

MODULE 1

Understanding Disability and Inclusion

(Total time: 245 minutes)

1.1 Understanding Disability

Time: 80 minutes

Preparation & materials required: Slide Deck, flipchart, markers, Understanding Disability handout, Case Studies A activity sheet and answer key

Objectives: At the end of this module, learners will be able to:

- Define disability using the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the WHO International Classification of Functioning, Disability and Health (ICF).
- Explain the differences between disability, condition, and impairment.

Key message(s) to take away for learners:

1. The ICF and UNCRPD recognize that disability is the interaction between impairments arising from a health condition and a person's social and physical environment.
2. While a condition refers to a health issue, impairment is the functional limitation resulting from the condition, and disability is the interaction between impairments and the individual's environment (e.g., barriers).
3. A child or a mother's impairment may be more or less disabling depending on the context in which they live.

Activity 1.1.1 (30 minutes)

Defining disability

Activity Summary	Key message(s)	Slides & Material(s)
Group discussion	1	Slides 6-14 Flipchart, markers Mod 01_Handout_Understanding Disability

Instructions

- Introduce the module:
 - Disability is an evolving concept and how we discuss it today might be new to some of you. The concept of disability can also be difficult to explain and may have a different meaning to different people or in different contexts. But developing a shared understanding of “disability” helps us to plan, monitor and evaluate inclusive health and nutrition programs and services.

- In this module, we will discuss disability and common language to use when talking about disability, and think of the barriers that children and mothers impacted by disability face and strategies to address some of these barriers.

Activity (10 minutes):

- Ask participants to provide their own definition of disability:
 - How would you define "disability" based on your own understanding and experiences?
- Write definitions provided by participants on a flipchart.
- Explain that in this training we will use the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the WHO International Classification of Functioning, Disability and Health (ICF) to understand what is meant by "disability."
- Present ways in which disability has been framed throughout history:
 - When we talk about disability it is important to know about how disability has been viewed in the past and how it is seen today. Two main approaches to understanding disability have been used throughout history:
 - *Charity model:*
 - Persons with disabilities are often seen as needing charity and pity.
 - *What this looks like if you have a disability:* People in your community assume you always need help and feel sorry for you. They see you as a burden that requires charity to get by. You may hear statements like: "I'm so sorry for what you're going through." "It's so inspiring to see you out and about." "You must be so strong to deal with your condition every day."
 - The charity model is an outdated approach to understanding disability.
 - *Medical model:*
 - Persons with disabilities are viewed as sick and in need of curing, fixing, and medical care. In this model, medical professionals like doctors, nurses, and therapists were seen as the experts on disability.
 - Children with disabilities are believed to be sick and are patients. In many communities today, they may still be seen this way.
 - *What this looks like if you have a disability:* People in your community see you as "sick" because of your disability. Most services aim to cure your disability or make you look non-disabled, rather than making the environment more accessible. You may hear statements like: "Your disability needs to be treated." "If you are disabled, you cannot make decisions concerning your life." "If you are disabled, you need specialists to serve you."
 - The medical model implies that the disability *comes from the person*.
 - This model is also outdated.
 - These outdated approaches have been replaced by social and human rights-based models, which emphasizes that the challenges faced by persons with disabilities stem from an inaccessible society, not from the disabilities themselves. This new perspective upholds the rights of persons with disabilities and will guide our work moving forward.
- Present the definition of disability by the UNCRPD highlighting similarities with definitions provided by participants:
 - The UNCRPD is a legally binding international agreement and human rights instrument that reaffirms that all persons with disabilities are entitled to fully enjoy all human rights and fundamental freedoms.
 - The UNCRPD defines persons with disabilities as: "...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” (UN 2006).

- Present the WHO ICF framework and talk through its components:
 - The WHO created the ICF to describe and organize information about disability. It integrates the many factors that can impact an individual’s ability to function and participate.
 - The ICF components include:
 - *Condition*: a disease, disorder or injury
 - *Impairments in body structure and function*: loss or difference with anatomical parts of the body or physiological functions of body systems, resulting from a health condition
 - *Activity limitations*: difficulties in completing everyday tasks or actions (e.g., eating)
 - *Participation restrictions*: limitations in engaging in everyday life or social activities (e.g., school, work, community activities)
 - *Environmental factors*: the physical, social and attitudinal environment in which the person lives
 - *Personal factors*: includes gender, age, coping styles, social background, education, and past experiences
 - The ICF helps us understand a child’s functioning at the level of the *body* (body structure and function), at the level of the *individual* (activity), and as a member of *society* (participation).
 - The ICF components come together in this way: A child experiences a *condition* that leads to an *impairment* in function. The impairment leads to a *limitation* in their ability to do certain tasks. Those limitations can restrict their *participation* in daily life, with *environmental* and *personal* factors acting as barriers or facilitators.
- Conclude this section:
 - Both the UNCRPD and ICF recognize that disability is not only a “diagnosis” or a “health condition” but rather, it stems from the interaction between a person’s impairments due to a health condition and their social and physical environment.
 - Other international standards also reinforce a rights-based approach to disability:
 - The *World Declaration on Nutrition* affirms the right of every individual to nutritionally adequate and safe food.
 - The *United Nations Convention on the Rights of the Child (UNCRC)* upholds the rights of children with disabilities to adequate nutrition, access to quality healthcare services, and living conditions that support their independence and full participation in their communities.
 - Distribute handout to participants.

Activity 1.1.2 (30 minutes)

Applying the ICF framework

Activity Summary	Key message(s)	Slides & Material(s)
Small group discussion	2	Slides 15-21 Flipchart, markers

Instructions

Activity (30 minutes):

- Introduce the activity:

- We will now practice using the ICF framework to increase our understanding of its components and the difference between a condition, an impairment, and a disability.
- In this activity, you will create an ICF framework for a child health condition. You will think of the various ICF components impacted including body structures/functions, activity, and participation, as well as contextual factors that may interact with the child's impairment, potentially leading to disability.
- Divide participants into small groups and give each group a flipchart and a marker.
- Tell participants that you will first demonstrate with an example.
- Draw an empty ICF framework (boxes and arrows) on a flipchart. *Note: Environmental and personal factors can be combined into one box.*
- Provide an example for the activity:
 - Let's take a look at how the ICF may apply for an infant girl with a cleft lip:
 - The *condition* is a "cleft lip," which has resulted in impairments in the "structures of the nose and upper lip," affecting the "function of sucking."
 - Those impairments *limit* the infant's ability to "breastfeed well and receive adequate nutrition" and *restrict* her participation in a "bonding feeding experience with her mother."
 - *Environmental* factors including negative attitudes towards the mother from her community lead to social isolation, causing her to hide her infant and hesitate to seek support.
 - *Personal* factors including the parents' "financial constraints" lead to delayed surgical repair for the cleft lip.
- Ask group to draw an empty ICF framework (boxes and arrows) on their flipchart.
- Ask groups to do the following, with a focus on children:
 - Select a *health condition* you commonly see in your local area or workplace that may lead to disability. Write it in the appropriate box on the flipchart. *Note: you can assign health conditions.*
 - Write a *body structures/functions* that might be impacted by this condition.
 - Write an *activity* or an everyday task/action that might be limited by this condition.
 - Write a social event or activity that a child may not *participate* in as a result of this condition and barriers.
 - Write two contextual factors (personal or environmental) that may create barriers to the child's participation.
- After 15 minutes, ask each group to present their ICF framework.
- Provide additional examples for each component of the ICF:
 - *Health conditions:*
 - Conditions commonly encountered may include cerebral palsy, Down syndrome, autism, cleft lip, cleft palate, spina bifida, intellectual disabilities, epilepsy/seizure disorder, learning disabilities, mobility or movement disorders, deaf or hard of hearing, and blind or partially sighted.
 - *Body structures/functions:*
 - Body structures include: nose, mouth, neck, brain, heart, nervous system, and limbs.
 - Body functions include: seeing, hearing, pain, sleep, attention, memory, language, emotional functions, digestion, muscle tone, mobility, immunity.
 - *Activities:*
 - Activities include: Self-care, eating, drinking, reading, writing, speaking, walking, grasping or lifting objects, using transportation, playing a sport, socializing.
 - *Participation:*
 - Participation in society and life events include: playing with friends, going to school, sharing meals with others, work and employment, accessing healthcare, community involvement.

- **Contextual factors:**
 - Stigma
 - Discrimination
 - Cultural beliefs
 - Services
 - Systems and policies
 - Gender
 - Age
 - Coping styles
 - Social background
 - Level of education
 - Financial constraints
 - Past experiences
- **Conclude this section:**
 - Remember that conditions represent health issues, impairments are the resulting functional limitations, and disability is the interaction between impairments and the individual's environment (e.g., barriers). Understanding these distinctions helps us address diverse needs and ensures comprehensive support and inclusion.

Activity 1.1.3 (20 minutes)

ICF: Contextual factors

Activity Summary	Key messages	Slides & Materials
Case study discussion	3	Slides 22-24 Mod 01_ActivitySheet_Case Studies A Mod 01_ActivitySheet_Case Studies A_Answers

Instructions

Note: Adapt case studies to reflect the local context. This may include changing the names of children and towns, modifying details to align with the realities of the country or community where the training is taking place, and incorporating references to local systems, services, and programs.

Activity (20 minutes):

- Ask participants to remain in their small groups.
- Hand out a copy of the case studies, one per participant.
- Explain the activity:
 - We will now further explore contextual factors through case studies about two infants with same condition but living in different contexts.
 - Read the two case studies. As you read:
 - *underline* any contextual factors that could negatively impact the infant's life
 - *circle* any contextual factors that could positively impact the infant's life
 - Then, discuss the following questions in your group:
 - What is the context in which each infant lives?
 - How might this context impact their experiences of disability and participation in everyday life, in a positive or negative way?
- After 10 minutes, ask the groups to share their responses. Refer to the answer key and provide additional information as needed.
- Conclude this section:
 - As demonstrated by the case studies, a person's impairment may be more or less disabling depending on the context in which they live. Therefore, it is important for

healthcare workers to consider not only a child's treatment and outcomes but also their environment, family dynamic, and societal context.

- Ask participants to reflect on how their understanding of disability has changed:
 - How does the definition of disability we discussed compare to what your understanding of disability was before this session? What are the similarities? What are the differences?



Check before proceeding.

These are the key messages for this module. Have these been explicitly addressed and learners appear to have a good understanding of them?

1. The ICF and UNCRPD recognize that disability is the interaction between impairments arising from a health condition and a person's social and physical environment.
2. While a condition refers to a health issue, impairment is the functional limitation resulting from the condition, and disability is the interaction between impairments and the individual's environment (e.g., barriers).
3. A child or a mother's impairment may be more or less disabling depending on the context in which they live.

1.2 Barriers and Social Norms

Time: 50 minutes

Preparation & materials required: Slide Deck, flipchart, markers, Healthcare Journey Flowchart handout, Attitudinal Barriers activity sheet and answer key.

Objectives: At the end of this module, learners will be able to:

- Identify barriers faced by children and mothers with disabilities that exist in health and nutrition services.
- Describe common attitudes and social norms around disability among health workers and in communities where they work.

Key message(s) to take away for learners:

1. Children and mothers with disabilities commonly experience attitudinal, environmental, communication, financial, and institutional barriers in accessing a level of healthcare equal to that of children and mothers without disabilities.
2. Negative attitudes among health workers – such as avoidance, pity, or stereotyping of persons with disabilities – can create significant barriers to accessing quality health and nutrition services.

Activity 1.2.1 (30 minutes)

Barriers along the healthcare journey

Activity Summary	Key messages	Slides & Materials
Brainstorming activity	1	Slides 25-29 Flipchart, markers



		Mod 01_Handout_Healthcare Journey Flowchart
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Instructions

Note: When discussing barriers, include real-life examples from the country or community where the training is taking place—especially those faced in remote areas, those limiting access to health services, and those affecting care-seeking behaviors related to malnutrition screening and treatment. When addressing cultural beliefs, incorporate practical examples and common social myths around disability and infant and young child feeding relevant to the local context.

- Introduce this section:
 - Across the world, persons with disabilities face significant and multiple barriers that prevent them from accessing a level of healthcare and services equal to that of persons without disabilities.
 - These barriers can be placed in four categories:
 - *Attitudinal*: these include the negative perceptions, assumptions and beliefs about persons with disability (e.g., stigma and discrimination; lack of knowledge and training of health workers; lack of inclusive policies; lack of inclusion in planning and decision-making)
 - *Environmental*: these include the obstacles that prevent persons with disability from accessing health services when they need them (e.g., location of health services; lack of accessible transport; poor access to buildings, toilets, consulting rooms and furniture)
 - *Communication*: these include barriers to sharing and receiving information about health services and during interactions with health workers (e.g., lack of alternative formats of health information; use of jargon; poor signage; unsuitable forms of communication during counseling)
 - *Financial*: these include the direct and indirect costs of accessing healthcare (e.g., cost of transport, cost of medicine, cost of special services)
 - *Institutional*: these include restrictions established through policy, legislation or formal structures that prevent persons with disabilities from fully participating in society on an equal basis with others (e.g., legislation that prevents right to enrollment in public school or access to social protection; policies that do not subsidize the cost of assistive devices or rehabilitation)
 - Barriers can occur at any point in accessing health services for a mother-child pair impacted by disability.

Activity (20 minutes):

- Distribute the healthcare journey flowchart handout.
- Allow 5 minutes for participants to review it individually or in pairs, reflecting on each stage.
- Ask participants to consider:
 - What barriers might a child or mother with a disability face at each stage of this journey? Encourage them to think about attitudinal, environmental, communication, financial, and institutional barriers.
- Facilitate a group discussion by walking through the journey stage by stage. Invite participants to share the barriers they identified and discuss how these could impact access to care at each stage:
 1. *Awareness of health and nutrition services*: Is the mother aware of health and nutrition services? Is information about nutrition and feeding accessible and available in accessible formats?
 2. *Past experiences of health and nutrition services*: Is the mother willing to access health and nutrition services based on prior experiences with these services and health workers?

3. *Leaving the house*: Can the mother leave the house alone? What kind of support does she need to leave the house? Does she have child care? Does she experience stigma from the community?
 4. *Finances*: Can the mother afford healthcare and transport? Does she receive any financial support? Is she aware of existing social services?
 5. *Transport*: Can the mother access and afford transport? How far is the clinic? Is public transport to the clinic available? Does the clinic offer transport services?
 6. *Entering the health clinic*: Does the clinic have ramps? Is clinic signage accessible? Is staff, including reception and security, welcoming and respectful?
 7. *Waiting for an appointment*: Is the waiting area accessible? Are toilets accessible? Do staff follow any discriminatory practices?
 8. *During the appointment*: Is the health worker responsive to the mother's needs? Does the health worker provide reasonable accommodation? Is the communication method appropriate?
 9. *After the appointment*: Is follow-up information communicated appropriately? Is the mother referred to the appropriate specialized services? Is she linked with a support group? Is the mother able to afford referral services?
- Conclude this section:
 - It is essential for us to have a good understanding of what the experience of accessing health services is like from the perspective of a mother with disability or a mother of a child with disability. It is this understanding that will allow us to adapt our practices to become more disability inclusive, and to influence and educate our colleagues to do the same.

Activity 1.2.2 (20 minutes)

Attitudinal barriers

Activity Summary	Key messages	Slides & Materials
Matching activity	2	Slides 30-33 Mod 01_Activity Sheet_Attitudinal Barriers Mod 01_Activity Sheet_Attitudinal Barriers_Answers

Instructions

- Introduce this section:
 - We will now delve deeper into attitudinal barriers as they often compound other types of barriers, such as environmental and communication barriers.
 - Attitudinal barriers are a major challenge for persons with disabilities when accessing healthcare services. Many of these barriers come from lack of knowledge and awareness about disability and disability rights or understanding what persons with disabilities require in terms of support.
 - As we talk about attitudinal barriers, you might realize that you also have gaps in your knowledge or negative attitudes about disabilities. Do not worry if this happens. It is a normal part of learning. Recognizing our own attitudes and beliefs is crucial for identifying and dealing with attitudinal barriers in healthcare.
 - Negative attitudes include:
 - *Stereotyping*: Assuming what persons with disabilities need or do not need and can and cannot do.
 - *Pity*: Feeling sorry for a person with disability, leading to patronizing behavior.

- *Fear and avoidance*: Avoiding a person with disability because of fear of saying or doing the “wrong” thing.
- *Inferiority*: Believing persons with disabilities are inferior because of their impairment.
- *Denial*: Not believing a person with disability or recognizing the impact of the impairment, or denying reasonable accommodation where needed. This is especially common when conditions may not be visible (e.g., intellectual disability).

Activity (10 minutes):

- Ask participants to pair up and distribute the activity sheet, one copy per participant.
- Ask pairs to match statements from healthcare workers to the type of negative attitude.
- After 5 minutes, ask participants to share their responses. Refer to the answer key for the correct responses and additional notes.
- If time allows, give participants 2-3 minutes to individually reflect on their own beliefs and attitudes towards disability. Participants may note their reflections in their notebooks. Let participants know that this is a self-reflection activity and they will not be asked to share with the group.
- Conclude this section:
 - Attitudinal barriers can come from health workers themselves. They often include no, little, or inaccurate knowledge and awareness about disability, discrimination and inferior treatment, and health service policies and practices that are not inclusive.



Check before proceeding.

These are the key messages for this module. Have these been explicitly addressed and learners appear to have a good understanding of them?

1. Children and mothers with disabilities commonly experience attitudinal, environmental, communication, financial, and institutional barriers in accessing a level of healthcare equal to that of children and mothers without disabilities.
2. Negative attitudes among health workers – such as avoidance, pity, or stereotyping of persons with disabilities – can create significant barriers to accessing quality health and nutrition services.

1.3 Promoting Disability-inclusive Health and Nutrition Services

Time: 45 minutes

Preparation & materials required: Slide Deck, flipchart, markers, Disability-inclusive Attitudes activity sheet and answer key.

Objectives: At the end of this module, learners will be able to:

- Discuss key strategies to address barriers to inclusive health and nutrition services.

Key message(s) to take away for learners:

1. Promoting disability-inclusive attitudes through awareness raising and capacity building is key to providing disability-inclusive health and nutrition services.
2. The needs of many children and mothers with disabilities can be met by making mainstream health and nutrition services more inclusive.



Activity 1.3.1 (20 minutes)
Promoting disability-inclusive attitudes

Activity Summary	Key messages	Slides & Materials
Brainstorming activity	1	Slides 34-37 Mod 01_Activity Sheet_Disability-inclusive Attitudes Mod 01_Activity Sheet_Disability-inclusive Attitudes_Answers

Instructions

- Introduce this section:
 - Disability inclusion in health and nutrition services can be achieved through a twin-track approach:
 - *Disability inclusion within mainstream health and nutrition services:* The needs of many children and mothers with disability can be met through existing services with modest adaptations.
 - *Disability-specific health and nutrition services when needed:* Disability-specific services may be warranted when the needs of children and mothers with disabilities cannot be met through existing services.
 - In this training, we will focus on how we can achieve disability inclusion within mainstream nutrition services.
 - To ensure nutrition services are inclusive, we need to remove or reduce the barriers for mother-child pairs impacted by disability. This starts by addressing negative attitudes.

Activity (15 minutes):

- Distribute the activity sheet, one copy per participant.
- Introduce activity:
 - In the activity sheet, you can see the various types of negative attitudes and example statements from health workers from the previous activity.
 - Working in pairs, come up with a more disability-inclusive statement that the health worker can say instead for each type of negative attitude. Write your statements in the space provided. *Note: Give an example if participants ask for clarification.*
- After 10 minutes, ask participants to share their responses. Refer to the answer key and share more examples of statements if needed. Provide additional information on inclusive approaches to counter each type of negative attitude.
- Conclude this section:
 - Replacing approaches that are based on negative attitudes with disability-inclusive approaches is a key strategy to addressing attitudinal barriers in your health service. To do that, recognize your own bias and take action, and help raise awareness and build capacity for disability inclusion among nutrition and health workers.

Activity 1.3.2 (25 minutes)
Addressing barriers along the healthcare care journey

Activity Summary	Key messages	Slides & Materials
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Brainstorming activity	2	Slides 38-39 Flipchart, markers
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Instructions

Note: Incorporate in the discussion references to local systems, services, and programs that support disability-inclusive health and nutrition services.

Activity (25 minutes):

- Tell participants:
 - Earlier, you identified various barriers that mothers and child with disabilities face when accessing health and nutrition services.
 - Now, let's explore practical solutions to address or reduce these barriers.
 - You may share strategies you have personally used or would like to try. These can be general or linked to specific stages of the healthcare journey.
- Facilitate a group discussion, guiding participants through each type of barrier:
 - attitudinal
 - environmental
 - communication
 - financial
 - institutional
- Note participants' responses on a flipchart, creating a list under each barrier type.
- Provide additional solutions on each category if not shared by participants:
 - *Attitudinal:* Awareness training for all nutrition staff; community awareness-raising activities; monitoring of discriminatory practices; zero tolerance policy for discriminatory practices; integration of disability education into curriculum and accreditation for all health workers; longer and flexible appointment times; involving mothers in decision-making; assessment of the clinic policies for inclusion; collection of sex, age, and disability-disaggregated data; ensure health management information systems (HMIS) are inclusive.
 - *Environmental:* Outreach services; home visits; support with transport difficulties; ramp at health facility entrance; facility entrances clear of hazards and obstacles; accessible doorways, bathrooms, handwashing facilities, and examination rooms; accessibility audit of the health facility; adaptive equipment.
 - *Communication:* Information available in a range of formats (i.e., radio, SMS messaging, TV, newspaper); health services engage local Organizations of Persons with Disabilities (OPDs) to distribute information to their members; involve OPDs in nutrition services; appointment reminders in accessible formats; available sign language interpreters; use of plain language, pictures, and other visual cues; use of signboards.
 - *Financial:* Referral to social services for families with financial constraints; mapping of free-of-charge services available in the community; transportation assistance; home visits to lower transportation costs; voucher system that covers special services.
 - *Institutional:* disability mainstreamed in health and nutrition policies; disability-inclusive budgeting; advocacy activities; linking health and nutrition with other sectors like social protection and education; partnerships between government and OPDs; disability-disaggregated data; mandatory workforce training in disability inclusion; accountability mechanisms.
- Conclude this section:
 - This is just a beginning activity to get us starting to think about how we can provide solutions to barriers. As we move through the rest of the modules in this training, we will be exploring various solutions to some barriers in more detail.



Check before proceeding.

These are the key messages for this module. Have these been explicitly addressed and learners appear to have a good understanding of them?

1. Promoting disability-inclusive attitudes through awareness raising and capacity building is key to providing disability-inclusive health and nutrition services.
2. The needs of many children and mothers with disabilities can be met by making mainstream health and nutrition services more inclusive.

1.4 Effective Communication with Mothers and Children with Disabilities

Time: 70 minutes

Preparation & materials required: Slide Deck, flipchart, markers, Mothers with Disabilities Scenario Cards activity sheet

Objectives: At the end of this module, learners will be able to:

- Describe communication strategies for mothers and children who are deaf or hard of hearing.
- Describe communication strategies for mothers and children who are blind or partially sighted.
- Describe communication strategies for mothers and children who have intellectual disabilities.

Key message(s) to take away for learners:

1. Effective communication with mothers and children with disabilities requires empathy, patience, and the use of appropriate strategies tailored to their specific needs.
2. When children with disabilities have difficulty communicating, they may feel frustrated, scared, and isolated—affecting their emotional wellbeing, development, and bond with their caregiver.
3. When communicating with mothers and children who are deaf or hard of hearing, use clear written communication, gestures, visual aids, or sign language if possible.
4. When communicating with mothers and children who are blind or partially sighted, use detailed verbal descriptions and tactile aids or braille if available to convey information.
5. When communicating with mothers and children with intellectual disabilities, use simple, clear language and repeat key information.

Activity 1.4.1 (25 minutes)

Verbal and nonverbal communication

Activity Summary	Key message(s)	Slides & Material(s)
Game & group discussion	1	Slides 40-43

Instructions

Activity (20 minutes):



- Tell participants that in this section we will discuss strategies to remove communication barriers when interacting with mothers and children with disabilities. We will begin with a game.
- Ask for 8-10 volunteers to come stand at the front of the room. Make sure it is an even number of participants.
- Have the participants stand in a line. Ask the first person in line to face towards you. Everyone else turns away with their backs towards the first person in line.
- Explain the rules of the game:
 - I will whisper to you a sentence or phrase that will then be communicated down the line to the last person, who will share the message with all of us.
 - The first person will communicate the phrase without using words or speaking. You may act it out any way you choose. When you are ready, the next person in line will turn around to receive the message.
 - Then the second person will whisper quietly the phrase or sentence that they understood to the next person in line.
 - The message will continue down the line, alternating between acting out the phrase and whispering it until it reaches the last person, who will speak the message out loud to the group.
 - Remember that you will only turn around when it is your turn to receive the message.
- Select one of the following phrases for the first message:
 - A bird is sewing a dress.
 - A cat is washing the dishes.
 - A dog is riding a bicycle.
 - A snake is brushing his teeth.
 - A chicken is playing a piano.
- When the message makes it to the end of the line and is shared out loud, ask the first person to share the message that they received at the very beginning to compare it with the original message.
- If time allows, you can repeat the activity a second and third time with 8-10 new participants.
- Reconvene as a large group and ask participants:
 - In what ways did communication happen during this game?
 - What helped make the communication more successful?
- Listen to responses then say:
 - In this game, some of you were required to use nonverbal communication like gestures or facial expressions, while others were able to communicate using words. It was important for you to be creative and use whatever method you can think of to communicate the message as clearly and accurately as possible. You didn't worry much about saying the "wrong" thing and you tried your best explaining the message without words. This approach is important to counter a common type of attitudinal barrier. *[Ask participants to guess which one]*. That is "fear and avoidance" – avoiding a person with disability because of fear of saying or doing the "wrong" thing.
 - Trying our best to communicate with all mothers and children and finding alternative ways of communicating, if required, is important.
 - Ask participants:
 - How else can we communicate nonverbally? *Note: share the following methods if not mentioned by participants: smiling, gesturing, nodding, maintaining eye contact, pointing, laughing, drawing, writing, sign language, facial expression, body language.*
 - Think back to this activity when you encounter mothers and children with disability as a reminder that it is more important to try to communicate and find out what their needs are than to always "get it right".

- Conclude this section:
 - Communicating effectively with mothers and children with disabilities involves understanding their communication needs, demonstrating empathy, practicing patience, and applying strategies tailored for their particular needs. Applying this approach is especially important during counseling to ensure that each mother receives the support and information she needs in a way that is accessible and respectful. This ultimately fosters a more inclusive and supportive environment.

Activity 1.4.2 (15 minutes)

Communication strategies for children with disabilities

Activity Summary	Key message(s)	Slides & Material(s)
Group discussion	1 & 2	Slides 44-46

Instructions

Activity (15 minutes):

- Tell participants:
 - In your role, you may have interacted or will likely interact with children who have difficulty communicating. In this section, we will discuss some strategies for effective communication with children with disabilities.
- Ask participants:
 - Can you share examples of communication difficulties that children with disabilities experience? *[Answers may include unclear speech, delayed speech, limited vocabulary, difficulty expressing themselves, not following instructions, not responding appropriately to questions, no spoken language, difficulty maintaining eye contact, difficulty understanding social cues]*
 - What is one way a child with communication difficulties may communicate their needs to you? *[Answers may include crying, reaching, talking, yelling, pointing, body movements.]*
- Listen to responses, then say:
 - Some children with disabilities cannot communicate like other children their same age. A communication difficulty can impact a child's ability to send, receive, or process messages or to comprehend concepts, verbal or nonverbal communication and graphic symbol systems (like letters or words).
 - A child with an intellectual disability may have difficulty understanding or making sense of what they hear and difficulty thinking about ways to communicate or express messages.
 - A child with a physical disability, such as cerebral palsy, may have no difficulties thinking or learning, but may still have difficulty communicating, such as speech that is unclear. If a child's speech is unclear and it is difficult for them to express a message, people may think the child has an intellectual disability, even when they do not.
- Ask participants:
 - How do you think a child would feel when they are unable to communicate their wants and needs?
- Listen to responses, then say:
 - When a child has difficulty communicating, they may feel:
 - *Scared, anxious or insecure*, especially if their needs, like hunger, comfort, and attention, are not being met.
 - *Sad or isolated*, as communication is a key part of connecting with their mothers and other people.
 - *Frustrated*, because they know what they want but cannot make others understand.

- *Angry or distressed*, especially if repeated attempts to communicate are misunderstood or ignored.
 - *Helpless*, because they may rely entirely on others to interpret their behaviors and cues.
 - Over time, these feeling can affect a child's emotional wellbeing and development. It may also negatively affect the mother-child relationship.
- Ask participants:
 - Can anyone share tips or strategies that are effective when communicating with children with disabilities?
- Listen to responses, then say:
 - Here are some additional tips for communicating with all children and especially those who have difficulty communicating:
 - First, LOOK!
 - Get down on the child's level to communicate and to watch for non-verbal cues. This includes watching facial expressions or eye gaze.
 - Make certain you have the child's attention before you talk to them.
Call the child's name, when they look at you praise them by smiling, talking and using big facial expressions.
 - Make eye contact. Some children may have difficulty maintaining eye contact.
 - Second, TELL!
 - Tell the child what you are doing and what to expect. This may include saying, "I will now take your weight. Can you step on the scale for me?" By telling the child what to expect, the child is more likely to remain calm and respond. If a child doesn't know what to expect they may become startled or frightened.
 - Do not talk too fast or ask too many questions.
 - Do not use "baby talk" to an older child with a disability.
 - Use facial expressions and gestures.
 - Third, LISTEN!
 - Children with communication difficulties may take longer to respond. Give the child time to respond.
 - Children who cannot communicate verbally, may communicate with body language.
 - Praise and encourage (clap, cheer, smile).
 - Never force a child to speak, but encourage any attempt to communicate.
 - Finally, RESPOND!
 - Respond immediately to the child's verbal and non-verbal attempts to communicate.
 - Acknowledge the child's attempts to communicate.
 - Maintain a positive attitude towards the child.
- Conclude this section:
 - Mothers may feel guilt, shame, or defeat when they don't read their child's cues correctly. It is important allow them to share their struggles. You can let them know that mistakes happen, and you recognize they are doing their best. As we encourage mothers to communicate and connect with their children, remember the mother needs a meaningful connection as well.

Activity 1.4.3 (30 minutes)

Communication strategies for mothers with disabilities

Activity Summary	Key message(s)	Slides & Material(s)
Role-play/Scenario & group discussion	1, 2, 3, & 4	Slides 47-55 Flipchart, markers Mod 01_Activity Sheet_Mothers with Disabilities Scenario Cards

Instructions

Activity (20 minutes):

- Before the training, prepare the scenario cards by cutting along the dotted lines in the activity sheet.
- Introduce activity:
 - In this activity, we will role-play counselling sessions with mothers who have different types of disabilities. We will practice and reflect on communication strategies that can support effective counselling in each case. While the focus is on mothers, many of the strategies we will discuss can also be adapted for children, depending on their age.
- Divide participants into six groups.
- Give each group a scenario card. Each card includes a brief description of the mother's disability and the reason for her visit.
- Each group selects one person to play the mother and another to play the counselor. The remaining group members will observe the interaction.
- Each group will act out their scenario using communication strategies they believe are appropriate for the mother's specific disability. Observers may take notes on the communication techniques used. Group members may rotate roles if time allows. *Note: If participants have access to the Community IYCF Counseling Cards, they may use them if relevant to their scenario.*
- In the meantime, draw three columns labeled Hearing, Visual, and Intellectual on a flipchart.
- After 10 minutes, reconvene as a whole group.
- Each group briefly shares their experiences, challenges, and effective communication strategies they used.
- As participants share their strategies, write them in the corresponding column on the flipchart.
- Present the key strategies below if not shared by participants:
 - When communicating with mothers who are deaf or hard of hearing:
 - If the mother uses sign language, you can use it if you know it or book a qualified sign language interpreter for counseling sessions.
 - Use gestures or visual cues and body language.
 - Use visual aids.
 - Use written notes and instructions.
 - Use facial expressions to convey understanding and empathy.
 - Check for understanding.
 - When communicating with mothers who are blind and partially sighted:
 - Use clear, descriptive language.
 - With permission from the mother, use physical guidance and tactile demonstrations when explaining different techniques such as breastfeeding positions, cup feeding, spoon feeding, and texture modification.
 - Braille and/or high contrast color and large print for written materials
 - Design communication materials in an audio format.

- Use props to increase tactile input.
- When communicating with mothers with intellectual disability:
 - Break down instructions into simple steps.
 - Use simple language.
 - Use repetition (e.g., repeat instructions).
 - Demonstrate techniques and have mother show you.
 - Check for understanding.
 - Use visual aids and props.
 - Give take home pamphlets/visuals.
 - Send SMS text reminders.
 - Conduct home visits.
- Present additional tips on how to respectfully and effectively interact with mothers with disabilities *[adapted from Hesperian (2007) a health handbook for Women with Disabilities]*:
 - A mother who is deaf or hard of hearing:
 - Ask her what is the best way of communicating.
 - Make sure you have her attention before speaking. If she is not facing you, touch her gently on the shoulder.
 - Do not shout or exaggerate your speech.
 - Look directly at her, and do not cover your mouth with anything.
 - If the mother uses a sign language interpreter, look at her and not her interpreter or at the family member who interprets her home signs.
 - A mother who is blind or partially sighted:
 - Ask her what is the best way of communicating.
 - Unless it is an emergency, do not touch the woman before telling her who you are and requesting permission.
 - Do not think she cannot see you at all.
 - Explain to her where she is and guide her to a chair or exam table. Do not leave her in the middle of a room.
 - Speak in your normal voice.
 - If she has a walking cane, do not take it away from her at any time.
 - Say goodbye before walking away or leaving.
 - A mother who has a physical disability (difficulty moving or different anatomy):
 - Act as you would with any other mother.
 - Do not assume she has an associated intellectual disability.
 - If there is a difference between you and her in eye level, try to adjust so you sit at the same level.
 - Speak directly with her and not to her family member or caregiver.
 - Do not touch or move any crutches, sticks, walkers, or wheelchairs without the mother's permission or without arranging for their return.
 - If she is a wheelchair user, do not lean on or touch her wheelchair without her permission.
 - Ensure that your recommendations are anatomically appropriate or make necessary adjustments and show how.
 - A mother who has difficulty being understood (speech difficulty):
 - Even though her speech may be slow or difficult to understand, this does not mean she has any difficulties learning or understanding.
 - Ask her to repeat anything you do not understand. Do not pretend you understand her if you do not.
 - Ask questions she can answer by "yes" or "no."
 - Let her take as much time as she needs to explain her problem. Be patient. Do not interrupt.
 - A mother who has an intellectual disability (difficulty learning or understanding):
 - Find out how she learns best.
 - Give clear instructions.

- Use simple words and short sentences.
- Be polite and patient, and do not treat her like a child.
- Give her one piece of information at a time and repeat it if necessary.
- Conclude this section:
 - Ask participants:
 - How has this scenario activity changed your understanding of communicating with mothers and children with disabilities?
 - What is one new strategy you will implement in your practice?
- Conclude this module:
 - This brings us to the end of this module. Now that you have a stronger understanding of disability and inclusion, what is one thing you will do differently when you work and interact with mothers and children (or other persons) with disability?



Check before proceeding.

These are the key messages for this module. Have these been explicitly addressed and learners appear to have a good understanding of them?

1. Effective communication with mothers and children with disabilities requires empathy, patience, and the use of appropriate strategies tailored to each type of disability.
2. When children with disabilities have difficulty communicating, they may feel frustrated, scared, and isolated—affecting their emotional wellbeing, development, and bond with their caregiver.
3. When communicating with mothers and children who are deaf or hard of hearing, use clear written communication, gestures, visual aids, or sign language if possible.
4. When communicating with mothers and children who are blind or partially sighted, use detailed verbal descriptions and tactile aids or braille if available to convey information.
5. When communicating with mothers and children with intellectual disabilities, use simple, clear language and repeat key information.

