibited leadership. (Continue on another piece of paper if needed)

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What qualities did you use to be effective in this scenario?

- ▣
- ▣
- ▣
- ▣

What leadership qualities do YOU have?

- ▣
- ▣
- ▣
- ▣

How can YOU become a better leader?

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Activity 4: What makes you a leader – Back up your quote!

Choose one of the quotes presented by your mentor and write it here.

My leadership quote: \_\_\_\_\_

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Why did you choose this quote? Why is it important to YOU?

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Activity 5: Leadership Challenges: We are all just potatoes; breaking down stereotypes.

In the space below draw a PICTURE of your new potato friend; make sure to include its bumps, bruises, and scars.

Now that you have drawn a picture of your new potato friend, write a story about how he got his bumps and bruises.

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What are STEREOTYPES?

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Why are stereotypes dangerous?

- ▣
- ▣
- ▣
- ▣

What are stereotypes of people with disabilities in your community?

- ▣
- ▣
- ▣
- ▣

How could you break down these stereotypes?

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How could stereotypes PREVENT you from being a good leader?

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Activity 6: Leadership Challenges: Famous leaders with disabilities

After the discussion with your mentor on being a leader with a disability please answer the following question.

Which one of the leaders presented by your mentor do you identify most with and WHY?

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Activity 7: Leadership Challenges: Famous leaders with disabilities

After the discussion with your mentor on being a leader with a disability please answer the following question.

Which one of the leaders presented by your mentor do you identify most with and WHY?

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Activity 7: Leadership in ACTION!

After discussing the leadership scenario with your mentor, answer the following questions about your own experience at school, in your community, or at work.

You can also brainstorm any other PROBLEMS you may face on a regular basis.

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- 
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- 

HOW would you address the PROBLEMS stated above with your positive leadership skills?

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## Handout 8b Stress Management Strategies

### Stress management strategy #1: Avoid unnecessary stress

Not all stress can be avoided, and it's not healthy to avoid a situation that needs to be addressed. You may be surprised, however, by the number of stressors in your life that you can eliminate.

- Learn how to say "no" – Know your limits and stick to them. Whether in your personal or professional life, refuse to accept added responsibilities when you're close to reaching them. Taking on more than you can handle is a surefire recipe for stress.
- Avoid people who stress you out – If someone consistently causes stress in your life and you can't turn the relationship around, limit the amount of time you spend with that person or end the relationship entirely.
- Take control of your environment – If the evening news makes you anxious, turn the TV off. If traffic's got you tense, take a longer but less-traveled route. If going to the market is an unpleasant chore, do your grocery shopping online.
- Avoid hot-button topics – If you get upset over religion or politics, cross them off your conversation list. If you repeatedly argue about the same subject with the same people, stop bringing it up or excuse yourself when it's the topic of discussion.
- Pare down your to-do list – Analyze your schedule, responsibilities, and daily tasks. If you've got too much on your plate, distinguish between the "shoulds" and the "musts." Drop tasks that aren't truly necessary to the bottom of the list or eliminate them entirely.

### Stress management strategy #2: Alter the situation

If you can't avoid a stressful situation, try to alter it. Figure out what you can do to change things so the problem doesn't present itself in the future. Often, this involves changing the way you communicate and operate in your daily life.

- Express your feelings instead of bottling them up. If something or someone is bothering you, communicate your concerns in an open and respectful way. If you don't voice your feelings, resentment will build and the situation will likely remain the same.
- Be willing to compromise. When you ask someone to change their behavior, be willing to do the same. If you both are willing to bend at least a little, you'll have a good chance of finding a happy middle ground.
- Be more assertive. Don't take a backseat in your own life. Deal with problems head on, doing your best to anticipate and prevent them. If you've got an exam to study for and your chatty roommate just got home, say up front that you only have five minutes to talk.
- Manage your time better. Poor time management can cause a lot of stress. When you're stretched too thin and running behind, it's hard to stay calm and focused. But if you plan ahead and make sure you don't overextend yourself, you can alter the amount of stress you're under.

### Stress management strategy #3: Adapt to the stressor

If you can't change the stressor, change yourself. You can adapt to stressful situations and regain your sense of control by changing your expectations and attitude.

- Reframe problems. Try to view stressful situations from a more positive perspective. Rather than fuming about a traffic jam, look at it as an opportunity to pause and regroup, listen to your favorite radio station, or enjoy some alone time.
- Look at the big picture. Take perspective of the stressful situation. Ask yourself how important it will be in the long run. Will it matter in a month? A year? Is it really worth getting upset over? If the answer is no, focus your time and energy elsewhere.
- Adjust your standards. Perfectionism is a major source of avoidable stress. Stop setting yourself up for failure by demanding perfection. Set reasonable standards for yourself and others, and learn to be okay with "good enough."
- Focus on the positive. When stress is getting you down, take a moment to reflect on all the things you appreciate in your life, including your own positive qualities and gifts. This simple strategy can help you keep things in perspective.

### Stress management strategy #4: Accept the things you can't change

Some sources of stress are unavoidable. You can't prevent or change stressors such as the death of a loved one, a serious illness, or a national recession. In such cases, the best way to cope with stress is to accept things as they are. Acceptance may be difficult, but in the long run, it's easier than railing against a situation you can't change.

- Don't try to control the uncontrollable. Many things in life are beyond our control— particularly the behavior of other people. Rather than stressing out over them, focus on the things you can control such as the way you choose to react to problems.
- Look for the upside. As the saying goes, "What doesn't kill us makes us stronger." When facing major challenges, try to look at them as opportunities for personal growth. If your own poor choices contributed to a stressful situation, reflect on them and learn from your mistakes.
- Share your feelings. Talk to a trusted friend or make an appointment with a therapist. Expressing what you're going through can be very cathartic, even if there's nothing you can do to alter the stressful situation.
- Learn to forgive. Accept the fact that we live in an imperfect world and that people make mistakes. Let go of anger and resentments. Free yourself from negative energy by forgiving and moving on.

### Stress management strategy #5: Make time for fun and relaxation

Beyond a take-charge approach and a positive attitude, you can reduce stress in your life by nurturing yourself. If you regularly make time for fun and relaxation, you'll be in a better place to handle life's stressors when they inevitably come.

Healthy ways to relax and recharge

### Healthy ways to relax and recharge

- Go for a walk.
- Spend time in nature.
- Call a good friend.
- Sweat out tension with a good workout.
- Write in your journal.
- Take a long bath.
- Light scented candles
- Savor a warm cup of coffee or tea.
- Play with a pet.
- Work in your garden.
- Get a massage.
- Curl up with a good book.
- Listen to music.
- Watch a comedy

Don't get so caught up in the hustle and bustle of life that you forget to take care of your own needs. Nurturing yourself is a necessity, not a luxury.

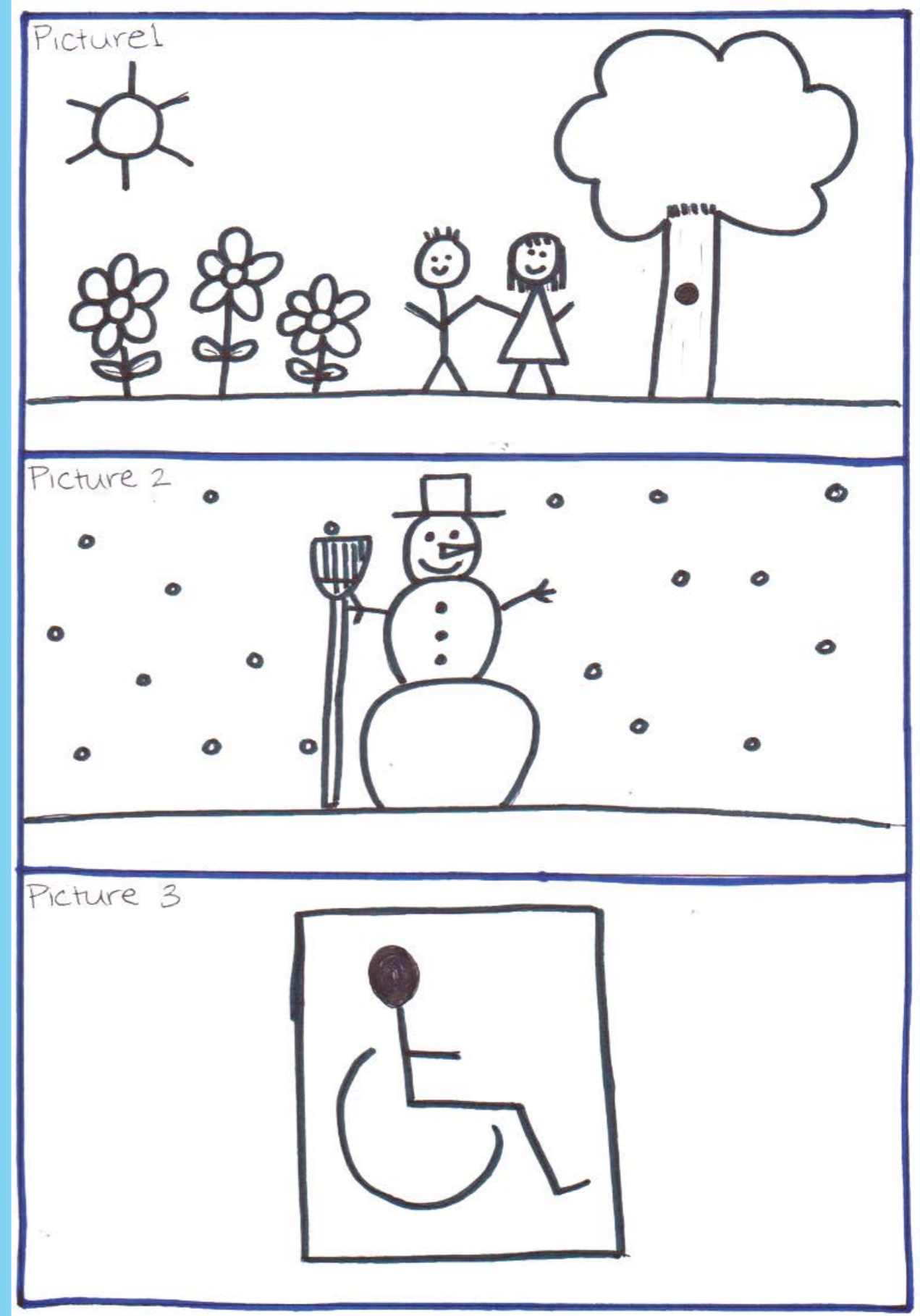
- Set aside relaxation time. Include rest and relaxation in your daily schedule. Don't allow other obligations to encroach. This is your time to take a break from all responsibilities and recharge your batteries.
- Connect with others. Spend time with positive people who enhance your life. A strong support system will buffer you from the negative effects of stress.
- Do something you enjoy every day. Make time for leisure activities that bring you joy, whether it be stargazing, playing the piano, or working on your bike.
- Keep your sense of humor. This includes the ability to laugh at yourself. The act of laughing helps your body fight stress in a number of ways.

### Stress management strategy #6: Adopt a healthy lifestyle

#### You can increase your resistance to stress by strengthening your physical health.

- Exercise regularly. Physical activity plays a key role in reducing and preventing the effects of stress. Make time for at least 30 minutes of exercise, three times per week. Nothing beats aerobic exercise for releasing pent-up stress and tension.
- Eat a healthy diet. Well-nourished bodies are better prepared to cope with stress, so be mindful of what you eat. Start your day right with breakfast, and keep your energy up and your mind clear with balanced, nutritious meals throughout the day.
- Reduce caffeine and sugar. The temporary "highs" caffeine and sugar provide often end in with a crash in mood and energy. By reducing the amount of coffee, soft drinks, chocolate, and sugar snacks in your diet, you'll feel more relaxed and you'll sleep better.
- Avoid alcohol, cigarettes, and drugs. Self-medicating with alcohol or drugs may provide an easy escape from stress, but the relief is only temporary. Don't avoid or mask the issue at hand; deal with problems head on and with a clear mind.
- Get enough sleep. Adequate sleep fuels your mind, as well as your body. Feeling tired will increase your stress because it may cause you to think irrationally.

### Handout 9a Draw This! Mentee Example Pictures





**Handout 9b**  
**Body Language: What do you see?**

**Handout 9c**  
**Body Language - Scenarios**

**Scenario 1: Bored**

The actor is sitting at the dinner table listening to their parents, aunts, and uncles have a discussion about politics. This is very boring. The actor is not allowed to leave the table and has to sit and wait for their conversation to end.

**Scenario 2: Confident**

The actor is a great runner and has won first place at many races. They have just signed up for a race, where the actor knows that they are the fastest person in the race and is confident that they will probably win.

**Scenario 3: Shy**

The actor is at a party but does not know anybody. He or she feels shy around all these new people.

**Scenario 4: Angry**

The actor let his or her brother borrow N\$100 about 4 months ago. Every week their brother says that he can't pay back the money because he doesn't have any. However, the actor just saw his/her brother in the store buying a new phone. He is now very angry at his brother because he thinks he has been lied to.

**Scenario 5: Nervous**

The actor has to give a presentation in front of his/her history class today. He/she is worried and nervous because they do not like talking in front of large groups of people.

**Scenario 6: In love**

The actor has just met the man/woman of their dreams! He/she knows that they are in love!

**Scenario 7: Lazy**

The actor has had a busy week at work. On Saturday he/she feels really lazy and does not want to do anything.

ORGANIZATIONAL SKILLS INFORMATION SHEET

Organizational skills will serve any individual well in all aspects of life, but of course, are a particular asset, when participating in any organization, in the work place, and in the development or strengthening of organizations of persons with disabilities.

Some people are born organized, for others it takes determined effort. Mastering organizational skills may seem like a difficult task, especially if you are new to the task. The effort of developing

or sharpening your organizational skills is well worth the effort. When you are organized, your potential for success with your organization and success in work will take off. You are viewed as someone who gets things done, on time and with minimal setbacks.....you become a valuable employee, often leading to more important and responsible assignments. ....which further facilitates your personal growth.

CHARACTERISTICS OF AN INDIVIDUAL WITH STRONG ORGANIZATIONAL SKILLS INCLUDE-

- Someone who diarizes
- Someone who establishes a filing system to be able to sort and find information
- Someone who is on- time / punctual
- Someone who returns all calls
- Someone who utilizes time efficiently
- Someone who always follows through on tasks
- Someone who maintains a "to do " list
- Someone who maintains a clean, organized, clutter free work space
- Someone who plans well for meetings including having a meeting agenda which includes inputs from all meeting participants
- Someone who is an effective facilitator of a meeting....someone who allows all to have input, but also keeps the meeting process moving forward in a positive way
- Someone who takes notes from all meetings.....your memory may not always serve you well

WORK SPACE

Organizing your work space and specifically your desk is most important. Only keep on your desk what you are currently working on, all other things are kept in files. Showing up at a meeting with previous meeting minutes or relevant documents will make you appear professional and organized. Also keep you computer organized, creating files when necessary. A clean or organized Desktop on your computer is a sign of an organized individual.

TIME MANAGEMENT

Time management skills will help you stay on schedule with everything you do, and help you avoid the last minute rush to complete tasks....which can avoid or reduce STRESS. Don't try to do everything by yourself....DELEGATE...when needed....realizing that at the same time you will be developing capacity in others.

PRIORITIZING

Prioritizing works tasks, focusing on the most important first is good practice. It is human nature to do tasks in which one has a greater comfort level and leaving those more challenging ones to last.....but this is not good practice.

Different personalities organize files and work with different types of organizational systems, some might organize by topic, by alphabet, by date....all are Ok.....find you preferred approach and use it consistently

MENTAL ORGANIZATION

Understand your personal working style and play to your strengths. Keep your mind as well as your work space organized. Not everyone is cut out to be an accomplished multi-tasker....that is OK!!

Which people look the best dressed to make a speech? Why?

If you are speaking at 4pm...What time should you show up?  
3:45PM                      4:00PM                      4:15PM                      Never

When speaking to a group, should you...  
Be Silent                      Whisper                      Yell                      Speak Loudly and Clearly

What should you do after you give your speech?  
Leave Without Saying Anything                      Thank the Audience and Ask for Questions  
Talk Through Other People's Speeches

How you dress, speak, and the impression you leave on your audience are all very important!

How will you represent yourself when giving a speech?

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**Handout 12b**  
**Worksheet 2: Magazine Analysis**

**Assignment**

Advertisers are usually very conscious of their audience. From each of the magazines given to you select one or two advertisements to analyze. Try to determine the audience for each magazine, and the words and visuals that appeal to this audience. How might the words and visuals differ if the ads were designed to persuade a different audience?

Advertisement #1:

Advertisement #2:

**Handout 12c**  
**Worksheet #3: Writing a Speech**

Introduction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Body: \_\_\_\_\_  
\_\_\_\_\_  
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Conclusion: \_\_\_\_\_  
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**Handout 12d  
Evaluation**

Please rate on a scale of 1-4. 1=Needs Significant Improvement 4=Very Satisfactory  
CONTENT PERFORMANCE

Introduction

- States name

1 2 3 4

- Gets the your attention

1 2 3 4

Comments \_\_\_\_\_

Body:

- Facts about self, uses personal story to make interesting.

1 2 3 4

Comments \_\_\_\_\_

- Thanks audience

1 2 3 4

- Closes with asking the audience to do something

1 2 3 4

Comments \_\_\_\_\_

Body Language:

- Dressed/groomed appropriately

1 2 3 4

- Eye contact

1 2 3 4

Comments \_\_\_\_\_

Speech and Language:

- Volume level appropriate

1 2 3 4

- Speed of speech comfortable

1 2 3 4

- Clear pronunciation of words

1 2 3 4

- Clearly expresses thoughts and ideas

1 2 3 4

- Listens & answers participant's questions

1 2 3 4

Comments \_\_\_\_\_

General Comments

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**Handout 13a  
HIV/AIDS Myths and Facts**

(Note to facilitator: Write down the statements below onto separate pieces of paper, or make a photocopy of the handout and cut the statements in the left column into separate pieces of paper. Do not distribute the answers in the right column to the students. These are explanations for you to read aloud to them.)

Medicines exist that can treat HIV/AIDS. However, there is no cure for the disease.

FACT. Explanation: Several medications can delay the development of HIV into AIDS. Other medicines can treat infections that someone with AIDS may have. These medicines, however, are only treatments for existing symptoms. There is no medicine that will actually cure someone of HIV/AIDS.

The people most at risk of contracting HIV/AIDS are girls and women.

FACT. Explanation: Girls and women are more likely than boys and men to be infected by HIV/AIDS for a variety of biological, social, and cultural reasons. Almost 60 percent of those infected with HIV in sub-Saharan Africa are women, and girls are two to six times more likely than boys to become infected.

You will not get HIV or AIDS if you eat out of the same bowl or drink out of the same cup as someone who is infected.

FACT. Explanation: Unless an HIV-infected person has an open, bleeding wound in his/her mouth, eating with him or her does not put you at risk of becoming infected.

Sub-Saharan Africa is the region the most affected by HIV/AIDS in the world.

FACT. Explanation: Of the 33.2 million people infected with HIV, an estimated 22.5 million live in sub-Saharan Africa.

In Namibia, approximately PERCENT of people are living with HIV.

FACT.

Abstinence is the only 100 percent effective method for preventing the sexual transmission of HIV.

FACT.

Having unprotected sex with certain people, such as young girls or virgins, will cure someone who has HIV/AIDS.

MYTH. Explanation: There is no cure for HIV/AIDS. If someone who has HIV/AIDS has sexual intercourse and does not use a condom, he or she could spread the virus to another person. The age of the person having sex does not affect HIV/AIDS transmission.

HIV/AIDS is a disease that foreigners spread in Africa.

MYTH. Explanation: HIV/AIDS affects people from all countries of the world. Its spread within Africa has been due to several factors, including poverty, conflict, and certain cultural practices and beliefs.



Because people with AIDS will eventually die, it is better if they do not know they have the disease.	MYTH. Explanation: HIV/AIDS affects people from all countries of the world. Its spread within Africa has been due to several factors, including poverty, conflict, and certain cultural practices and beliefs.
Some types of mosquitoes transmit AIDS.	MYTH. Explanation: There are several advantages to knowing your HIV/AIDS status. First, a person who knows he has HIV/AIDS can obtain medicine that will help treat infections and increase the person's quality of life. The person may live longer and be able to take care of his or her family. However, if a person does not know that he is infected with HIV, he or she may spread it to other people. He or she will also develop AIDS sooner.
If a pregnant woman is infected with HIV, her baby will become infected as well.	MYTH. Explanation: No mosquitoes can transport HIV/AIDS. HIV cannot survive in a mosquito's body.
Some people have been cured of AIDS.	MYTH. Explanation: Not all women who are HIV-infected will transmit the virus to their babies. Transmission depends on several factors, such as how much of the virus is in the mother's body during pregnancy. In addition, some modern medicines can prevent HIV transmission from a mother to her unborn child. While these medicines are not 100 percent effective in preventing HIV transmission, it is very important that a pregnant woman with HIV visit a health clinic to learn more about preventing mother-to-child transmission.
Kissing someone is one of the most common ways to get HIV.	MYTH. Explanation: No one has ever been cured of HIV/AIDS. No traditional or modern medicines cure the disease.
Only people who have sex with many people are likely to get HIV.	MYTH. Explanation: Anyone who has unprotected sex (sex without using a condom) is at risk for getting HIV. People who have sex with only one partner can become infected if the person they have sex with is HIV-positive. For example, a married woman who has sex only with her husband may become infected with HIV if her husband is having sex with other people.

Sexually Transmitted Infection (STI) Name	Symptoms	Effects	Treatment
GONORRHEA	<ul style="list-style-type: none"> <li>• Most women who are infected have no symptoms.</li> <li>• For some women, symptoms will include pain during urination, increased vaginal discharge (milky white or yellow/green), or bleeding between periods.</li> <li>• In men, gonorrhea can cause a burning pain during urination, painful or swollen testicles, or a white, yellow, or green discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Untreated gonorrhea can lead to serious, permanent health problems in both men and women, including sterility or pelvic inflammatory disease (PID) in women.</li> <li>• Gonorrhea can cause abdominal pain, vomiting, and irregular menstrual periods.</li> <li>• Women with gonorrhea can pass it on to newborns, causing blindness, joint infection, or blood infection.</li> </ul>	Gonorrhea can be cured with antibiotics.
CHLAMYDIA	<ul style="list-style-type: none"> <li>• Most women do not have symptoms.</li> <li>• Symptoms for women may include abnormal vaginal discharge.</li> <li>• Men may experience discharge from their penis or a burning pain during urination, as well as itching around the opening of the penis.</li> </ul>	<ul style="list-style-type: none"> <li>• If untreated, chlamydia can spread to the uterus or Fallopian tubes and can cause permanent damage, including chronic pelvic pain, infertility, and miscarriage.</li> <li>• Chlamydia may cause pregnant women to deliver prematurely. Chlamydia also can cause eye and respiratory tract infections in newborns.</li> <li>• If exposed to HIV, women infected with chlamydia are up to five times more likely to contract the virus.</li> </ul>	Chlamydia can be cured with antibiotics.
CHANCROID	<ul style="list-style-type: none"> <li>• Most women do not have symptoms.</li> <li>• Symptoms may appear three to seven days after infection and include small, painful sores on the genitals.</li> </ul>	<ul style="list-style-type: none"> <li>• The presence of sores or ulcers, the most common symptom of chancroid, increases a person's likelihood of becoming infected with HIV if exposed.</li> </ul>	• The presence of sores or ulcers, the most common symptom of chancroid, increases a person's likelihood of becoming infected with HIV if exposed.

HERPES	<ul style="list-style-type: none"> <li>• Most people are not aware they are infected.</li> <li>• Some people will develop painful blisters on the genitals or mouth.</li> <li>• Other symptoms include headache, fever, muscle aches, and chills.</li> </ul>	<ul style="list-style-type: none"> <li>• Sores may appear repeatedly throughout a person's lifetime.</li> <li>• Herpes can be passed to a newborn and cause blindness, brain damage, and death.</li> <li>• People with herpes sores are more likely to contract HIV if exposed to the virus.</li> </ul>	There is no cure for herpes. However, the virus can be treated with antiviral medications.
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SYPHILIS	<ul style="list-style-type: none"> <li>• Many people have no symptoms.</li> <li>• Symptoms during the primary stage include a sore (chancre) on the vagina or penis.</li> <li>• If a person is not treated during the primary stage, secondary stage symptoms include a rash on the palms of the hands or soles of feet, fever, headache, hair loss, and sore throat.</li> <li>• Late stages of the disease are marked by difficult muscle coordination, paralysis, numbness, gradual blindness, and dementia.</li> </ul>	<ul style="list-style-type: none"> <li>• If untreated, syphilis can damage the internal organs, including the brain, nerves, eyes, heart, liver, and bones.</li> <li>• Syphilis can lead to blindness, stroke, and death.</li> <li>• Pregnant women can pass syphilis to their unborn child, causing serious deformities and stillbirth.</li> <li>• Babies born with syphilis may not have symptoms but may experience developmental problems or die if not treated.</li> <li>• The presence of a syphilitic sore means a person is at higher risk of contracting HIV, if exposed.</li> </ul>	Syphilis is curable with penicillin.
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TRICHOMONIASIS	<ul style="list-style-type: none"> <li>• Trichomoniasis is caused by a parasite most commonly found in the vagina (for women) or urethra (for men).</li> <li>• Symptoms in women may include a yellow-green discharge with a strong odor, pain during urination or intercourse, and itching in the genital area.</li> <li>• Most men do not have symptoms. Some men may experience mild discharge, irritation, or a burning pain after urination or ejaculation.</li> </ul>	<ul style="list-style-type: none"> <li>• Genital inflammation can increase a woman's risk of contracting HIV, if exposed.</li> <li>• Pregnant women may give birth to under-weight babies.</li> </ul>	Trichomoniasis can be cured with a prescription medication
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HPV (Human Papilloma Virus)	<ul style="list-style-type: none"> <li>• Most people do not have symptoms.</li> <li>• Some people may develop genital warts, which can appear weeks to months after infection.</li> </ul>	<ul style="list-style-type: none"> <li>• Certain types of HPV can cause cervical cancer in some women.</li> </ul>	HPV is treatable with medications and, in some cases, may go away on its own
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## Handout 13c The Impact of HIV/AIDS on the Disability Community

### Background

There needs to be increased attention to the impact of HIV/AIDS on persons with disabilities. Researchers have found that individuals and groups with disabilities do not have the same access to HIV/AIDS education and information, intervention, and services as their non-disabled counterparts, therefore making them more vulnerable and susceptible to contracting HIV. Overall, persons with disabilities are not included in the majority of HIV/AIDS outreach efforts and programs (World Bank/Yale University, Global Survey).

The Yale Global Disability Survey conducted in 2003 found that HIV risk factors were increased in individuals with disabilities. They have a higher risk of poverty, lack of education, lack of information and resources to ensure safe sex, increased risk of violence/rape and legal protection, substance abuse, disabled orphans with AIDS, access to affordability of care of individuals with disabilities that do become HIV positive (i.e. testing, care, lower priority for medication) and stigma. All of these risk factors lead to an increased vulnerability to contracting HIV/AIDS.

The reason it is believed that people with disabilities are not being reached for HIV/AIDS information and care are due to, but not limited to, lack of education, information is in inaccessible formats (for example complex messages or clinics that are not physically accessible), not included in HIV/AIDS outreach efforts, AIDS workers being unfamiliar with disability issues, within government ministries, and NGOs. In addition, people with disabilities need to openly acknowledge that HIV/AIDS is an issue for them in order to protect themselves and to mobilize the support they will need.

In order for a successful program to take place, there must be a collaboration and partnership between HIV/AIDS and the disability networks. There also needs to be increased participation of PWD in HIV response.

#### Disability Resulting from HIV/AIDS

Even though our focus is to reach persons with disabilities, we must not forget that AIDS may increase disability rates due to the disabling effects of AIDS on nondisabled people.

#### Current Research

A large survey was conducted by Yale University in the USA, known as the Yale Global Disability survey. This survey gives us insight to the reasons why persons with disabilities have an increased risk of contracting HIV/AIDS as well as highlight the importance of this topic and to make people aware of the problems. However, more research is needed to find out why persons with disabilities are not being reached, information about persons with disabilities who do have HIV/AIDS, and to see what activities across the world are currently being implemented.

#### Possible Intervention Ideas

Using a survey or conducting a focus group will help determine which intervention activities will be effective in your community:

- Interventions For All Disability Groups and HIV/AIDS Groups
  - Have HIV/AIDS testers and counselors come to National/International Disability day or to large disability meetings
  - Have programs targeting persons with disabilities regarding the importance of getting tested ("knowing my status").



- Look at each subgroup of disability and is there a need to give separate awareness information and trainings
- Develop disability specific outreach efforts
- Adapt current HIV/AIDS materials to include persons with disabilities
- This may require to develop new materials to use for outreach
- Use persons with disabilities in AIDS posters
- Target programs for schools/institutions for the disabled population
- Include youth with disabilities when implementing school programs – must speak with HIV/AIDS education programmers that work with the Ministry of Education both in town and in the local villages.
- Hold workshops for different groups: local HIV/AIDS organizations, field workers, persons with disabilities, and families about HIV/AIDS’ effect on persons with disabilities.
- Have designated disability assistants/interpreters for voluntary counseling and testing centers
- Get persons with disabilities involved in the HIV decision making process and implementation of programs
- Go to HIV service providers and train them on obstacles that each subgroup of persons with disabilities may have (need to suggest adaptation techniques to make their awareness, training, treatment, care and support programs accessible to persons with disabilities)
- Train youth with disabilities to provide HIV/AIDS prevention, education, and counseling for their peers (Program done in South Africa)
- Train HIV/AIDS educators, clinicians, outreach workers, and staff on disability issues
- Train them about disability and understanding the differences in the needs of individuals with different types of disabilities
- Train disability advocates to be AIDS educators specifically for the disability community
- Train individuals with disabilities to be AIDS educators/peer counselors
- The peer educators should eventually conduct grass root training workshops for persons with disabilities. This is very important for areas that do not have HIV/AIDS health clinics.
- For Physical Disabilities
- Ensure accessibility to buildings and areas that provide HIV/AIDS information and services (or have more HIV/AIDS testing, education, and service programs in accessible places)
- For Hearing Impaired
- Videos and messages in sign language
- For Visually Impaired
- Don’t just talk about it, but go through the act of teaching them how to feel to put on a condom (for condom demonstrations)
- AIDS material made in audio form or Braille
- Have HIV/AIDS screening, information, and services to the deaf done by someone who is deaf
- For Intellectual Disabilities
- Make AIDS messages simple (in language) and with pictures
- Rewrite manuals in simple language that is easy to understand – especially for people with limited reading skills

**Source:** The World Bank/Yale University. HIV/AIDS & Disability: Capturing Hidden Voices. Global Survey on HIV/AIDS and Disability. 2004.

**Handout 13d**  
**Community Survey on HIV/AIDS and Disability**  
**for Individuals with Disabilities**

- A. Background Information
1. Name of person:
  2. What type of disability do you have?
- B. Risk for HIV/AIDS: Awareness
1. Do you feel that you are at risk for HIV/AIDS?  
 I do not know  
 No. If no, why not?  
  
 Yes. If yes, why? Because of: (check all that apply)
    - Being sexually active
    - Drugs
    - Rape/Sexual abuse
    - Medical Procedures
    - Lack of information concerning HIV/AIDS
    - Do not have access to HIV/AIDS prevention programs
    - Family will not let them participate in HIV/AIDS programs
    - Prevention programs are not in a language that you can understand
    - Other (Please Explain)
  2. Have you ever gone to a HIV/AIDS voluntary testing and counseling centre?  
 Prefer not to answer  
 Yes  
 No. If no, please explain why not:
    1. What are the programs, ministries, or NGOs that work with disability issues in your community?
    2. Can you name any programs (ministry programs, NGOs) that are available in your community that teach the people about HIV/AIDS, safe sex, sexually transmitted diseases, drug use, or other topics relevant to HIV/AIDS?
- C. Educating Persons with Disabilities about HIV/AIDS

3. Do you know any government, ministry, or NGO programs involved in teaching people with disabilities about HIV/AIDS, safe sex, sexually transmitted diseases, drug use, or other topics relevant to HIV/AIDS?
4. If there are no HIV/AIDS programs for persons with disabilities set up by the government, ministries, or NGOs, do you think the persons with disabilities in your community would be interested in having HIV/AIDS programs?  
 I don't know       Yes       No
5. Have you received HIV/AIDS education and prevention information?  
 No  
 Yes. If yes, how was the information presented to you? In:  
 Radio programs  
 Television programs  
 Posters/Billboards  
 Fliers/handouts/brochures  
 Written materials  
 Training/education sessions at a facility or centre  
 Training/education sessions with sign language or captioning  
 School classroom  
 Other, please explain:
6. Do you have a difficult time understanding health related information because the information is presented in any of the following formats:  
 Radio programs  
 Television programs  
 Posters/Billboards  
 Fliers/handouts/other written material  
 Complex written materials (not appropriate for the intellectually disabled)  
 Training/education sessions in locations not accessible by wheelchair users or people who have difficulty walking  
 Training/education sessions in which no sign language or captioning was available  
 School classroom  
 Other ways, please explain:
- D. Help and Support for Disabled People who are infected with HIV/AIDS
1. Do you know any person with a disability or think that people with disabilities have difficulties getting tested for HIV, do not have access to health care programs for HIV/AIDS, or do not get treatment for HIV/AIDS because of their disability?  
 I don't know  
 No. If no, please explain:  
 Yes. If yes, was it because:  
 clinic was inaccessible  
 no one was willing to treat them  
 no sign language translation or translator available  
 other difficulties (please explain)

**Handout 13e**  
**Community Survey on HIV/AIDS and Disability for HIV/AIDS and Disability Organizations**

\*\*\* Survey modeled after Yale University School of Public Health and World Bank's Global Survey on HIV/AIDS and Disability (2004)

- A. Background Information
1. Name of organization and staff member:
2. Phone Number:
3. Check one of the follow that describes your organization:  
 We are an organization involved with disability issues  
 We are an organization involved with HIV/AIDS issues  
 Other: \_\_\_\_\_
4. Give a brief description about what your organization does and who you work with in the community.

**B. Risk for HIV/AIDS: Awareness**

1. Do you think that people with disabilities have a larger or smaller risk of contracting HIV/AIDS than non-disabled people?  
 I don't know       Larger       Smaller

Please explain why you said 'Larger' or 'Smaller':

2. Do you think that people with disabilities believe that they themselves are at risk?  
 I do not know  
 No. If no, why not?  
 Yes. If yes, why? Because of: (Check all that apply)  
 Being sexually active  
 Drugs  
 Rape/Sexual abuse  
 Medical Procedures  
 Lack of information concerning HIV/AIDS  
 Do not have access to HIV/AIDS prevention programs  
 Families will not let them participate in HIV/AIDS programs  
 Prevention programs are not in a language that can be understood  
 Other (Please Explain)

3. If the people you work with feel that they are at risk, have they asked for help?  
 I don't know       No       Yes

What kind of help have they asked for?

C. Educating Persons with Disabilities about HIV/AIDS

1. How many people with disabilities do you usually encounter or reach with your organization?



2. Are you involved in teaching persons with disabilities about HIV/AIDS, safe sex, sexually transmitted diseases, drug use, or other topics relevant to HIV/AIDS?
- I don't know
- No. If no, what are the reasons you think this is?
- It is not the type of thing your organization does
- Other organizations are better able to handle it.
- If so, which organizations?
- You do not think it is a significant problem for the populations you serve
- You worry about making people with disabilities even more stigmatized
- Lack of resources and/or money
- Other (please explain)
- Yes. If yes, please explain what programs you have:
3. Are you aware of any other organizations involved in teaching persons with disabilities about HIV/AIDS, safe sex, prevention, sexually transmitted diseases, drug use, or other topics relevant to HIV/AIDS?
- I don't know       No       Yes
- If yes, please explain what other programs are available:
4. Is your staff educated in disability issues and how to present the HIV/AIDS information to meet the specific needs of persons with disabilities? If yes, please explain.
5. Do you think that people with disabilities are being reached with by the HIV prevention messages that are meant for the general population?
- No
- Yes
- If yes, how many persons with disabilities do you think were reached?
- Few       Some       Most       All
- If yes, what types of information were received?
6. Do you use or have you seen HIV/AIDS campaigns that were inaccessible to the people you serve in the following formats:
- Radio programs
- Television programs
- Posters/Billboards
- Fliers/handouts/other written material
- Complex materials not appropriate for the intellectually disabled
- Training/education sessions in locations not accessible by wheelchair
- Training/education sessions in which no sign language or captioning was available
- Other ways (please explain):
- D. Help and Support for people with disabilities who are infected with HIV/AIDS
1. If you provide HIV/AIDS services, programs, and education, does your organization accommodate to persons with disabilities by any of the following: (check all that apply)
- Accessible to people who cannot walk or use a wheelchair
- Have staff that is knowledgeable in disability issues
- Willing to treat people with disabilities
- Have a sign language translator available
- Have simple signs and written materials regarding your services
- Other (please explain):

## Annex:1

### Ice Breakers

An icebreaker is a short game or activity that can energize people and help them feel comfortable with each other. It is a good idea to conduct an icebreaker at the beginning of each session. Below are a few suggested icebreakers, but you should feel free to create your own based on games, songs, or activities common in your area.

### Introduction Games

Arrange participants in a circle. Each participant should say his/her name and an adjective that describes him/her. The adjective should begin with the same letter as the person's first name. For example, the first person may introduce herself as "Energetic Esther!" or "Fantastic Fatima!" The next person has to repeat the first person's name and adjective and add her name. Every participant repeats the name of the people before her, then adds her name. (To take the pressure off the person who has to repeat the names, have the entire group repeat the names together.) This is a guaranteed way to remember names and to learn how your friends describe themselves!

The object of this small group exercise is to get participants to know each other better. First, ask the participants to form a circle. Explain that different colors are often associated with different things in various cultures. Tell the participants that you are going to state the names and meanings of different colors and then ask each person to state the first thing she/he thinks of. For example, explain that orange is often considered a motivation color. Go around the circle and ask each person to quickly say one thing that motivates her/him. After all the participants have responded, tell them that in some cultures, yellow is the inspiration or creativity color. Going around the circle again, ask each person to say the best idea she/he has ever had. Repeat with the following colors and concepts:

Explain that blue is the "sky is the limit" color, then ask "What is your favorite fantasy about your future?"

Explain that bright pink is an unusual color, then ask "What is the most daring thing you ever did?"

Explain that purple is traditionally the color of royalty, then ask "If you were ruler of the universe for a day, what is the first thing you would do?"

Arrange participants in a circle. Each participant should share her name and do an action or gesture afterward, such as turn in a circle, jump in the air, or part of a dance. The entire group should repeat the name and action afterwards. The next person adds her name and action. Afterward, the entire group repeats her name and action, followed by the first person's name and action. The game continues around the circle until everyone has shared her name and action. The group continues to repeat everyone's name until they are doing so many actions they are almost dancing! This is a great way to get energized and learn names. (Note: If you have a large group, you may just want to have the group repeat the name of the person who has most recently shared her name, rather than all names.)

## 2 Annex 2: Ice Breakers

### Line Up

Divide participants into groups. Tell each group to arrange itself according to your directions. The first group to arrange themselves the way you tell them to wins the game! Some common ways to have participants arrange themselves include: By age or birthday; by height (from shortest to tallest or vice versa); by number of letters in their first names; or alphabetically according to their last names. To make the game more challenging, tell them that they can't talk to each other.

### Two Truths and a Lie

Have each participant tell the group things about themselves. Two of the items should be true, and the other one should be false. Participants have to guess which item is false. Go around in a circle until everyone has told her/his "two truths and a lie." We guarantee you will learn new things about your friends.

### Goal Sharing

Find a small ball or other item that could be tossed from person to person. The person who holds the ball must tell the group one of her goals, likes, dislikes, or something the person is currently learning. For example, a person might say she hopes to become a doctor, while another could share that he is working hard to improve his English. After all participants have shared their goal or dream, ask them to turn to a partner to find out more about what they shared.

### What Did You Learn Last Time?

Begin the session by asking each participant to share something she learned during the last session. Vary the game by asking the participants to share something they learned outside of the discussions or something fun they did in the last week.

### Word Association

Arrange participants in a circle. Invite one participant to think of a word and share it with the group. The person to the right should immediately say a word related to the first word. Go around the circle until each person has shared a new word. At the end, compare the words that started and ended the game. To make the game more active, toss a ball from person to person to signify who should add the next word.

### Create a Story

Arrange participants in a circle. Ask one participant to start a story. She should share a phrase such as, "Once there was a person who..." The next person should continue the story and abruptly stop after a few sentences. The next person must continue the story. Continue until all participants have contributed to the story. The unique story that participants create is guaranteed to make everyone laugh!

### Things I Like About You

This is a great activity to do when participants have known each other a while, and a respectful and trusting environment has been established. Using pins or tape, attach a piece of A4 or notebook paper to the back of each participant. Explain that everyone has good qualities or things one does well. Knowing those things can give a person self-esteem and self-confidence. Ask participants to take out a pen or pencil and write on each person's back at least one thing that she/he likes about that person or things that that person does well. Stress that no negative things should be written.

Have participants circulate around the room until everyone has written at least one positive thing on everyone else's paper. Tell participants to remove the papers from their backs and read the comments to themselves. Ask if anyone would like to share with the group some of the compliments she/he has received.

### Sara Says (a variation on "Simon Says")

Select one person to be "Sara," the activity leader. (You may choose whatever name you like.) The rest of the group should line up on one side of the room or outdoors. "Sara" will instruct the group to do certain actions, like to take two big steps forward, take one step backward, hop on one leg, spin in a circle, clap their hands, and so on. Each time Sara gives instructions, she first says, "Sara says..." The group can only do the action if Sara says, "Sara says..." When Sara only gives a direction, but does not say, "Sara says," the group should not do the action. If a person does the action, she must sit down. Have Sara give directions until only one person is left. Declare that person the winner.

### Telephone

This game will make participants laugh, as well as help them to better understand the importance of good group communication. Have participants stand in a large circle. Ask for a volunteer to come up with a message to pass along to the rest of the group. Once the person has decided on a message (not too long or too short), tell her to whisper the message into the ear of the person standing to her right. No one else should hear the message. That person must then tell the exact message to the person to her right. The activity continues until the message makes it all the way around the circle. (No one is allowed to ask the message to be repeated.) Once the message has made it around the circle, the last person to receive the message should share the message she/he heard. Then the person who started the message should share her/his original message with the group. You will find that the message changed a lot! Ask participants why they think the message changed. (Possible answers: People did not speak clearly, not paying attention, etc.)

### Switching Places

Pass out a piece of A4 or notebook paper to each participant. Invite participants to form a circle around you. Tell each participant to place her piece of paper on the floor and to stand on it. You, the facilitator, will call out a sentence explaining which people in the circle need to switch places immediately after hearing the command. Examples: "Everybody wearing red—switch places!" "Everybody who likes dancing—switch places!" "Everybody who likes (name of a popular food or musical group)—switch places!" After calling out the sentence, run to someone's place in the circle and occupy it. The participant who is left without a piece of paper to stand on must go into the center and call out the next order to switch places (and should run to occupy someone else's place after calling out.) Be creative. Repeat until the group is energized.

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