

EARLY IDENTIFICATION AND INTERVENTION SERVICES
FOR YOUNG CHILDREN WITH
DEVELOPMENTAL DELAYS AND DISABILITIES IN NAMIBIA

Practical guide for parents, caregivers and service providers





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PRACTICAL GUIDE

Parents, guardians and disability service providers







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ACKNOWLEDGEMENTS

This set of manuals was developed following recommendations from the regional consultations on the early identification, assessment and referral to services for children with disabilities which were conducted between January and February 2020. They are produced within the framework of the project on Strengthening Integrated Systems to Promote Access to Services for Persons with Disabilities in Namibia.

The project is jointly being implemented by UNDP, UNFPA and UNICEF and supported by the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD), under the coordination of the Office of the President: Disability Affairs. The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF) is a unique collaboration that brings together UN entities, governments, organizations of persons with disabilities (OPDs), and broader civil society to advance the rights of the Convention on the Rights of Persons with Disabilities (CRPD) and disability inclusive Sustainable Development Goals (SDGs). We thankfully acknowledge the financial contribution of the UNPRPD in supporting Namibia to implement the project which is aimed at strengthening the voices of persons with disabilities.

These manuals were produced by Dr Hetta van Niekerk, Educational Psychologist under the supervision of the UNICEF Namibia Country Office. Inputs were received from individuals, parents, representatives of organizations of persons with disabilities and disability service providers, non-governmental organizations and institutions of higher learning. In addition, the Ministries of Health and Social Services; Education, Arts and Culture, Gender Equality, Poverty Eradication and Social Welfare, Office of the President: Disability Affairs; as well as health experts from both the private and public sectors also contributed.

We would also like to thank UNICEF and UNPRPD Secretariat Disability Focal points from Headquarters and the UNICEF Regional Office for Eastern and Southern Africa for their support. We are also grateful to the following persons for their extensive comments, inputs and suggestions (in alphabetical order by first name. Agnes Ngonyo, Early Childhood Education Specialist Programme Section (UNICEF Nairobi), Arnaud Conchon, ECDIE Consultant, (Regional Services Div (Eastern and Southern Africa Regional Office, Nairobi), Asma Maladwala, Education Specialist (Education Section, UNICEF NYHQ) Aune Victor, Education Specialist, (UNICEF Namibia), Catherine Tiongco, Programme Associate, Adolescence, Development and Participation (UNICEF Namibia), Cynthy K. Haihambo Ya-Otto, Head of Department: Educational Psychology and Inclusive Education (University of Namibia), Heide Beinhauer, Director (Association for Children with Language, Speech and Hearing Impairments of Namibia, CLaSH), Huipie van Wyk, Director (Side by Side Early Intervention Centre, Namibia), Maniza Ntekim (Early Childhood Development Regional Adviser, UNICEF ESARO), Petra Dillmann, Director (Autism Namibia), Rochelle Van Wyk, Programme Associate, Communications (UNICEF Namibia), Rose-Marie De Waldt, Senior Health Programme Officer (Ministry of Health and Social Services, Namibia), Sharnay Botha, Project Coordinator and Kinderkineticist (Namibia Media Holdings), and Sreerupa Mitra, Programme Specialist, (UNPRPD Technical Secretariat, Governance Team, UNDP NYHQ)

The findings, interpretations and conclusions expressed in this document are those of the author and do not necessarily reflect the policies or views of UNICEF or the United Nations.

It is hoped that these manuals will contribute to further enhancing the capacities of individuals, parents and institutions in the early identification, assessment and referral to services of children with disabilities before formal education.

Editing, layout and design by Jo Rogge.

Sen Pang

UN Resident Coordinator in Namibia

FOREWORD

The essence of our effort is to see that every child has a chance. We must assure each an equal opportunity not to become equal, but to become different – to realize whatever unique potential of body, mind and spirit he or she possesses.

• John Martin Fischer

Namibia has committed to attaining the Sustainable Development Goals (SDGs) by the year 2030. Early childhood development is key to Goal 4 of the SDGs:

"Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all." Similarly, target 4.2 states: "By 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education."

During October 2019, the United Nations Children's Fund (UNICEF) Namibia facilitated an analysis of the scope and quality of currently available global good practice on the early identification and early intervention (IEIE) services for young children with disabilities and developmental delays in Namibia. It also identified the need to a develop a training manual for different service providers. This manual will focus on providing both service providers and parents with practical information on how to identify children with disabilities as early as possible and where to refer them for early assessment and early intervention.

During January-February 2020, extensive focus group discussions were held with a range of stakeholders involved in service provision to children with developmental delays and disabilities in Namibia. Barriers, gaps, as well as strengths, in terms of current service delivery, were identified. Data was also collected by means of an electronic questionnaire from educational institutions, disability organisations and health professionals. The contents of this manual are consistent with broad themes that emerged from consultations with over 200 stakeholders from all 14 regions of Namibia.

Service delivery is organised to be child-centred and family-focused, and if applicable, multidisciplinary in nature. The empowerment of parents and guardians of young children with developmental delays and disabilities, is most important.

Ester Anna Nghipondoka

Minister of Education, Arts and Culture

PREFACE

Early childhood spans the developmental period from conception to eight years of age. The child's first 1000 days - from conception to two years of age - are the most critical in child development as a child's brain develops rapidly during this stage and neural connections are formed.

When a child's brain fails to get what it expects and needs, especially during the most sensitive and rapid periods of development early in life, the amount of effort required to set it back on track later in life is enormous and optimal outcomes are far less likely.

The early years of a child's life provide an important window of opportunity to prepare a solid foundation for health, social well-being, lifelong learning and participation, and to prevent potential delays in development and disabilities. Early identification of disabilities in children is crucial to ensure future access to the appropriate intervention and support needed, to reach their full potential. Appropriate early intervention can remove or reduce the risk of secondary issues related to ongoing developmental difficulties.

Consistent with the UN Convention on the Rights of Persons with Disabilities (UNCRPD), disability is conceptualised as an interaction between the person's impairment and a variety of barriers that may prevent the individual's full enjoyment of life situations to the same extent as others. Moreover, from a human rights perspective, all children – with or without developmental delays and disabilities – should have similar opportunities with a view to optimally developing their potential.

This manual is intended to guide all stakeholders involved with children with developmental delays and disabilities in early childhood. It focuses on the improvement of service delivery in early identification of varied development and disabilities, as well as effective intervention. The manual further provides information for parents and/or guardians about their children's developmental issues, and guidance and support in caring for them.

The Parent and Guardian Manual contains practical and useful information for training purposes. This manual can be used as resource together with additional materials for existing workshops and courses with these caregivers. Manuals 1 to 4 are intended for study and research purposes for all involved with young children with disabilities.

Responsive caregiving of young children with developmental delays or disabilities is approached from an IECD perspective in which the healthcare system, ECD programmes and parents and/ or guardians collaborate with one another. Information selected from the theoretical manuals (1-4), is concisely presented, practically applied and graphically supported. It is important to point out that stigma and discrimination against children with disabilities and labelling them must be avoided at all costs. Working with young children with disabilities requires a carefully personalised approach. The importance of meaningful parental involvement in their children's early years and ensuring access to early childhood development services for the child with a disability are emphasised.

Alexia Manombe-Ncube

Deputy Minister for Disability Affairs

INTRODUCTION

For young children, parents and guardians are the first advocates. Due to age, due to lack of legal capacity and authority, young children are unable to self-advocate for their rights, so it is imperative that guardians do. So really, the role of the family, the role of guardians, is critical to ensuring that the rights of the child are fulfilled.

Asma Maladwala, UNICEF Programme Specialist (2020)

Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. Persons with disabilities live with long-term sensory, physical, psychosocial, intellectual, or other impairments. These, in interaction with various barriers, prevent the individual from participating in, or having access to services such as early childhood development programmes, education, health, nutrition or protection and employment opportunities.

Children have developmental delays when they experience significant variations in the achievement of expected milestones for their actual or adjusted age. Delays may be mild, moderate or severe and can be caused by poor birth outcomes; toxic stress; inadequate stimulation; malnutrition; chronic ill health and other biological challenges, psychological and family conditions, or other environmental factors.

While developmental delays may not be permanent, they can provide a basis for identifying children who have a disability. Early identification becomes crucial for timely interventions to prevent further delays, and to create a more stimulating and protective environment for the child to survive and thrive. Some health conditions that can lead to disabilities may be detected during pregnancy through prenatal screening, during or after birth. Screening or surveillance of child development may take place during visits to general child healthcare services. Public health activities, such as immunization campaigns, can also provide opportunities for early identification.

Recent data in Namibia indicates high rates of poverty and its impact on children, especially those with disabilities in terms of access to health care, food and nutrition as well access to education. Only 48% of children are breastfed exclusively for the first six months of their lives and this figure is even lower in teenage mothers.

While 34% of children live in poverty, 1 in 4 children under five is stunted, with only 24.6% of children in the birth to five years age group attending ECD centres (30.4% urban & 19.9% rural). The majority of children with disabilities do not benefit from early childhood development programmes. 87% of children with disabilities between birth and four years of age have never attended ECD programmes, while only 38% of children aged five or six attended one year of pre-primary education (Namibia Statistics Agency 2017). Lack of access to early childhood development programmes contributes to low performance in formal education. For example, 19.9% of Grade 1 learners were repeating Grade 1, which reveals the issue around quality of education at the foundation.

THE TRAINING

The contents of this manual were developed in line with the principles of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), legislation, policies and framework addressing the rights and needs of children in Namibia to access early childhood development programmes, education, health care, safety and protection services. To ensure that children's developmental needs are met, and they can reach their full potential, parents of children with varied development needs, are partnered with educational and health services.

Negative cultural practices and stigma and discrimination results in many children with disabilities being hidden from society and thus from socialization, education and to receive the necessary health care. This training manual should thus be used to empower parents and guardians with information and skills to improve the living conditions of their children with developmental delays and disabilities.

This training is intended to be hands-on. It should be conducted in an informal and relaxed manner to ensure that participants are at ease - to share their experiences, either as parents or service providers – in supporting young children with disabilities. Many parents, especially working mothers, cannot afford a long time away from work to attend the training. Also, some may not feel comfortable to be away from their children with severe disabilities for long hours because of fear of leaving them alone or with . In order to accommodate these participants, and based on prior trainings with parents and caregivers, this training session can be conducted in one day. The training manual includes both theoretical and practical information on disability and as a Facilitator, it is important to assess what to place more emphasis on and what to leave out when dealing with different groups of parents and guardians.

A truly participant-centred training must start with the experiences and needs of the participants. This manual is designed in such a way that it can be used by every parent and service provider working with children with disabilities and developmental delays in their communities. The content of the manual is therefore designed to be easily presented and understood by parents and guardians. For an improved understanding of the concepts, it is important to use as many images as possible during the presentations and discussions.

Participants should be provided with copies of the Directory of service providers and copies of the appropriate terminology for future reference.

Training structure and content

It is important to go through the manuals that have been developed on the early identification, and intervention services for young children with developmental delays and disabilities in Namibia, to have an informed understanding of the different conventions, legislation, frameworks and policies pertaining to the rights of persons with disabilities as well as early childhood development:

Manual 1: Understanding child disability rights

Manual 2: Early Childhood Development

Manual 3: Understanding developmental delays and disabilities

Manual 4: Introduction to the International Classification of Functioning, Disability and

Health: Children & Youth version (ICF-CY)Health, Children & Youth version (ICF-CY)

The training is divided into 9 sessions which all start with a brief introduction to the topic and end with an activity to assess the understanding of the participants. Some sessions are longer than others due to the nature of topic presented.

The first four sessions provide a theoretical framework of early childhood development and the rights of children with disabilities. The last 4 sessions provide practical examples on how to support children with disabilities, which includes the importance of having a birth certificate, access to health and having a health passport, nutrition, and play and early learning. The importance of self-care is also discussed to remind participants to take care of their own physical and emotional health, and well-being, and to develop healthy coping mechanisms. More attention should be placed on the practical sessions to ensure that parents will have an informed understanding of how to support their children at home.

KEY CONSIDERATIONS FOR THE FACILITATOR

Your role is to ensure that all participants attending the training are at ease and feel comfortable sharing their experiences, both positive and negative and how they address the challenges that they face daily.

As a facilitator, it is very important to tailor the information to a particular context and also address the language barriers of parents who may not necessarily be conversant in the official language to ensure that their needs are addressed during the training. Where necessary, ensure that provisions are made for local language translation as well as for sign language interpretation during the training.

It is crucial not to raise the expectations of parents and guardians but to be practical, with suggestions to improve the lives of their children with disabilities and developmental delays.

It is recommended that the training is conducted in groups of 15-20 participants to better manage the group.

Information in the manuals should be freely shared and disseminated through different channels to guide day-to-day activities in homes, communities and institutions. The success of stakeholders' efforts will only be realized if they collaborate and coordinate interventions by getting more people involved to make a difference in the lives of Namibia's future generations.

It is important for facilitators and participants to be aware of some basic disability etiquette and communication. The Appropriate Disability Terminology poster in the various languages should be shared with all the participants.

Be creative during the day and allow flexibility for some games or songs to keep the participants focused and interested. You can always ask the participants to introduce a game to the group.

Before the training:

- Prepare copies of materials to be given to the participants to take away, including the United Nations Convention on the Rights of the Child, the Child Rights Poster and the Directory of Service Providers.
- Develop clear PowerPoint Presentations in which the text font size should NOT BE less than 24pt
- Prepare a participant's registration list
- Prepare the materials for making toys
- View the training venue to ensure accessibility
- Prepare a safe space for children in case parents are accompanied by their children with disabilities
- Prepare for short breaks for tea and lunch during the training.

During the training:

- Request the participants to register by completing the registration list disaggregated by sex
- Start the session by introducing yourself and provide a brief overview of why you are interested in early childhood development and disabilities. Give a brief overview of your expertise in the area.
- Ask the participants to introduce themselves and to indicate why they are participating in the training.
- Do not make assumptions: parents of children with disabilities are the best judge of what is happening with their children.
- Be culturally sensitive at all times.
- Set some ground rules that should include respect for the opinion of others, consider the inputs and experiences being provided, and do not disrupt any person when making a point, etc.
- Do not force anyone who does not feel comfortable sharing their personal experiences.
- Allow room for emotions and do not be judgemental.
- Participants may be at completely different levels of understanding child development; therefore, provide examples that will be understood by all participants in a nonintimidating manner.
- Answer questions and explain what seems confusing, where possible using the local language through an interpreter. If you do not know the answer or are not sure of the correct information, be honest and inform the participants of such.
- Use home made products to demonstrate how to make inexpensive and safe toys for children.
- Make sure that each participant understands how to work through the materials and what he or she is expected to do in each exercise.
- Lead group discussions, video exercises, demonstrations, and role play practice.
- Check that each participant understands the topic and encourage participants to contribute to the discussions.
- Help each participant to identify how they will apply the skills taught in the course to their home environment, in supporting their children with disabilities.
- Distribute copies of the Directory of Service Providers, pamphlets, posters and leaflets for participants to take away.

THE SESSIONS

Suggested Programme

SESSION	TIME	ACTIVITY				
	8:30-9:00	Registration and morning tea				
1	9:00-09:30	Introductions- team building and trust Objectives of the training Setting ground rules				
2	09:30-10:00	International and national instruments on the rights of children including on the rights of children with disabilities				
	10:00-10:15	BREAK				
3	10:15-10:45	Development in early childhood The Life course approach Brain development				
4	10:45-11:45	Developmental delays and disabilities in children Developmental delays Developmental disabilities Hearing disabilities Visual disabilities Physical disabilities Albinism				
5	11:45-12:30	Important national documents for the child				
	12:30-13:30	LUNCH				
6	13:30-14:15	Healthy Feeding				
7	14:15-15:15	Practical steps to support young children with daily living activities and play				
	15:15-15:30	BREAK				
8	15:30-15:45	Understanding the parent of a child with a disability				
9	15:45-16:00	Available health professionals				
	16:00-16:30	Final remarks and closing				

SESSION 1

Specific Objectives

- Explain the purpose of the training
- Introduce participants and make them feel comfortable

Learning Outcomes

- Promote trust in the group
- Participants have an improved understanding of the purpose of the training





Welcome all the participants to the training and thank them for the interest shown in learning about children's rights and how to support children with disabilities to access services.

- Ask the co-facilitators to introduce themselves.
- Explain that participants are welcome to participate in any language that they are comfortable with, to express themselves, and that interpretation will be provided if necessary.



- Ask the participants to introduce themselves by passing a ball along between them.
 The participant who is holding the ball should introduce himself or herself, saying what they would like to learn from the training.
- The co-facilitator should note down all the expectations on the flipchart.
- Explain the main objectives of the training and what the expectations are.
- Ask participants to set ground rules. Give an example such as: 'cell phones on silent', or 'respect the opinions of other participants.'
- Thank the participants and explain the next topic.

SESSION 2:

International and national human rights instruments

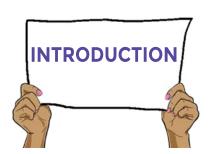
Specific Objectives

 Provide a brief overview of national and international instruments on the rights of children including children with disabilities



Learning Outcomes

- Participants have some understanding on the rights of children with disabilities
- Participants are empowered to advocate for the rights of children with developmental delays or disabilities of the training



Rights of children

Explain to the participants that Namibia belongs to the International Community and is a member of the United Nations, the African Union and the Southern African Development Community (SADC). As such, Namibia has signed international instruments as well as national instruments to protect all children in the country.



• Explain that all children have the right to:

- ✓ a name and a birth certificate
- ✓ food and shelter
- ✓ immunization
- ✓ protection from abuse, violence, and exploitation
- ✓ be loved and taken care of
- ✓ self-expression
- ✓ take part in decisions that affect them
- ✓ access to early childhood development programmes
- education.



There are five groups of children's rights and these are called the 5 P's.

	Parents and caregivers must provide for children's developmental
Provision	needs. Parents and caregivers must provide for any specific needs that children may have, so that they can enjoy child activities with other children of their age.
Prevention	All children must grow up in a secure home and safe neighbourhood. Children have the right to be taken to health centres for treatment. Children should be taught skills so that they can safely do more things for and by themselves.
	All children should be protected from neglect, abuse, sexual exploitation, discrimination and maltreatment and the harmful
Protection	effects of these. Children should be protected from possibly dangerous situations.
	Children with disabilities should be protected and provided with opportunities to participate in society on an equal basis like all other children.
Participation	Children must be allowed to spend time with friends and be part of their community.
r ar acipation	Children should feel free to share their ideas about their own lives.
	Children tend to compare themselves to other children and develop a positive or negative idea of themselves. All children and especially
Perception	children with disabilities should have opportunities to demonstrate their strengths and to feel valued.

Rights of Children with Disabilities

- Explain that children with disabilities have the same rights as all other children.
- Give a description of disability and focus on the societal barriers: 'persons with disabilities 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." ((UNCRPD)
- Elaborate on the fact that disability is dependent on the interaction between an individual's abilities and their physical, cultural and environments.

For example, if the environment is designed for all individuals to access all services, people with functional limitations would not be "disabled" as they would be able to fully participate in society.

• The environment has a huge impact on the experience and extent of disability.

For example:

a deaf person/child without a sign language interpreter will not be able to fully communicate with and understand a hearing person.

a wheelchair user will not be able to go to a multi-storied building without an elevator, or a building without an accessible bathroom.

a blind person will not be able to use a computer that does not have accessible functions.

- The UNCRPD acknowledges the inherent dignity and worth of persons with disabilities. All human beings have the right to be treated with respect and dignity irrespective of their sex, age, gender and social, cultural and religious backgrounds.
- Explain that in Namibia, children are protected by the Constitution as well as by different laws such as the Child Care and Protection Act 2015, (No. 3 of 2015).

The Child Care and Protection Act places emphasis on the best interests of the child.
It recognises that ALL children, including those with disabilities, are human beings
and not objects. Their dignity should be respected, and they should be protected
against harm and discrimination. Included in the Act, are sections on the right of
children to:

Services providing nutrition, care and stimulation:

These help to prevent developmental delays.

Early intervention services for children with developmental disabilities:

These include rehabilitation, therapy and psychological programmes.



MATERIALS

- Handout the copies of the Child Rights Poster in the different languages.
- Explain that the poster summarises the important rights in the UN Convention on the Rights of the Child and stress that these rights apply to ALL children with disabilities.





- Arrange the participants in groups of five.
- The group should appoint a rapporteur to report back to the plenary.
- Give each group a copy of the image below.
- Assign each group one component of the nurturing care e.g. good health.
- Let them discuss in their group what they understand by their component.
- Each group should highlight at least two important points from their component
- The Rapporteur should report back in plenary.



Components of nurturing care in early childhood development (Nurturing Care Framework, 2018)

Note: Possible examples should include the following:

Good health:

- ✓ the child is taken for immunization
- ✓ breastfeeding
- ✓ the child is kept clean every day
- ✓ good sanitation
- ✓ regular hand washing.

Adequate nutrition:

the child is fed a healthy and nutritious meal every day; the child drinks safe water and avoids frizzy drinks and is not fed alcohol. Malnutrition can disrupt children's development. This is when the body does not receive the nutrition it needs to function properly. When growing children do not get the nutrients they need, they have a higher risk for infection and for cognitive impairment.

• Responsive caregiving:

parents and siblings show love and affection to the child.

Security and safety:

the child is protected from violence, abuse and neglect including from pollution and fire hazards.

Opportunity for early learning:

opportunity to learn through playing with parents and guardians, and other children; opportunities to attend early childhood development programmes; reading to the child.

Allow the participants a few minutes to ask if they have any questions and address them before moving on to the next session. If some questions are related to information in the subsequent sections, write them on the parking lot and go back to respond to them at the appropriate time.



SESSION 3:

Development in early childhood

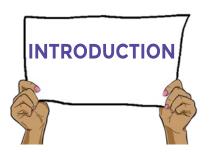
Specific Objectives

 Help participants understand the importance of the early stages of child development



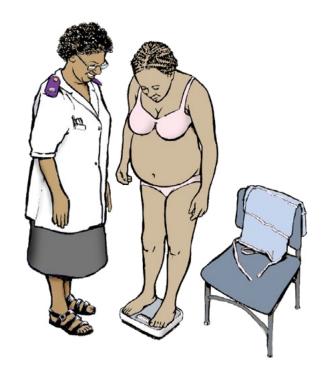
(Learning Outcomes)

- Increased understanding of development as it unfolds during the first stages of childhood
- Appreciation of the importance of the early years



Pregnancy and childbirth

- Pregnancy is a very special time for the mother, unborn baby, and the family.
- The health of the mother has an impact on the health of the unborn baby.
- Any warning signs or complications during pregnancy can be dealt with when visiting the hospital or clinic.
- It is important for the expecting mother to go for regular prenatal care, at least four times during pregnancy to ensure a safe and healthy pregnancy and birth.



Expecting mothers should be aware of some warning signs during pregnancy which may include:

- Unusual swelling of legs, arms or face
- Severe headaches, blurred vision
- Severe abdominal pain
- Little or no movement of the foetus
- Anaemia (symptoms include paleness of the tongue and inside the eyelids, fatigue, and shortness of breath)
- Spotting or bleeding from the vagina
- Seizures (fits)
- Fever and weakness
- Fast or difficult breathing
- Labour pains for more than 12 hours.

The healthy development of the foetus or unborn baby relies on favourable conditions within the mother's womb until the time of birth. Important factors that contribute to healthy development during pregnancy include:

Healthy and nutritious food:

The eating of healthy foods provides nutrients to the developing foetus.

• Alcohol and substance abuse:

An expecting mother should not drink alcohol or use drugs to avoid causing damage to the unborn baby.

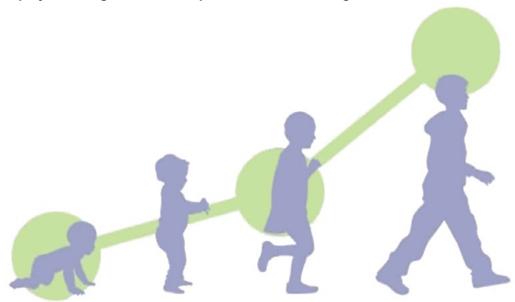
Avoid stress levels:

Experiencing a high level of stress or abuse can also be harmful to the unborn baby. Stress can be caused by domestic violence, excessive work, inadequate rest and relational or environmental circumstances. The family should support a pregnant mother to limit the effects of stress.



The Life Course Model

- Explain the different stages of human development from conception through to adulthood (the life course model).
- The early stages of development are particularly important as they have lifelong consequences.
- **Early childhood** is the period from conception to about the age of 6 years, and it covers three developmental stages and runs into the fourth.
- Display the image below to explain the different stages:



Prenatal from conception to birth Infancy newborn to 2 years (includes neonate phase) Early Childhood 3 to 6 years (preschool phase) Middle Childhood 6 years + (starts formal school)

birth process — major transitions — starts school —

•							
Prenatal	Infancy		Early Childhood	Middle Childhood	Adolescence	Adulthood	
Pregnancy and Childbirth	Postnatal and Newborn	Infant and Toddler (up to 3 years)	Young Child (3-6 years)	Older Child (7-10 years)	Adolescence (10-19 years)	Adulthood (19+ years)	Older Person

Brain development

Explain the link between brain development and early childhood development:

- The child's brain develops when the baby is in the mother's womb.
- It develops rapidly in the first five years of life and the first three years are the most critical in shaping the child's brain architecture.
- At 3 years of age, a child's brain is twice as active as an adult brain.
- The brain responds to both positive experiences and negative influences:

Positive experiences:

- ✓ good nutrition
- ✓ sensory and motor stimulation
- ✓ nurturing care and protection.

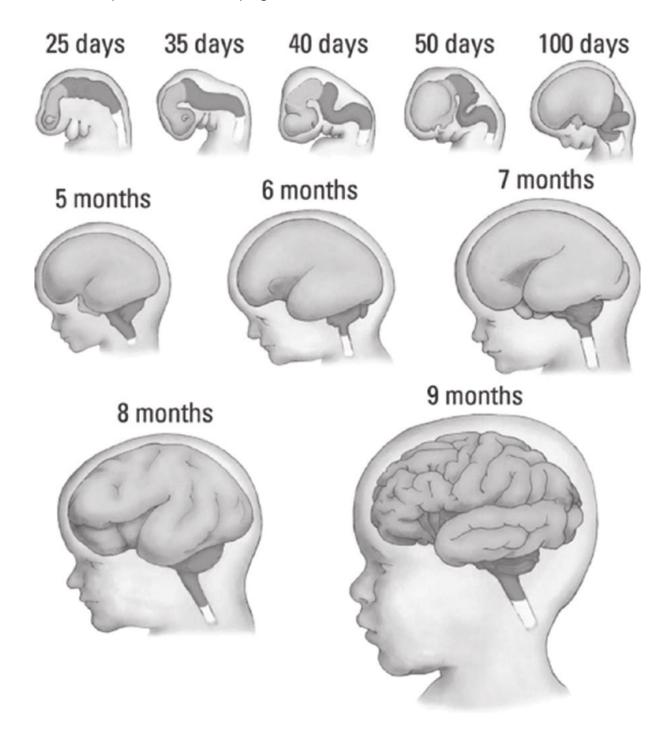
Negative influences:

- **x** neglect
- ✗ stress
- **X** abuse
- **x** violence
- **x** exposure to pollution.
- Alcohol and drug abuse can cause physical changes to the unborn baby's brain and damage to the rest of the nervous system. A baby may be born with Foetal Alcohol Spectrum conditions. This can be prevented if the mother abstains completely from drinking alcohol during pregnancy.

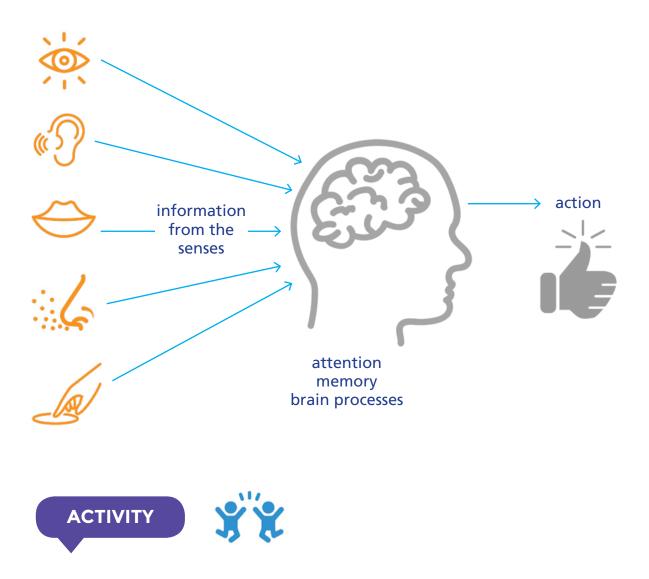


MATERIALS

- Display the following image to explain how the child brain develops.
- Focus on the negative influences on brain development including how the mother's stress, anxiety, depression and alcohol abuse during pregnancy can have negative impacts on the developing child.



Display the following image to explain how information is processed.



- Ask the participants to go back to their original groups.
- The group may decide to keep the same rapporteur or appoint a new one who should report back to the plenary.
- Let the group discuss the question: 'Why is it important for a pregnant woman to visit the antenatal clinic during pregnancy?'
- The rapporteur should report back in plenary.
- Summarise the key aspects on child development.

Note: Possible examples should include the following:

• It allows the health care provider to monitor the baby's growth and the progress of the pregnancy.

- Is an opportunity for the mother to learn more about labor and delivery.
- Knowing what to expect can put a mother's mind at ease and help her decide on the best plan for her and her baby.
- It's important to attend prenatal appointments as potential risks can be identified, prevented, and treated.
- Doctors can provide invaluable counselling and support to the mother, including nutrition advice

Allow the participants a few minutes to ask if they have any questions and address them before moving on to the next session. If some questions are related to information in the subsequent sections, write them on the parking lot and go back to respond to them at the appropriate time.

SESSION 4:

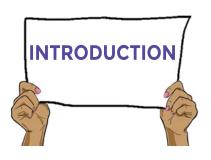
Developmental delays and disabilities in children

Specific Objectives

- Create an understanding of the importance of the first 1000 days of life
- Understand the developmental delays and developmental disabilities in children
- Understand the causes of disabilities

Learning Outcomes

 Appreciation of the importance of early identification of developmental delays and disabilities



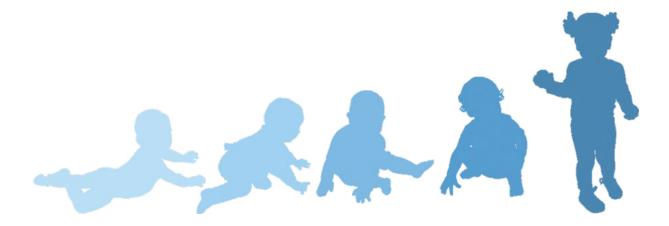
There are many types of disabilities, but this session will only focus on some common disabilities in Namibia. While the session highlights some disabilities, it should be clear that the most important aspect for participants to focus on is what the child **CAN** and **CANNOT** do, rather than on the disability.

Developmental delays and disabilities

- The period between conception and the end of the second year is known as the **First 1000 days of life**.
- This period is also called a **window of opportunity** for the baby's growth and development.
- It is during this time that the child's development influences their lifelong wellbeing.
- All children go through the same stages of development, but some reach the developmental milestones sooner or later than other children.



- Developmental milestones are a set of behaviours, skills, or abilities that children reach at specified ages during infancy and early childhood in typical development.
- There is a difference between a developmental delay and a developmental disability.



Developmental delay

- A child with a developmental delay might reach certain developmental milestones later than other children of the same age.
- There are different reasons for delays in development. Delays can also be related to other circumstances such as poverty or neglect.
- Developmental delays can be for one or more specific areas of development and a child might still catch up with other children of her/his age should they receive the necessary help and therapy.
- Some developmental delays may not be obvious until the child reaches school age. Some of the most common symptoms of developmental delays may include:
 - ✓ Difficulties talking or talking late
 - ✓ Difficulty with problem-solving or logical thinking
 - ✓ Inability to do everyday tasks like getting dressed or using the toilet without any help
 - ✓ Difficulty communicating or socializing with others
 - ✓ Having problems remembering things.

Developmental disability

- When a developmental delay shows itself to be long-lasting, and it is expected that
 it will continue throughout the child's lifetime, it is called a developmental disability.
- A developmental disability can be more than just delayed mastery of a developmental milestone.
- Sometimes children with developmental disabilities also show different development,
 such as behaviours not linked to typical development.
- Developmental disabilities are frequently identified based on the type of developmental delay the child has experienced. Disabilities are often already recognisable in one or more aspect of daily functioning during early childhood or by the time the child enters school.
- Difficulties with early speech can sometimes indicate developmental delays or disabilities such as hearing impairments. If the child's speech does not follow this general pattern, speak to your health care worker to explore it further.



Hearing disabilities

- We use our hearing to locate the source of sound and to understand the meaning of that sound.
- Some people are born deaf while some lose their hearing due to illness, accident, trauma and/or with age.
- The window period for optimal language development for children is between the ages of one and four years. It is therefore important for hearing loss to be detected early on.
- Different tests are used to screen an infant's hearing. These tests are done at birth and at the six-week check-up visit.
- Young children should always go for their regular health check-up to monitor their growth and to identify any potential disabilities early in life, so that they can be supported.

• Children who have had ear infections or meningitis should be tested to make sure their hearing was not affected by the illness.

Speak to your doctor or nurse about these situations that can cause hearing loss:

- ✓ Illnesses such as Meningitis, Malaria, Rubella (German Measles) and severe Jaundice
- ✓ Chronic middle ear infections
- ✔ Premature birth and/or birth complications
- ✓ Family history of hearing impairment.
- Children with hearing impairments should learn to use sign language at an early age, as this betters their chance to reach their full potential. Early communication through sign language not only avoids language delays, but also lays the groundwork for other domains of development.



Different treatment options are possible, depending on the type of hearing loss. This includes:

- ✓ Medication
- ✓ Amplification, including hearing aids
- ✓ Cochlear implant
- Auditory training
- ✓ Speech-language therapy
- Surgery.



How to support a child with hearing disabilities:

- Make sure that your face is visible when speaking.
- Make eye contact and maintain a positive facial expression when speaking to the child.
- Make sure you have the child's attention when you are in conversation with him or her
- Provide visual clues, e.g. pictures, key words on the blackboard.
- Always be patient, positive and relaxed when talking to the child.
- Praise the child for the efforts he or she is making.
- Support what you are saying with gestures, such as nodding or shaking your head, pointing or directing.
- Allow the child to play with his or her peers.



Visual disabilities

- Visual impairment is a term used to describe any kind of visual loss, whether the person cannot see at all or just has partial visual loss.
- Some children are at a higher risk of visual impairments due to premature and low birth weight.
- Some forms of childhood blindness can be prevented by early detection through postnatal screening, universal immunization against measles and rubella, and preventing vitamin A deficiencies.
- Visual disability may have an impact on the child's ability to move around freely and to perform daily activities independently.
- Children need regular eye tests while growing up and any child who shows signs of poor or no vision needs to have their visual system tested to determine the degree of impairment.
- Children who have low vision or who are blind need extra support from caregivers as soon as possible, to reduce further negative effects on their development.

A child with poor vision may show or express the following:

- ✓ Closes or covers one eye
- ✓ Squints (narrow the eyes) or frowns when reading or copying from the board
- ✓ Has one eye that turns in or out, especially when tired
- ✓ Has excessively teary eyes.

Speak to your health care worker about these situations that can cause vision impairment:

- ✓ If the pregnant mother contracted an infectious disease (e.g. Rubella)
- ✓ Premature birth and/or birth trauma
- ✓ Eye diseases
- ✓ Albinism
- ✓ Brain trauma
- ✓ Diabetes
- ✓ Family history of visual impairment.



- Children with visual disabilities need extra support to develop communication skills and learn about cues to support them.
- Totally blind children need to learn to read and write Braille at primary school.
- Some children are born deaf and blind. Deaf/blind children have alternative needs and require much specialised support to survive and thrive.
- It is important that parents and caregivers access the services offered by health care providers for themselves and their children as soon as possible.



How to support a child with visual disabilities:

- Make sure the child knows of your presence by talking or singing to him or her. If the child does not recognize your voice, tell them who you are. This will reassure the child that you are speaking to him or her.
- Tell the child when you are leaving and when you will be back. This will allow the child to keep track of who is in the room and give him or her the same information as the other children.
- Always use the child's name when communicating.
- Speak clearly but do not shout at the child. Some children with visual impairment may not see body language and facial expressions to help them to understand a situation.
- Give verbal warnings. Inform the child before an event as they may not pick up on visual cues.
- Offer clear descriptions and clearly explain things to the child. By explaining the surroundings and events taking place, it allows the child to have a better understanding of the subject, i.e. a group of chatty children, noisy machinery in the road etc.
- Allow the child to play with his or her peers. A child with a disability also needs to play and to socialize as he or she belongs to a community.





Physical disabilities

- There are many different causes for physical disabilities that can impair mobility and movement.
- Disability is the inability to use legs, arms, or the body trunk effectively because of paralysis, stiffness, pain, or other impairments. It is any condition that permanently prevents normal body movement and/or control.
- There are many different causes of physical disabilities which could be inherited or genetic such as muscular dystrophy.

Some of the main causes of disability include:

- ✓ serious illness affecting the brain
- ✓ spinal injury
- ✓ illness affecting the nerves or muscles, such as meningitis
- ✓ congenital disorders which are conditions present at birth, such as spina-bifida.

Signs and symptoms of physical disability may include:

- ✓ Problems walking (delayed walking).
- ✓ Delayed development of muscle motor skills.
- ✓ Muscle weakness that slowly gets worse.



How to support a child with physical disabilities:

- Support the child to learn how to use parts of the body and develop physical skills through play.
- Provide adequate space around the home environment for movement and play.
- Refer the child to obtain assistive technology such as walkers and wheelchairs.
- Make it easy to move around in and around the house and play areas.
- Remove rugs that can be tripped over, or tape them down.
- Arrange furniture and equipment with a wide passageway so the child can move around more freely.
- Use heavy, stable furniture and equipment that cannot be easily knocked over.
- Provide a safe place for walkers, crutches, wheelchairs, or canes so other children do not trip over them.
- Provide tools that the child can use for grasping, holding, transferring and releasing.
- Use objects that are age appropriate. For example, a bean bag made from fabric is much more appropriate for a 5-year-old than a rattle or a baby toy.
- Provide materials of different textures such as play dough, fabric, ribbon, cardboard and sandpaper to stimulate the sense of touch.
- Find comfortable ways for the child to sit. A corner with two walls for support, a chair with a seat belt, or a wheelchair with a large tray across the arms are three possibilities that may help the child to participate more fully in childcare activities.
- Plan activities to encourage the child to move all body parts without hurting the child.
- Encourage siblings or peers to find creative ways to include the child during play and praise good and supportive behaviour.



Albinism

- Albinism is a genetic condition passed down in families.
- Albinism results in limited or lack of melanin pigment present in the eyes, skin and hair.
- Persons with this type of albinism usually have sandy coloured hair, chalky white skin and blue or pale hazel eyes.
- Persons with albinism have poor vision and extremely sun-sensitive skin.

Due to extreme weather conditions, children with albinism in Africa have specific developmental needs:

- ✓ wide brimmed hats, sunglasses and long-sleeved clothing.
- ✓ sufficient supply of sunscreen preparations with SPF15 or higher.
- access to dermatological support for blistering, dry and chapped lips, sunburn and /or skin lesions.
- ✓ access to eye care, spectacles, magnifying glasses and large print.
- ✓ social acceptance among peers and in the wider community.

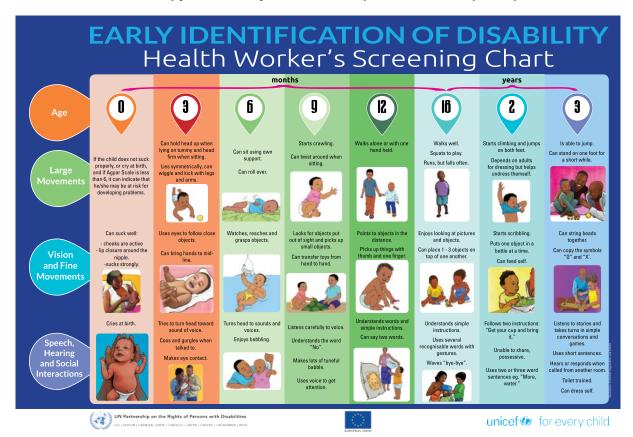
How to support a child with Albinism:

- Get sunglasses to protect the child from the strong sun rays.
- Dress the child in protective clothing and apply sunscreen to protect the skin. Take the child to an eye clinic to obtain prescription eyeglasses to correct vision problems.
- If possible, consider surgery on the muscles of the eyes to correct eye movements.



MATERIAL

Distribute a copy of the early identification poster to all the participants.







- Assign the participants new groups.
- Let them appoint a rapporteur who should report back to the plenary.
- Let group 1 and 2 discuss how to support a child with visual and hearing disabilities and groups 3 and 4 discuss their understanding of how to support a child with physical disabilities and albinism.
- The rapporteur should report back in plenary.

Note: Possible examples should include the following:

 Accept your child with a disability and understand his/her degree of disability and limitations.

Visual impairments:

- Organize your home in ways that will protect your child from possible injury as well as enable her to develop good basic skills.
- Keep room and cupboard doors closed or put a heavy object against a door to prop it all the way open.
- Remind everyone in the family to put away things that could be tripped over.

Hearing impairments:

- Face the child when to when you talk to the child, talk slowly and clearly, and don't shout.
- Use lots of pictures, graphics, and text labels.
- Encourage participation in activities.

Physical disability:

- Use heavy, stable furniture and equipment that cannot be easily knocked over.
- Remove rugs that can be tripped over, or tape them down.
- Arrange furniture and equipment with a wide aisle so children can move around more freely.
- Teach and encourage your child to express his/ her physical conditions to others.

Allow the participants a few minutes to ask if they have any questions and address them before moving on to the next session. If some questions are related to information in the subsequent sections, write them on the parking lot and go back to respond to them at the appropriate time.

SESSION 5:

Important national documents for the child

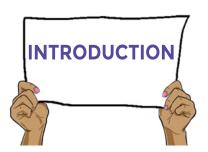
Specific Objectives

- Explain the importance of a birth certificate and a health passport
- Reinforce understanding of the advantages of children's birth registration and routine healthcare

Learning Outcomes

 Know how and where to obtain a birth certificate and a health passport





Birth Registration

- An individual's identity is determined from the time he or she is born. A birth certificate is the first step to secure an individual's right.
- The UN Convention on the Rights of the Child (CRC), United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Child Care and Protection Act, 2015 (Act No. 3 of 2015) highlight the **right of a child to a nationality** and thus to a birth certificate.
- According to Article 7 of the CRC, children must be registered when they are born
 and given a name which is officially recognized by the government and they must
 belong to a country.

• Article 8 indicates that children have the right to their own identity and should have an official record of who they are which includes their name, nationality and family relations and no one should remove this from them.

Article 18(2) of the UNCRPD states:

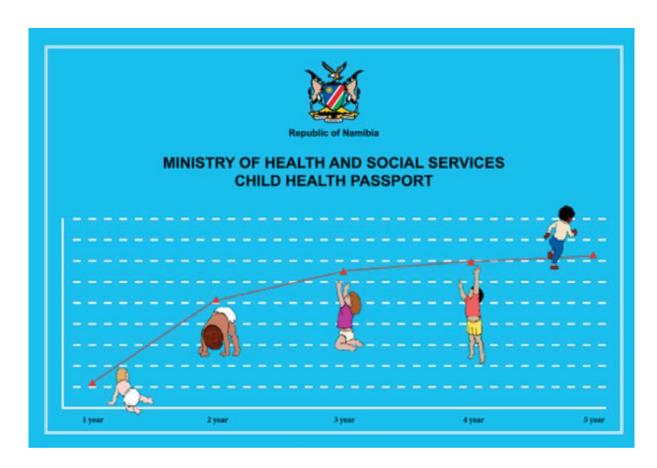
"Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents."

- If a child was born at a health facility, he or she will automatically get a birth certificate.
- However, if your baby is born at home, it is your responsibility to immediately register the child at the nearest health centre and for the child to receive a birth certificate.

Health passport

- In addition to having a birth certificate as a basic right, it is equally important to ensure that the child has a health passport.
- A health passport is a very important document. This will allow the child to be assessed, immunized and their physical wellbeing to be monitored at a clinic or hospital.
- The health passport is also a **record of necessary developmental milestones**, health concerns and treatment or services given. It is important to protect children against various childhood illnesses from birth, because some of these illnesses can cause disability and/or death.
- Children should be immunized because this prevents them from getting the disease.
 The immunization programme is scheduled in the health passport according to age and it is important that children have the full range of vaccinations (see example below).
- It is important to **keep this document in a safe place** and to keep this **information private**, so that only people that you choose to share the information with, have access to it.
- It is important to be honest and to **share information** with medical and educational staff so that they can provide the necessary care and support to the child.

- If the child's name is only given to him or her after a naming ceremony, make sure that the **correct name** is written in, together with the date of birth.
- The child's details on the health passport must be the same as those on the **birth** certificate.
- Each child must have his or her **own health passport** and children must not share one health passport.
- It is important that the child only has **one active health passport** at a time. If the child stays at different homes, ensure that your child's health passport is at the same place where she or he is staying.
- If the health passport is full, the health facility will give you a new one.
- Keep any previous health passports in a safe place where you can find them.
- If the child's health passport is lost or damaged, please report it to your nearest health facility.



The immunization schedule is as follows:

Age	Vaccine		
New-born	Polio; Hep B 0		
6 weeks	Polio; Pentavalent 1 (DPT, HepB, Hib); Rotavirus; Pneumococcal 1		
10 weeks	Polio 2; Pentavalent 2 (DPT, HepB, Hib); Rotavirus 2; Pneumococcal 2		
14 weeks	Polio 3; Pentavalent 3 (DPT, HepB, Hib); Pneumococcal 2		
9 months	Measles; Measles, Rubella (MR)		
15 months	Measles; Rubella (MR)		
5 years	DT; Polio		
10 years	DT; Polio		



MATERIAL

• Show the participants a copy of the birth registration form and health passport.





• In plenary, ask 3 to 4 participants to summarise the importance of having a birth certificate and a health passport.

Note: Possible examples should include the following:

- It is the first step to secure this right.
- A birth certificate proves an individual's identity, date of birth, place of birth, citizenship status and nationality.
- A birth certificate gives a child easier access to several key social services.

Allow the participants a few minutes to ask if they have any questions and address them before moving on to the next session. If some questions are related to information in the subsequent sections, write them on the parking lot and go back to respond to them at the appropriate time.

SESSION 6:

Healthy Feeding

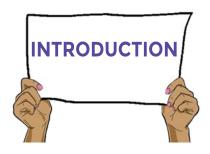
Specific Objectives

 Provide information on the importance of nutrition and healthy diets



Learning Outcomes

- Understanding of children's nutritional needs
- Empowerment of mothers and caregivers to feed their children healthy meals



The child's environment

- The immediate environment plays a decisive role in the young child's development, in the critical early period of life.
- If a mother lacks adequate nutrition before conception and during her pregnancy, this can result in the child having a low birthweight and low birth-length, as well as possible neurological complications.
- For a child's body and mind to thrive, he or she needs to be provided with adequate nutrition.
- Breastfeeding during the first six months is strongly advised, with the addition of nutritious food when the young child is ready to eat solids.

BreastFeeding

- Breastfeeding has substantial benefits for maternal and child health, and development.
- It significantly reduces the risk of infant mortality, diarrhoeal disease, respiratory illness, and malnutrition.
- Breast milk is ideal for the baby's needs as it contains all the nutrients he or she requires, especially in the first six months. Due to its nutritional value, a baby does not need any other food or drink for approximately six months.



- Breast milk boosts the immune system and therefore the baby's ability to fight illness and infection.
- Breastfeeding is a great way for a mother to form a close bond with her baby.
- When children with disabilities are breastfed, some infections can be prevented, and optimal development promoted.
- When breastfeeding is not possible, it is recommended that breast milk is expressed for the baby.
- If the baby cannot breastfeed straight away, the mother should not get frustrated. Collect as much milk as possible by expressing frequently.
- Some children with disabilities may have to be fed in a different way at first, until they have learnt to breastfeed or bottle-feed.
- A feeding tube can be used to gently feed milk directly into an infant's stomach. The
 tube may be placed in her/his nose or mouth by a healthcare professional. Once the
 baby can feed in another way, the tube is removed.
- Some healthcare professionals may recommend feeding with a cup when breastfeeding is not possible.

Mothers should not hesitate to contact a healthcare professional, clinic or hospital for guidance if they experience difficulties with feeding.

Nutrition

- Nutrition is very important for the developmental needs of all children and even more so for children with disabilities.
- Malnutrition can disrupt child development. This is when the body does not receive the nutrition it needs to function properly.



- Children have a higher risk for infection and for cognitive impairment if they do not get the nutrients required during the early years.
- A meal that includes protein, starch and fats every day is very important for energy levels.
- All children in the early childhood phase require high energy levels.
- Fluids are also a very important part of a child's diet.
- Children need a well-balanced diet that includes protein and energy foods, as well
 as vitamins and minerals, such as iron and vitamin A, to ensure good health and
 development.

A well-balanced diet is rich in nutrition and can consist of various combinations of the following categories:



• Vegetables and fruit:

Veggies and fruit contain substantial amounts of fibre and are low in fat. Eating vegetables and fruits daily is therefore recommended, because of the beneficial role these foods play in reducing the risk of chronic diseases. Micronutrient deficiencies, such as anaemia, night blindness and pellagra, are common in Namibia. Vegetables and fruits can help to prevent most of these deficiencies because they are rich in vitamins (especially vitamin A and C) and minerals.

Proteins and iron rich foods:

Fish has a high concentration of good-quality protein. Eating fish regularly can therefore help to prevent malnutrition. The fat content of fish is variable, but in general, fish contains less fat than meat. Fish is also a good source of vitamins, particularly vitamins A and D, and minerals such as iron and iodine, which are very important in a child's diet.

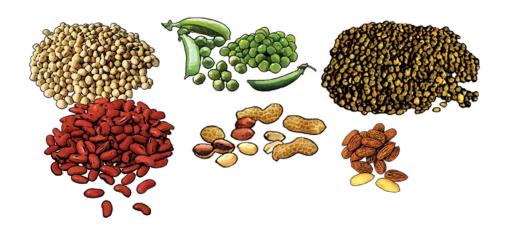


• Meat and beans are good sources of protein, iron and B-vitamins.

'Meat' refers to the whole group of meats (beef and pork, but also game, poultry and fish), and 'beans' includes the whole group of legumes (including beans, groundnuts, lentils and peas). There is a high rate of undernutrition among children and it is advisable to include beans or meat in their diets regularly. Beans and meat are not only good sources of protein but also of food energy.

• Grain products such as millet, maize, sorghum and wheat are the most important sources of energy in the Namibian diet.

Whole-grains and foods made of whole-grain flour contain protein, fat, fibre, and useful amounts of calcium, iron and B-vitamins. These types of products are very important for a child's growth and general good health.



• Clean and safe water:

Our body is composed of water. Up to 60% of the human adult body is water. The quality of water is important for good nutrition and health. Unsafe and dirty water that comes from dams, open wells and rivers, and which is not treated or boiled, is a major health risk. Contaminated water is one of the main causes of the high incidence of diarrhoea in Namibia. Dirty water can also lead to other food- and water-borne diseases. For all of these reasons it is important to ensure that children drink clean and safe water.

Some important facts

- The everyday meal plan for children from the age of six months, should include something from at least three of the food groups.
- Vitamins and minerals are provided through these food groups.
- Lots of fluids are necessary every day.
- **Fibre** is important for digestion. Brown rice, grainy pap and seeds contain fibre. Remember, the browner the rice the better for the tummy.
- Energy from sugar is released very quickly and does not sustain the body for long. Eating sugar can also make people feel full while their bodies are still in need of food. Try to avoid too much sugar, one spoon of sugar with pap is acceptable.
- Do not make the pap too soft. Fluid fills the tummy up, but the body might not have enough 'fuel' yet. When preparing pap, make it firm and thick to make sure the body takes in enough 'fuel.'



- In the first year of a child's life, and while they are still breastfeeding, it is not necessary to give them other dairy products. For example, they do not need to have yoghurt, omaere or any other milk, other than breast milk. **Dairy products** will make babies feel full and they may not be able to take in any of the other food groups.
- Fat makes small portions of food rich in 'fuel.' If a child is not eating well, add oil, peanut butter or butter to the milk, pap or mash. This adds calories (energy) to a small portion of food.
- Add **starch** to all your meals as this is also a source of energy.
- Cook food thoroughly, especially meat, poultry, eggs and seafood.
- Avoid buying fast food at all costs as this is 'empty' nutrition and not good for children.
- Try different food combinations, tastes and textures to encourage eating.

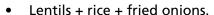
Feeding your child

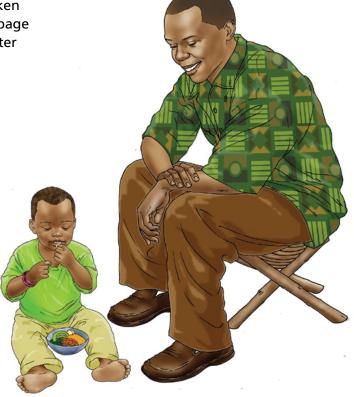
- Some children with disabilities may not be able to say that they are hungry. It is therefore important to watch children for signs of hunger and respond to their nutritional needs.
- Other children with disabilities may have trouble eating food from all of the nutritional groups. For example, children can struggle to eat tough foods like meat, or they may struggle to swallow liquid. These challenges can even be life threatening.
- If you are unsure about your child's feeding or your child cannot cope with certain food types, it is important for you to consult your healthcare provider for support.
- It is wise to invest in buying healthy foods for children with disabilities to ensure that they have a healthy meal daily.

Here are some ideas to plan a nutritious meal:

- Mahangu + peanut butter + omaere + banana
- Mashed potato + chicken liver + spinach
- Maize porridge + fish + carrots
- Mahangu + scrambled egg
- Oats + omaere + banana
- Sweet potato + pumpkin + chicken
 Rice + soya mince + cooked cabbage

• Wholemeal bread + peanut butter





While prices may slightly differ, these amounts can be used to budget:

FOOD	QUANTITY	PRICE (NB these prices may change)
Lucky Star fish	150g tin	N\$13
Dried fish	100g	N\$30
Smooth peanut butter	400g	N\$30
Chicken liver (frozen)	500 g	N\$24
Omaere (full cream)	2 litre	N\$40
Mopane worms	100g	N\$20
Eggs	six (6)	N\$15
Local beans / groundnuts	500g	N\$30 (shop: N\$15-20)
Spinach, carrots or butternut		



MATERIAL

• Distribute the example of combinations of nutritious meals (in the table above) for participants to take home.





- Assign the participants new groups.
- Let them appoint a rapporteur who should report back to the plenary.
- Provide each group with some paper and writing materials. Using the information given in the section on healthy feeding, let each group draw up a weekly budget for one healthy meal a day to give to a child with a disability.

Allow the participants a few minutes to ask if they have any questions and address them before moving on to the next session. If some questions are related to information in the subsequent sections, write them on the parking lot and go back to respond to them at the appropriate time.

SESSION 7:

Practical steps to support activities of daily living and play

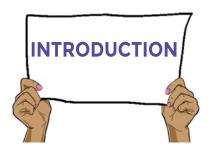
Specific Objectives

Provide information on supporting young children with developmental delays or disabilities to perform Activities of Daily Living (ADLs) and to enjoy play



Learning Outcomes

- Parents will be able to better support young children with developmental delays or disabilities with daily activities at home, and
- Parents will support children to participate in inclusive, developmentally appropriate play



Activities of Daily Living (ADLs)

- Children with disabilities have a similar need for activities and participation as children without disabilities.
- Some children with disabilities may take longer than their peers without disabilities to learn some daily activities.
- Adaptive methods and equipment can help the child to cope, improve independence and remove barriers.
- Adapt the home situation to cater for the individual needs of the child.



It is important to:

- ✓ Be patient and give the child more time to learn.
- ✓ Adapt the activity so that the child can complete it.
- ✓ Find new ways of doing an activity..
- ✓ Only help when necessary.
- ✓ Before anything else, position the child correctly.
- ✓ Positioning refers to the child's placement in her/his setting.

For some children, special equipment is required for positioning, because they are unable to support themselves when sitting, standing or lying down.

Proper positioning has various functions:

- ✓ It makes eating, drinking, playing and communicating easier for the child.
- ✓ In the event of physical disability, it can prevent deformity.
- ✓ It supports with pressure management and therefore prevents sores.
- ✓ It provides support to stiff or floppy muscles.
- ✓ The child's movement of the head and limbs is assisted.
- ✓ It promotes good breathing.
- ✓ It inhibits fatigue.
- ✓ It promotes child safety.
- Caregiving is made easier.

Incorrect positioning can result in:

- impaired bodily functioning
- ✗ contractures
- **x** caregiver injury and/or burnout.

Eating and drinking

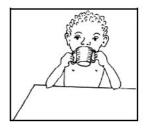
Some key points about safe cup feeding:

- ✓ The baby should be calm and awake.
- ✓ Hold the baby sitting upright on your lap.
- ✓ Rest the cup lightly on the baby's lower lip and touch the outer part of the baby's upper lip with the edge of the cup.
- ✓ Tip the cup so the milk just reaches the baby's lips.

✗ Be careful of choking or aspiration (sucking the liquid into the airway).



A speech therapist or occupational therapist can provide specific support on how to position the child.





If the child has difficulty controlling a cup with one hand, try using a cup with two handles.





- ✓ For a sighted child, dress your child in front of a mirror so they can see what's happening.
- ✓ Teach your child to find the tag so they know which side is the front and which is the back. This will make it easier to check clothing, so it isn't inside out or backwards.
- ✓ Place your hand over theirs to help guide their movements (hand over hand technique).
- ✓ Start with the clothes flat on a table and progress to having your child wear it.
- ✓ Start with large flat buttons, not tiny or concave. Make sure the buttonholes are big enough. You may need to push the button through a few times on new shirts to loosen them or cut the hole to make it slightly bigger.
- ✓ Sensory triggers can make getting a child with autism dressed more difficult.

- ✓ Some children with autism don't like clothes with seams. Others find clothing tags bothersome.
- ✓ Children with sensory disabilities may have preferences on tight or loose clothing and whether it's textured or smooth.
- ✓ If your child prefers a certain character or color, buy clothes with this in mind. It might help facilitate independence.
- ✓ Try different fabrics, your child might find some comfortable and others itchy or stiff
- ✓ Dressing with Low Vision and Blindness: Starting when your child is an infant, narrate the dressing and undressing process as you go, "Now I'm taking off your socks". When you start to teach independent dressing, use the hand under hand or hand over hand technique.
- ✓ When teaching shoe tying, go step by step. Practice with the shoe on their lap first using long, thick laces
- ✓ Buying clothing one size bigger will make it easier to put on. If your child has a weaker side, put that arm/leg in first.
- ✓ If your child has balance or mobility difficulties, have them get dressed while seated or while holding something stable for support.

Toileting and bathing

Children with severe physical disabilities may always need help with clothing and accessing the bathroom. Bathing children is one of the most common parenting problems with many young children not liking bathing for several different reasons such as:

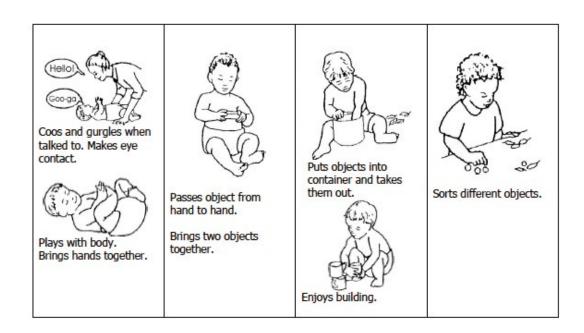
- ✓ Fear of water / not liking water on their head or face (sometimes a result of being overly receptive to sensory experiences due to skin thinness & sensitivity)
- ✓ It is seen as an unnecessary task that interrupts 'play time' or whatever fun they were having prior.
- ✓ The secret with bathing a young one is to make it fun. Make it entertaining, make it enjoyable, and make it routine.
- ✓ To create a fun, relaxed, happy and enjoyable environment play soft music or song to your child during bath time and ask him or her to join you.
- ✓ Stay right by your child's side during the bathing and never leave him or her alone when bathing.

- ✓ Make the bathing process easier by adding in a rubber non-slip mat inside the bathtub to avoid it being slippery.
- ✓ Keep the floor free of any objects to avoid tripping over and make sure that the floor is completely dry before bringing your child in.
- ✓ When you are ready to teach your child with visual impairments how to use the toilet use, allow him or her to explore the bathroom and locate the toilet.
- ✓ Allow your child with hearing disabilities to observe you or other children using the bathroom and show him or her picture books about it.
- Children with cerebral palsy not only tend to be slow in developing bladder control but may not have enough bladder awareness to begin toilet training at age two or three.
- ✓ Children with an intellectual disability or developmental delay are best toilettrained one step at a time. Don't expect your child to learn to signal or announce his need to go, pull down his pants, use the potty, wipe his bottom, and wash his hands all at once, the way his peers might.
- ✓ Toilet training will work best if you focus on the actual act of elimination first and address the other skills later. It is more important to keep him motivated than to achieve instant success.



Play

- All children love to play.
- Children learn and grow through play.
- They socialise and build relationships through play.
- For children to enjoy play, it should be fun, joyful, lively and spontaneous.
- Like all childen, those with disabilities have a right to play and should be given plenty of opportunities to play in order to enhance a wide range of developmental skills.



Through play, children learn:

- ✓ about the world around them
- ✓ about themselves and the people around them
- ✓ social skills, for example sharing and turn-taking
- ✓ gross motor movement skills
- ✓ fine motor hand skills
- ✓ thinking skills
- ✓ skills for communication
- ✓ self-regulation skills, for example perseverance and coping with frustration.

Tips to for your child to enjoy play

- Position your child appropriately.
- Make sure toys or materials are close enough and at eye level.
- Be playful yourself so that your child takes a keen interest in the game.
- Look at, touch and talk about each of the toys while you are playing.
- Do not be in a hurry. Allow the child to play at their own pace.
- Do not force the child to play with what you have selected. Allow the child to choose what she or he would like to do.
- Adapt the toy to the needs of the child.
- Make the activity easier if the child gets frustrated.
- Make and use multi-sensory toys (textures, smells, sounds).
- Praise the child.
- Never compare your child to another child.

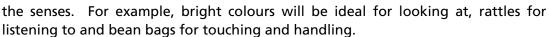


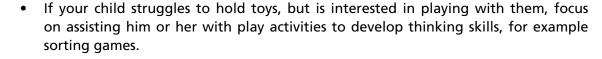
What SHOULD NOT be done during play:

- X Do not stop the child from taking a turn.
- X Do not force the child if she or he does not want to play.
- X Do not shout at the child.
- X Do not suggest an activity to the child that is too difficult.
- X Do not tease the child, for example, by showing a toy and then moving it further away.

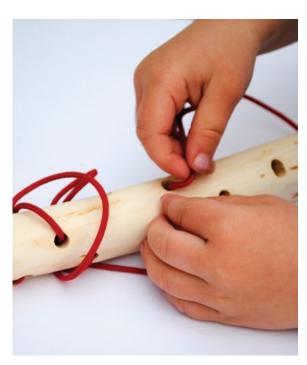
Appropriate toys

- When buying or making a toy, keep in mind your child's age and developmental phase.
- Consider what your child can and cannot do in order to select the correct play materials that will be fun for the child to play with.
- If your child is unable to hold toys and has little interest them, find play material that stimulates









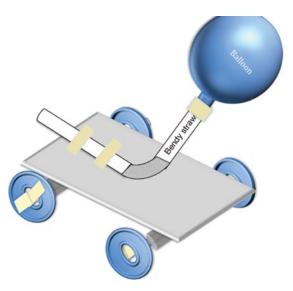
- ✓ your child's preferences, what she or he likes or dislikes.
- your child's needs (sensory characteristics - texture, colour, size, shape, sound, smell, difficulty level).
- a variety of toys and play materials stimulates interest, exploration and opportunities to learn.
- ✓ inexpensive toys made at home that are environmentally friendly and safe can have the same function as toys bought in a shop.

Toys from recycled materials

- Toys do not need to be expensive and should be affordable for every parent.
- Be creative and think of items in and around your house that you can use to make toys for your child.
- Your child can also be involved in making some of the toys. In this way, the child takes ownership and pride, the toys become his or her personal possessions.
- Rattles are good for noise and can also be used as musical instruments. Collect bottle tops to make a rattle or put small stones inside a bottle for the child to play with.



- Wash the materials beforehand to avoid any infections and keep the toys clean.
- Soft toys and puppets can be made using cloth of any texture.
- Make different types of toys from cloth such as dolls, cars and animals. Teach your baby to differentiate between these objects while playing.



- Soft toys can also be used for muscle stimulation and colour differentiation.
- Playing with clay toys helps your child to identify different shapes. They may be a bit harder for some children but can also be good for coordination.
- Sensory play, that is, touching / hearing / seeing activities are good for the child who needs sensory stimulation.
- Old magazines and newspapers can be used to make a book for your child.
- Develop a habit of reading to your child at different times of the day to stimulate early literacy skills.

- Involve your child in the reading process to create an interest.
- Outdoor play is important to promote socialisation. Allow the child to play freely outside with you and with her/his peers.
- Outdoor play will also contribute to reducing stigma and discrimination directed at your child and to develop a sense of belonging to the community.

Sample toy items	Materials needed		
Sponge (rough and smooth)	Sponges		
Shaker rattle	Small plastic jars with lids and small stones, strips of plastic, or other items to make noise inside		
Stacking cups, plastic or metal with handles	Stacking cups, plastic or metal with handles (different sizes and shapes, at least three to a set)		
Rings on a string	Rings (e.g. rubber bands or spools) on a piece of colourful yarn		
Containers with lids	Plastic containers with lids small enough for a child to take on and off		
Metal objects to bang and drop	Metal pots, lids, bowls, plates, cups, and wooden spoons		
Peek-a-boo cloths	Clean cotton cloth to hide things and face		
Homemade doll with face	Cloth, thread, needle, scissors		
Empty boxes, bowls, other containers with small, safe objects like clothes clips (pegs)	Boxes, bowls, or other containers to put things in and take them out, clothes clips, stones		
Nesting objects (bowls, cups, boxes)	Plastic or metal bowls and cups and other nesting objects to stack		
Pictures	Magazine pictures or marker to draw on paper		
Face puzzles	Magazine pictures or drawn face, on cardboard, cut in 3-5 pieces		
Coloured circles, squares, triangles to sort by colour and shape	Cardboard or magazine covers, glue, scissors, bowls or other containers for sorting shapes		
Ball	Small, soft ball		
Chalk and flat stone for writing	Chalk and flat stone		
Book	Pages with pictures and words, punched and tied together		



MATERIALS

• Distribute clean old cloth, a needle and thread to each participant.





• Demonstrate to the participants how to make a bean bag to play with children.

SESSION 8:

Understanding the parent of a child with a disability

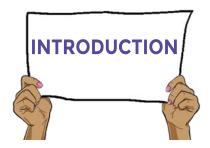
Specific Objectives

• Provide information on how important self care is for a parent of a child with a disability.



(Learning Outcomes)

 Appreciates the value of self care and demonstrates the importance of caring for the carer.



Self care is everything you do that is good for yourself. It is about being kind to yourself as you would be with others.

Self care

- Each family's situation is unique.
- Parents handle their situation according to their own living conditions.
- Some parents grieve or feel embarrassed or ashamed to have a child with a disability.
- Remember that all human beings are equal and children with disabilities should be treated with respect and dignity.
- You should not grieve or feel ashamed of your child with a disability.
- Some families have the support they need, others have no idea where to start looking for support, or they fear that the neighbours or society will laugh at them for having a child with a disability. We all have a choice.

- In stressful situations, people usually go into one of two modes: fight or flight. This
 means that we can choose to either stay and deal with the situation or to run away
 to safety. If a parent or guardian is constantly struggling to find an open door, her
 fight becomes flight.
- Not everything that feels good is self care. Abusing drugs, alcohol, overeating and feeling hopeless do not help us with our emotions or to cope with stress.
- If we care for ourselves, we will become healthier, physically and mentally stronger, and be able to support our children much better.
- If we neglect to care for ourselves, we may become stressed, easily agitated, harbour bad thoughts, get very tired and/or struggle with our sleep. We may struggle to remember things and lack motivation to be involved or support our children with daily activities in order to take care them in the way that we want to.
- Do we take time to identify our emotions/how we feel? We should never be afraid or shy to express and discuss our emotions.

If you learn how to identify and express how you feel, other people will understand you and will be able to help in the right way. We may often feel:

- Happy
- Sad
- Silly
- Angry
- WorriedConfused
- Surprised
- Hurt
- Embarrassed etc.

Self care includes:

- ✓ Exercise, such as taking a walk around your neighbourhood.
- ✓ Getting enough sleep at night.
- ✓ Cuddling up under a soft blanket and taking time to nap.
- ✓ Listening to music and dance if you feel like it.
- Praying
- ✓ Speaking to someone about the things you are struggling with.
- Cry when you need to.
- ✓ Tell yourself what you are grateful for.



Always try to convert your negative thoughts into positive thoughts. For example:

Negative Thoughts

- 1. The kids are driving me crazy
 - 2. The House is a mess
- 3. There's so much laundry to do
 - 4. The dishes are always dirty
- 5. Lots of noise and family drama
 - 6. I got hurt by someone I love
 - 7. Toilets to clean
- 8. My body is tired & overweight

Positive Thoughts

- I have Children to love.
- 2. We have a roof over our heads.
- 3. I have plenty of clothes to wear.
- 4. We have plenty of food to eat.
 - 5. I have people in my life to love.
 - 6. Life is making me stronger & wiser.
- 7. We have running water and plumbing.
- 8. My body is alive and functioning

ACTIVITY



• Ask 3 or 4 participants to share with the group how they feel today and why.



SESSION 9:

Available health professionals

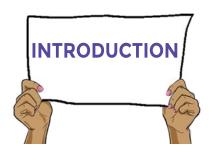
Specific Objectives

 Provide information on the services offered by different health providers to support children with developmental delays and disabilities to survive and thrive.



Learning Outcomes

 Improve knowledge and information on where and how to access services for children with developmental delays and disabilities.



Various professionals have knowledge and experience in different areas of your child's development. In the case of children with developmental delays and/or disabilities, it is recommended that you and a multi-disciplinary team made up of different professionals help your child to reach her/his potential.

The Role of Therapists

- Therapists are trained individuals who provide treatment, psychological or emotional support, and rehabilitation for persons with disabilities or those with injuries.
- Therapists may include social workers, counsellors, occupational therapists, speech therapists, life coaches, and many others.
- As a parent or guardian you can also perform basic exercises with your child to
 ensure that they get the necessary therapy on a regular basis. Seeing a professional
 just once a week/once a month is not nearly enough and the treatment or exercises
 can be continued at home.

Physiotherapist

- Physiotherapists assist with movement ability of the person and muscle function.
- The goal of physiotherapy is to reduce the muscles from stiffening up and shortening. Once the muscles have shortened due to lack of stretching and exercise, it is very painful for the muscles to be stretched and straightened out again. In some cases, surgery might be needed.
- For children with disabilities these stretching exercises are very important for mobility
 and strengthening of the muscles in all limbs. It is important that these exercises be
 done several times a week to reduce stiff and tight muscles. As a parent/guardian, it
 is very important to continue these exercises at home as well.



Occupational Therapist

- Occupational therapists assist with a child's ability to play, perform self-care, schoolwork and leisure activities.
- They also provide assistive devices, which make mobility and everyday tasks easier.
- Occupational therapy involves play therapy and stimulation, which ensures maintenance of skills, day-to-day activities and general wellbeing.
- This is achieved through various activities:
 - ✓ Sensory stimulation
 - ✓ Gross motor skills
 - ✓ Fine motor skills
 - ✓ Perceptual skills
 - ✓ Language and Communication skills (not just talking, but also understanding, signing and showing if they want/need something specific).

Audiologist

- An audiologist is a health care professional who uses technology, creative problem solving, and social skills to identify and treat hearing, balance, tinnitus (ringing in the ears) and other auditory disorders.
- Audiologists assist people with hearing impairments so that they can better connect and communicate with the world around them.
- A hearing aid helps to make some sounds louder so that a person with hearing loss can listen, communicate and participate in daily activities.

Speech Therapist

- The speech therapist helps with speech and language as well as swallowing and feeding abilities.
- If the child has severe disabilities and the head starts moving back and stays in that position as in the practical, it may make breathing, swallowing and feeding very difficult for the child. Speech therapy can help with regards to



positioning and the correct utensils to use during feeding.

- Speech therapists also assist a child with communicating even when they cannot speak words.
- They can also assist a child who struggles to pronounce words or speak full sentences.
 Speech therapy helps to improve communication, speech, swallowing, and feeding abilities.



Psychologist

- Psychologists assess, diagnose, and treat children who may have slight or severe mental, emotional or social disorders.
- They help such children and their families to be happy and successful in their dayto-day lives and reach their developmental milestones.
- A psychologist helps develop relationships. They assist parents and children who are dealing with unwanted thoughts, feelings and behaviours, using coping strategies and therapy.



Dietitian

- A dietitian helps people make choices about their food and nutrition.
- They teach and inform the public as well as health professionals about diet and nutrition to improve health in an individual and communities.
- Dietitians advise eating a portion from each food group depending on the individual's dietary needs.

Social worker

 A social worker supports individuals and their families through difficult times and ensures that vulnerable people, including children and adults, are protected and safeguarded from harm. Their role is to help improve outcomes in people's lives.

Assistive Devices

 Assistive technology and other devices make it possible for people with disabilities to be able to access their environment (eg. wheelchair), or to improve and enhance their abilities (eg. hearing aid).

The devices that have been designed to assist a person to perform a particular task, include the following:

- ✓ Mobility devices (walking sticks, wheelchairs)
- ✓ Prostheses (Artificial leg/arm)
- ✓ Orthoses (Hand splint/leg brace)
- ✓ Devices for eating and drinking includes special plates, bowls, utensils, cups, and guards.
- Environmental modifications means changes or additions which are made to the environment that improve access and provide support while walking, standing, getting up and changing position such as ramps, stair lifts, handrails and grab bars.
- When using any of these assistive devices, it is very important to look after them and to take them to the supplier for regular repairs or maintenance.



SESSION 10:

Final remarks and closing

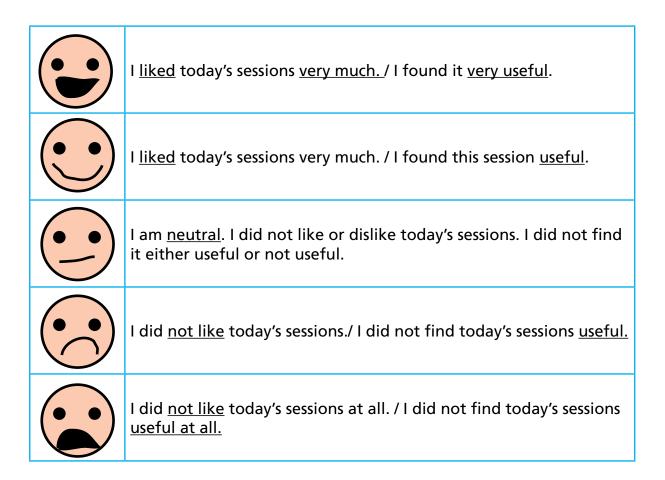
Specific Objectives

 Reflect about the importance of the training and the role of parents in supporting the children with disabilities and to evaluate the training.



Learning Outcomes

- Improve knowledge and information on where and how to access services for children with developmental delays and disabilities.
 - Tell the participants that you have come to the end of the training.
 - Express your appreciation for their full and active participation in the training.
 - Summarise a few points on what you have jointly achieved.
 - Ask 5 participants to say something about the training and what they have learned.
 - Hand the participants a Certificate of Completion as many parents feel proud to be recognised in this way.
 - Hand each participant a page with the information below to indicate how they
 will rate the training and request them to fold it and hand it in. Explain that the
 evaluation will help you to improve on future trainings.



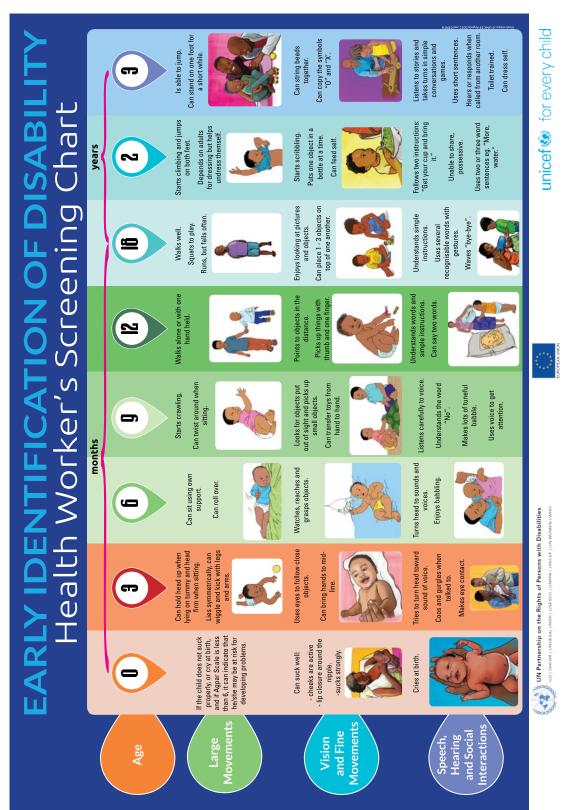
ANNEX 1:

UNICEF My Rights Your Rights poster



ANNEX 2:

Early identification of disability chart



ANNEX 3

Appropriate terminology: UNPRPD Posters



DISABILITY TERMINOLOGY CHART

When referring to people with disabilities, choose words that reflect dignity and respect. Use language that describes the person's disability without defining the individual as his or her disability. The following are just some examples.

APPROPRIATE - DO USE

- Person without a disability, non-disabled person, sighted person
- Person with a psychosocial disability, or psychiatric impairment or person with mental illness
- Person with intellectual disabilities or persons with learning disabilities
- Person who is blind, person who has low vision; partially sighted person
- Person who is deaf, person who is hard of hearing; a deaf person, a deafblind person
- Person who has multiple sclerosis
- Person with epilepsy
- Person who uses a wheelchair Wheelchair-user
- Person with a physical disability
- Unable to speak, uses synthetic speech
- Short stature, little person
- Seizure
- Lives with/has/experiences a disability/impairment
- Congenital disability, born with an impairment
- Person who had polio, person with post-polio paralysis
- Accessible toilet/parking for persons with disabilities
- Person with a developmental disability, person with mental retardation, person with a developmental delay, person with Down syndrome or person who is brain injured, has traumatic brain injury, is brain damaged, with a closed head injury
- Accessible parking, parking for people with disabilities
- Person with cerebral palsy
- People with emotional disorders, mental illness, mental health disability, psychiatric disability
- Person who has a learning disability
- People living in poverty People living in situations of vulnerability/people living in situations that make them more vulnerable to...
- Low income countries Developing countries
- Use gender neutral language such as referring to a person by their role rather than their gender: e.g. 'A doctor was running the hospital.'
- Language which shows respect for local context and the challenges of individual situations such as: 'X's family had not been told there was a way that they could help X to go to school'

INAPPROPRIATE - DON'T USE

- Normal person, healthy, whole
- Mental' or 'mad
- Mental handicap or retarded
- The blind; the visually impaired
- Suffers from hearing loss, the deaf, deaf and dumb, doaf-muto
- Afflicted by MS, victim of
- Epileptic
- Confined or restricted to a wheelchair, wheelchair bound
- Invalid; handicapped person; cripple, crippled, lame
- Dumb, mute
- Dwarf, midget
- Fit
- Suffers from
- Birth defect
- Post-polio, suffered from polio
- Disabled toilet/handicapped parking
- Retard, mentally defective, moron, idiot, slow, imbecile, feeble-minded, Down's person, mongoloid
- Handicap parking
- CP victim, spastic
- Crazy, maniac, lunatic, insane, nuts, deranged, psycho, demented
- Slow learner, retarded
- 'The poor' Vulnerable people/groups (although the UN use the term vulnerable groups)
- Underdeveloped, Third world
- Gender information unless necessary: e.g. 'A woman doctor was running the hospital.'
- Language of blame such as: 'X's family didn't care about her and so didn't send her to school











VOORGESTELDE TERMINOLOGIE CHART

Wanneer daar verwys word na mense met gestremdhede, kies woorde wat waardigheid en respek te weerspieël. Taalgebruik wat die persoon se gestremdheid beskryf sonder om die individu te definieer met sy of haar gebrek. Die volgende is slegs 'n paar voorbeelde

TOEPASLIKE - GEBRUIK

- Persoon sonder 'n gestremdheid, nie gestremde persoon, siende persoon
- Persoon te wees met 'n psigososiale gestremdheid, of psigiatriese gestremdheid of persoon met 'n geestelike/verstandelike siekte
- Persoon met intellektuele gestremdhede of persone met leergestremdhede
- lemand wat blind is, iemand wat 'n swak/lae visie het; swaksiende persoon
- lemand wat doof is, iemand wat hardhorend is; 'n dowe persoon, 'n person wat doof en blind is
- iemand wat veelvuldige sklerose het
- Persoon te wees met epilepsie
- lemand wat 'n rolstoel gebruik;rolstoel-gebruikers
- Persoon te wees met 'n fisiese/ligaamlike gestremdheid
- Nie in staat is om te praat nie, gebruik sintetiese spraakapparaat
- Kort statuur, klein mensie
- Aanval; stuipe
- Lewe met / het / ervaar 'n gestremdheid / verswak/aantasting
- Aangebore gebrek/gestremdheid, gebore met 'n gestremdheid
- lemand wat polio gehad het, persoon met 'n post-polio aliseer
- Toeganklike toilet / parkering vir persone met gestremdhede
- Persoon te wees met 'n ontwikkelings gestremdheid, persoon met verstandelike gestremdheid, persoon met 'n ontwikkelin gsagterstand, persoon met Down-sindroom of persoon wat n brein beseer het, n traumatiese breinbesering, is breinbeskadig, met 'n geslote hoofbesering
- Toeganklike parkering, parkering vir mense met gestremdhede
- Persoon te wees met serebrale gestremdheid
- Mense met emosionele versteurings, geestesongesteldheid, geestesgesondheid gestremdheid, psigiatriese gestremdheid
- lemand wat 'n leergestremdheid het
- Mense wat in armoede leef. Mense wat in situasies van kwesbaarheid is / mense in situasies wat hulle meer kwesbaar maak ...
- Lae inkomste lande, Ontwikkelende lande
- Gebruik geslag neutrale taal soos verwys na 'n persoon wat deur hul rol/funksie/taak eerder as hul geslageslag geidentifiseer word: bv 'n dokter is besig om die hospitaal."
- Toon respek vir plaaslike konteks en die uitdagings van individuele situasies soos: "X se familie is nie ingelig dat daar 'n manier is om te help dat X kan skool toe gaan.

ONVANPAS - MOENIE GEBRUIK NIE

- Normale persoon, gesonde, hele
- · Geestelik versteurde of "mal"
- Verstandelike gestremdheid of vertraagde
- Die blindes; gesiggestremdes
- Ly aan gehoorverlies, dowes, doof en dom, doof-stom
- Aangetas(Ly aan) deur MS, slagoffer van
- Epilepties
- Gekluister aan of ingeperk tot 'n rolstoel, rolstoelgekluister
- Invalide; gestremde persoon; kreupel, vermink, verlam
- Dom, stom
- Dwerg, piekie
- fiks
- ly aa
- geboortedefek
- Post-polio/na-polio, gely het aan polio
- Gestremde toilet / gestrem parkering
- Vertraagde, geestelik gebrekkige, moroon, idioot, stadige, imbesiel, swaksinnige, Downs, Mongool
- Hendikep parkering
- CP slagoffer, spasties
- Mal, maniak, kranksinnige, stapelgek, gek, van lotjie getik, versteurde, psigo, waansinnige
- Stadige leerder, vertraagde
- 'Die arme' kwesbare mense / groepe (hoewel die VN gebruik die term kwesbare groepe)
- Onderontwikkelde, Derde wêreld
- \bullet Geslag inligting, tensy nodig: by 'n Vroue/like dokter beheer die hospitaal. "
- Blaamtaal soos: " X se familie het nie vir haar omgegee nie en het daarom haar nie skool toe gestuur nie

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IITYA YI NA SHA NUULEMA

Uuna to popi shi na sha naanulema kambadhala okulongitha iitya tayi ulike ongushu yomuntu nesimaneko. Longitha elaka tali ulike/holola uulema womuntu ihe haku hokolola shoka omuntu ita vulu okuninga. Mpaka otapu landula iiholelwa yimwe.

TAYI OPALELE- TAYI VULU OKULONGITHWA

- · Omuntu kee na uulema, ha mono ko
- Omuntu e na uunkundi wopamadhiladhilo, e na uuvu wopamadhiladhilo
- · Omuntu e na uunkundi mokwiilonga
- Omuntu iha mono ko, ha mono ko kashona, e na uudhigu mokumona ko
- Omuntu iha uvu ko, ha uvu ko
 nuudhigu omuntu iha uvu ko va
- nuudhigu,omuntu iha uvu ko ye iha mono ko Omuntu e na uunkundi hi ihata po oshitelele
- Omuntu ha kambuka
- Omuntu ha longitha okatemba, omulongithi gwokatemba
- Omuntu e na uulema wokolutu
- Omuntu iha vulu okupopya ha longitha omandhindhiliko noonyala moku ulika shoka a hala okutya
- Omuntu omufupi, omuntu omushona
- Omuntu e na uulema, a valwa nuulema
- Omuntu e ehama opolio, e na uulema weso Iyombinga yimwe wa za mokweehama opolio
- Okandjugo kaantu ye na uulema, ooparkinga dhaantu ye na uulema
- Omuntu e na uunkundi wokuhuma komeho pamadhiladhilo mokukoka kwe, e na uulema wopamadhiladhilo, omuntu e na omadhiladhilo ga ngambekwa okuhuma komeho pashito, omuntu a valwa a kambela, omuntu ena uuluyi wa mona oshiponga, omadhiladhilo ga mona oshiponga kehaluko, okweehamekwa komutse koshiponga
- Oparkinga yaantu ye na uulema Omuntu e na uunkundi wehuka mugongo Iya sa
- Omuntu e na omadhiladhilo kaage li melandulathano, uuvu wopamadhiladhilo
- Omuntu e na uunkundi wokwiilonga
- Omuntu e li monkalo yoluhepo, omuntu e li monkalo ya mona iihuna koluhepo
- lilongo tayi humu komeho paiyemo, iilongo tayi humu komeho
- Naku longithwe elaka tali opalale paukashikekookantu ngaashi oktutumbula omuntu paithano lye. Oshiholelwa: Ndokotola oye a li ta longo moshipangelo.
- Naku longithwe woo elaka tali holola esimaneko lyaantu naku yandwe okulongitha omadhina mpoka tashi vulika, ko ku longithwe oondanda ngaashi o 'X' pehala lyokutumbula omadhina mpoka tashi shiwa. Hol: Aakwanezimo oya li ya tegelele ya lombwelwe kutya oshike tashi vulu okukwatha X mokuya koskola.

ITAYI OPALELE - INAYI LONGITHWA

- Omuntu gwokolela kee na uulema, omuntu i ihwa po
- Omupwidhi , omuyanapwengu
- Egoya, omukambeli
- Omupupulu, omuthitamatsi
- Oha gu ta kambuka, ta siilile
- Oshintona
- A ngambekelwa mokatemba, omunuulema gwokokatemba
- · Oshilema, ha tina, oshitiningili
- Ombolo
- Eungwa, omufupintu
- Okukambuka, oshintona
- Oshilema ku za keshito
- Oshilema shopolio
- Okandjugo kiilema, ooparking dhiilema
- Kee na oondunge, endangaziyo, eziyamayeye, egoya, elegelege, a kambela
- Oparking yiilema
- Oshilema she etithwa koshiponga she mu ehameka muuluyi
- Hi ihumbata uugoya, te ehama momutse, ke na elandulathano momadhiladhilo, kee he li nawa momutse
- Ke na omagano mokwiilonga, okuna omutse omukukutu
- Oohepele, taa dhengwa koluhepo
- lilongo inayi putuka, uuyuni uutitatu
- Okutumbula uukashikekookantu inashi pumbiwa. Hol: Ndokotola omukiintu oye a li ta longo moshipangelo.
- Elaka tali gandja oombedhi ngaashi: Aakwanezimo ye kaya li ye na ko nasha naye onkene inaya sa oshimpwiyu a kale ha yi koskola.

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OKAKARATA KOMAMBO NGE UNGURISIWA KOUREMANE

Tji mo tamuna omambo ohunga novandu mbe nouremane, toorora omambo ngu maye raisa oundu wavo nondengero. Ungurisa eraka ndi mari handjaura ouremane we nokuhina okuyereka mbwi ouremane womundu poo okumutemangura. Imbi ovihorera vyatjiva womambo.

YA PWIRIRE PO - UNGURISA

- Omundu ngu hi nouremane, omuhinauremane, u muna
- Omundu ngu nouremane momerizemburuka, ouremane momerizemburuka poo omundu ngu nouvere momerizemburuka
- Omundu ngu nouremane mokuripura poo ovandu mbe nouremane mokurihonga
- Omundu omupo u, omundu ngu ha munu nawa; omundu ngu pambata uriri
- Omundu omboro, omundu ngu ha zuu nawa; omboro, omboro nomupo u
- Omundu ngu nomutjise woruruvi
- · Omundu ngu nomutjise wokuseuka
- Omundu ngu kaenda mokatemba, ngu ungurisa okatemba
- Omundu ngu nouremane korutu
- Omundu ngu nouremane mokuhungira, u hungira nomake/norutu/nokuraisa
- · Omusupi monduri ye, omu ikona morutu
- <u>Okuw</u>irwa
- U hupa/na/wa muna ouremane/ou e u
- Ouremane wotjitwesa, wa kwatwa no-
- Omundu ngwa ri noporiyo, omundu ngu nouremane mbwa etwa i yoporiyo
- Okaruwo komahitiro omawa/opomakuramisiro wovihauto kovandu mbe nouremane
- Omundu ngu nouremane mokukura, omundu ngu nouhipare, omundu ngwa wombaokukura, omundu ngu nomutjise wa Down poo omundu ngwa hihamwa ouruvi, u nomuhihamo mbwe mu una kouruvi
- Oruveze rwomakuramisiro wovihauto omundu pu ma yenene okuhita nawa/ opomakuramisiro wovihauto kovandu mbe nouremane
- Omundu ngu nouremane mozombwini
- Omundu ngu nouzeu mongaramuinyo, ouvere womeripura, ouremane momeripura, ouzeu momeripura
- Omundu ngu nouzeu mokurihonga
- Ovandu mbe hupa mousyona, Ovandu mbe hupa mozongaro zou ukare/ovandu mbe hupa mozongaro n e ve tjita kutja ve rire ova ukare nu ovimwamwa ko-
- Omahi wovihite vyokehi Omahi nge ri mokuritunga
- Ungurisa eraka ndi hi nokupangura kutja omurumendu poo omukazendu rumwe amo tara ku imbi oviungura vye: tjimuna, 'Onasareta ndjo aai nanwa i yonganga.'
- Eraka ndi mari raisa ondengero noukeke kozongaro zovandu nomatokero poo ouzeu ovo mu ve ri tjimuna: 'E un u ra X kari raererwe kutja pe nomuano warwe mbu mave yenene okuvatera na wo X kutja ma yende kosikore'

KAYE PWIRIRE - O UNGURISA

- Omundu uriri, omuveruke, otje ri
- U norukoro poo wa vera oviyoze poo ku novikamba vari
- Wa puruka poo wa hipara ozondunge
- · Ovehinameho, wa karerwa komeho
- Ka zuu, wa pandjara omatwi, wa karerwa keraka
- U nouzeu no-
- U wa orumbamba
- Wa rira owomokatemba
- Wa remana, otjiremane, otjirema, otjipu
- Otiikume
- Okatwatwaha
- Wa veruka, ke notjipo
- U noupu
- Wa kwatwa noupu/otjipu
- Wa a i yoporiyo, wa remanisiwa i yoporiyo
- Okaruwo kovipu/opomakuramisiro wovihauto wovipu
- Omuhipare, wa poka ozosunguna, erai, eyova, ka paka, otjirengeona, omundu wa Down
- · Opomakuramisiro wovihauto wovipu
- Omukerembe, wa hora, wa karerwa kozombwini
- Omuvere woviyoze, omuzunganise, omupuruke, ke notjiuru otjiwa
- Omuhongwa ngu ha toora, wa hipara ozondunge
- Ovandu ozombwe/mba o ongara ova ukare nu ovimwamwa (kutja Omihoko Omikutasane vi ungurisa embo ndi ovimbumba vyovandu ovimwamwa)
- Omahi omasyona nge hi ye ritunga, wouye outjatatu
- 'Okuhungira kutja omundu omurumendu poo omukazendu pendje na tje ri ohepero: tjimuna, 'Onganga yomukazendu ondjaai nana onasareta ndjo.'
- Eraka rokuyandja ondjo tjimuna: E un u ra X kara ri nakonatja na ye okutja ave he mu hitisa osikore.

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OITYA INA SHA NOULEMA

Ngeenge to popi shi na sha novanaulema kambadala okulongifa oitya tai ulike ongushu yomunhu nefimaneko. Longifa elaka tali ulike/holola oulema womunhu ndee haku hokolola osho omunhu ita dulu okuninga. Apa otapu shikula oiholelwa imwe.

TAII WAPALELE- TAI DULU **OKULONGIFWA**

- · Omunhu ehe na oulema, ha mono ko
- · Omunhu e na ounghundi wopamadiladilo, e na oudu wopamadiladilo
- Omunhu e na ounghundi mokulihonga
- · Omunhu iha mono ko, ha mono ko kashona, e na oudju mokumona ko
- Omunhu iha udu ko, ha udu ko noudju, omunhu iha udu ko ye iha mono ko
- · Omunhu e na ounghundi he li denge po ta u oshitelele
- Omunhu ha kambuka
- · Omunhu ha longifa okatemba, omulongifi wokatemba
- Omunhu e na oulema wokolutu
 Omunhu iha dulu okupopya ha longifa omadidiliko neenyala moku ulika osho a hala okutya
- · Omunhu muxupi, omunhu munini
- · Omunhu e na oulema, a dalwa noulema
- Omunhu a ehama opolio, e na oulema wefyo lombinga imwe wa dja mokweehama opolio
- · Okandjuwo kovanhu ve na oulema, eeparkinga dovanhu e na oulema
- Omunhu e na ounghudi wokuxuma komesho pamadiladilo, e na oulema wopamadiladilo, omunhu e na omadiladilo a ngambekwa okuxuma komesho pashito, omunhu a dalwa a kambela, omunhu e na ouluvi wa mona oshiponga, omadiladilo a mona oshiponga kehaluko, okwa ehamekwa komutwe koshiponga
- Oparkinga yovanhu ve na oulema
- Omunhu e na ounghundi wehukamwoongo la fya (cerebral palsy)
- Omunhu e na omadiladilo ehe li melandulafano, oudu wopamadiladilo
- Omunhu e na ounghundi wokulihonga
- · Omunhu e li monghalo yoluhepo, omunhu e li monghalo ya mona oixuna koluhepo
- Oilongo tai xumu komesho paiyemo, oilongo tai huxu komesho
- Naku longifwe elaka tali wapalale paukashikekookanhu ngaashi okutumbula omunhu paifano laye. Oshihopaenwa:
- Ndokotola oye a li ta longo moshipangelo. Naku longifwe yoo elaka tali holola efimaneko lovanhu naku hepwe okulongifa omadina opo tashi dulika, ko ku longifwe eendada ngaashi o 'X' ponhele yokutumbula omadina opo tashi shiva. Hop: Ovakwanedimo ova li va teelela va lombwelwe kutya oshike tashi dulu okukwafa X mokuya kofikola.

ITAI WAPALELE - INAI LONGIFWA

- · Omunhu wokolela, e li xwa po
- · Omupwidi , omuyanamhwengu
- Elai, omukambeli
- Omupupulu, omufitamatwi
- · Oha u ta kambuka, ta fiilile
- Oshinhona
- A ngambekelwa mokatemba, oshingudu shokokatemba
 Oshingudu, ha shongola, oshitiningili
- Ombolo
- Eungwa, muxupi
- Okukambuka, oshinhona
- · Oshingundu ku dja keshito
- Oshilema shopolio
- Okandjuwo koingudu, eeparking doilema
- Ehe na eendunge, ediyamayeye, elai, elegelege, a kambela
- Oparking yoingudu
- Oshilema sha etifwa koshiponga she mu ehameka
- · He li humbata oulai, ta ehama momutwe, ehe na elandulafano momadiladilo, ehe li nawa momutwe
- Ehe na omaano mokulihonga, okuna omutwe mukukutu
- Eehepele, tava dengwa koluhepo
- · Oilongo inayi putuka, ounyuni outitatu
- Okutumbula oukashikekookanhu inashi pumbiwa. Hop: Ndokotola omukainhu oye a li ta longo moshipangelo.
- Elaka tali yandje eembedi ngaashi: Ovakwanedimo vaye kava li ve na ko nasha naye onghene inava sa oshisho a kale ha i kofikola.

II & II A II II II A II II II B II









CATI YA TOLOKO YAMANZWI ABWANGA

Halubulela zabatu baliyanga, mukete manzwi abonisa mayemo ni likute. Musebelise puo ye talusa bwanga bwa mutu isi kakutaluhanya mutu ka bwanga bwa hae. Ye ki yemiñwi

KUSWANELA - MUSEBELISE

- Mutu yasina bwanga, kutokwa bwanga, mutu yali hande
- Mutu wabwanga bwamukwa wa kunona kupila ni batu, kapa kulyakana ni bufokoli kapa butuku bwa booko.
- Mutu wabwanga bwakusa hupula hande kapa mutu yanani butata bwakuituta
- Mutu wasibofu, mutu ya saboni hande; mutu ya bona hanyinyani
- Mutu yatibani lizebe, mutu ya fumana butata kwa kuutwa; mutu yasautwi. Mutu yakwalani lizebe
- Mutu yaomelezi litalo ni mubili
- Mutu yanani mbingwa
 Mutu yasebelisa sipula samawili-musebelisi wasipula samawili
- Mutu wa mubili wabwanga
- · Kusakona kubulela, kusebelisa puo yalisupo
- · Siyemo sesi kuswani, mutu yomunyinani
- Kuomelela luñañali
- Kupila ni/ unani bwanga
- Kolofalo
- Bwanga bwa kupepwa ni bona
- · Mutu yanani polyo, lisupo za butuku bwa polyo ze bonahala
- Kuezezwa bunolo kwa kusebelisa limbuzi/ makwelelo abatu baliyanga
- Mutu yahula ni bwanga, mutu yahula asa nahani hande, mutu yahula ka kulyeha kwa kuba ni ngana, kapa mutu ya holofezi kwa booko, kuba ni booko bo bulyangani, booko bo businyehile, kuba ni kolofalo mwatoho
- Kuba ni makwelelo abunolo, makwelelo abatu baliyanga
- Misinga ya booko ye sasebezi hande
- Mutu ya bonisa mikwa yakusa kwana, kukula booko, bwanga bwa kukula booko, bwanga bwa kusa kwana hande
- Mutu yanani bwanga kwa kuituta
- Batu baba pila mwabubotana, mutu yapila mwamayemo akusa kona ku ipabalela/ batu baba pila mwamayemo aba tiseza kusa kona kuipabalela
- Linaha za lukau lo luinzi fafasi ni linaha ze lika kuzwelapili
- Kusebelisa puo ye sasupi mayemo a siina kapa sisali, acwale ka kubonisa mayemo akalulo yamutu yakuba muuna kapa musali kmt: 'dokota na zamayisa sipatela'
- · Puo ye bonisa likute kakuya ka silalanda seo ni kutalimana ni butata bwa yomuñwi ni yomuñwi bo bucwale kabo : ' X ' lubasi halusika bulelelwa kuli kuna ni nzila yeñwi yekona kutusa ' X ' kuya kwasikolo`

ZESASWANELI - MU SIKE MWASEBELISA

- Mutu yakwanile, makete, kaufela
- ngana kapa kupulumuka
- kukula mwatoho kapa booko bo busasebezi
- sibofu: kusabona
- ukatazwa ki kusautwa, kusa utwa, kusautwa ni bumumu, kusa utwa ni kusabulela
- kukatazwa ki Mf, mbuya-
- kuinelela kapa kutameha feela mwasipula sabwanga, kupila mwasipula sabwanga, kusa zamaya
- · kusa fumaneha; mutu wasiyanga; bwanga bwa mautu, kusa zamaya, buhole
- simumu, kusabulela
- kalalamalindi, kambonezikai
- sivemo sesiswanela
- kupepiwa ni bwanga
- kufumanwa polyo kukula polyo
- simbuzi saliyanga/ makwelelo aliyanga
- kusahupula, booko bobusa sebezi, kulyangana
- bukuba, kusa ziba kapili lika, kusa nahana, bukuba, kusa hupula, bumaswe
- makwelelo aliyanga
- mbuya, kusiyeha
- kulyangana, kupulumuka, kusahupula, kulyangana, kusakwana, kuzwa mwanzila, kusa utwisisa, kutokwa ngana
- kuituta kabunya, kusahupula
- 'babotana' batu baba sa koni kuipabalela/ sikwata (nihake kuli ba UN basebelisa linzwi lakuli sikwata sabatu babasa koni kuipabalela)
- Kusa zwelapili, lifasi labulalu
- litaba zabasali ni baana hakukonahala: kmt. `musali wa dokota na zamaisa sipatela
- puo ya kunyaza yecwale kaye: ' X ' lubasi nebasika beya tokomelo kuyena mi neba sika mulumela kwasikolo.

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DIKARATA DYONDIMI DHOGHUREMA

Ngeshi kuna kughamba yokuhatera kwawanu hoghurema, torore mañando ghofumwa noghodikuto. Rughanithe ndimi dhokushingonona ghurema wamunu mudyango dyokumuthothononitha kughurema wendi. Eyi kwishi ne yitamenedhi yongandji ngenyu.

GHUHUNGA - RUGHANITHE

- · Munu ghokupira ghurema, mbadi gha remana, mbadi gha fa meho
- · Munu ghoghurema ghopaghurwi ngambi munu ghoyikorwa yopaghurwi
- Munu ghoghurema ghokudhira kukwata wangu ngambi ghoghurema ghokukuhonga
- Munu ghokufa meho, ghokumona mwirera, ghokudhira kumona thiwana
- Munu ghokudhira kuyuva, ghoghukukutu ghokuyuva, ghokufa matwi
- Munu ghokughangera Munu ghothiñakiñaki
- Munu ghokurughanitha thipura, murughanithi thipura
- Munu ghoghurema ghopavirama
- Mbadi wa kughamba, kurughanitha ndimi dhokununga-nunga
- · Ghomudhimba ghoghufupi, ghomumbiru
- Kupwerera
- Gha kara noghurema/ghuhwere
- · Ghuhwere, ghuhwere ghokuwa nagho
- · Munu oyu gha karire nomukongo, oyu gha gharire kumukongo
- Dyango dyomakutumeno/memekero ghamunu ghoghurema
- Munu ghoghurema ghokudhira kukura thiwana, munu ghoghurema ghopaghurwi, ghomaranga kukura, ghoghuhwere, ghokuremana paghurwi, ghoghurema
- ghothitombo thopamutwi Memekero ghowangu, memekero ghawanu hoghurema
- Munu ghoghurema ghopaghurwi
- Munu ghoghukukutu ghoyikuyuva, ghoyikorwa yopaghurwi, ghoghurema ghoghurwi
- Munu oyu gha kara noghukukutu ghokukuhonga
- Hanu hokutunga mughuhepwe, hokutunga muyinyanda, hokutunga mughukaro ghokuwatwarerekedha ku...
- Matunga ghoghupu yiyeramo, matunga ghomambiru
- Rughanithe ndimi dhishitunumeka mu kushingonona thirughana thamunu, thit.: "Nganga gha yendithire thipangero."
- Ndimi dhokuneghedha fumwa mukuhungeka ghukaro ghoghukukutu yira: "Diko dyoX mbadi dya dimukire ndhira dhokughamwenitha X gha yende kushure."

MBADI GHUHUNGA - WA RUGHANITHA

- Munu ghomuwawa, ghondjewandjewa, ghokuyarerera
- "Ghokukapuha" ngambi "ghokughunduka/-purumuka"
- Ghokupira ghurwi ngambi muyero ngambi mukoka
- Mukunga, shimono
- Ghakorwa matwi, thipurupuru, shiyuvu
- Mukatiitiu dhomathipa
- Shathiñakiñaki
- Ghokumengerera kuthipura, shathipura, ghothipura
- thigurwani, thirema, thihwere, shakatondo, dikokawe
- Dyayero, thipurupuru
- Kamonenakupi, kupimonena, dikithi
- Kukugateka, kusharikitha, thipwereredhi
- Ghokukorwa...
- · Shamukongo, oyu wa rengire mukongo
- · Makutumeno/memekero ghawayirema
- thikoka, thiputhe, thiyero, dyombama, thimango, thigurwani, mbadiko yatho
- Memekero ghawavirema
- Mukatjitju dhoghurwi, shaghupata
- Thikapuhi, ditjotji, ghaghundumuka,
- ghokukukadimboha, shirogho, shikonekera
- Dyamaranga, diyero, thikoka
- "Hahepwe", hanu/mambunga agha yina kundama (Ngambi kenge eshi UN kurughanitha mambunga agha vina kundama)
- Mwimi dhomakurero, ghoghuhepwe, Kaye koGhuhatu
- · Ghushupi ghorutoyitho shimengwa kuna ghushana, thit.:
- "Nganga ghomukamadi gha vendithire thipangero."
- Ndimi dhokurundera yira: "Diko dyoX mbadi dya yi thotere eshi ha mu tware kushure.'









LIKARATA LYANKANGO DAUREMA

Pakughambaura vyakuhamena kuvantu vavarema, tovorora nkango dakunegheda mfumwa. Rughanita liraka lyakutjangurura murwana wamurema hana kumutontonona uye mourwana ashi urema ne wendi.

MO VYAPWERA -RUGHANITA

- Murwana wamududuli, murwana wakupira urema, murwana wakukenga
- Murwana waurema wapamaghano
- · murwana waurema wapandunge
- Murwana waurema wamantjo, murwana wakupira kukenga nawa; murwana wakukenga ukahe
- · murwana wakupira kuyuvha; murwana wakupira kuyuvha nawa
- wa wana uvera wamundambo
 murwana wakuvera shinyonywe
- Murwana wakurughanita shipundi Murughanitishipundi
- Murwana waurema waparutu
- nakughamba shi
- · murwana wamufupi
- Uvera wakutjaumukira
- Kwa kara nauremkwamushampuruka naurema
- Muveli mukongo; murema wamukongo
 Livango djuni lyakashaishe/Livangoyimikiro lyavarwana vavarema
- Murwana waurema wakupira kutikilira mo, murwana wakupira kushinga mutwe, murwana wakupira kukura nawa-nawa, murwana wakupira kughamba shivuya ndi murwana waurema wapandunge, kwa kara nauremadona wapandunge, kwa djonauka pauruvi, naurema wamumumtwe
- . Livangoyimikiro djuni, mayimikiro ghavarwana
- Murwana wauvera washikankami shapauruvi · Vantu va karo naupikipiki wamumutwe, uvera wamumutwe, urema waukanguki wamumutwe
- urema wakutukaukatukauka Murwana wakukara naudito wakukushonga
- Vantu va karo muuhutu Vantu vamaukaro gharutetenyi/vantu ovo va karo mumaukaro ghakuvhura kukavatura murutetenyi
- Virongo vyaviyeramo vyakuntjiintji; Virongo vyakudira kuyeruka
- Liraka lyakupira kuhama kuridivharwa rwangandi yira kutwenya murwana kumuhamitira kuvirughana vye: 'Ndokotere ndje kayenditango shipangero.'
- Liraka lyakufumadeka vyamunkarapamwe namaudito ghamaukaro ghapaumwene yira: Lipata IyaNgandi kapi v ava tantilireashi mpo yi li po mpito yakuvatera Ngandi a yende kushure

MO VYADIRA KUWAPERA -WA SHA RUGHANITA

- murwana wamuduliduli, ukanguki, munavintje
- Uruvi ndi upurumuki
- kupurumuka
- Vatwiku, vakudira kumona nawa
- Shipurupuru
- Yamuwana MS,
- Shinyonywe
- Pashipuna shaurema
- Shirema
- Upurupuru
- Kamonena kupi
- Shinyonywe
- Kunvanda
- Ntiindondo
- Mukongo, kwavera mukongo
- Kashaishe kavirema, livangoyimikiro lyavirema
- Upwekamboha, ugova, maranga, ugova waunene, kupambana mutwe, linyurwe, livaya
- Livangoyimikiro lyavirema
- Munyandi wa CP, mudundintipa
- · Udaruki, urunde, upikikipiki, upurumuki, mboha
- Ugova, muvaya
- · Vahutu ndi mbunga darutetenyi
- Lipirokulito, virongo vyakudira kuyeruka
- · 'Mapukururo ghavyarudivharwa ntjeneshi hepero: yira 'ndokotere wamukadi ndje kayenditango shipangero.'
- · Liraka Iyakukuyauka yira: Lipata IyaNgandi kapi lyamupakilire mbiri mbyo lya mu dilire kumutuma kushure









MUZARO GONONKANGO DOUREMA

Nsene kuna kuuyunga kombinga zovantu va kara nomaurema, horowora nonkango dina kulikida nonkenga nefumadeko. Ruganesa eraka lina kusingonona urema womuntu wa hana kumusingonona asi age sirema. Oyo yina kukwama ko yihonena tupu

NONKANGO DOKUWAPERA - DI RUGANESA

- · Muntu ga hana urema, muntu ga dira kuremana, muntu a mono
- · Muntu ga kara nourema wopamagano, ndi nourema womouruvinndi norema womomutwe
- Muntu ga kara nourema wopandunge ndi muntu ga kara noudigu mokulironga
- Muntu ogu ga twika, muntu ogu a dili kumona nawa; muntu ogu ga twika nakauke
- Muntu gokupira matwi, muntu ogu a dili kuzuvha nawa, gosipurupuru
- Muntu ga kara nourema wouruvi nomugongo
- Muntu ga kara nosihegani
- Muntu a ruganesa sipundi somakoso sokulisindika
- Muntu ga kara nourema wokorutu
- · Kampi a vhuru kuuyunga, kuruganesa eraka lyorupurupuru
- Muntu gomusupi, muntu ga hana musika
- EnkundipoKuparuka / kugwanekera nourema
- Ehampuruko nourema
- Muntu ogu ga kere nomukongo, muntu ga kara
- nourema wokukwama kouvera womukongo Kusika koyikasaise / komavega gokusikameka matuwa vantu va kara nomaurema Muntu gokukara nourema mokukura, muntu a lirongo noudigu, muntu ga kara nomaranga mokukura, muntu ga kara nourema mouruvi, ga zonauka uruvi wendi, mutwe gwa remana monda
- Kugwana kokusikameka matuwa, evega lyokusikameka matuwa vantu wokuremana
- Urema womouruvi
- Vantu womaurema gomomagazaro, uvera womouruvi, urema womouruvi, uvera wouruvi
- Muntu ga kara nourema mokulironga
- · Vantu ava paruka moruhepo, vantu va kara mononkarero doruhepo / vantu ava paruka mononkarero doku va ninkisa va kare moruhepo..
- Yirongo yoyiwizomo yoyisesu, yirongo yina
- Kuruganesa eraka lyokudira kuhamena kombinga zimwe tupu zorudivharwa ya kara asi kosirugana esi a rugana muntu kapisi korudivharwa rwendi: sih. 'Ndokotora ngani nga gendesa sipangero.'
- Eraka lina kufumadeka yininke yomomukunda nomaranyo gononkarero dovantu pamundinda ngamoomu: Vekoro lya-'X' kapi va va tanterere asi po zi li nkedi omu nava vhura kuvatera X vipo a vhure kuza kosure

NONKANGO DOKUDIRA KUWAPERA -WA HA DI RUGANESA

- Muntu gomuwaawa, ga kanguka, gokuzulilira
- Kwa purumuka ndi kwa zaruka
- Kwa vera ezaru ndi kwa remana
- Kwa twika: kwa fa meho
- Kwa kara nouvera wokudira kuzuvha, kwa sita matwi, kwa fa matwi, sipurupuru
- Kwa kara nomaurema, kwa mu gwana
- · Kwa kara tupu posipundi sokulimbirumuna somakoso, kwa kakatera posipundi sokulimbirumuna somakoso
- Kwato mulyo, muntu gokuremana, sirema, kwa remana, kwa kara mondambo ndi kwa bwakama
- Sipurupuru, kwa fa matwi
- · Simonenapi, kantugona
- Ebenhenhe
- Kwa kara nouvera
- Urema wepehampuruko
- Uvera wokukwama komukongo, kwa verere mukongo
- Kwa bwakama, kwa kara mondambo
- Egova, evava, eheru, ebotwa, kwa nanga, kwa rara
- kwa kara mondambo
- · Eremano lyomouruvi, ugurani womouruvi
- Sizaruke, evaya, egugami, singwaruru, edorodoro
- Egova, evaya
- Egova, evaya
- Vantu woruhepo / nombunga doruhepo (nye UN kuruganesa nombunga doruhepo)
- · Sirongo sa dira kukura, sirongo soruhepo unene
- Mapukururo gorudivharwa ntudi kuna kara hepero: Sihonena 'Ndokotora gomukadi yige nga gendesa sipangero'.
- Eraka lyokusivanena ngamoomu : 'Ékoro lyo-X kapi lya mu pakererere mbili makura kapi va mu tumine kosure.'

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ANNEX 4

Directory of service providers

Healthcare Professionals

Audiology / Speech Language Therapy

Andrea von Wietersheim

Speech-Language Therapist in Swakopmund, Erongo

Email: a.v.wietersheim@hotmail.com

Tel: +264 64 401 125

She offers screening, assessment, feedback and referral services for children with developmental delays and/or disabilities.

Christine Diehl (Bathfield)

Speech-Language Therapist in Eros, Windhoek, Khomas

Email: tinediehl@gmail.com

Tel: +264 61 232 006

She offers screening, assessment, feedback and referral services for children with developmental delays and/or disabilities.

Irene Garthoff (Audiology)

Chief Audiologist at the Ministry of Education, Arts and Culture (National)

Email: ibarrion.moe@gmail.com

She is involved in a disability-related organisation and works with children with developmental delays and/or disabilities.

JAH Visagie

Hearing Aid Acoustician at Academia, Windhoek

Tel: +264 61 257 195

He offers screening, assessment, feedback and referral services for children with developmental delays and/or disabilities.

Janet Brits

Audiologist and Speech-Language Therapist in Kleine Kuppe, Khomas

Email: janet@britsaudiology.com

Tel: +264 83 339 4477

She is involved in a disability-related organisation and works with children with developmental delays and/or disabilities.

Melanie Landman

Speech Therapist in Eros, Windhoek, Khomas

Email: landmans@iway.na

Tel: +264 81 315 2626

She offers screening, assessment, feedback and referral services for children with developmental delays and/or disabilities.

Chiropractic

Dr Elga Drews

Chiropractor and Homeopath in Windhoek, Khomas

Email: elga@roottohealth.com.na

Tel: +264 61 245 677

Dieticians

Annalien Turner

Dietician in Windhoek, Khomas

Tel: +264 81 577 7107

Samantha du Toit

Dietician in Windhoek, Kohmas

Email: samantha@eatcleannamibia.com

Tel: +264 81 203 5510

Website: http://www.eatcleannamibia.com/

Optometry

Denise Diedericks

Optometrist at Optic Exclusive, Windhoek, Khomas

Email: optic@iway.na Tel: +264 61 229 900

Website: http://www.oxwdk.com/

Occupational Therapy

Andrea Bertelsmann

Occupational Therapist in Omaruru, Erongo

Email: ommedprac@iway.na Tel: +264 64 570 033

She is involved in a disability-related organisation and works with children with developmental delays and/or

disabilities.

Kosette van Zyl

Occupational Therapist at the Medcare Medical Centre in Swakopmund, Erongo

Email: kvanzylot@gmail.com

Tel: +264 64 464 104

She offers screening, assessment, feedback and referral services for children with developmental delays and/or

disabilities.

Paediatrics

Dr Charmaine van Heerden

Paediatrician in Walvis Bay, Erongo

Email: charmainevanheerden@hotmail.com

Tel: +264 64 218 911

She is involved in a disability-related organisation and works with children with developmental delays and/or

disabilities.

Physiotherapy

Gabriel Mulenga

Physiotherapist in Windhoek, Khomas Email: gabriel.kcentral@gmail.com

Tel: +264 61 255 337

Offers screening, assessment, feedback and intervention services for children with developmental delays and/or disabilities.

Hannelore Petzel

Physiotherapist in Windhoek, Khomas

Email: petzel@iway.na

Tel: +264 61 221 227

Offers assessment, feedback and ontervention services for children with developmental delays and/or disabilities.

Jenna Musakanya

Physiotherapist in Windhoek West, Khomas

Email: jennamusakanya@gmail.com

Tel: +264 61 227 173

Offers screening, assessment, feedback and intervention services for children with developmental delays and/or disabilities.

Kudakwashe Chikwara

Physiotherapist in Walvis Bay, Erongo

Email: kuisebphysio@gmail.com

Tel: +264 64 209 871

Offers assessment, feedback and intervention services for children with developmental delays and/or disabilities.

Psychology

Dr Anina du Toit

Clinical Psychologist in Windhoek. Khomas

Email: anina@letstalkpsych.biz

Tel: +264 61 221 123

She is involved in a disability-related organisation or support group and works with children with developmental delays and/or disabilities.

Dr Jurgen Hoffmann

Educational psychologist in Windhoek, Khomas.

Email: jhoff@iway.na Tel: +264 61 252 388

He offers screening, assessment, feedback and referral services for children with developmental delays and/or disabilities.

Education Centres Designed For Children with Special Educational Needs

C.H.A.I.N.

An ECD centre in Swakopmund. Email: norfish@iafrica.com.na

Tel: +264 64 400 744

A small ECD centre taking care of children with special educational needs in a holistic way by focusing on their general well-being in addition to their educational needs.

Circle of Hope Private Academy

A school in Ondangwa, Oshana.

Email: circleofhopeacademy@yahoo.com

Tel: +264 81 666 4074 Contact Person: Victoria Joel

The academy is for children with special educational needs, specifically children with ASD and other learning difficulties. It includes an ECD Centre (under 5 years), Pre-Primary (5-7 years) & Primary classes (8-14 years) with basic prevocational subjects for 15-21 year olds.

Dagbreek Special School

A school in Klein Windhoek, Namibia. Email: dagbreekschool@iway.na

Tel: +264 61 227901

Contact Person: Sanmar Steenkamp Website: http://www.dagbreekschool.com

This government school caters for learners with ID of ages 7-18 years. The special educational needs of children with DS, CP and PDD, including ASD, are also catered to.

Eluwa Special School

A school in Ongwediva, Oshakati Email: eluwaspecialschool@yahoo.com

Tel: +64 65 230017

Contact Person: Mr F.P.H. Kandjulu (Principal)

This government combined school offers education from Grade 1 to Grade 10 for children with visual or hearing impairment, as well as children with multi disabilities.

Môreson Special School

A school in Windhoek, Khomas.

Email: moreson@iway.na

Tel: 061-221217

Contact Person: Anita Kreft (Principal)

This school caters to learners with intellectual disabilities from all over Namibia. Children older than 6 years are accepted into the school and there is a Junior and Senior phase. The medium of instruction is English, Afrikaans and translations into various Home Languages.

National Institute for Special Education (NISE)

A special needs school in Windhoek, Khomas.

Email: hearingimpairedschool@outlook.com

Tel: +264 61 21 2659

Contact Person: Adeline Husslemann (HOD for Junior Primary)

Website: https://www.facebook.com/NISE0/

This school caters specifically to children with hearing impairment and communication difficulties and aims to provide effective, efficient and accessible educational services.



Side By Side Early Intervention Centre

An Early Intervention Centre based in Goreangab, Windhoek.

Email: info@sidebysidenamibia.com

Tel: +264 81 147 7760

Contact person: Huipie van Wyk Website: http://sidebysidenamibia.com/

This non-profit organisation and centre offers numerous services tailored for children with special needs and their families. These include the small daycare centre for children with multiple / severe disabilities; early intervention services; services at the Neuro Natal Clinic and home visits, parent and educator workshops, support groups, special school readiness programmes and individual sponsorship programmes.

Sunshine Centre

A centre in Walvis Bay catering to children and families facing different challenges.

Email: info@sunshinecentrewalvisbay.org

Tel: +264 64 202 015 Contact Person: Elsa

Website: https://sunshinecentrewalvisbay.org/

The centre caters to children with ASD, DS, CP and various developmental disabilities and offers both academic and skills training, depending on the individuals needs.

Trainoccasion Primary School

A school in Otjiwarongo, Namibia Email: ap_midzi@yahoo.com

Tel: +264 81 586 0139

Contact Person: Antonetor Paxma Midzi

Website: https://trainoccasion-primaryschool.webs.com/

This school caters to a wide range of learners with special needs or learning barriers. This school follows an inclusive approach for learners from 0-18 years. Depending on the individual needs of the child, learners might be reintegrated into the mainstream school or continue to progress developmentally within this school. The medium of instruction is English and Sign Language.

National Organisations / Support Groups

Autism Association of Namibia

This national association has its head office in Windhoek, Khomas Region.

Contact Person: Petra Dillmann (Director)

Email: autnam@iway.na Tel: +264 81 346 5912

Website: http://www.autism-namibia.org

The association offers support across the lifespan of the individual, performs functional assessments and facilitates training for teacher assistants and parents / caregivers. The association brings parents/caregivers and professionals together to assist people with ASD, communication disorders and any other disability that is not otherwise catered for. Services are offered in Afrikaans, English and German.

Training topics include: Autism, Behaviour, Communication, Disability, Education, Ethics/Legalities, Play Therapy, Art Therapy, Sensory issues, nutrition, toileting and many more.

This association is also forming a "Special Needs Network": National Association Networking for the Special Needs of the Individual Tel: +264 61 224562

This network aims to form a parents-professional network within the disability field and to serve as a Multipurpose Resource and Training Centre. The vision includes providing support, facilitating intervention services, training and workshops, raising awareness and compiling a Namibian resource database.

The Association for Children with Language, Speech and Hearing Impairments of Namibia (CLaSH)

This national association has its head office in Windhoek, Khomas Region.

Email: office@clash-namibia.org or clash@afol.com.na

Tel: +264 61 232 704

Contact Person: Heide Beinhauer (Director) Website: http://www.clash-namibia.org

The association advocates for equal opportunities for children with language, speech and hearing impairments. They promote services to meet these children's unique needs and offer support and assistance to children with hearing loss and their families. This includes early education, early identification and intervention services along with parent empowerment and public awareness services. Services complement those offered by the public sector (government) and training is facilitated on various topics. CLaSH runs Namibia's only ECD centre for children who are deaf and teaches Namibian Sign Language to parents of deaf children. The available information leaflets, posters and brochures cover a wide range of topics on language, speech and hearing and have been translated into seven main Namibian languages.

Down Syndrome Association of Namibia

This association has its head office in Windhoek and offers regional support services.

Email: info@downsyndromenamibia.org
Contact Person: Maxine Korner (Co-Facilitator)
Website: https://www.downsyndromenamibia.org/

This non-profit support group aims to raise awareness about Down Syndrome and provide emotional support to person's living with DS and their families. They improve awareness through providing information in the form of pamphlets, social media and by means of direct contact with schools for children with special educational needs. They serve as an advocate and networking group.

Disability United Network (DUN)

This is a national network where monthly networking meetings are held.

Email: dwinstonhughes@gmail.com

Tel: +264 81 364 3551

Contact Person: David Hughes

This network is linked to the National Federation of People with Disabilities in Namibia (NFPDN) and aims to enhance collaboration and coordination between all interested stakeholders concerned with disability related issues. It is hoped that this networking will enhance service delivery, the implementation and/or change of policies and the sharing of best practices.

Epilepsy Association

This association is based in Klein Windhoek, Khomas Region.

Email:

Tel: +264 81 322 6834

Contact Person: Harmiena Riphagen (Chairperson) Website: http://www.epilepsynamibia.org/home/

This is an organisation for Namibians with epilepsy focused on awareness, life-style management, training and advocacy. Their website offers various information on epilepsy, as well as practical, downloadable tools for people with epilepsy. Additional information on "first aid for seizures" is also available.

Luderitz Disability Association

This association is based in Luderitz, $\|$ Karas Region.

Email: luderitzdisabilityassociation@gmail.com

Tel: +264 81 694 2857

This organisation aims to improve awareness, enhance access to support and financial assistance and assist all people with disabilities through various projects.

Namibian Mental Health Association

This association is based in Windhoek, Khomas Region.

Email: elzanenampala@gmail.com

Tel: +264 61 244 811

Website: https://www.facebook.com/Ritaamakali/

This association aims to raise community awareness on the needs and challenges faced by persons affected by mental illness. They provide informative services and offer support through emotional support groups and fundraising initiatives.

Namibian National Association of the Deaf (NNAD)

The NNAD has its head office in Windhoek with regional branches across Namibia.

Email: nnad@iway.na Tel: +264 61 244 811

Website: https://www.facebook.com/nnadnamibia/

This welfare organisation focuses on advancing and protecting the rights and cultural interests of all deaf people. Services are provided in Sign Language and the association further translates all national documents, and numerous posters and brochures into Sign Language in their aim to maximise the number of Sign Language translators in all regions.

National Disability Council of Namibia

This government council is based in Windhoek, Khomas Region.

Email: tjombumbi@hotmail.com

Tel: +264 61 22 5910

Website: http://www.ndcn.com.na/

The Council is involved in monitoring and implementing the National Policy on Disability Act.

National Federation of People with Disabilities in Namibia (NFPDN)

The federation has its head office at the Disability Resource Centre, Windhoek, Khomas Region.

Email: trumdaniel0@gmail.com

Tel: +264 81 226 6831

Website: https://www.nfpdn.org/

Contact Person: Daniel Trum (Chairperson)

The NFPDN is an umbrella organisation consisting of various member organisations of persons with disabilities. They advocate for the rights of persons with disabilities and aim to achieve equal opportunities and rights for all people with disabilities in Namibia.

Okanti Foundation

This foundation is based in Windhoek, Khomas Region.

Email: okantikidz@okanti.com.na

Tel: +264 81 127 8544

Website: https://www.facebook.com/OkantiFoundation/

Contact Person: Michaela Tietz

The foundation provides emotional support to families of chronically ill children, facilitates training and workshops and assists with financial contributions towards children's multidisciplinary therapies and/or treatment. They additionally serve a networking and advocacy role.

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RESOURCES

Online Resources

The following list of online resources was active at the time of publishing. If you are unable to access the information at the internet link below, try to search for the name of the organization and the topic you are interested in to find an alternative / updated website.

AAC Community

https://aaccommunity.net/

This community website is dedicated to providing information on Augmentative and Alternative Communication (AAC). It includes information on assistive technology (low- and high-tech options) as well as many free downloadable and modifiable Communication Boards.

American Academy of Pediatrics

https://brightfutures.aap.org/materials-and-tools/Pages/default.aspx

The American Academy of Pediatrics Bright Futures makes numerous materials available for healthcare professionals, parents and community members. Resources include screening and assessment tools and guidelines, a detailed pocket book on ECD and age-based healthcare visits, activity books, customizable presentations and handouts and webinars.

American Speech-Language-Hearing Association (ASHA)

https://www.asha.org/public/

The ASHA website aims to ensure effective communication for all. They provide information for the public on various topics, including early identification, hearing and balance and speech, language and swallowing. For video resources, including information on picky eating and early signs of communication disorders, see their YouTube Channel: https://www.youtube.com/user/ASHAWeb.

Autism Association of Namibia

http://www.autism-namibia.org/infoandtipsonasd.html

Information on Autism Spectrum Disorder is available as well as international, South African and Namibian contacts. Links to numerous resources as well as recommended publications are listed. The website has a section for Namibian workshops, training and events.

Autism Navigator

https://autismnavigator.com/courses/

The website provides free online courses for parents/caregivers and professionals aimed at improving early identification by means of awareness of the early signs of ASD. These informative tools include information on social-emotional developmental and side-by-side video footage of toddlers with and without features of ASD.

Autism South Africa

https://aut2know.co.za/autism-library/

Autism South Africa (a;sa) has a number of easy to read and freely available booklets for families, educators and health professionals. Newsletters and booklets cover important topics including behavioural signs, environmental (classroom, playground and home) adaptations, tips for parents and newly diagnosed families and screening and assessment. Contact details for regional service providers are available.

CanChild

https://www.canchild.ca/en/resources/

Various resources are available on the ICF, Cerebral Palsy and Autism Spectrum Disorder, including webinars, informative animated children's videos, posters and downloadable, customizable activity templates for families, as well as service providers and teachers to use with children with disabilities. They additionally offer workshops and training.

• "The F-words": https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability/f-words-tools

Circle of Security International

https://www.circleofsecurityinternational.com/

Resources and training for parents, caregivers and childcare providers to promote and support secure parent-child attachment relationships.

Centre for Disease Control

https://www.cdc.gov/ncbddd/developmentaldisabilities/freematerials.html

The CDC provides science-based information on developmental disabilities, including ADHD, ASD, FASD, FXS, hearing loss, ID, Jaundice, Tourette Syndrome and visual impairment. Various materials to assist in monitoring whether a child is attaining the appropriate milestones, and screening tools are also available, including Apps, checklists, charts, children's books, booklets, posters, videos and tip sheets.

The Association for Children with Language, Speech and Hearing Impairments of Namibia Hearing i(CLaSH) http://www.clash-namibia.org/

CLaSH makes support more accessible for the children they represent. They organise awareness campaigns, do assessments and counselling at their Windhoek head office, offer outreach projects for early identification and intervention, training programmes for healthworkers. and arrange meetings for parents. CLaSH has a range of posters and leaflets/pamphlets available in different Namibian languages to raise awareness. They additionally have a preschool unit to educate deaf children. A list of related healthcare providers is available on their website. The following pamphlets / posters are available:

- Guidelines for correct speech and language stimulation
- How to ... prevent hearing loss
- A brief guide to protecting your child's healthy hearing
- Information on the EARLY DETECTION of hearing problems
- Can your child hear well?
- Information about MILD AND MODERATE HEARING LOSS
- I can hear you ... but not well
- Information about SEVERE HEARING LOSS
- I can see you talking ... but I cannot hear
- Information on DISFLUENT SPEECH, STUTTERING OR STAMMERING
- It takes two to talk ...
- Information for teachers
- At mainstream schools concerning learners with hearing impairment
- Health worker's Screening Chart (Early Identification of Disability) (in collaboration with UNICEF)
- Does your child have a speech, language or hearing problem?
- Hearing aids are important. People with hearing loss can benefit from hearing aids
- Keep an eye on your ears

Department of Health: KwaZulu-Natal (South Africa)

http://www.kznhealth.gov.za/occtherapy/Disability_directory.pdf

This link takes you to a very comprehensive directory of organisations and resources for people with disabilities in South Africa compiled by the staff of the University of South Africa (UNISA). This directory includes advocacy, assistive devices, professional health and education services, research and training, financial and occupational services, self-help, Sign Language training and recreational information, amongst others.

Disability Measures

http://disabilitymeasures.org/

This website provides freely available, open-source measurement tools for assessment, screening and research concerning individuals with disabilities.

These tools include the 10 questions disability screening tool (http://disabilitymeasures.org/tenquestions/) with a separate section of the website dedicated to autism-specific tools for toddlers, children and adults (http://disabilitymeasures.org/autismtools/).

Epilepsy South Africa

https://epilepsy.org.za/new/epilepsy-information/

This organisation has advocacy and awareness resources related to epilepsy. In addition to downloadable information sheets, posters and newsletters; Epilepsy SA has resources designed specifically for children with Epilepsy, including animated videos and an activity booklet.

Videos on their YouTube channel: https://www.youtube.com/SAEpilepsy/videos

ETHAN -Education and Training Hub for Autism Needs

http://www.ethanproject.co.za/

ETHAN includes various resources to empower families and individuals affected by ASD, including information on autism, downloadable resources, and social stories and a YouTube channel with videos on the zones of regulation. https://www.youtube.com/channel/UCiTD85F7 8Rh2pKQDyHlafQ

International Child Neurology Association

https://icnapedia.org/education/lectures

Various lectures are available with information on neurological disabilities, including Cerebral Palsy.

Ministry of Education, Arts and Culture (MoEAC) (Namibia)

https://www.moe.gov.na/

The MoEAC aims to advance the national development of Namibian citizens by providing accessible, equitable and inclusive quality education and preserving arts and culture.

Various downloads are available (https://www.moe.gov.na/downloads.php), including information on legislation, updated media releases and policies. Of particular interest are the following:

- DATS Directorate Programmes and Quality Assurance, Ministry of Education. 2009. Identification and Support of Orphans and Vulnerable Children in schools in Namibia, Towards Inclusive Education.
- Early Childhood Development, Ministry of Education. 2009. Early Childhood Education Curriculum Guide.
 Part one: Underpinning Values and Principles (without pp 70-75)

Part two: Managing and conducting the ECD programme

• Training Manual for the Basic Course Curriculum Early Childhood Education Foundation Level For a comprehensive list of all of the primary and secondary schools in Namibia, as well as their contact details, please see the following site: https://www.moe.gov.na/st_li_institutions.php

National Institute for Educational Development (NiED) (Namibia)

http://www.nied.edu.na/

The NiED offers information on educational policies, curriculum development, learning and teaching materials and professional resources. The following resources are included:

Inclusive Education Syllabus documents:

http://www.nied.edu.na/documents/syllabuses/

• NiED Learning Support Teacher's Manual

http://www.nied.edu.na/assets/documents/02Syllabuses/06InclusiveEducation/Learningsupport/IE_TeachersManual_Apr2015.pdf

NiED Learning Support Resource

http://www.nied.edu.na/assets/documents/02Syllabuses/06InclusiveEducation/Learningsupport/IE_ResourceBook_Apr2015.pdf

Pathological Demand Avoidance Society (UK)

https://www.pdasociety.org.uk/resources/

This site offers free books, printable information sheets, research findings, webinars and videos on PDA and ASD. Links to international support groups, case studies and podcasts are also provided.

Red Shoe Centre - Play Therapy Training Centre

https://www.playtherapytraining.net/blank

This training centre is based in South Africa and offers online and in-person training on play therapy. Various free play therapy training videos are available on this site for educators as well for parents/caregivers.

SEN Teacher

https://www.senteacher.org/downloads/assistivetechnology/

This website provides a wide range of special needs teaching resources including various free resources for making use of assistive technology (low- and high-tech) and downloadable or printable resources for teaching mathematical concepts, literacy, communication and social skills.

Uganda Children's Portal

https://eprcug.org/children/engage/kids-engage/children-s-rights

The site has a children's corner where two downloadable posters of the UN Convention of the Rights of the Child are available in child-friendly language.

UNICEF

https://www.unicef.org/earlychildhood/index_resources.html

The website of UNICEF has an entire section devoted to early childhood development, including videos, training modules, tools and publications.

- Care for child development package: https://www.unicef.org/earlychildhood/index_68195.html
 This adaptable training package is focused on awareness and providing guidance to people who work with children so that they are able to offer better support to families and provide recommendations to enhance childhood development.
 Additionally, a framework for measuring the effectiveness of change, and monitoring and evaluation is discussed.
- Convention on the Rights of the Child the Children's Version

These sites provide links for an online video, or for downloadable printable and PowerPoint versions of the Rights of the Child. The video in International Sign Language and English is available (https://www.youtube.com/watch?v=WmNopSWPPOo&feature=youtu.be) or the downloadable documents can be found in global languages (https://weshare.unicef.org/CS.aspx?VP3=SearchResult&STID=2AMZIFJJXAUY).

Universal Design for Learning

https://www.understood.org/en/school-learning/for-educators/universal-design-for-learning/understanding-universal-design-for-learning

This site offers resources for educators on this inclusive framework (Universal Design for Learning) on how to optimize learning and address environmental barriers to learning within a classroom. Resources on lesson planning, a multisensory approach to learning and positive behaviour strategies are included; as well as information on culturally responsive teaching.

World Federation for the Deaf

https://wfdeaf.org/resources/

Theederation's website has numerous resources on human rights, inclusive education and Sign Language. They host various international events and the videos of these events are also available on their website.

World Health Organisation (WHO)

https://www.who.int/

The WHO is an international organization focused on health and their website has a wide range of relevant resources available.

- Fact sheets are available on various topics including: assistive technology, ASD, blindness & visual impairment, deafness and hearing loss and epilepsy.
 - https://www.who.int/news-room/fact-sheets
- Various case studies for training:
 - https://www.who.int/news-room/feature-stories
- Fact sheets, publications and resources:

https://www.who.int/topics/early-child-development/en/

Infographics on health concerns:

https://www.who.int/mediacentre/infographic/en/

The Lifecourse Model:

https://www.who.int/ageing/publications/lifecourse/alc_lifecourse_training_en.pdf

Zero to Three

https://www.zerotothree.org/resources/series/featured-resources

This non-profit organisation (NPO) provides free videos and articles, as well as helpful tools for parents and caregivers, professionals and policy-makers with a focus on ECD of infants and toddlers. Information on fostering healthy childhood development is provided as well as modules on development, and screening and assessment of infants and toddlers. The Brain Wonders series focuses on the window period of early childhood development.

Videos on their YouTube channel:

https://www.youtube.com/ZEROTOTHREE

Children's Books

Beake, L. & Rowley, V. (1996) Free to be me. Kagiso Publishers: Cape Town. ISBN 0-7986-37102

• An illustrated children's story explaining Children's Rights in South Africa.

Bornman, J., Collins, M. & Maines, B. (2004) Just the Same on the inside – Understanding diversity and supporting inclusion in Circle Time. Lucky Duck of Paul Chapman Publishing: UK ISBN 1-904-315569

A collection of short stories relating to children with communication disorders written within a framework of
information provision on disability / difference. This book includes Circle Time activities for children ages 6-11 years.

Canovas, J. & Harding, R. (2007) *Pieter & sy Maats – Kinder CD Liedjie- en Storieboek (Volume 1)*. Crossbow Marketing Consultants (Edms): Cape Town. ISBN 978-0-620-38721-7

 An Afrikaans story book with song accompaniment on a CD to ease the integration of children with disabilities in schools and communities. The main character, Pieter, makes use of a wheelchair and he and his friends attend a mainstream school.

Castle, C (Ed). (2002) For Every Child. The UN Convention on the Rights of the Child in words and pictures. Red Fox Publishers in association with UNICEF. ISBN 0-0994-08651

 A photo essay (illustrated children's book) draws on the principles adopted by the UN Convention of the Rights of the Child and illustrates 14 of the rights.

Fraser-Mackenzie, S. (2011) *The African Collection: Nine stories about physical and learning difficulties to promote acceptance and empower all children and caregivers.* Kynsna Press.

This collection of animal stories addresses Sensory Defensiveness, Sensory Processing Disorder, Autism, Low Muscle
Tone, bilateral integration difficulties, motor planning difficulties, Dyslexia / perceptual difficulties, Cerebral Palsy
and Attention Deficit Disorder. Hidden object activities and questions are included in each story and information on
the specific barriers are also provided. Afrikaans translations by Michelle Luyt are available.

Kwela Books and Lemniscaat Publishers (2004) The rights of a child. ISBN 0-7957-016204

• An illustrated children's book on the ten principles of the rights of children with text in Afrikaans, English, isiNdebele, isiXhosa, isiZulu, Sepedi, Sesotho, Setswana, Siswati, Tshivenda and Xitonga

Mhlophe, G. (1999) Nalohima – the deaf tortoise. CLaSH, Namibia.

• This children's book follows the journey of a tortoise that was born deaf and uses her own language (Sign Language) to communicate as she discovers the world around her.

The Directory of Service Providers and the Directory of Organizations of Persons with Disability provide information on where to access services.

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