“Why are you not going to school?”

Children investigating barriers to education in Kosti, Sudan

Frank Velthuizen – VEL10309735 - 2013
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Abstract

The United Nations General Assembly 2011 report on the status of the Convention on the Rights of the Child (CRC) highlights the vulnerability of all children with a disability, and specifically children living in situations of armed conflict. Due to a lack of adequate data in states affected by armed conflict, children with disabilities are not being prioritized or appropriately included and supported within humanitarian assistance. The report states that from the 72 million children out of school, at least one third has a disability, which has caused an immense gap between disabled and non-disabled children in primary school attendance rates. A child with a disability living in conflict is at an even greater risk of missing out on education than a child without a disability. Additionally the CRC report observes that children with a disability are often not heard and therefore denied their right to have their views taken into account in accordance with article 12 of the CRC.

This dissertation has responded to these two observations through a qualitative, participatory research conducted in an IDP camp in Kosti, Sudan. Using participatory video, child-researchers between 10 to 14 years have collected data and community views on barriers to children with a disability to access education in an IDP camp. The research identified barriers for the inclusion of children with a disability in the community and observed lack of commitment of government and humanitarian agencies to ensure equal access of services for children with a disability. The research methodology has shown that community perceptions and support can improve through participatory methods.

Keywords: Disability, Emergency Education, Inclusion, Barriers, Participatory Video, Child-Researchers
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1 Introduction

1.1 Research Motivation
In 2005 I started my first employment for War Child, a Dutch International Non Governmental Organization (INGO), in the conflict affected region of Northern-Uganda. With a team of national staff we provided psychosocial, education and child protection services to children in Internally Displaced Persons (IDP) camps. The intention was to reach the most vulnerable children. Although large numbers of children were being reached, I observed that we did not reach children with a disability. Facilitators led groups up to 200 children each and they just couldn’t imagine how to give attention to a child in need of extra care. Once a local member of staff was introduced by the community to a neglected child with epilepsy, but she didn’t want to touch the child as she, well-educated with a university degree, believed the child was bewitched and touching the child would give her epilepsy as well. I then realised how hard it was to achieve our ambitions: providing services to all children in (post) conflict zones. Although we reached 230,000 children a year with our team (War Child, 2008), we failed to identify and reach the most marginalized. These experiences made me to enrol for the Master of Arts in Special and Inclusive Education, with the intention to conduct a research around Inclusive Education in a conflict setting. This research will be the realisation of my intention and is the final assignment for the award of this Master by Roehampton University, United Kingdom.

1.2 General Problem

1 An abbreviation list is found in appendix A
“by 2015, all children everywhere, boys and girls alike, will be able to complete a full course of primary schooling” (UNDP, 2000). Unfortunately with the current progress it is unlikely that this goal will be reached. In 2007, 72 million children were still out of school, without extra efforts it is estimated that by 2015 still 56 million children will be out of school (UNESCO, 2010). The left-out children are among the most marginalized children, a large percentage of them found in countries in conflict (ibid.). According to UNESCO, from the 72 million out of school children, at least one third has a disability, which has caused an immense gap between disabled and non-disabled children in primary school attendance rates (UN, 2011a). A child with a disability living in conflict is at even greater risk to miss out on education than a child without a disability (Pinnock and Hodgkin, 2010). Especially in conflict areas, extra attention is required to identify and reach Children With a Disability (CWD) to be able to achieve the EFA goals. This education should be offered in an inclusive educational system according to the Salamanca statement (UNESCO, 1994).

The planned research focuses on inclusive education in conflict-affected Sudan in response to the 2010 EFA global monitoring report that states: “Finding ways to reach children in conflict-affected areas of countries such as (...) Sudan is one of the most urgent of all EFA challenges” (UNESCO, 2010:57).

1.3 Research Purpose

The research is part of War Child’s programming in Sudan. The work of War Child is guided by the CRC (1989) and aims to deliver its services to the most marginalized children. However ways to identify these children needs attention and differs per context. This research aims to get detailed
information on CWD in one IDP community in Kosti, Sudan (figure 3.1). The research has two main questions:

1. What are the characteristics of children with a disability?
2. Which barriers lead to exclusion of children with a disability from education in primary school and safe learning space (SLS) in the research location?

The obtained information will support War Child in the design of effective interventions to improve access to inclusive education for these, often invisible and unheard children.

1.4 Research Design

The research will be qualitative in nature and will be conducted from an interpretive paradigm. It will use participatory techniques to collect data from communities’ perceptions and knowledge on barriers for CWD to access education. In doing so the research aims to make first steps towards attitude change as the community is stimulated to actively engage in issues related to exclusion (Riet and Boettinger, 2009). These techniques increase the opportunities for marginalized people to express their views. The research considers children as active participants and by engaging with children, acknowledges their right to participate in any matter that concerns them (O’Kane, 2008).

1.5 Study Importance

In order to achieve the EFA goals by 2015, the United Nations Children's Fund (UNICEF) and the UNESCO Institute for Statistics (UIS) launched the Global Initiative on Out-of-School Children (UNESCO-UIS, 2010). They claim that a data gap exists, which is caused by “the lack of adequate tools and

\[\text{For the exact location: } \text{https://maps.google.nl/maps?q=Kosti,+An-Nil-al-Abyad,+Sudan} \]
methodologies to identify out-of-school children, measure the scope of exclusion and multiple disparities [and] assess the reasons for exclusion” (ibid.:3). Disaggregated data of better quality are needed to provide an evidence base for increasing the visibility of the marginalized and for the development of policies targeting disadvantaged groups.

Dryden-Peterson’s (2010:4) acknowledges the lack of information and claims “there is currently no comprehensive body of evidence for the types of barriers to accessing education that exist in [Conflict Affected Fragile States] CAFS”. However, based on existing literature, Dryden-Peterson (2010) has categorized seven barriers (figure 2.4). In her conclusion Dryden-Peterson (2010:47) recommends “what is now needed is systematic research in CAFS that first, explores the specific intersecting barriers that emerge from the literature to be critical and, second, identifies any additional barriers that may be particularly influential”.

Although Dryden-Peterson highlights the concept of multiple-exclusion, she emphasizes that the degree to which disability affects school enrolment is often greater than other barriers” (Filmer 2005, cited in Dryden-Peterson 2010:27). A report on the status of the CRC states “the full extent of discrimination against children with disabilities is difficult to quantify owing to lack of data” (UN, 2011:5). The fact that disability is not mentioned in the two most recent national surveys on the situation of education in the Sudan (Republic of the Sudan, 2008; 2011) confirms Filmer’s statement. The lack of attention for CWD is also confirmed in a recent external evaluation (Gladwell, 2011) of War Child in Sudan on a Child Friendly Space (CFS) with educational services. A key recommendation in the report urges for extra attention for children with a disability, with awareness and identification as priorities. Therefore this research will focus on collecting primary data directly from community and children on barriers of disability in a displacement setting.

1.6 Report Structure

This report will be structured in six chapters. Chapter one introduces the research and its context and relevance. In chapter two a review of relevant literature will be presented. Chapter three will present an explanation and
justification of the methodology. In chapter four the collected data will be presented, followed by the analysis of the data in chapter five. Lastly the reflection of the research, the conclusion on the findings and the recommendations for further steps will be presented in chapter six.
2 Literature Review

This chapter gives a summary of initial selected literature to support the research. The research has multiple themes to consider, the literature review will attempt to highlight the most important. These themes include the explanation of disability and its relation to conflict, the rights perspective of disability and education, the relation between education and conflict and inclusive education. Lastly the review studies child participation. Where information is available, the specific situation in Sudan will be highlighted. The literature has been carefully selected from a variety of sources. With Academic Search Premier\(^3\) relevant journals have been reviewed. A number of networks, like the Inter-agency Network for Emergency Education\(^4\) (INEE), Enabling Education Network\(^5\) and the Dutch Coalition for Disability and Development\(^6\) have been consulted as expertise centres for a selection of most recent publications and books.

2.1 Defining Disability

The UN Convention for the Rights of Persons with Disability (UNCRPD) (UN, 2008a) itself does not give a full definition for disability. In explaining disability, models are often being used to describe disability. In the past decades there has been a shift from the traditional medical model to the social model (World Health Organization (WHO), 2011). In the medical model, impairment leads to a person not actively participating in society and only through a medical or rehabilitative measure a person can become what is considered “normal” in society (Eli, 2001; WHO, 2011). In the social model it is society that disables persons with impairment. A clear distinction is made between impairment and disability (Eli, 2001; Croft, 2010). In the World Report on Disability (WRD) (WHO, 2011), due to various academic discussions, it is acknowledged that it is interplay of various factors, such as “impairment, personality, attitudes,

\(^3\) A scholarly resource providing full-text, academic journals covering the major areas of academic research.

\(^4\) INEE is an open global network of individuals and representatives from NGOs, UN agencies, donor agencies, governments, academic institutions, schools, and affected populations, working together to ensure all persons the right to quality and safe education in emergencies and post-crisis recovery.

\(^5\) Enabling Education Network (EENET) is an inclusive education information-sharing network, open to everyone. It promotes the sharing of information about the inclusion of marginalized people in education worldwide.

\(^6\) Dutch Coalition for Disability and Development (DCDD) is a coalition that works towards inclusive development cooperation concerning people with disabilities.
environment, policy and culture” (Shakespeare, 2009 cited in Croft, 2010:6). In this research disability is understood as described in the International Classification of Functioning, Disability and Health (ICF) framework (figure 2.1), adopted by the WRD (WHO, 2011). The framework can be summarized as “the interaction of health conditions with contextual factors- environmental and person factors” and is referred to as the bio-psycho-social model (ibid., 2011). It is thus incomplete to categorize disability only by impairment (ibid., 2011) as is common in the medical model. However, for analyses purposes identified CWD will be categorized by impairment as defined in article one of the UNCRPD (UN, 2008a:3); “long-term physical, mental, intellectual or sensory impairments”. The category sensory will be further separated into visual and hearing impairments (INEEb, 2010).

This review acknowledges Oliver’s (1990; 1992) viewpoints on academic discussions on disability models and definitions. Discussions on models should be avoided without and on behalf of PWD and emphases should be on the real issues affecting inclusion. Nonetheless it can be relevant to highlight few other models (Croft, 2010), which might reflect the perception of disability of stakeholders in the research context.

2.2 Disability and Islam

One model could be the charity model, defined by Eli (2001:360) as “disability to be a tragedy, a misfortune that must be tempered or erased by generous giving”. This model is often used in fundraising by NGO’s and charities.
(Matthews, 2009) but also seems to be a common practice in Islamic cultures in which the research takes place. In previous experiences, the researcher has witnessed large numbers of PWD, mainly physical and visual impaired persons at mosques, especially in the surrounding of mosques after the Friday prayer to receive donations. Alterman and Hunter (2006:3) explain that “charity is one of the five pillars of the faith” in Islam and thus a religious duty rather than an act of sympathy. In Islam not only leaders are expected to help the most vulnerable, but everyone in society is expected to contribute (ibid.). Sudan is governed by Sharia-based law (Ibrahim, 2008). In a society where religion is the social norm, it is worthwhile to understand what the religious perspective is on disability (Bryant et al., 2011). Ghaly (2007) however raises concerns on the limited availability of resources related to this subject and the available resources not being translated into Western languages. The qualitative research of Bryant et al. (2011) on Down syndrome in Pakistan gives an insight on what possibly to expect. Except of few respondents with a medical academic background, all respondents reported a child with Down syndrome to be an act of Allah. Half of these reported the child to be a valued human being, while the other half considered the child to be a burden to the family and affecting the status of the family in society. By citing the Koran verse Soerat al-An’âm 6:164 “And every soul earns not [blame] except against itself, and no bearer of burdens will bear the burden of another” Ghaly (2007) clarifies that the thoughts about CWD to be a punishment of Allah is not correct and that one wrong interpretation even leads to examples of CWD being hidden because parents do not want to be portrayed in the community as sinners. Bazna and Hatab (2004:10) further demystify thoughts that PWD would be inferior by referring to The Prophets words “Verily, God does not look at your bodies or your appearances, but looks into your hearts”. Ghaly (2007) further explains that families with a PWD have high expectations of the medical world as Allah is referred to as the Healer and from that belief all illnesses and impairments can be treated.

2.3 Disability and Conflict
Relevant to the research is the question how disability prevalence is affected by conflict. Bhutta, Yousafzai, et al. cited in Tamashiro (2010) report that the
percentage of civilian casualties in conflict has increased from 19% during World War one too 80% during conflict in the 1990s. The utilization of weapons is a direct cause leading to deaths and injuries. It is often not realized that more deaths and injuries occur months and even years after conflict due to indirect causes related to conflict (Geneva Declaration, 2008). The UN (2006:2) uses the following figure: “For every child killed in warfare, three are injured and permanently disabled”. Tamashiro (2010) summarized her literature review into four ways that cause health risk and can lead to disability:

1) Conflict-driven displacement increases child death and injury, mainly through increased susceptibility to infectious disease from unsanitary living conditions.
2) Children have a higher risk of food insecurity and malnutrition during conflict.
3) Children, especially girls, are subjected to an increased risk of sexual violence from armed combatants during conflict.
4) Conflict induces long-term physical and psychological disability in children, especially among child soldiers.

(Tamashiro 2010:1)

In consequence of the first way, examples are given of neglected tropical diseases during conflict in Southern Sudan, which cause chronic disability (Richer, et al. 2008, cited in Tamashiro, 2010), which due to the near proximity of Kosti might be relevant for this research. Especially Trachoma is profound in Southern Sudan, which untreated leads to irreversible blindness (Resnikoff, et al. 2004, cited in Tamashiro, 2010). That these four ways are relevant for Sudan is reflected in the 2007 (UN Security Council) report of the Secretary-General on children and armed conflict in the Sudan. There is mention of recruitment and use of children, killing of children, rape and grave sexual violence, abduction of children, attack on schools and denial of humanitarian access. The four ways have similarities to Nour’s (2005:10) findings of general causes of disability specifically for Sudan with addition of “child diseases and low coverage of child immunization and genetic factors”. Despite all the horrible direct related conflict experiences, according to Betancourt, et al. (2008) mental health effects contribute more to social discrimination in daily life than conflict-related
trauma for both perpetrators and victims of violence. This again acknowledges that society plays a big role in the inclusion of PWD.

2.4 Disability and Education

2.4.1 The Right to Education

The rights for PWD are described in various conventions and other international agreements, starting from the Universal Declaration of Human Rights (UDHR) (UN, 1948). In 1989 (UN) the CRC came into force, recognizing that each child is entitled to all human rights, giving children a new status (Zermatten, 2010). Article 28 of the CRC affirms the right to education. Both the UDHR and the CRC (article 2) clearly stipulates these rights are for all persons and individuals, however, the rights of PWD have been denied even with the existence of these treaties (Harpur, 2011). In 2008 the UNCRPD commenced, with article 24 specific on the right to education, to ensure the right of PWD are respected. But why was the UNCRPD required when PWD have the same universal rights like any other person, does that not stimulate stigmatization? A summary of data gives a picture of the severe violations of rights of PWD and a possible justification. WHO (2011) estimates that there are approximately 650 million people with a disability and UNDP estimating that out of these, 500 million, live in developing countries. “It is further estimated by the UN that twenty percent of the poorest people in the world have disabilities” (Quinn, 2009:35). “The impacts of disability are enormous and include chronic under-education, higher rates of physical violence and rape, multiple forms of discrimination (especially in the case of gender), higher rates of mortality, and severe unemployment” (ibid.). In relation to education, the focus of this research, UNESCO (UN, 2006:1) estimates that “90% of children with disabilities in developing countries do not attend school”. In conclusion it is not surprising that the UN have described PWD as the world's "largest minority" (UN, 2006:1). Quinn (2009) explains that the need for the UNCRPD is caused by the invisibility of disability in political process, because in their absence their plight has often been overlooked. Article 33.1 demands the existence of a "focal point" as well as a coordination mechanism within government”. Article 33 makes the UNCRPD...
an unique convention, as it has become a requirement to consult with PWD for governments which have ratified. It is now up to the disabled people's organization's to fully utilize the article and ensure the voices of PWD are heard (Harpur, 2011). Despite the good intentions of the UNCRPD, it appears to be contradicting with removing stigmas and working towards an inclusive society to have a separate convention. Quinn (2009:51) however disproves this by stating “It is not a case of special rights for a particular group; it is about equal rights for all. And it is about making the democratic process open to all voices so that blockages can be dissolved and solutions found to deal with the legacy of the past and build a more inclusive society for all”. Sudan ratified the CRC in 1990 (UNICEF, 2012) and the UNCRPD in 2009 (UN, 2008b). By ratifying the UNCRPD, the Sudanese government has to undertake a baseline of the current situation and develop a strategy how to ensure implementation of the convention (Colclough, 2005). In the enforcement of the conventions various other international agreements have been developed. These agreements have set time-bound targets to ensure the realization of rights (Kokkala, 2006). In relation to education the two most profound are the global Education for All (EFA) targets (UNESCO, 2000) and Millennium Development Goals (MDG) (UNDP, 2000). The most relevant EFA Goal for this research (2) reads: “Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to, and complete, free and compulsory primary education of good quality” (UNDP, 2000) and the similar MDG (2): “Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling” (UNDP, 2000).

In recent years, there has been remarkable progress in many countries toward these targets (UNESCO, 2010). This research acknowledges the progress; though the researcher has experienced that CAFS remain behind. This is consistent with data of UNESCO (2010), stating that at least 72 million children are still out-of-school globally. 39 Million of these children live in CAFS (Save the Children, 2010). Not only are there more children, in absolute numbers, out-of-school in CAFS, also the rate of improvement in enrolment has been substantially slower. While the global number of out-of-school children decreased by almost 40 percent between 2006 and 2008, the
number of out-of-school children in CAFS decreased by only 14 percent over this same period (ibid.). As this research context takes place in one of the CAFS, the next section will look into education during conflict.

2.4.2 Education in Emergencies

Commonly education during conflict is referred to as Education In Emergencies (EIE). As this research takes place in a conflicted affected country, a closer look into EIE is required. EIE is defined by INEE (INEEa, 2010:117) as: "quality learning opportunities for all ages in situations of crisis, including early childhood development, primary, secondary, non-formal, technical, vocational, higher and adult education. EIE provides physical, psychosocial and cognitive protection that can sustain and save lives". For long the humanitarian sector did not consider education as crucial during conflict and natural disasters (Nicolai and Triplehorn, 2003). Traditionally the aid has been focused on lifesaving services as food, water and medication and not on educational programs. From feedback of beneficiaries and evaluations it shows that education indeed is a crucial service, it provides “a sense of normality, psychosocial support and protection against harm” (Anderson and Hofmann 2010:176). The right to education is also referred to as an enabling right (Pigozzi,1999 cited in Nicolai and Triplehorn, 2003). Figure 2.2 gives a summary of protective elements which education could provide, with reference to the relevant article in the CRC (UN, 1989).

<table>
<thead>
<tr>
<th>Elements</th>
<th>CRC article</th>
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<tr>
<td>Physical protection</td>
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<tr>
<td>Provides a safe, structured places for learn and play</td>
<td>31, 38</td>
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<tr>
<td>Reaches out to all children, without discrimination</td>
<td>2</td>
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<tr>
<td>Offers means to identify children with special needs, such as experience of trauma or family separation</td>
<td>19</td>
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<tr>
<td>Engages children in positive alternatives to military recruitment, gangs and drugs</td>
<td>33, 38</td>
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<tr>
<td>Care and supervision can be provided by teachers, in consultation with the parent or guardian</td>
<td>18</td>
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<tr>
<td>Offers children basic knowledge of health and hygiene</td>
<td>24</td>
</tr>
<tr>
<td>Can improve children’s nutrition by the provision of nutritious daily meals as part of school feeding</td>
<td>27</td>
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Prepares children for appropriate work which is not harmful or threatening their health or security  

**Psychosocial protection**

- Gives children an identity as students, averting inadequacy felt by children out of school  
- Provides a venue for expression through play and cultural activities such as sports, music, drama and art  
- Facilitates social integration of vulnerable children such as separated children and former combatants  
- Supports social networks and community interaction for children and their families

**Cognitive protection**

- Helps children to develop and retain the academic skills of basic education, i.e. literacy and numeracy  
- Offers means for children to access urgent life-saving health and security information  
- Furnishes children with knowledge of human rights and skills for citizenship and living in times of peace  
- Strengthens children’s evaluative skills in responding to propaganda and disparate sources of information  
- Encourages young people to analyse information, express opinions, and take action on chosen issues

Figure 2.2: Potential protective elements of education in emergencies  
Source: Nicolai and Triplehorn, 2003:14

Through education children gain knowledge and understanding of their rights. In conflict or emergency potentially life-saving information can be shared with children, who could otherwise not be reached (Nicolai and Triplehorn, 2003). The view of those directly affected by conflict illustrates the importance of education. Filipovic (2010), who was eleven when war in Sarajevo, Bosnia broke out, associates the closure of her school with “the sign that something was very wrong” (2010:73). What she remembers is that “all [she] ever wanted during the war, all [she] wished for, was to go back to school” (2010:74). “In South Sudan, an extensive survey of 1,000 ‘Lost Boys’ by Save the Children identified education as their “first priority in life” (McCallin, 2001, cited in Nicolai and Triplehorn, 2003:23). However, this research is also conscious on the risk of politicization of education during conflict. It may be used to enforce ideologies on children (Freire, 1996). In Afghanistan and Pakistan there is evidence of few Madrassas, religious schools, being a cover...
of militant training camps (Ashraf, 2012). In the case of Sudan, Breidlid (2005) reports on the oppression of the South Sudanese IDP. In the 90’s The Northern government reformed the education system and enforced an Islamic curriculum. Textbooks are illustrated with Islamic and Arabic illustrations. The predominantly Christian Southerners are seriously concerned that their children will loose their cultural identity.

2.5 Disability and Displacement

The setting in which the study takes place is one of displacement due to conflict. Sudan has suffered from chronic conflict even since before independence in 1956 (International Crisis Group, 2012), which has resulted in mass displacement (Breidlid, 2005). The total number of displaced persons in Sudan before separation represented 25 per cent of the world’s Internally Displaced Persons, putting the Sudan by then “at the top of the list of countries” containing a displaced population (Assal, 2002 cited in Breidlid 2005:256). “Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border”. (Kälin, 2008:2). However an unique situation has occurred with the secession of South Sudan, the large number of IDP’s from South Sudan suddenly are no longer IDP’s and there current status unclear. In absence of evidence of their origin they are not even considered as refugees, but as stateless persons, which leads to further risks (Bolton, 2012). As this is such a recent development and not the focus of this review, in the various sources used in this review, South Sudanese refugees are still referred to as IDP’s. IDP’s are often worse off than refugees who have left their countries because IDP’s often do not have easy access to food, safe water, health care, shelter and other necessities (Sidela and Levyc, 2008). IDP fall under national law and thus do not have rights to international legal protection and thus do not receive the services which organizations as the UNHCR provide, but depend on services from the national government (Scroggins 2002, cited in Breidlid 2005; Kastberg, 2002).
In this hardship situation, PWD even face more challenges. Shivji (2010) has described the additional hardships in three stages, before, during and after displacement. At the havoc of the displacement, PWD have high chances to miss the reason of the chaos; might lack the mobility, visibility or assistance to flee or impairments can worsen during the flight (ibid.). At the location of displacement humanitarian agencies do not target PWD and thus even miss out on services, which with minor adaption could have been accessible. For PWD this leads to further exclusion (ibid.). Eventually on return the PWD often return last due to lack of information and lack of appropriate transport means (ibid.). The researcher has witnessed Shivji’s findings in Northern Uganda, hence the research motivation. Furthermore in the research context, the variety of backgrounds (Breidlid, 2005) can potentially lead to various attitudes towards disability.

According to War Child’s documentation (War Child, 2011a) there is an estimated IDP population of 245,000 persons in 18 IDP camp settings in Kosti and an additional 50,000 IDP’s estimated due to South Sudan’s independence and other unrest. During displacement education is seriously affected (Kastberg, 2002). The Sudanese government, although claiming in the Education Sector Status Report (ESR) (World Bank, 2012) to be committed to EFA, hasn’t prioritized education for internally displaced children. The quotation “children who have been displaced often do not have access to education because it is not considered a priority in humanitarian or early reconstruction response” (ibid.:26) is characteristic. In combination with the limited data on IDP children in the report it can be interpreted as if education for IDP’s is not a responsibility and priority for the Sudanese government but for the humanitarian agencies. The humanitarian coordination body for education, the Education Cluster (Affolter, 2012), held qualitative consultations under the title “Why is education ‘wanted’ and ‘prioritized’ by Sudanese persons affected by disaster?”. The consultations expressed the eagerness of the Sudanese parents to send their children to schools and alternative forms of education such as CFS. One father shared his concern, particular relevant for this research:
“my son [ ] is three years old, deaf. He goes to this school (CFS) as it is different than our schools. I don’t know how to send him to study because he won’t be like the other children who are well. I hope like such cases can be considered”. (Affolter, 2012:12)

Trani, Ketta, Bakhshia and Bailey (2011:1192), who researched disability in Dafur, found “that very few children with disabilities attending schools in the region – partly because of parental and teacher attitudes, as well as common misunderstandings about disability; lack of access and assistive devices; and overall lack of support”. These specific examples underpin the presented data and confirm the experiences of the researcher. A presidential decree issued in 2001 in Sudan, exempting all students with disabilities from any school fees at all educational levels starting from the school year 2002 (Save the Children, 2003 cited in Nour, 2005), seems not to have led to an increased enrolment. The ESR (World Bank, 2012) gives an indication of the current status of its achievements to EFA and MDG in Sudan. The 2008/2009 gross enrolment rate for primary schools for Sudan is average 76% with a higher percentage, 85%, in White Nile State, where Kosti is situated. Possibly this is due to the fairly stable situation in comparison with for example Darfur. The completion rates for Sudan stands at only 54%. The report hardly gives statistics on vulnerable groups. It for example claims that there is insufficient data to assess the school enrolment of IDP’s. In the entire report disability, handicapped or any related term is not mentioned once. There is only one sentence on special education, which announces the increase of students in special education from 2000 students in the year 2000 to 40.000 by 2009 (ibid., 2012:28). The ESR provides the knowledge base for the drafting of the new Education Sector Strategic Plan (ESSP) for 2012-2016. With no attention for inclusion or disability and very limited attention to IDP’s in the ESR it should not be expected that the ESSP will bring improvement for displaced children with a disability.

In the research location, Kosti, War Child assessed that limited education was offered to IDP’s in the camps and enrolment in regular schools proved to be hard for IDP children (Jamal, 2011). In response War Child opened five Safe Learning Spaces in five IDP camps in 2010. Madfis, Martyris and Triplehorn
describe a Safe Space, in absence of a global definition as “Safe Spaces are widely implemented by responding agencies to provide protection, education and psychosocial support to children during emergencies”. The purpose of the SLS of War Child in Kosti is to provide an accelerated learning program to out-of-school children with the intention to join them with the formal school system, or continue in further vocational training (War Child, 2011c). Although safe spaces have a temporarily character, they have the potential to influence changes in educational systems (Snider and Triplehorn 2003, cited in Madfis, Martyris and Triplehorn, 2010). The SLS in Kosti can thus potentially become an example of inclusiveness for formal schools, however the current situation is a reflection of the observation of Madfis, Martyris and Triplehorn (2010) that often the most vulnerable children participate less in Safe Spaces (Gladwell, 2011). Trani, Ketta, Bakhshia and Bailey (2011) confirm this situation in Dafur, especially for CWD. This exclusion in return leads to increased vulnerability as the already vulnerable children miss out on critical services offered in the safe spaces (ibid.).

2.6 Barriers to Education

The data in this review have shown that large numbers of children in conflict are out-of-school. To develop interventions supporting out-of-school children to access education it is important to know the characteristics of all out-of-school, not just the CWD. A definition of school is required to understand what these children are out of. Most countries have their own definitions, standards and regulations for all forms of education, which makes international comparison complex (UNESCO-UIS, 2005). In 1997 UNESCO described standards and definitions in the International Standard Classification of Education (ISCED), which allows international comparisons. In ISCED primary education is given the following characteristics: “the introductory and systematic provision of instruction in reading, writing and mathematics for the duration of six years” (UNESCO-UIS, 2005:14). Although this research recognizes this to be a workable definition for international comparison of cognitive skills, the definition does not take into account additional crucial learning opportunities that aim to build competence such as social and physical competences (UNICEF, 2000).
The starting age can vary between countries from between five to eight years (UNESCO-UIS, 2005). If primary school-going children between five and fourteen years are defined as in school children, then we can define out-of-primary school children as the children between five and fourteen, who are not in school (ibid.). The out-of-school children can further be segregated into two categories: those who have ever been in school, but dropped out for whatever reason and those who have never been to school (ibid.).

In 2006 the Consortium for Educational Access, Transitions and Equity (CREATE) was formed by the Department for International Education of the UK Government with the aim to "increase knowledge and understanding of the reasons why so many children fail to access and complete basic education successfully" (CREATE, 2011). They developed the model of zones of exclusion. The hypothetical model (Lewin, 2007) (figure 2.3) of exclusion illustrates how school attendance reduces in development countries during a child school period. This research is focussed on zone 1 and 2, specifically for CWD.

![Figure 2.3 Conceptual Model of Zones of Exclusions. Source: Lewin, 2007:22](image)

In order to design effective policies and interventions, not only the numbers, but the characteristics of the excluded children have to be known. What is causing them to be out of school, which barriers lead to their exclusion? In a
comprehensive literature review Dryden-Peterson (2010) has categorized barriers to education in CAFS in three main categories: 1) under-investment in education, 2) exclusion related to individual- and group-level characteristics, and 3) systemic discrimination in policies and practices. The first and third categories require a different type of research and different interventions in response to the findings. This research seeks what can be done on inclusion at community level and thus the focus on the second category. Dryden-Peterson (ibid.) has summarized the characteristics in seven sub-categories that exist on community level.

<table>
<thead>
<tr>
<th>Barriers to Education in Countries Affected by Conflict</th>
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</thead>
<tbody>
<tr>
<td>1. Barriers of Poverty</td>
</tr>
<tr>
<td>2. Barriers of Region and Urban/Rural Residence</td>
</tr>
<tr>
<td>3. Barriers of Gender</td>
</tr>
<tr>
<td>4. Barriers of Disability</td>
</tr>
<tr>
<td>5. Barriers of Ethnicity and Language</td>
</tr>
<tr>
<td>6. Barriers of Age</td>
</tr>
<tr>
<td>7. Barriers of Displacement</td>
</tr>
</tbody>
</table>

Figure 2.4 Barriers to Education in CAFS Source: Dryden-Peterson, 2010

Dryden-Peterson (ibid.) emphasizes on the concept of multiple-exclusion, often a child out-of-school faces a combination of the barriers. Although all barriers or combination of barriers lead to exclusion of school it is disability that affects school enrolment most (Filmer, 2005). A recent report on the status of the UNCRC states “the full extent of discrimination against children with disabilities is difficult to quantify owing to lack of data” (UN, 2011:5). “Disabled children have five and a half times the chance to be out-of-school than non-disabled peers” (Rajendra and Venkat, 2010:1). With statistics as ‘alarming’ as this, the fact that education of disabled children is not in focus, seems contradictory (Rajendra and Venkat, 2010)
As earlier explained, the ESR (2012) seems to confirm these global observations for the situation in Sudan, not just by the government, also NGO’s tend to overlook PWD. Although international child rights organizations have prioritized education as an intervention in Sudan, they have not placed CWD on their agenda (Trani, Ketta, Bakhshia and Bailey, 2011). Recent external evaluation (Gladwell, 2011) of War Child intervention in Sudan confirmed this also for War Child. Therefore the further focus will be barriers of disability. Various sources as Croft (2010), Filmer (2005) and Miles and Singal (2010) claim that the access for CWD to enrolment is primarily the consequence of the invisibility of PWD due to socio-cultural attitudes. For example in some countries it is the Ministry of Social Welfare (MOSW) that is responsible for CWD and not the Ministry of Education (MoE) as if children with disability are “ineducable” (Booth and Ainscow, 1998 cited in Miles and Singal, 2010:3). Tackling the barrier of disability therefore needs attitudinal changes in communities, schools and institutions. The WRD (2011) distinctions two categories of barriers to education for CWD: systemic and school-based problems.

<table>
<thead>
<tr>
<th>Systemic barriers</th>
<th>School-based barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Divided ministerial responsibility</td>
<td>1 Curriculum &amp; Pedagogy</td>
</tr>
<tr>
<td>2 Lack of legislation, policy, targets and plans</td>
<td>2 Inadequate training and support for teachers</td>
</tr>
<tr>
<td>3 Inadequate resources</td>
<td>3 Physical barriers</td>
</tr>
<tr>
<td></td>
<td>4 Labelling</td>
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<td></td>
<td>5 Attitudinal barriers</td>
</tr>
<tr>
<td></td>
<td>6 Violence, bullying, and abuse</td>
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</tbody>
</table>

Figure 2.5 Barriers to Education Source: WHO, 2011

With the literature stating the invisibility of CWD in the entire society and not just into education it is foreseen that the barriers are broader than specifically educational barriers. Therefore this research opts to use a broader
framework: the ICF checklist (WHO, 2011). The checklist has been developed by the World Health Organisation (WHO) and is guided by the integrative model (WHO, 2011; Cieza, 2006) as seen in table 2.1. Part three of the checklist (figure 4-17) will be used for the analyses of the collected data to obtain an insight of the effect of environment on disability. The environmental factors are divided into five main categories, Products and Technology, Natural Environment and Human Made Changes, Support and Relationships, Attitudes and Service, Systems and Polices. Conflict is not mentioned in the framework, but will be added under other factors.

2.7 Children as Researchers
The literature review has shown that CWD face discrimination in education and are often invisible in their communities. This research will study the situation in one IDP camp through the eyes of children. The hypothesis behind this choice is that children in a community know if there are CWD in their community and where they are. Additionally CWD might be easier approachable by their peers as by unknown adult researchers, which will be further explained in section 3.8 reflexivity. This hypothesis is inspired by prior experience of the researcher in Uganda with the Girl Education Movement (GEM) (UNICEF, 2010). Jonsson (UNICEF, 2002:19) summarizes the principle well: “Children and young people are the experts on childhood and youth. So tackle the problems of girls education in Africa, let’s call the experts!” In the practise of GEM in Uganda, child-led GEM clubs were established. The members of the clubs identified out-of- schoolgirls in their communities and developed strategies to remove barriers for enrolment. The following section will study literature on child participation and children as researchers.

The involvement of children in this research is based on the UNCRC principle of participation; involve children in every issue, which concerns them (O’Kane, 2008). However, it is not for the sake of ensuring participation that this research opts to actively involve children as researchers, but as a means (Sinclair, 2004) to achieve the ultimate goal of inclusion. The researcher is convinced that the required data can be most effectively achieved with the
assistance of children. However, critical questions may be raised (Cartwright, 1988; Robson, Porter, Hampshire and Bourdillon, 2009) such as: why would children want to assist or what are the benefits for the children participating? Child participation is not only a rights issue, there are various learning and social benefits for the children. The earliest academic reference comes from the Russian psychologist Vygotsky. He recognized that “the individual person always functions within a wider social context and that learning is also future-orientated” (Jarvis, 2006:165) and that social interaction contributes to children’s mental development (Ackerman, Feeny, Hart and Newman, 2003).

Westerman and Oers (2004) further explain that the way children develop, depends on the way persons in the environment of the child act with one and another and it is the adult to guide the child to become an independent responsible person by involving the child in social activities. In this research the researcher will guide the children in their role in the process of researching. Based on the GEM practise, the research intends to request children of the SLS to assist in the research. The children attending the SLS are assumed to know children in their community who do not attend school. This assumption originates from a growing belief in social science to recognize children as competent social actors with knowledge about their own social environment” (Sinclair, 2004, Lomax, Fink, Singh and High, 2011). The question is what would motivate children to assist less fortunate children? Current views answering this question find their fundaments in the notions of the philosophers Schopenhauer and Nietzsche (Cartwright, 1988). Assisting others is referred to as helping behaviour or altruism (Piliavin, 2008).

Both are based on helping others, but in altruism no any reward is expected (Macaulay and Berkowitz, 1970 cited in Piliavin, 2008), while in helping behaviour, a reward, whether concrete, social or internal is anticipated (Dovidio et al., 2006 cited in Pivilian, 2008). “Most sociologists believe that the most important contribution to why other-oriented individuals grow up to be altruistic lies in early training and experience” (Piliavin, 2009:215). Helping others gives a sense of mattering, which according to Elliot, Kao and Grant (2004) has three aspects: 1) feeling noticed by others, 2) thinking that one is important to others and 3) believing that others rely on one for help. More specific for the context, the children attending the SLS are displaced and also affected by the
conflict. Kastberg (2002:5) has raised the importance of child participation during displacement in program planning but also the potential positive effect on children, stating child participation is “a major contributor to rebuilding their self-esteem, increasing their sense of efficacy and, ultimately, to aiding their empowerment”. Furthermore, Lansdown (2003 cited in Ackerman, Feeny, Hart and Newman, 2003:19) explains further benefits for children such as the “development and strengthening of expressive ability, their skills and competencies, self-confidence and ability to question, have opinions and aspirations”. Kellet (2009) advocates for children to be acknowledged as researchers. “Active research offers an ideal opportunity for pupils to engage with a subject in great depth and work with primary, self-generated data” (ibid:1). It stimulates metacognition and critical thinking (ibid). However in this research context children have traditionally not been given a voice in society (Hart and Tyre 2006; Ackerman, Feeny, Hart and Newman, 2003; Lansdown, 2011). It is a challenge for researchers to create an enabling environment for children to express their views in settings where a power imbalance exists between adults and children (O’Kane, 2008) and ensures their participation is meaningful (Hart, 1993). Hart (1993) has adjusted the ladder of participation of Amstein (1969 cited in Hart, 1993) to visualize the levels of participation of children (figure 2.6). This research aims at level six, which Hart (1993:12) considers as “true participation”.


The possible benefits of participation for individual children have been explained above, but another angle to approach it is from the rights perspective, which also comes with responsibilities. One who can claim rights also has responsibility to others (Lockyer, 2008 cited in Bjerke 2011). “Acknowledging the responsibilities that children and young people do exercise in everyday life is seen as a necessary step for children to be recognized as citizens” (Bjerke, 2011:69). Bjerke’s research findings shows that children do feel a responsibility towards others, as was nicely summarized by one a 14 year old female respondent: “To do unto others as you would have others do unto you” (Bjerke 2011:71). However the children in the research also acknowledged they need to learn how to be and become responsible. Bjerke (2011:78) concludes “If children’s responsibilities are kept invisible and/or they are excluded from doing responsible things, it is
impossible for them to demonstrate their capacities and thereby be accepted as responsible beings”. As this statement is valid for all children, it is specifically relevant for children with a disability, so they will have to play an active role in the research. Engaging these children will empower them and demonstrate the abilities of these children to the community (Kellet, 2005; Stubbs, 2008) which equally is encouraged by (Kastberg, 2002) for displaced children and young people. Child participation should also be considered in the further development of inclusive education as children are the key beneficiaries, however children are rarely consulted (Stubbs, 2008). Stubbs (2008:91) therefore recommends that “more examples are needed that demonstrate how all learners can be facilitated to contribute their knowledge, skills and perspectives on inclusive education”.

While child participation’s recognition has grown, there is still limited knowledge on the impact of child participation (Ackerman, Feeny, Hart and Newman, 2003; Sinclair, 2004; Lansdown (2011)). From a rights based perspective, one can question if child participation needs to be justified but in order to gain insight of effective child participation, evaluation is recommended (Sinclair, 2004). In an effort to improve the impact of child participation, Lansdown (2011) has taken the lead in developing a framework for monitoring and evaluating children’s participation, which by the time of writing is in its pilot phase, results haven’t been published yet. The framework has developed five standards, each with a set of indicators to measure the standards (ibid.). The standards are:

<table>
<thead>
<tr>
<th>Standards to measure children’s participation</th>
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<tbody>
<tr>
<td>1 Measuring legal entitlements to participate</td>
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<td>2 Measuring the right of access to information</td>
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<tr>
<td>3 Measuring awareness-raising on children’s participation rights</td>
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<tr>
<td>4 Measuring opportunities to influence agendas</td>
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<tr>
<td>5 Measuring respect for children’s participation in their daily lives</td>
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Figure 2.6 Barriers to Education Source Lansdown, 2011
This research will limit itself to analyzing the data retrieved through child participation rather than measuring the impact of the process itself, although the process will be evaluated with the participating children.

In implementing meaningful child participation in research, one has to be aware of and understand the children’s evolving capacities and their capacity to act on their own behalf (Lansdown, 2005). The selection of the methodology thus has to suit the targeted children. The opted methodology (chapter 3) for the research is Participatory Video (PV). Children between ten to 14 years from the SLS will be requested to participate. The PV process is inspired by a quote attributed to the Chinese philosopher Confucius cited in McKenzie (2013:26): “Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand”. The method also fits within War Child’s ambition to apply creative means and technologies in achieving its mission, but how does it correspond with didactical views? In the theory of the psychoanalyst Erikson children in the age of six to twelve years are in the phase of latency. They work hard at being responsible, being good and doing it right (Allen, 2003) and it is considered a crucial period for the development of self-confidence (Crain, 2011). If encouraged, children at that stage are committed to fulfil tasks with a sense of responsibility. However, if their work is not being appreciated, a sense of inferiority can develop. (ibid.). The latter can be a risk in the context of the research as children in Sudan, like in many cultures, are not stimulated and expected to express and share their views with adults (Lansdown, 2011) and has to be critically monitored to ensure the safety of the children (Hart and Tyrer, 2006). Expression is also not encouraged in primary education in Sub Saharan countries. Teaching is often referred too as chalk-and-talk and its characteristics are overcrowded classes with the teacher in the centre, and children only cramming up the facts (Dembélé and Lefoka, 2007). Freire (1996) named this teaching style the banking concept of education. Freire (ibid.) contributes the lack of critical citizenship to this concept of education, which is to the benefit of a dictatorial regime such as Sudan. Through its methodology, this research aims to teach children these essential skills. This banking way of teaching does not consider different levels of intelligence and different methods of learning (Gardner,
1983 cited in Scarlatos and Scarlatos, 2008) or with existing knowledge, also referred to as rote learning (Valcke, 2010). A counterpart of rote learning is experiential education. McKenzie’s (2013:26) working definition reads: “it promotes learning through direct experience, often outside the classroom, at times not directly related to academic courses, frequently not graded, and sometimes not mediated through language or academic discourse and practice”. The researcher acknowledges McKenzie’s (ibid.) conviction, especially for the research theme, that learning by doing more significantly changes pupils than traditional classroom teaching. McKenzie’s thoughts are similar to Hattie’s (2012) who promotes that teachers, facilitators and educators should “offer flexible didactical activities and methods”. Sinclair (2004) however emphasizes that within participatory approaches, the method must be suitable for the objective and context. It is anticipated that the PV process, though a new approach within the selected community, sets an example function for the War Child staff and the teachers within the participating communities, while giving the required knowledge for the research questions. It is recognized that meaningful child participation in all layers of society is a gradual process and a longer term process than this research covers (Ackerman, Feeny, Hart and Newman, 2003; Sinclair, 2004) but a good step forwards towards achieving inclusive child participation.

2.8 Inclusive Education
To conclude the literature review a few remarks should be made on inclusive education. The research has the intention to promote education for CWD in an inclusive setting, firstly in the SLS, but ultimately as a replicable model for similar settings and particularly for the education system in Sudan. Despite merely disadvantages of conflict, Muñoz (2010) sees one opportunity. In CAFS the education system needs to be rebuilt during and after the conflict, hence giving opportunities to become inclusive from the reconstruction stage. Inclusive education is considered the first step towards building an inclusive society with acceptance of all persons (Ainscow, Booth and Dyson, 2006). Following the Salamanca statement (UNESCO, 1994), there is wide international recognition and statutorily support for inclusive education in all contexts and continents, therefore also in emergencies.
The guiding principle that informs this framework is that schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other disadvantaged or marginalized areas or groups.

(UNESCO, 1994:6)

The inclusion movement intends to deconstruct special education (Thomas and Loxley, 2007). Richler (2005) claims that research has indicated that the best way to learn for CWD is with their non-disabled peers and that no research has proven better results with special education. Especially for the situation in Southern countries there are few who criticize the current trend of inclusive education, mainly based on Human Rights thinking (Urwick and Elliott, 2010). However Urwick and Elliott (2010) are sceptical and doubt if inclusive education is the best solution for Southern countries. They doubt if the economic status of these countries will allow reform of mainstream education on short term if it happens at all, leaving children with special educational needs marginalized. Therefore they opt for support of special schools until a long-term strategy has been materialised. Norwich (2002) brings in a less radical opinion. In his view inclusive education cannot fully disregard all forms of specialized assistance. Norwich (ibid.) does support inclusivity and diversity in mainstream schools as alternative for special education, but firmly believes that some students will still need additional support. Norwich’s ideology is a derivative of the description given of disability in table 2.1 and seems appropriate and realistic. Therefore the ideal setting for the SLS is assumed to be a mainstream, inclusive approach, with extra support for those who need it. However, it is upon Sudan to develop its own approach that suits their context (Llyod, 2010). In the experience of Llyod (2010) in order to achieve positive change it is more important to firstly get attention for the problems rather than the solutions. The methodology described in the next chapter can possibly set the ground for this new and overdue change.
3 Methodology

Following the literature review in chapter two, this chapter will elaborate on methodology and its implications for selected tools. It will explain how the research process is planned for. It will give particular attention to the specific ethical and practical considerations of researching with children.

3.1 Methodological Theory

Traditionally a research starts with the researcher positioning him within a paradigm and developing the research from there (Punch, 2009). Punch (ibid.) queries the tradition as he has experienced that many researches start with an issue that needs further exploration. Developing the methodological theory from the research question is the pragmatic approach (ibid.) which is particular beneficial for starting academics, like the author of this research. The choice for the Master Inclusive Education resulted from the researcher experiencing that CWD were not accessing education in the emergency education settings he worked in. This experience has led to this research and has been the entry point to familiarize myself with methodological knowledge suiting the research question and preferred tools. After studying the theory and consultations with critical friends, I have come to the conclusion this is a participatory, qualitative case study that finds its basic principles based on a constructivist, interpretivist paradigm. This section will elaborate on the phrased conclusion.

A paradigm is “a cluster of beliefs and dictates which for scientist in a particular discipline influence what should be studied, how research should be done and how research should be interpreted” (Bryman 1988, cited in Bryman 2008:605). A paradigm is giving insight in three aspects: ontology, epistemology and methodology (Guba and Lincoln, 1994; Punch, 2009). Ontology defines how the researcher sees reality. According to Bryman (2008) there are two main streams: objectivism and constructionism. In objectivism a position is taken that acknowledges that ‘social phenomena and their meanings have an existence that is independent of social actors’ (ibid.:19). This research aims to contribute to social change and believes the researched community, the social actors, set change in motion (Riet and
Boettinger, 2009). This belief follows a constructionist position; it acknowledges that social actors do influence social phenomena, which is the opposite of objectivism (Bryman, 2008; Robson 2002). Hart and Tyer (2006) elaborate more, by emphasising that views on childhood are not universal, but influenced by personal factors, hence confirming research in different context is required. In constructionism, the researcher himself is also considered as social actor (ibid.). This relates to the epistemological question: the relation between the researcher and the reality (Punch, 2009). In epistemology also two main streams can be distinguished, positivism and interpretivism (Bryman, 2008). According to Bryman (2008) and Cohen, Manion and Morrison, (2007) positivism is not suitable for the study of human behaviour. They explain that positivist research follows scientific knowledge and procedures. The complicatedness and un-predictableness of human nature is believed not to match with objectivity claimed in science. Bryman (2008) describes that in interpretivism the research is studying the meaning of social action. In chapter two the literature has shown that exclusion of persons with a disability is often caused by human behaviour and social interaction. An interpretivist approach is therefore from an epistemological view considered fitting best to this research.

The last aspect of a paradigm is the methodological approach: the decision between quantitative and qualitative research or the combination of the two, the mixed method approach. Usually constructivist and interpretivist research is a qualitative research. The elemental differentiation usually made is qualitative research to be in words, while quantitative research is in numbers (Bryman, 2008; Boyden and Ennew, 1997). Qualitative researchers claim that numbers do not give rich and in-depth knowledge on behavioural matters (Ibid.). Baker, et al. (1996 cited in Young and Barrett, 2001) claim that tools to collect large quantitative data are not suitable for researching with children and understanding the world of children. The tools described in section 3.5 are qualitative tools, selected from what literature has described as child friendly tools (O’Kane, 2008; Young and Barrett, 2001; Scott, 2008). These reflect the common differences between quantitative and qualitative research. Key characteristics of the qualitative research as described by Miles and
Huberman (1994, cited in Punch 2009) include the ambition of the researcher to get a holistic view in a life situation, through the perceptions of local stakeholders, which is exactly the ambition of this research.

The formulation of the paradigm was not an obvious exercise. Various authors use different terminology and explanations (Bryman, 2008). Besides the dilemma of this indifference, there are emergent paradigms evolving, specifically in the field of research with children. The literature review explained that in this research children are considered as the key stakeholders and thus as active participants. It acknowledges their right to participate in any matter that concerns them (O’Kane, 2008). There is a growing number of academics (Christensen and James, 2008; O’Kane, 2008; Kellett, 2005) advocating for a new paradigm in research with children. Stimulated by article 12 of the Child Rights Convention (UN, 1989) these academics witness a shift in the interpretive tradition of research (Hart and Tyrer, 2006; O’Kane, 2008) of children being seen as objects of enquiry, rather than as research subjects. Though I am familiar and agree with the discussion, this research is not aimed at directly contributing to the dialogue of a new paradigm, hence the conclusion of a traditional acknowledged paradigm.

3.2 Methodological Design

The research will collect and analyse data from communities’ perceptions and knowledge on barriers for CWD to access education and inquire on community solutions to overcome these barriers. In doing so it aims to make first steps towards attitude change, as the community is stimulated to actively engage on issues related to exclusion. Community participation is considered as key in emergency education as the affected states may not have the capacity or political will to provide education (Sullivan-Owomoyela and Brannelly, 2009). Miller-Grandvaux (2004) cited in Sullivan-Owomoyela and Brannelly (2009) identified that the role of the community is in particular crucial for excluded groups. The most successful interventions in Sudan involved the community from the needs assessment stage (ibid.). Because community participation is considered as a key for the delivery and sustainability of services, it is advisable to involve the community from the
initial research stage. In an effort to practise what one preaches, I intend to be inclusive in my research. Björnsdóttir and Svensdóttir (2008:269) recommend to researchers that inclusion also means inclusion in “research processes, research outputs and the overall field of disability studies otherwise researchers partake in the exclusion of people with learning disabilities in the same way we criticize society for doing”. Such research is referred to as emancipatory research (Oliver,1997). “The issue [...] for the emancipatory research paradigm is not how to empower people but, once people have decided to empower themselves, precisely what research can then do to facilitate this process”. (Oliver 1992, cited in Oliver 1997:16). In the preparatory phase of this research it was observed that research on disability in the selected community cannot be emancipatory, simply because too little is known on children with a disability. A follow up research could become emancipatory, once these children have been identified. Closely linked, but less rigid than emancipatory research is participatory research or participatory action research (Robson 2002). Dold and Chapman (2011) explain that participatory action research is not just a matter of collecting data, it also facilitates the community process of developing solutions for the identified problem. Riet and Boettinger (2009:3), who promote participatory research state that “development processes designed to bring about social change that are based on what people know have a higher success rate because they enable participants to be less dependent on outside resources and knowledge, thus ensuring greater sustainability”. Participatory research accepts creative ways of collecting data and is not limited to speech or script (ibid.). This fact enables the researcher to use unconventional techniques to collect data from those community members who are illiterate and uneducated children. These techniques (see 3.5) increase the opportunities for marginalized people to express their views. Through the views of the community this research seeks the answers to the research questions. To conclude on the design, this research is a case study (Bryman, 2008). Cohen, Manion and Morrison (2007:253) give the following definition: “a case study can establish cause and effect, indeed one of their strengths is that they observe effects in real contexts, recognizing that context is a powerful determinant of both causes and effects”. The findings of the case study can
potentially give insight in the situation of communities in the surrounding area, though literature indicates that replicability is one of the main weaknesses of a case study (Cohen, Manion and Morrison, 2007; Bryman, 2008). This research focuses on only one community with is own unique features, despite concerns on external validity, which will be further explained in section 3.6.4.

3.3 Sampling Design and Participants
The case study will be conducted in one SLS (War Child, 2009), located in one internally displaced camp in Kosti, White Nile State, Sudan.

Selecting one relatively small community, with the risk of the analyses not to be generable, is described by Cohen, Manion and Morrison (2007) as non-probability sampling. In non-probability sampling Bryman (2008) distinguishes different types of sampling. This research will apply snowball sampling in order to reach the targeted respondents. This sampling is recommended once the researcher has no direct access to the preferred population (ibid.). The research aims reaching out to children with a disability, which are often invisible in the selected community, as confirmed by literature in chapter two and from prior field visits. In snowball sampling, the researcher selects initial participants in a specific setting. These participants are then responsible for
further sampling of participants (Scott and Usher 1999; Bryant 2008). The initial participants of this research are all children from one SLS. This gives a potential of 40 respondents, both boys and girls. In collaboration with the teacher twelve children will be selected. Age will be the first determent. Following the study of Armstrong, Boyden, Galappatti and Hart (2004) only children from the age of ten years and above will be selected. This doesn't imply that research with children below that age is not possible, but these require different research tools (ibid.). The selected children will be requested to participate in the research. From prior discussion with the War Child SLS team it is known that no CWD are enrolled in the SLS and during community events CWD have rarely been seen (War Child, 2012d). The second level of sampling is through the first selection of children, the snowball effect. These children will be requested to identify and interview CWD in their community. The children will present their work through community screenings for parents, key community members and duty bearers. In all groups gender-equality will be observed.

3.4 Research Assistants
This research will make use of two levels of research assistants: two adults and twelve children. The function of the adult research assistants is twofold. On one hand they will assist in mobilisation, translation and carrying out the research activities under supervision of the researcher (Turner, 2010). On the other hand it is a means of capacity building and engaging (NGO) staff into research and making them aware of inclusive and participatory practises (Oh and van der Stouwe, 2008). Two social workers from the War Child team in Kosti, Sudan will assist in the research. The researcher will train the assistants in the use of research tools to assist in collecting data. This form of capacity building intends to stimulate research and the use of selected instruments in the programming of War Child. Although only translation will get attention under validity in the write up of the research, the research highly considers the recommendations on working with research assistants made by Turner (2010). The adult assistants will be the bridge between the second category of research assistants, namely the children. In section 2.9 of the literature review the benefits of and for researching with children has been
expressed and the above section the sampling of the child research-assistants. O’Kane (2008) highlights the importance of the choice of instruments applicable for research with children.

3.5 Instruments
The selection of research instruments is crucial for the children to actively and meaningfully engage in the research. “Working within a historical and cultural context in which children’s voices have been marginalized, researchers face great challenges in finding ways to break down the power imbalance between adults and children, and in creating space which enables children to speak up and be heard” (O’Kane 2008:126). The traditional qualitative instruments have been assessed as child-unfriendly (Young and Barrett, 2001). Scott (2008:87) claims that researchers believe that children do not have the “cognitive ability to process and respond to structured questions about behaviour, perceptions, opinions and beliefs”. Researchers have argued that these instruments do not give a real insight in the children’s views on certain issues (Young and Barrett, 2001). Participatory methods such as drawings, mapping, drama, stories (O’Kane 2008) are seen as more appropriate. They give children the chance to share their own reality instead of having to give good or bad answers to questionnaires (ibid.). In the past decade using photo and video images were added to the list of participatory techniques. With the rapid developments technology has made, photo and film have become accessible for a larger audience than (semi) professionals (Kindon, 2003; Blazek and Hraňová 2012). No longer does it require specialists to record and edit film. Rosenfeld-Halverson (2010) describes this development as increased participation through the form of digital literacy. Using media equipment gives a chance to get a real insight in children’s lives and how they view it (Young and Barrett, 2000). Visual methods create opportunities to conduct “research with children rather than about children” (ibid.:144). In the experience of Young and Barrett (2000) they observed that visual images created an excellent point for discussion working with street children in Uganda, a view shared by Hart and Tyrer (2006). The images gave insights to locations and situations where Young and Barrett would normally not have access too. Besides the research topic, the images also gave insight into other areas. The Uganda research
highlights three main advantages: 1 - increased self-esteem and self-confidence by trusting children with a camera; 2 – giving access to modern technology to children who would otherwise not have access and 3 – the children had fun and therefore interest in the research activities. The analysis of the research concluded that real images give more details than constructed images like drawings. These advantages led to the decision to opt for Participatory Video (PV) as main method in this research. The use of this method is in line with War Child’s (2010) strategic objective of applying creative and innovative methods in its work.

3.6 Participatory Video

“Participatory video is a set of techniques to involve a group or community in shaping and creating their own film” (Lunch and Lunch, 2006:10). Johansson et al. (1999 cited in Kindon, 2003:143), advocate for PV. They “cannot imagine a more effective method to quickly comprehend the often-complex perceptions and discourses of local people than to produce, watch, discuss and analyse PV material together with them”. Blazek and Hraňová (2012) underpin this view by highlighting some examples of research using video with vulnerable children. They indicate PV is a useful tool for children, which can collect credible knowledge for policymakers and can contribute to social change. The PV process in this research, as visualised in figure 3.1 will start with training the adult research assistant on the research. Topics will include the use of Flip cameras, interview techniques, child participation, child safety and disability. With the research assistants the location for the research will be selected. The selected children, after observing all ethical considerations (see section 3.10), will be trained on the practicalities of research and video use as well as on content related to the research question. The full training manual is appended as appendix O and includes tools, such as ‘Body mapping’, and ‘The Wall’, which are considered appropriate in participatory research with children (Armstrong, Boyden, Galappatti and Hart 2004; Hart and Tyre 2006; Save the Children Norway, 2008). With the children questionnaires will be developed as guideline for their data collection. Once

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7 A user-friendly portable video recording device
the children are familiar with the project and tools, the actual data collection will proceed. The child researchers will be asked to interview at least two children with a disability about barriers to education in their community and life experience. In addition to the interview the CWD will be invited to jointly make footage of barriers they face in the community. After data collection a workshop will be held on editing of the footages with the children and research-assistants. The initial edited videos will be presented to the child researchers and the children interviewed. In this screening the content will be discussed by video eliciting and consent will be requested for to conduct the community video eliciting. The parents, members of the community welfare committee, teachers and government representative will be invited, though in different groups as recommended by Boyden and Ennew (1997) to avoid power imbalances.

Figure 3.1 - research process

3.6.1 Interviews

Participatory video is the main tool to collect data in this research. However, in case key stakeholders, such as government officials and key community members are not available during the screenings, an alternative have to be planned for. In the case of absence, appointments will be made to seek individually or in small groups the views of the absent stakeholders. The footage of the children will be shown on a tablet as starting point of a semi-structured interview of the topic. The one-hour interviews will be recorded with a sound recording device. Kvale and Brinkman (2009:3) define an interview as “a conversation that has structure and a purpose”. A semi-structured interview is guided by an outline (appendix K) with topics and questions to
guide the conversation, but the outline is not binding. The interviewer can build on the particular interviewee's response and probe further (ibid.). In cross-cultural interviewing, applicable in this research, I have to familiarize myself with a possible different norm of interaction in the Sudanese context (ibid.). Sudanese colleagues with research experience will be consulted prior to the interviews for the Sudanese etiquettes.

3.6.2 Casual conversations

(Cohen, Manion and Morrison, 2007) pose the question when a casual conversation may be considered as data input for the research. This is a valid question in this specific research. The main researcher has limited experience in the cultural context and also context specific literature is minimal. Familiarizing with the culture is a process, which mainly develops through informal interactions. The research therefore will consider relevant information gathered through unplanned, informal conversations as additional input for this research. These will be recorded in the research diary directly after the unforeseen conversation. The data will not be analyzed as primarily data, but interesting findings will be highlighted in the conclusion.

3.6.3 Qualitative Data Analyses

The research will analyse its data through thematic analyses. In thematic analyses the aim is to abstract key themes out of the collected data (Bryman, 2008). The key themes the analyses will search for are the barriers to access education and the proposed community solutions. The collected data will firstly be transcribed. The speech recorded in the video will be transformed into written text (Kvale and Brinkman, 2009; Cohen, Manion and Morrison, 2007). Appendix B shows the proposed system for transcription as used by Lomax, Fink, Singh and High (2011). Coding will follow the transcription. In coding portions of the transcription will be labelled (Bryman, 2008; Punch, 2009). Coding gives meaning to data and prepares for in-depth analyses. Coding can be applied on two levels; the first level of labelling is descriptive coding in the Miles and Huberman approach (Punch, 2009). Breaking down the labels into smaller, meaningful units is referred to as pattern coding (ibid.). As last step the research will follow the framework approach to thematic
analysis as described by Ritchie et al. 2003 cited in Bryman (2008:554). They define the framework as a “matrix based method for ordering and synthesising data”. The label and sub-labels identified in the coding will be filled in the matrix as a tool to draw conclusions of the research. The process of interpreting data and conceptualizing does not start at the completion of the matrix. During transcribing and coding ideas and thoughts will come up. Recording these ideas in written form is memoing (Bryman, 2008; Punch, 2009). Coding and memoing are the foundation blocks for building the research conclusions.

3.6.4 Validity

Qualitative research and in particular participatory research has concerns to be addressed to strengthen its validity (Hart and Tyer, 2006). The main question in validity is whether the selected instruments indeed collect the data, which the research requires to answer the research question (Punch, 2009). A common solution is to apply triangulation in which multiple methods are used for data collection and analysed against each other, however Hart and Tyer (2006) claim this is potentially misleading in participatory research with children. In their examination they found participatory methods the most effective for research with children in conflict zones. Other methods are considered less sensitive and less appropriate to the context, so should not be applied. Instead they recommend a support group of persons with expertise in child participation and participatory research to give input during the research process. This research will seek support through two specialists in the field of working with children. Ms. Feinstein is currently Child Protection Initiative Regional Representative West and Central Africa and author on various publications on Child Protection and Participation. Mrs. Obdam is Child Protection Coordinator at War Child. Consulting these experts will contribute to ensure the right methods are applied.

Literature highlights further validity concerns particularly when researching with children (Connolly, 2008). The facilitation skills of the researchers are crucial to create a safe environment where children feel free to express themselves. If the environment is not child-friendly, the research will not gather the required data, affecting the validity (O’Kane, 2008). Through
sampling, children who have worked intensively with the research assistants and have regular seen the researcher will be selected. Having built this relationship it is expected children will feel freer to express than randomly selected children. Secondly by allowing children to express their issues of concern, some expected topics by the research might not get the attention desired (O’Kane, 2008). A thorough preparation with the children will be conducted to minimize this risk. A third validity concern, not specifically related to children, is cross-language. The research language during the process with the children will be Arabic and will be translated to the researcher by the research assistants. The authenticity of the translation is a validity concern (Murray and Wynne, 2001). It will be complicated to avoid errors in translation during the process. Therefore all group discussions and interviews will be recorded and the translations verified by a second translator.

The above concerns relate to the internal validity of the research, but what can be said on external validity? Are the research findings generalizable for other contexts (Cohen, Manion and Morrison, 2007; Bryman, 2008)? Case studies are commonly considered weak in external validity. Yin (2003 cited in Bryman, 2008) categorized case studies and their levels of validity. This research is a typical case. In a typical case the sample is representing a wider community and may be generalized. In this research it is anticipated that the sample resembles similar settings within White Nile state, however it can’t be generalized for different contexts. The methodology process itself however is considered a potential replicable model for other contexts where War Child is working. Lastly “reflexivity should be a central part of the research process with children” (Hart and Tyre, 2006:32).

3.6.5 Reflexivity

Carolans’s (2003:8) review on reflexivity recommends the description of Rize and Ezzy (1999): “An acknowledgement of the role and influence of the researcher on the research concept”. Hart and Tyrer (2006:16) explain this role as “to help children articulate their particular interests, views and priorities” in a manner that does not create risk. As the researcher has a complete different social and cultural background, reflexivity can’t be ignored
in the research context (Robson, 2002). In the research community the
features of the researcher, a white male adult, will simply attract attention and
will potentially raise various kinds of expectations. Hence no doubt the
presence of the researcher has an impact on the research. The effort is to
limit this as much as possible in the preparatory phase. Carolan (2003:12),
who faced challenges to distinguish between her role as researcher and her
role as midwife professional, recommends the concept of reciprocity: “the
practise of exchanging things with others for mutual benefit”. Whilst it is
common practice for a researcher to maintain an amicable distance from the
interviewee reciprocity, originated in feminine research, is recommended in
research with children in order to close the gap (Mayall, 2008). If a more
personal relationship has been built, there is more dialogue between the
researcher and the children. As displaced communities already lack trust in
their life (Kastberg, 2002), the researcher will make an effort to built
relationship, both prior and during the research, as for children and
community to get used to the researcher and not seeing him as a stranger
(Hart and Tyre, 2006). The research also has to confront a generational gap.
“The position and attitude of the researcher affects the child – adult relation,
an adult is seen as the one with the knowledge” (Mayall, 2008). The aim of
this research however, is to have the children understand that they are the
one with the knowledge, which the researcher doesn’t have, but wish to
acquire (Mayall, 2008). An adult researcher can’t avoid a generational gap but
in the selection of methods this gap can be reduced (ibid.). Using visual tools
minimizes the researchers input (Young and Barrett, 2001), enthusiasms
children (Hart and Tyre, 2006) and stimulates practice by doing (Lunch and
Lunch, 2006). The selected method creates a conducive environment, less
affected by the generational gap. The effects of the role of the researcher
can’t be eliminated, but with described measures and awareness the aim is to
minimalize the effects.

3.7 Ethical Implications
Matthews, Limb and Taylor (1998) published a paper with a checklist on
ethical considerations. The list is practical; all checkpoints are relevant and
are conform similar literature. The detail on the ethical consideration however,
differs per setting (Hart and Tyrer, 2006). The checklist has been used to elaborate of the ethics of this research:

**Involving Children:** Matthews, Limb and Taylor (1998) emphasise on children being able to understand what the research is about and having the right to refuge. In the workshop with children, the objectives and responsibilities of this research will be thoroughly explained to children. The option for a child to withdraw at any time without explanation (Lomax, Fink, Singh and High (2011) will explicitly be explained and documented on the consent form (appendix C & O).

**Consent:** Firstly the children have to give their own personal consent. Secondly consent has to be granted by the parent or the guardian of the child. This is conform the British Educational Research Association (BERA) ethical guidelines (2011) and War Child’s Child Safety policy (2012a). Lastly all relevant authorities will be consulted in advance as to seek their permission as required by Sudanese law. Positively a Technical Agreement, between the Government of Sudan and the employer of the researcher, War Child (2012c), has been granted. The Technical Agreement allows access to the communities, though for use of camera’s additional approval has to be thought. For practical reasons the research will not be offered as a separate item but presented as part of War Child’s general work in order to increase chances to be permitted to conduct the research.

**Confidentiality:** Matthews, Limb and Taylor (1998) claim children should be able to express views in confidence. With the proposed method there is a contradiction in confidentiality as the intention is to use the data generated by children through community screenings (Lomax, Fink, Singh and High (2011). The researchers will try to limit the risks for children. They can indicate with parts they do not want others to be seen (Hart and Tyre, 2006). Before screening the research assistants will also be requested to exam the footages on appropriateness and risks. Hart and Tyre (2006) warn for the fact that adults might see a participatory approach as creating disobedient children. Although this is a risk, giving children a voice is also a process in changing attitudes of parents to listen to children on issues affecting their live. The
consent form on its own is also a way to protect the children. Lastly the research will be conducted in a community were War Child has intensively worked over the last two years on child rights and where there is possibly a level of acceptance on meaningful child participation.

Practise and commitment: In advance the workload and responsibilities for the child researcher should be anticipated on and shared with the children, so they can make an informed decision if they can and want to spare the requested time, which is a requirement in participatory research (O’ Kane, 2008). It has to be considered that children do play their part in daily survival activities of their families (Young and Barrett, 2001, Roberts, 2008). Obviously the research will avoid affecting school attendance and conduct the research outside school hours.

Safety issues: In the particular context of Sudan, there are various risk levels. On macro level, the research location, Kosti, White Nile state, is amidst two instable Sudanese states, namely South Kordofan and Blue Nile and close to the border with South Sudan, which has been declared a state of emergency (Sudan Tribune, 2012). By researching an area in conflict the researcher brings himself and the research assistants at a higher risk. There can be physical and emotional effects for the researchers and indirectly effects for the organisation (Wood, 2006). Since the researcher has five years working experience and has undergone intensive preparation courses, there is confidence the research team can work in the challenging context and minimize the risk. The research team will strictly have to cohere to the War Child Security Policy (2012b) in Sudan. This includes minimizing the risk for research participants.

On community level, the risks for the children have to be considered. How are they perceived with expensive equipment? As to minimise this, Flip cameras will be used for making footage, which are of similar size as mobile phones which are common. With the children it will be agreed on how to store the Flip cameras safely. Children will get clear instruction as not to make recording of persons without their permission. The Child Welfare Committee in the
community will be informed in advance on the research as to assist in case of community concerns.

On individual level, the research can confront children with sensitive experiences that might have negative psychosocial consequences (Hart and Tyrer, 2006) for the interviewer of the interviewee. The research assistants are trained in providing psychosocial support and are due to the nature of their work sensitive in this aspect.

Complaint procedure: When children do have a concern, a complaint mechanism has to be in place. The complaint mechanism will be developed in the workshop with the children, so they can identify to whom they want to report.

Setting of the project: In Matthews, Limb and Taylor’s (1998) description this item deals with the selection of location where children will conduct the research, the stranger-danger discourse, abduction, gangs. As the selected setting is within the children’s communities, there are no extra concerns foreseen, beyond those explained under safety.

The benefits of the project: A key question is whether it is ethical to conduct research and spend resources in areas where basic needs are lacking? Euwema, Graaff, Jager and Kalksma-van Lith (2008) recommend that any research in conflict should lead to a benefit of the children. Under 2.9 the benefit of child participation has extensively been elaborated on. Lomax, Fink, Singh and High (2011) further elaborate on the improved moral agency and friendship among children during and after the use of participatory video. In addition to these the info will inform future War Child programming on barriers to inclusion in the community. However Hart and Tyrer (2006) refer to the study of Kirby and Bryson (2002) that the research has to avoid raising high expectations. By participating in the research children, especially those with a disability, might have high hopes that identified barriers will be solved with and after the research. However, as much as the ambition of the research is to contribute, the ambition for full inclusiveness takes more than the research on its own. Therefore expectations have to be managed carefully (Euwema, Graaff, Jager and Kalksma-van Lith, 2008).
Feedback: It is the responsibility of the researcher to give feedback to the children of the findings of the research. The selected method of PV covers this automatically by its own features. The child-researchers will receive a CD with their footage. The regular published children’s magazine and children’s radio program supported by War Child will be utilized to disseminate the research findings in child friendly ways.

Context: The research has to consider context specificities, such as cultural, ethnical, religion aspects. It is acknowledged that the researcher has limited knowledge as he has only recently started living in Sudan. The research assistants play a crucial role in context sensitivity (Turner, 2010). They are natives of the area and have two years work experience with the IDP communities.

Relationship with institutional ethics committees: The ethics will be observed according to the BERA ethical guidelines (2011) and the Child Safety Policy of War Child (2012a). In terms of consent, confidentiality and anonymity and data storage, protocols will be observed and further described in the dissertation.

Closely linked to the ethics are guidelines on good practice when working with children. These guidelines (Matthews, Limb and Taylor, 1998) are found as appendix D to the research and will be shared with the research assistants.

3.8 Limitation and Risks
Wood (2006) and Hart and Tyrer (2006) emphasise on challenges of researching in conflict zones. The major risk of the research is a further deterioration of the looming war between The Sudan and the world’s youngest nation, the Republic of South Sudan. The recent increase of military incidences led to a rise in War Child security level (War Child, 2012b). One more rise would lead to suspension of work and evacuation of international staff. Another potential risk is the obtainment of permission to conduct research and required travel permit for the researcher, Hart and Tyrer (2006). In recent month access for humanitarian workers has reduced tremendously. The decision by the Governor of White Nile state to stop access for NGO’s to Kosti Way station in April 2012 is just one example of the reduced
humanitarian space in Sudan (UNOCHA, 2012). In the worst-case scenario, a new research location has to be considered. A similar research in Northern Uganda where the researcher has over ten years experience would be the most obvious.
4 Data Presentation Introduction
Chapter four presents the data and findings of the conducted research. The methodology as described in previous chapter has been applied to collect the data relevant to the research questions. The data descriptions follow the chronological logic of the steps taken during the research.

4.1 Sampling Design and Participants
The sampling followed to a large extend the process as described under section 3.3. Two female War Child staff were selected as the adult research assistants, one with minimal prior experience with multimedia projects and one with experience in the selected community. The majority of the newly enrolled children in the SLS were below the age as stipulated in the criteria. Instead, the research team agreed to select child research assistants who recently had graduated from the SLS and joined formal primary education in June 2012. These children had already obtained some basic reading and writing skills and had completed a full cycle of the War Child life skills program IDEAL. The research assistants, assisted by the community volunteers, were assigned to select ten children who met the criteria. Five boys and five girls from one community were selected, all SLS leavers. In addition the research team agreed to include one boy with a physical impairment and his friend from a neighbouring community as to have representation of a child with a disability. The ten selected children identified 11 CWD to record in their community (see 4.3.1). In appendix E a picture impression of the education context of the selected children can be seen. The participants of the community screening were selected and invited by the children (appendix F). The table on the next page is a summary of the selected child research assistants.

8 IDEAL training is War Child’s life skills program (www.warchildlearning.org) in which children set personal goals.
<table>
<thead>
<tr>
<th>#</th>
<th>Age</th>
<th>Sex</th>
<th>Grade</th>
<th>Community</th>
<th>Child Personal Goal in DEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>M</td>
<td>8</td>
<td>Elaideen</td>
<td>Did not participate in DEAL</td>
</tr>
<tr>
<td>2</td>
<td>14</td>
<td>M</td>
<td>7</td>
<td>Elaideen</td>
<td>Did not participate in DEAL</td>
</tr>
<tr>
<td>3</td>
<td>13</td>
<td>M</td>
<td>3</td>
<td>Elengaz</td>
<td>Stop lying to people</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>M</td>
<td>3</td>
<td>Elengaz</td>
<td>Stop lying to people</td>
</tr>
<tr>
<td>5</td>
<td>13</td>
<td>M</td>
<td>5</td>
<td>Elengaz</td>
<td>Stop bullying and making problems with friends</td>
</tr>
<tr>
<td>6</td>
<td>13</td>
<td>M</td>
<td>7</td>
<td>Elengaz</td>
<td>Get rid of hesitation</td>
</tr>
<tr>
<td>7</td>
<td>13</td>
<td>F</td>
<td>4</td>
<td>Elengaz</td>
<td>Get rid of shyness</td>
</tr>
<tr>
<td>8</td>
<td>13</td>
<td>F</td>
<td>3</td>
<td>Elengaz</td>
<td>Get rid of shyness</td>
</tr>
<tr>
<td>9</td>
<td>13</td>
<td>F</td>
<td>3</td>
<td>Elengaz</td>
<td>Get self confidence</td>
</tr>
<tr>
<td>10</td>
<td>13</td>
<td>F</td>
<td>3</td>
<td>Elengaz</td>
<td>Get rid of shyness &amp; hesitation</td>
</tr>
<tr>
<td>11</td>
<td>13</td>
<td>F</td>
<td>4</td>
<td>Elengaz</td>
<td>Get rid of shyness</td>
</tr>
<tr>
<td>12</td>
<td>13</td>
<td>F</td>
<td>4</td>
<td>Elengaz</td>
<td>To be more open and share issues with my family</td>
</tr>
</tbody>
</table>

Figure 4-1: Table with participants of the Participatory Video Training

4.2 Training

Prior to the training of the children, the adult research assistants were familiarized with the facilitator’s manual (appendix O) and the equipment. The training for the child research-assistants took place in the War Child office and lasted five days with sessions of maximum three hours per day (appendix G). The children were trained in the use of Flip cameras and all practicalities around filming. As well they were given an introduction to the concept of disability. The exercises ‘Body Map’ and ‘The Wall’ gave an impression of the existing knowledge of the children, which has been documented as the first data. In the exercise ‘Body Map’ (appendix H) children had to draw in trios impairments they were aware off. The table on the next page indicates the impairments identified.
In the succeeding exercise, after having watched a short video clip on barriers towards inclusion, children had to think of possible barriers for CWD to be included in society. Again a visual approach was chosen for children to express the barriers they knew, which is presented in appendix I. The identified barriers by the children have been clustered into the slightly adjusted ICF categories (figure 4-3).

For the purpose of analyses, identified barriers of each respondent group will be summarized similarly and ultimately compiled in one table (figure 4-16).

**4.3 Research**

At the end of the last day of the training, children received for each couple a research bag, including the Flip camera, and departed for the weekend to identify and record CWD in their community, leaving the researchers in expectation.
4.3.1 Phase 1: Recording & Editing

After three days the children returned the Flip cameras with data, and appointments were made to edit the recordings with the children. The children did not face challenges while recording, accept of one couple, which got stones thrown at them by a deaf child. After a quick scan of the recordings, adult researchers found that one couple only had one shot of an adult PWD. The couple was given a second chance, which resulted in an additional recording of one CWD. In total, the children identified ten CWD from their own community and one CWD from a neighbouring community. The trainee with disability filmed his own life, making a total of twelve-recorded CWD. As a group the children developed 20 standard questions (appendix J), but these were randomly used. Therefore not all recordings gave comparable data. From the recordings, the following can be concluded: In three recordings the CWD his or herself responded, in eight recordings the parent responded and in one the teacher and a friend responded. Three children had a physical impairment, four children had a hearing impairment, three had a mental impairment and two children had multiple impairments. Three out of the twelve children were school going and one recently enrolled in the SLS. From the eight children who did not go to school, four were not allowed or able to leave their home compound. One was only allowed to move out with her siblings and one moves out alone. From two recordings there was no clarity, however, from the engagement with them, the research team learnt that one is allowed and one is not. Four parents indicated they would want their child to go to school if there was an opportunity as one parent said:

“I tried to enrol her in the school, but the headmistress said she cannot study with the children, she needs to be in a special centre”

Nine CWD had severe speech problems, but none used a formal form of sign language, though some developed their own gestures, mainly with siblings. The siblings were reported as important in the life of the CWD, often being the only friends of the CWD. In below table the findings of the characteristics of the children have been summarized:
The recordings revealed a number of barriers and gave information on what the impact of these barriers is to the life of CWD. The collected information has been summarized in figure 4-5.

Information gathered from the FLIP recordings

a. All physical disabled children had dysfunctional legs and faced mobility challenges in absence of a functioning wheelchair. Two physical disabled were not schooling, one child went to school with the help of friends and one went to school crawling.

b. The mobility barriers led to additional challenges; the sharp objects on the road led to injuries while crawling and scald on the hand due to the high sand temperature in hot season. The crawling enforced social exclusion, as children do not want to eat with the CWD because of the dirty hands. The obstacles on the road also caused late arrival in school and thus missing classes.

c. The two school going children reported challenges with the school benches, doorsteps and sanitation facilities.

d. One of the children with a hearing impairment had a defective hearing device; all others had no hearing device.

e. One deaf boy interviewed has two deaf brothers.

f. Two recordings clarified the cause of the disability. One child got deaf due to inappropriate treatment of measles. Another child explained he couldn't walk anymore from one day to another after people had called him and his friend twins.

g. Two recordings directly referred to the child being laughed at.

h. One parent with a child with a speech problem indicated their child cannot express feelings.

i. Sport and play was a favourite question of the child research-assistant. The majority of the CWD had limited or no chance to play outside with other children or play adjusted sports.

j. The interviewed parents portrayed a sense of fear and protection for their children.
The remarks have been further categorized into the CFI categories.

<table>
<thead>
<tr>
<th>Products &amp; Technology</th>
<th>Environment</th>
<th>Support &amp; relationship</th>
<th>Attitudes</th>
<th>Services, systems &amp; policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>e120 mobility</td>
<td>e225 climate</td>
<td>e410 family</td>
<td>e535 communication</td>
<td></td>
</tr>
<tr>
<td>e125 communication</td>
<td></td>
<td>e420 Friends &amp; peers</td>
<td>e580 health</td>
<td></td>
</tr>
<tr>
<td>e150 schools</td>
<td></td>
<td>e455 education</td>
<td>e585 education</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>e460 society</td>
<td></td>
</tr>
</tbody>
</table>

Figure 4-6: Table of barriers collected through analyses of the video recordings

4.3.2 Phase 2: Community Screening

The community screening had a good turn up (appendix F). One interviewed parent apologized for her child not to be there due to transport limitations. The clips of the children were shown one by one, with in between a short plenary to ask the audience which barriers for inclusion they had observed. These were written on poster on the wall, under the picture of each child as to have a summary for the final discussion. In active engagement the identified barriers from the recordings were similar as reported in the previous sections. However, some additional remarks are relevant for the research questions (figure 4.7)

Additional remarks gathered from the community screening

a. The audience observed limited community assistance for CWD to go to school.

b. The audience gave a reaction of euphoria when the child of the SLS answered the question one plus one right and concluded that schooling does help him a bit.

c. The brother of the deaf child of the SLS indicated that his brother has behavioural problems, which was contributed to the lack of an alternative form of communication between the child and the people around him.

d. The audience indicated that physical disabled children are mentally ok and can thus learn.

Figure 4-7: Additional remarks made by the community screening

In the final discussion, after the last recording the audience was asked what role the community could play to remove the barriers. During the discussions, further additional relevant info was shared (figure 4-8).

Additional information from the audience

a. There were mixed statements on attitudes towards CWD. On one hand the community stated the families to be over protective and caring by hiding their children at home and saw a community role in encouraging families to let there children out. Community awareness on the rights of CWD was suggested to achieve this. On the other hand statements were made that families should protect their children, instead of discriminating and hurting them.
One parent of CWD stated she knows families who hide their CWD when visitors come by.

b. The community saw a role for themselves and teachers to correct those who laugh at CWD. The teacher admitted that their peers laugh at CWD. Also the children who had recorded admitted teasing before the project, but were now playing with CWD and helping when needed. Nonetheless one member stated CWD should only make friendship within the family to avoid abuse.

c. The community mentioned the provision of transportation, hearing devices and wheel chairs, but who should provide these services remained unclear. The community observed that no one helps the children while moving to school.

d. One member suggested to improve the roads and make buildings without doorsteps.

e. There was acknowledgement that all children have the right to education: “We have to give all the children a chance, because most of them have a talent”. Some mentioned children with a hearing impairment should go to a deaf centre while others said schools should be opened for CWD. The audience opted to contact the MoE and MoSW to adjust the SLS in a place where CWD can come and play. Only one person opted for a specialized teacher in the community or in each school, which some families with CWD supported individually after the screening.

f. Several parents asked particular solutions for the impairment of the individual child

g. Two members mentioned other CWD then those recorded, one being a family of four deaf children

Figure 4-8: Additional information from the audience

The audience showed wondering and appreciation for the recordings delivered by the trained children, the following quote illustrates the views:

“These movies reflect the truth of the importance of education it enables these kids to make this movie”

As well the community appreciated the parents of- and children with disability for cooperating in the process. After the screening various individual members came to the researchers, all with their personal stories and concerns. Some expressed their emotions of desperateness on how to help their child or sibling. In these talks the medical limitations also became apparent. One stated that doctors could not explain what their child suffered from and another explained that their child got disabled due to lack of oxygen and feeding after birth. It was the aunt who then resorted in breastfeeding her cousin. One confirmed the statement of the children and complimented them for being friends with her child now.

<table>
<thead>
<tr>
<th>Products &amp; Technology</th>
<th>Environment</th>
<th>Support &amp; relationship</th>
<th>Attitudes</th>
<th>Services, systems &amp; policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>e120 mobility</td>
<td>e225 climate</td>
<td>e310 family</td>
<td>e410 family</td>
<td>e535 communication</td>
</tr>
<tr>
<td>e125 communication</td>
<td></td>
<td>e320 friends</td>
<td>e420 Friends &amp; peers</td>
<td>e575 social support</td>
</tr>
<tr>
<td>e150 schools</td>
<td></td>
<td>e355 health professionals</td>
<td>e455 education professionals</td>
<td>e580 health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e360 education professionals</td>
<td>e460 society</td>
<td>e585 education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>e465 norms &amp; practices</td>
</tr>
</tbody>
</table>

Figure 4-9: Table of barriers collected at the community screening
4.3.3 Phase 3: Interviews

Despite the engagement of the audience at the screening the research team felt that due to time constraints and audience size, matters were not sufficiently discussed. Therefore semi-structured group interviews were separately arranged with the three teachers, with the community volunteers and lastly with duty bearers of the MoE at White Nile State level. The interviews were guided by semi-structured questionnaires (appendix K).

Teachers

Two experienced head teachers and one class teacher, all female, were present at the meeting. The one head teacher was the designated teacher of the first lot of children in the Elingaz SLS and the second head teacher was the current teacher of the SLS. In general terms, four schools were discussed; the first school has two CWD on a total of 500 children. The children are in grade two and grade four, each with nearly 90 pupils. One has a hearing impairment and one has a visual impairment, referred to by the teachers as “simple disability”. The second school, for which one head teacher was previously responsible for, had three CWD enrolled. One child with a physical disability, which dropped out and was since found begging on the streets. The second child had a mental impairment, according to the teacher the child did not learn in school, but the family left him in school to prevent him from going to the streets. The third child was not discussed. From the third school, two brothers were reported, both with a physical and visual impairment. The fourth school was the SLS itself with recently one, and the first, child enrolled with a hearing impairment. In the entire state the teachers are aware of one private and one government special school. Figure 4-10 presents the barriers for CWD to go to school as reported by the teachers.

<table>
<thead>
<tr>
<th>Remarks of teachers in relation to barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. They stated that families don’t care to send their children to school or are scared that teachers and pupils don’t deal well with their children and tease them. The teachers strongly denied this and stated all teachers have a supportive attitude towards CWD. Also they did not specifically say children laugh at their peers, but while discussing solutions, indirectly laughing at was referred too.</td>
</tr>
<tr>
<td>b. The transportation to school for CWD is seen as a problem, including the lack of wheel chairs.</td>
</tr>
<tr>
<td>c. Due to overcrowded classes, CWD cannot be given special attention and specialized teachers are lacking. There was fear that crowded classes can do more physical harm to CWD.</td>
</tr>
<tr>
<td>d. Schools lack sanitation facilities and if available, they are in devastating condition.</td>
</tr>
<tr>
<td>e. The teacher training colleges did not offer them specific subjects in dealing with CWD.</td>
</tr>
</tbody>
</table>

Figure 4-10: Remarks of teachers in relation to barriers
In response to a preference for special or inclusive education, one teacher supported special schools and one preferred separated classes but within a regular school compound. As advantages to have CWD in regular schools the teachers mentioned that CWD attendance would help to teach other children how to deal with CWD. The CWD can forget their impairment if they are with peers and will be able to share talents and skills. Figure 4.11 presents the reported teachers requirements to enable CWD enrol in regular schools.

<table>
<thead>
<tr>
<th>Requirements to enable CWD enrol in regular schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Specialized teachers are required, specifically a sign language teacher and a teacher for the visual impaired children.</td>
</tr>
<tr>
<td>b. Additional teacher training in how to deal with CWD “cases”.</td>
</tr>
<tr>
<td>c. Teaching methods to deliver content.</td>
</tr>
<tr>
<td>d. Mobility means and transportation for CWD.</td>
</tr>
<tr>
<td>e. Safe school environment, which for example consists of:</td>
</tr>
<tr>
<td>1. Fence</td>
</tr>
<tr>
<td>2. Sanitation facilities</td>
</tr>
<tr>
<td>3. Clean water</td>
</tr>
<tr>
<td>4. School radio as reported being significant for awareness raising</td>
</tr>
<tr>
<td>f. A maximum teacher pupil ratio of 1:50.</td>
</tr>
<tr>
<td>g. Psychosocial support.</td>
</tr>
<tr>
<td>h. Special means, e.g. keyboards for blind children.</td>
</tr>
<tr>
<td>i. Awareness raising for children, the community and for families of CWD on how to deal with their children. The latter should focus on mothers as the teachers stated “because they are responsible, they care about their children”</td>
</tr>
</tbody>
</table>

Figure 4.11: Requirements to enable CWD enrol in regular schools

As a response to the questions on children with visual impairment and albino children, they responded that there are no blind children in Elingaz community and that albino children are seen as normal children.

On geographical questions, the teachers explained they do not originate from conflict areas and do not stay in Elingaz. To their knowledge the displaced families are from Nuba Mountains and Western Sudan, with only few recent new comers due to new conflicts.

The meeting ended with the recommendation to show the recordings to responsible persons such as the MoE, MoSW and charities and concluded with a strong statement of the teachers: “This government is horrible”.

62
Child Welfare Community Committee (CWC) members

The CWC is a group of twelve community elected volunteers who are responsible for the daily management of the SLS in Elingaz and its related activities. For the discussion three female and four male volunteers were present. The CWC explained that Elingaz consists of three squares with an estimated 2,000 displaced families per square. The majority has been displaced for at least five years. The CWC knew the four categories of impairment with deafness reported as common, while they hardly come across blindness. Mental disability was referred to as someone being abnormal. Albinism is not considered a disability and rather something good and can be caused by a gift of God or by pregnant women washing in a special river. Figure 4.12 summarizes further remarks.

Remarks of CWC members in relation to barriers

<table>
<thead>
<tr>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Lack of medical awareness under pregnant women.</td>
</tr>
<tr>
<td>b. Lack of medical services.</td>
</tr>
<tr>
<td>c. The explanation of children absent because parents are not able to</td>
</tr>
<tr>
<td>carry their child referred to mobility barriers.</td>
</tr>
<tr>
<td>d. Teachers have no knowledge of sign language.</td>
</tr>
<tr>
<td>e. Lack of community awareness, even the CWC were not giving</td>
</tr>
<tr>
<td>attention towards CWD until War Child organised the Day of the</td>
</tr>
<tr>
<td>African Child with 2012 theme being disability. Another example</td>
</tr>
<tr>
<td>was that those not educated belief that disability can be</td>
</tr>
<tr>
<td>contagious. The level of knowledge also reflected in the interest</td>
</tr>
<tr>
<td>of CWC if epilepsy and disabilities occur in Europe.</td>
</tr>
<tr>
<td>f. The CWC could not make a direct link between conflict and disability</td>
</tr>
<tr>
<td>in Elingaz, but assumed that those with a disability who needed</td>
</tr>
<tr>
<td>assistance were left behind as the chair of the CWC stated “you</td>
</tr>
<tr>
<td>just take the children in front of you and run way and you leave</td>
</tr>
<tr>
<td>children behind because all get crazy”.</td>
</tr>
<tr>
<td>g. At first instance CWC mentioned that CWD being bullied, laughed</td>
</tr>
<tr>
<td>at or ignored is a perception of the parents of CWD, but was later</td>
</tr>
<tr>
<td>various time reported as common.</td>
</tr>
<tr>
<td>h. There were beliefs among the community that a CWD is a</td>
</tr>
<tr>
<td>punishment from God. Another belief was that epilepsy only occurs</td>
</tr>
<tr>
<td>at a specific age and was referred to as ‘haboeba’ and can be</td>
</tr>
<tr>
<td>treated with fire on the skin.</td>
</tr>
<tr>
<td>i. Intermarriage was mentioned as a cause of disability, with</td>
</tr>
<tr>
<td>samples given within the community.</td>
</tr>
</tbody>
</table>

Figure 4.12: Remarks of CWC members

Reasons for CWC not to select CWD

<table>
<thead>
<tr>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are few CWD in Elingaz.</td>
</tr>
<tr>
<td>b. The assumption that parents of CWD would not allow their child to</td>
</tr>
<tr>
<td>enrol.</td>
</tr>
<tr>
<td>c. Even them as parent would not give priority to their healthy child</td>
</tr>
<tr>
<td>over their CWD.</td>
</tr>
<tr>
<td>d. The assumption that transport to the SLS would be a problem for</td>
</tr>
<tr>
<td>CWD.</td>
</tr>
<tr>
<td>e. The absence of a teacher in the SLS who could ‘deal’ with CWD.</td>
</tr>
<tr>
<td>f. Parents of CWD do not accept help, because they will feel shy and</td>
</tr>
<tr>
<td>stigmatized.</td>
</tr>
</tbody>
</table>

Figure 4.13: Reasons for CWC not to select CWD

On the questions what is required for the CWC to make Elingaz an inclusive community/SLS, the responses were:

- a) Training for CWC, especially in psychology.
- b) Qualified staff and a specialized teacher.
c) Tools and means such as wheel chairs.
d) Special teaching methods.
e) Trainings similar to the PV training.

In the discussion on preference for special or inclusive education the majority opted for special education for various reasons like CWD should not be in regular education due to overcrowded classes and absence of specialized teachers and thus lack of attention. Others said a special school would encourage parents of CWD to allow their child to go to education. One said a special school should be a preparatory stage for transfer of CWD to regular education.

The chairperson concluded that everything has a time for people to get used, and the same applies for working with CWD. As comparison he gave the story that once the lead researcher came to Elingaz, a white man was something special for the children, but now all had got used.

**Ministry of Education White Nile State**

We had requested for a meeting with the State minister, but in her absence she delegated her deputy, the Director General. On arrival we learnt he had mobilized representatives of all his departments (appendix L) as it was the last week for War Child in Kosti. He wanted to use the opportunity to thank War Child and say farewell to the departing researcher. All in all a different mind-set, but a chance to have such a big representation. The meeting started with presentation of two recordings of the children. The first reactions gave a good reflection of the attitude towards children with a disability:

> “You took the dark side in education, why didn't you take the light side about smart and clever student?”

And in response to the above by one of the research assistants, stating the Right of Education:

> “You are Teacher Anwar (father of the research assistant) daughter, so I wonder why you say that”
Another area of concern by the MoE was the chosen research location. They referred to Elingaz as a poor area and the situation of CWD in richer area’s being better.

After the first tumult an useful discussion followed, mainly initiated by one member whose brother got severely physical disabled at a young age, but since has built up an impressive career.

The member of the department of special education stated that approximate 400 to 500 CWD are registered with MoE, but actual numbers are expected far higher. The member of the special education department of MoE reported 22 specialized teachers and six institutions with curricula for each impairment.

Figure 4.14 presents further remarks in relation to barriers:

<table>
<thead>
<tr>
<th>Key remarks in relation to barriers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. All present were in agreement that community awareness is a key activity to change communities’ attitudes toward CWD. The MoE noted the organisations as primarily responsible for the community awareness.</td>
</tr>
<tr>
<td>b. One member explained that it is not the choice of the children to become disabled but Gods will, which the community has to respect and thus not to be embarrassed about CWD.</td>
</tr>
<tr>
<td>c. According to the MoE in the culture of low-income communities families with a CWD feel embarrassed to let their child out. One official said: “Some families when they get visitors, they try to hide CWD”. High prevalence of illiteracy and poverty contributes to the negative attitude of communities towards CWD.</td>
</tr>
<tr>
<td>d. The MoE explained they believe in a snowball effect that once one CWD sets the example of successfully going to school that other CWD will follow.</td>
</tr>
<tr>
<td>e. The cost of education of CWD was stated as too high as special education needs special training and skills, in addition to a general lack of services.</td>
</tr>
<tr>
<td>f. The MoE assumed it is the responsibility of organisations to provide CWD with aids such as hearing devices and wheel chairs.</td>
</tr>
<tr>
<td>g. One mentioned lack of medical services as cause of more severe disability after an accident.</td>
</tr>
<tr>
<td>h. The MoE members stated that CWD feel shy about their situation, healthy children can laugh at them. However they trust that this only happens in the first class and would stop in the succeeding classes. They stated that it is the role of a teacher to correct bad behaviour of children.</td>
</tr>
<tr>
<td>i. One member mentioned that the governor of WNS had established a council in 2012 to design a policy to establish a centre for disabled children to rehabilitate CWD and reintegrate them in society. The council had been established, but with insufficient budget and lack of expertise, despite consisting of over 20 members including representatives of Disabled People Organisations (DPO). The researcher was asked if the organisation could pay for the development of the land, which others thought was inappropriate.</td>
</tr>
<tr>
<td>j. A situation was shared of a village with 40 deaf persons, which was contributed to intermarriage.</td>
</tr>
</tbody>
</table>

Figure 4.16 presents the responses on the question if the MoE members preferred inclusive education or special education:

<table>
<thead>
<tr>
<th>MoE views on special or inclusive education</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The State ministry has a department for special education.</td>
</tr>
<tr>
<td>b. The state MoE had heard of a study by the national MoE to learn if their should be a policy change from special education towards inclusive education.</td>
</tr>
<tr>
<td>c. One view was that integration of children with a physical, hearing or visual impairment is possible but will require a special curriculum. The children with mental impairment will need special care.</td>
</tr>
<tr>
<td>d. Another view was that of special classes for CWD within the regular schools which will help for children e.g. by playing with each other in break time. This system should include a guidance program for children as to how to deal with different impairments.</td>
</tr>
<tr>
<td>e. Yet another view was to focus on life skills (e.g. vocational training) as this would be better than reading and writing skills for CWD. The member wondered who has to provide such system?</td>
</tr>
<tr>
<td>f. Others mentioned a case-by-case approach suits best; to classify children according to their ability is already a practise.</td>
</tr>
</tbody>
</table>
Lastly the MoE advised the researchers to show positive examples of integrated CWD in a next movie as a way to bring change in the community. The summaries of barriers of the three interviews have been summarized in the table under section 4.4.
4.4 ICF Summary Table of Environmental Barriers

In figure 4-16 the collected data on barriers of inclusion for CWD has been summarized per respondent.

<table>
<thead>
<tr>
<th>Short list of environment barriers</th>
<th>Training</th>
<th>Video recording</th>
<th>Community screening</th>
<th>Teachers</th>
<th>CWC</th>
<th>MoE</th>
</tr>
</thead>
<tbody>
<tr>
<td>e1. PRODUCTS AND TECHNOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e110 For personal consumption (food, medicines)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e115 For personal use in daily living</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e120 For personal indoor and outdoor mobility and transportation</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>e125 Products for communication (esp. lack of hearing devices)</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e150 Design, construction &amp; building products &amp; technology of schools</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>e155 Design, construction and building products and technology of buildings</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e2. NATURAL ENVIRONMENT &amp; HUMAN MADE CHANGES TO ENVIRONMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e225 Climate (hot sand)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
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<td>e240 Light</td>
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<td>e250 Sound</td>
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<td>e3. SUPPORT AND RELATIONSHIPS</td>
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<tr>
<td>e310 Immediate family</td>
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<td>e320 Friends</td>
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<tr>
<td>e325 Acquaintances, peers, colleagues, neighbours and community members</td>
<td></td>
<td>x</td>
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<td>e330 People in position of authority</td>
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<td>e340 Personal care providers and personal assistants</td>
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<td>e355 Health professionals</td>
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<td>e360 Education professionals</td>
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<td>e4. ATTITUDES</td>
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<tr>
<td>e410 Individual attitudes of immediate family members</td>
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<td>x</td>
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<td>e420 Individual attitudes of friends &amp; peers &amp; classmates</td>
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<td>e440 Individual attitudes of community volunteers</td>
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<td>e450 Individual attitudes of health professionals</td>
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<td>e455 Individual attitudes of EDUCATION professionals</td>
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<tr>
<td>e460 Societal attitudes</td>
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<td>e465 Social norms, practices and ideologies</td>
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<td>e5. SERVICES, SYSTEMS AND POLICIES</td>
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<td>e525 Housing services, systems and policies</td>
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<tr>
<td>e535 Communication services, systems and policies (incl. absence of sign language &amp; braille)</td>
<td></td>
<td>x</td>
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<td>e540 Transportation services, systems and policies</td>
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<td>e550 Legal services, systems and policies</td>
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<td>e570 Social security, services, systems and policies</td>
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<td>e575 General social support services, systems and policies</td>
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<tr>
<td>e580 Health services, systems and policies</td>
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</table>

Figure 4-16: Table of adjusted ICF checklist with identified barriers by each respondent
4.5 Transcriptions & Coding
All the above information arrived from the transcriptions from the available audio and video. All material had been recorded in Arabic and has been transcribed into English by the adult research team. Due to the nature of the received footages and audio recordings in combination with the level of English and word processing skills of the adult research assistants, the transcriptions have been limited to only translations. The transcription scheme for video and audio as suggested in section 3.6 and audio has not been applied. Coding on the transcribed data has been applied as described in section 3.6. The described data will be further analysed in the next chapter.
5 Data Interpretation

This research has been conducted to seek information about the situation of CWD in Kosti and acts as a baseline to adjust and develop inclusive activities with my organization War Child. The research was based on two questions:

1. What are the characteristics of children with a disability in the research communities?
2. Which barriers lead to exclusion of children with a disability from education in primary school and safe learning space in the research location?

In this chapter these questions are answered based on the data presented in chapter four.

5.1 Research Question 1

Prior to the research, national staff of War Child, teachers and community volunteers indicated CWD are hardly existent in the communities. With the help of the child research assistants the research has confirmed there are far more CWD as people assumed. Figure 4.4 has summarized the characteristics of the CWD. The identified CWD had a variety of impairments, but with different impacts. Children with a physical impairment had the highest chance of attending school. Children with a mental impairment had not even minimal chances to attend school, even their chances to leave their home compound was minimal. The kind of impairment thus impacted the vulnerability, which reflects findings of the WHO (2011).

Although blindness was a well-known impairment under the respondents, none of the identified CWD was blind. Also within further consultations, there was no report of blind children within the research community. This was remarkable as prevalence of blindness in Sudan is relatively high (Lewallen and Courtright, 2001). But not only for the medical fact, informal conversations, confirmed by literature, highlighted the special place blindness has within the Koran and that visual impaired persons commonly receive more support than peers with other impairments (Almusa and Ferrel, 2004;
Ghaly, 2007). Further characteristics are discussed in combination with barriers in the next section.

5.2 Research Question 2

Initially the research question was limited to barriers leading to exclusion from education. However, it appeared that the majority of CWD is not only excluded from education, but from any activity outside their compound. Therefore the ICF framework (figure 4-6) has been applied and used in the data analyses as categories.

5.2.1 Products and Technology

*Mobility and transportation*

Mobility was a repeatedly reported barrier that can be divided in two sub categories: general wheel chairs and transport means. In the IDP camps, wheel chairs are hardly seen, confirming global statistics (WHO, 2008). The two CWD recorded showed wheel chairs, which were exemplary for wheel chairs in the development context: not suit for off road use, low quality and too expensive (WHO, 2008; Winter, 2013) (figure 5.2 & appendix M). Winter (2013) has come up with an innovative design, specifically designed for similar contexts as Sudan, although the concern remains how these will and can reach CWD in a conflict setting and how these meet the requirements of the diverse needs of wheel chair users (figure 5.1). The concerns of the community confirm WHO (2008:9) argument that “a wheelchair […] is the means by which they can exercise their human rights and achieve inclusion and equal participation. A wheelchair provides mobility, ensures better health and quality of life, and assists people with disabilities to live full and active lives in their communities”.

<table>
<thead>
<tr>
<th>A wheelchair is appropriate when it</th>
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<tbody>
<tr>
<td>1</td>
<td>meets the user’s needs and environmental conditions</td>
</tr>
<tr>
<td>2</td>
<td>provides proper fit and postural support</td>
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<tr>
<td>3</td>
<td>is safe and durable</td>
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<tr>
<td>4</td>
<td>is available in the country</td>
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</table>
Transport has been considered a challenge to all CWD, not only physical impaired. In many developing countries, distance to school is a problem and a relevant barrier generally for children to access school (Karangwa, Miles and Lewis (2010). An IDP camp is often characterized by high numbers of people in a small area. The research team is of the opinion that transport for those who require it, is particularly something which can be arranged by the community in the research location in absence of social support services.

**Products for communication**

Especially during the community screening, hearing devices were regular mentioned as the solution for children with hearing problems. Only one child was reported to have a device, but not willing to use it, probably because it is simply not the right device for him as often occurs without diagnosis (WHO, 2004). Hearing aid devices could improve the quality of life of large number of children with hearing problems but even if conflict is not considered, very small numbers of devices reach developing countries (Ibid.) This study and the findings in Dafur (Trani, Ketta, Bakhshia and Bailey, 2011) indicate that for Sudan the situation is not any different. Just as is the case for wheel chairs, the process is not as simple as providing devices, if one service provision of
the schedule in figure 5.3 is missing, the hearing aid will not be a lasting solution (ibid.).

![Figure 5.3 Categories of Services](source: WHO, 2004:16)

**Design, construction of schools and SLS**

In this sub-category the research has limited itself to educational buildings. Appendix E shows the self-explanatory state of classrooms of the research-assistants. The few CWD attending school expressed their challenges in the recordings with door entrances, sanitation and the school benches, a common problem in schools in many African countries (Save the Children Alliance, 2008; Karangwa, Miles and Lewis, 2010). Also War Child had not considered accessibility when the SLS was constructed, consistent with Shivji’s findings (2010) that agencies even tend to forget the little they can do without substantial extra resources.

It is relatively easy to know what is needed in terms of products and technologies, but the critical question and challenge is whose responsibility it is to ensure CWD have access to the products? The MoE reported provision of these devices is a responsibility of the international agencies, but under article 20 and 26 of the UNCRDC it is the Sudanese government who holds the final responsibility whereas the INGO’s can support the government in fulfilling this obligation (WHO, 2008).
5.2.2 Natural Environment

There has hardly been any data collected under this category. The only mention has been of one CWD who burned her hands in the sand in the hot season and regularly cuts her hands or legs while crawling to school (figure 5.2). This study contributes these effects to the absence of transport-means, in which the solution has to be found.

5.2.3 Support and Relationships / Attitudes

Support or rather the lack of support appeared to be closely linked to attitudes. In accordance with Monk and Wee’s (2008) findings on linkages between attitudes and support, the two separate ICF categories have been combined.

The most profound barrier was attitudinal and was identified at all levels in society. Although negative attitudes were foreseen, the reactions at the MoE were indicative. While all viewers of the children’s recordings showed empathy and concern, consistent with Monk and Wee’s findings (2008), the initial reactions of the MoE on state-level were full of negativity; a sign of lack of responsibility of the duty bearer for the situation. If they don’t show the right attitude and support, this will reflect the situation in the schools or as Karangwa, Miles and Lewis (2010:267) state, “education policy [to be] a reality on paper, but not in practice”. The research showed a variety of attitudes from teachers, which is likely to be a reflection of the diversity of the teaching staff. While few teachers were reported to make an effort, despite all limitations, there were also reports of teachers denying access to CWD. However this could not be simply contributed to unwillingness, but rather to the environment teachers have to operate in.

A contradiction appeared between families with CWD and the rest of community. The community contributed the invisibility of CWD to the behaviour of the families with CWD. This behaviour is divided into behaviour as a result of shame at one hand. On the other hand it is contributed to over-protectiveness. The families with CWD state that it is the community who
stigmatizes and bullies them and their children and therefore keep their children at home. Initially in interviews this attitude was denied, but during the interviews, all respondents were convinced that negative behaviour towards CWD is widespread, which was confirmed in the videos by those who experienced it and conform prior studies (Filmer, 2005; Croft, 2010; Trani, Ketta, Bakhshia and Bailey, 2011). The openness and willingness of all CWD and their parents to participate in the research has been just one of the indicators showing their care and eagerness to be a respected member in society, confirming findings of Ingstad (1999) and Karangwa, Miles and Lewis (2010). Although reported by respondents without CWD and observed by Ghaly (2007), this research did not find signs of shame among the identified CWD and their families, though recognizing that the research did not have the ambition to trace all CWD in the community.

The research revealed that siblings play a key-role in the life of CWD. They are often the only friends for the children who stay inside the compound or the persons who take their brother or sister with a disability out. Siblings are thus a facilitator instead of a barrier and can play an important role in further research and design of interventions.

Social norms, practices and ideologies
The findings of this category mainly related to the perceived causes of the impairment. Various examples of superstition were collected, as example just one will be highlighted. One CWD reported the cause of his impairment. It was during EID when he was young and when one woman looked at him. The next day as he woke up, he was not able to walk. This data was verified with the mother who confirmed his statement and said the particular woman causes bad luck, specifically on special days like EID as was the case with her son. She did state that the doctor expected the cause to be a reaction of a wrongly set malaria treatment injection, but the mother mentioned not to believe the doctor. A personal mail to a tropical medicine doctor (Velthuizen, 2013) confirmed an article of Ibrahim (2007) though in this particular case he had doubts both legs could have been affected.
Respondents further reported families with more than one CWD and even mentioned a village where 40 children are deaf. Respondents questioned whether this was due to marriage within the family. Marriage with a blood relative is referred to as consanguineous marriage, “usually defined as people who are second cousins or closer” and is common in Arab societies (Modell and Darr, 2002:225). Sudan is among the countries with highest global prevalence of consanguineous marriages (Congsan.net, 2009). Consanguineous marriage increases the chance of giving birth to a CWD from between 2 and 3 percent to between 5 and 6 percent, but especially higher chance of severe recessive disorders (Modell and Darr, 2002; Waelput en Achterberg, 2007). However, when parents or grandparents of the married couple are also blood-related the chances on disability at birth increase considerably (Centre for Genetics Education, 2012), which the research assistants reported as common in the region. In relation to learning, Abu-Rabia and Maroun (2005) further studied the effects on reading-disability and found that the rate of reading-disabled children of first-cousin parents is significantly higher than the rate of reading-disabled children of unrelated parents. The information led to first thoughts of the research team on how to discourage consanguineous marriage but this would not be in line with international agreements. The WHO instead recommends “an approach that identifies families at increased risk and provides them with genetic counseling” (Modell and Darr, 2002). The research team shares the concerns of Modell and Darr (2002) whether such an ambitious program in a context like Sudan will be considered.

The Koran plays an essential role in daily life of the Sudanese, the relation between Islam and disability cannot be ignored. Respondents stated that negative attitude towards PWD is not in harmony with the Koran and that Muslims require assisting each other as highlighted by Almusa and Ferrel (2004) and Ghaly (2007). Due to the importance of Islam in Sudanese society, this study encourages to involve religious leaders in the design and execution of awareness campaigns to eliminate stigma against PWD.
5.2.4 Services, Systems and Policies

Communication

Parents and teachers reported the difficulties of communication with hearing impaired and mental impaired children. Although some mothers indicated their CWD had developed a form of basic communication through signs with their siblings, none was able to have a way of meaningful communication. This is consistent with Franklin and Sloper (2009) observations on the lack of participation of children with sensory or mental impairment. The UNCRPD (UN, 2008a) articulates the right to solutions as sign language and braille of paper, but although the respondents are aware of these methods, none knew how and where these services were available in the research location.

One brother reported behaviour problems of his deaf younger brother. A study of Mitchell and Quittner (1996) with school-going children in the United States confirmed prior studies that children with hearing impairment show more behaviour problems than their peers without hearing problems. Partly this can be contributed to the communication gap between the child and the family, resulting in frustrations for both parties (Meadow 1980, cited in Mitchell and Quittner, 1996). Their study further gives interesting insights on the triggers of inattention.

One mother perceived that her child with a mental impairment does not express feelings. She most likely based this on the communication skills the mother herself is used to and has not adopted her ways of communication to the needs of the child. Weihs (2000:45) explains caretakers have to develop a language code that “may be visual, tactile, acoustic or a mixture of approaches and is essentially a sensory experience”. It is assumed to be indicative of the lack of guidance (social support) services, offered to families with CWD as how to take care of their children.

General social support

The child researchers were very eager to discover whether their peers with disability had opportunities to play. These opportunities were mainly limited to play with siblings within the homes. Further opportunities were not existent in the research community, though play can have a crucial role in the integration of the CWD with their peers and stimulates in building an inclusive community.
(Roy, 2007, Walker, 2006). Studies and reports (WHO, 2010; Handicap International, 2008; Roy, 2007, Grandisson, Tetreault, Freeman, 2011) reported a variety of benefits of recreation, leisure and sport activities, which include: 1) empowerment, 2) reduction of stigma and social inclusion, 3) physical rehabilitation, 4) health promotion and disease prevention, 5) skills development and 6) awareness raising. Respondents of the study, specifically the community volunteers managing the SLS, recognized the power of play and showed interest to include CWD. Unfortunately they assumed this requires specialized training and extra financial and human resources, though in many cases with willingness and creativeness a lot can be achieved (WHO, 2010). The fact that during the establishment of the SLS, inclusion of CWD had not been considered, has been a missed opportunity to build the capacity of the community volunteers to integrate CWD in the recreational activities. The exclusion of CWD at project design confirmed Shivji’s (2010) argument that mainstream humanitarian aid organisations tend to overlook the inclusion of CWD, as the War Child initiated CFS and SLS had not considered inclusion of CWD (Gladwell, 2011, 2012).

Health

For this study, health services will be reviewed from the perspective of the Community-Based Rehabilitation (CBR) guidelines (WHO, 2010). CBR is “a multi-sectoral strategy to address the broader needs of PWD, ensuring their participation and inclusion in society and enhancing their quality of life (ibid.:1). In the health guidelines, CBR recognizes five components: 1) health promotion, 2) prevention, 3) medical care, 4) rehabilitation and 5) assistive devices.

From the study findings and experiences of the research team it can be concluded that none of the five is sufficiently present in the research location, though not in-depth researched in this particular study. With DFID (2000) estimating only 2% of PWD accessing rehabilitation services in developing countries this seems a realistic conclusion. Examples reported during data collection included underfeeding at birth, medical personnel not able to make (early) diagnosis and physical disabled children not receiving rehabilitation services.
Education services

In the research community there were two governmental primary schools, one community school and the SLS. Under school design some barriers to access these schools have already been discussed. Other school barriers observed in this study are comparable to similar studies (Karangwa, Miles, Lewis, 2010; WHO, 2011). Respondents mentioned over-crowded classes, lack of specialized teachers, lack of devices, relevant curriculum, illiteracy, and insufficient attention at the teacher college institutes. All these aspects not only deny access to education for CWD, but contribute to low standards of education, confirming Kastbergs (2010) observations on education in IDP camps. The intense interaction with the child research assistants gave an indication of the cognitive skills of the children and reflected the quality of education. The children of early adolescent age were hardly able to read or write but also their drawing skills were characteristic (appendix I), which Dembélé and Lefoka (2007) contributed to teaching methods applied in Sub Saharan countries. The right for children to access quality education is not met, the minimum standards for education in emergencies (INEE, 2010a) are obviously far from met, agencies who wish to assist the Sudanese government in improving education are denied access; what can be concluded in this situation? Maybe for this matter this research can only agree with the interviewed teachers who concluded: “This government is horrible”. A glance into the Transparency International’s (2012) Corruption Perception Index can rationalize this statement. Sudan scored position 173 out of 174 states. While there are several reports demanding for funding for EIE (Save the Children, 2010; Haiplik, 2010) there are few studies specifically looking into corruption in the field of education (Hallak and Poisson, 2001). In a global corruption workshop, figure 5.4 was developed, giving an overview of potential corruption effects on education. This study cannot make a judgement on the situation in Sudan, but in a country where corruption is so embedded, education cannot be left out (Centner, 2012). After having lived in Sudan for one year, as lead researcher, I can only acknowledge Centner’s (2012:848) conclusion that once corruption is not eradicated, “educational goals will continue to go unmet, stripping the country of its most vital resource: educated children”.

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<table>
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<th>Area of planning/management involved</th>
<th>Corrupt practices</th>
<th>Elements of education systems most affected</th>
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</table>
| Building of schools                 | • Public tendering  
|                                    | • Embezzlement  
|                                    | • School mapping                                                                 | Acces                                            |
|                                    |                                                                                   | Equity                                           |
| Recruitment, promotion and appointment of teachers (including systems of incentives) | • Favouritism  
|                                    | • Nepotism  
|                                    | • Bribes ans pay-offs                                                            | Quality                                           |
| Conduct of teachers                 | • ‘Ghost teachers’  
|                                    | • Bribes ans pay-offs (for school entrance for the assessment of children, etc) | Acces                                            |
|                                    |                                                                                   | Quality                                           |
|                                    |                                                                                   | Equity                                            |
|                                    |                                                                                   | Ethics                                            |
| Supply and distribution of equipment, food and textbooks | • Public tendering  
|                                    | • Embezzlement  
|                                    | • Bypassing of criteria                                                           | Equity                                            |
| Allocation of specific allowances (compensatory measures, fellowships, subsidies to the private sector, etc.) | • Favouritism  
|                                    | • Nepotism  
|                                    | • Bribes ans pay-offs  
|                                    | • Bypassing of criteria                                                           | Acces                                            |
|                                    |                                                                                   | Equity                                            |
| Examinations and diplomas          | • Selling of information  
|                                    | • Favouritism  
|                                    | • Nepotism  
|                                    | • Bribes and pay-offs  
|                                    | • Academic fraud                                                                 | Equity                                            |
|                                    |                                                                                   | Ethics                                            |

Figure 5.4 main practices of corruption observed within the education sector, and their possible impact on access, quality, equity and ethics. Source: Hallak and Poisson, 2001:20

In this respect the research is less optimistic of Muñoz (2010) thoughts that education can be rebuilt during and after conflict. For Sudan, where the conflict has lasted for decades and the MoE governance has remained within its position, education reform is hard to achieve. Despite all, this research has shown that if communities can be made aware of the rights of CWD, there are positive examples of teachers who on individual bases are willing to assist CWD.

5.2.5 Any Other Factors

Conflict

This research was particular eager knowing what the impact of conflict on the lives of CWD is. The findings confirmed the literature review in terms of indirect effects (Geneva Declaration, 2010; Shivji, 2010; Tamashiro, 2010). As
explained, above services in the community were very limited to none existent, leading to various risks. The research has not been able to confirm if conflict has directly lead to increased prevalence of disability as none of the identified CWD had an impairment related to fight, mines or incidence during flight. Respondents could only suspect that PWD were left behind at the moment they fled. They contributed this to the invisibility, even in the place of origin and their lack of awareness about disability by then. This finding confirms prior studies reported under the literature review.

Poverty
With Sudan ranking position 171 on the Human Development Index 2012 (UNDP, 2013) and UNDP (2012) reporting Sudan IDPs to hit hardest by poverty it did not come as a surprise that poverty was reported as a barrier to inclusion. Poverty translates into lack of services and devices, which has been explained above and will therefore not be further explored.

5.3 Conclusion
As the research analyses had to cover a large variety of barriers, it has been impossible to give in-depth analyses, but it can be concluded that the study confirms similar studies described in the literature review in different countries on barriers to inclusion. As the situation of CWD has hardly been studied and documented in Sudan it is hoped the findings can contribute to lobby for CWD, realizing the potential risk of generalization of this case study (Robson, 2002). On itself the research process is considered an useful exercise for the community to become aware in the situation of CWD and in that process possibly laying a foundation towards inclusion. In an effort to improve access for CWD in the education sector, it is recommended that donor’s requirements include inclusion efforts as to ensure authorities and humanitarian agencies include CWD in their programming conform various treaties which Harpur (2011) recognized as not being respected for PWD.
6 Reflection

6.1 Evaluation

As the lead researcher I am satisfied with the process and the outcomes of the research, though the findings have only increased my concerns for CWD within Sudan. The research confirmed that CWD are often invisible. Besides answering the research questions, the research had the ambition to set an example of meaningful child participation and to seek community attention for CWD. This has been achieved through the use of PV. Some remarkable examples of attitudinal change resulted from the process; the mother of CWD who recommended two child researchers for having become friends with her son; or one CWD who sang at community events and was applauded for her talent or simply, the fact that the community was together discussing at the community screening event, for some parents with CWD their first time to be in public with their child. It has made the research and efforts worthwhile, however small-scaled these changes are.

To a large extend the process of PV has been successful, the training has been evaluated positively (appendix N) by the participants, the community appreciated their efforts of the process stating it has been an example of the power of education and recognition of the promotion of child research by Kellet (2005) and Stubbs (2008).

Unfortunately, the research has not been able to capture first-hand information from the children with a mental or hearing impairment. In all cases it were the parents responding to the child research assistants. On its own that is an achievement as children rarely have the lead in a discussion with adults in the Sudanese context. In future similar research it is recommended to explore how children with these impairments can express themselves. In this respect Franklin and Sloper (2009) is recommended reading.

The community screening was a success in terms of improving attitudes towards child participation and CWD but the time for discussion was not sufficient. A late start was expected as time is a flexible concept in Sudan but once it comes to prayers Sudanese are strict on time so the discussion had to be rushed as to finish before the evening prayers. It is recommended that a
similar research process be followed up by another method of data collection as the identified barriers lead to further questions.

The adult research assistants showed great interest and commitment towards the project, which contributed to the success of the research. However, their drive for inclusion, together with the language barrier proved to be a validity challenge afterwards. During transcriptions it was observed that in a few incidences, especially with the MoE they were lobbying for the rights of CWD rather than keeping them selves to translating the questions and responses. Although this raises validity concerns, as their manager I was proud they lobbied for the beneficiaries they work for, as was the ambition of the research process.

The research was conducted based on the bio-psycho-social model, and thus avoiding a focus on the medical consequences of the impairment. Still at times it was uncomfortable to lack knowledge on the medical side of disability, especially as the community and families of CWD had so many questions out of ignorance and the CWD lacked any medical and rehabilitative services that could improve their quality of life tremendously.

6.2 Limitations

The research experienced challenges on various levels, starting with an unexpected 1,5 years illness of the researcher. On arrival in Sudan it soon became clear that War Child was forced to close its field-office at the end of the year, which was managed by the researcher. This meant that the research would have no follow-up. One objective of the research was to collect data about CWD as input to design new interventions including CWD. This confronted the research with the ethical question whether to proceed; as soon after identifying CWD, War Child would phase out and thus potentially raise false expectations. In consultation with the research assistants if was felt that the research could still lead to community awareness and thus proceeded.

To conduct the research in Sudan there was one big dilemma as it was apparent that the Sudanese government did not permit any type of research and requesting to do so would risk work- and travel permits, which were already a struggle to obtain. Sudan’s low ranking in the World Press Freedom Index (Reporters Without Borders, 2013) confirms the harsh environment for
journalists and researchers. As War Child’s program ‘Give Children a Voice’ (War Child, 2011b) had been approved; it was decided to collect data under that umbrella, with only the two research assistants trusted with the academic component.

The researcher’s main purpose of being in Sudan was to manage a large-scale humanitarian intervention in a complex situation. At moments it was extremely hard to combine these responsibilities with research. Despite this unwanted situation, in The Sudan probably the only way to conduct research is in collaboration with INGO’s. Strengthening cooperation between universities and INGO’s is therefore recommended.

6.3 Dissemination
After completion of the community screening, the recordings and pictures were shared with the research assistants. Before completion of the research, the recordings were shown at informal hours at the 2013 International Conference on Inclusive Education in Bangladesh9. This resulted in an interest in the PV training manual of two agencies and one university. Also within my organisation positive responses were received on the process and the manual has been shared. The intention is to present the findings in one or two conferences and find interest to publish the research.

6.4 Conclusion
The team and lead researcher conducted the research and work at times with a feeling of powerlessness. Inclusion for CWD on a large scale is still far from a reality in The Sudan and is not expected anytime soon. The research findings have given a glance of the devastating situation IDP’s in Sudan are in, but efforts to assist are frustrated by the government. Despite all challenges, communities can at least ensure CWD and PWD and their relatives to be respected members of the community, which the research team believes it has made a contribution to. Meanwhile humanitarian agencies,

9 Conference organized by Asian Centre for Inclusive Education. Conference theme: Meeting Challenges of Inclusive Education
including War Child, should no longer ignore the extreme vulnerability of PWD and have to mainstream inclusion of PWD in all their services if international goals are to be achieved. Continued research, especially in conflicted affected states can contribute to essential data required for further lobby purposes.

Word count: 21.988 words
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Appendices

Appendix A - Abbreviations

CAFS - Conflict Affected Fragile States
CFS - Child Friendly Space
CREATE - Consortium for Educational Access, Transitions and Equity
CWD - Child(ren) With a Disability
EFA - Education For All
EIE - Education In Emergencies
ESR - Education Sector Status Report
ESSP - Education Sector Strategic Plan
GEM - Girl Education Movement
ICF - International Classification of Functioning, Disability and Health
IDP - Internally Displaced Persons
INEE - Inter-agency Network for Emergency Education
ISCED - International Standard Classification of Education
INGO - International Non Governmental Organization,
MDG - Millennium Development Goals
MoE - Ministry of Education
MOSW - Ministry of Social Welfare
PV - Participatory Video
PWD - Person(s) With a Disability
SLS - Safe Learning Space
UNDP - United Nations Development Programme
UNCRC - United Nations Convention for the Rights of Children
UN - United Nations
UDHR - Universal Declaration of Human Rights
UIS - UNESCO Institute for Statistics
UNOCHA - United Nations Office for the Coordination of Humanitarian Affairs
UNESCO - United Nations Educational, Scientific and Cultural Organization
WHO - World Health Organization
WRD - World Report on Disability
Appendix B – Good Practice Working with Children

The ethics of research extends to establishing good methodological practice. When working with children, the student (him/herself an adult) investigator needs to be sensitive to issues of children’s powerlessness and vulnerability. Any interviewer-respondent relationship is bound by power, an artifact which is all the more real when the respondent is small and the interviewer is larger. First, we identify practices and techniques which will mitigate the likelihood of there being an unproductive superordinate (student) - subordinate (child) relationship and assist in ensuring respect for the rights of children as autonomous people; second, we consider some important methodological issues when working with children.

Getting the balance right. There has been much written about the power imbalance in the adult-child research relationship (Mayall, 1994; Qvortrup et al., 1994; Alcock, 1996). Not only is there a gap in age and a difference in bodily size, there is also an undeniable difference in status within society. In this case, the generational division overarches differences in gender, ethnicity and class. Students should be careful not to exploit this delicate relationship. Effective involvement and participation will occur only if children believe in their ability to be heard.

Establish ground rules. Be clear about what is and what is not acceptable behaviour. Emphasise that there is no obligation to take part and that everyone has the right to withdraw. There are no sanctions for not getting involved. Explain what is to be covered. In a group discussion, point out that each person should respect the views of others, there should be no interrupting and everyone has the right to express a view. Be sensitive to what it feels like to be in a position where you have little or no power. Keep in mind the effect that these different positions and roles have upon a young person’s ability to express him/herself. Try to see things from his/her point of view.

Provide a comfortable setting. The context of the setting in which young people are to be met will have a significant bearing on communication. To maximise the possibility of effective communication pay attention not only to what is said, but where the meeting will take place. When working with children (e.g. one-to-one interview, focus group), try to sit at their level, not too close and not too distant, in a quiet and comfortable place. If working in a group, arrange the chairs in a close circle. Ask permission before taking notes or tape-recording. Let children see or hear what has been recorded.

Communicate clearly. Good communication is a skill and is something that can be worked on. It includes more than just verbalisation. Think carefully beforehand how to manage social interaction with young people (Coleman et al., 1997). Messages which are sent through gestures, eye contact and posture all have a bearing. Speak clearly, fairly slowly and not too loudly. Use a lot of eye contact and look interested (Alderson, 1995, p. 31). Avoid jargon and do not be patronising.

Listen and respond. Respect what children say. When children have misinterpreted the question or seem to be giving inappropriate answers, do not correct them or belittle what they say. Respond to what they have been
talking about before reintroducing the question or topic. Be willing for there to be give and take in the rhythm of the conversation and be prepared to give way, even though you may want to move the agenda on.

*Encourage openness.* Encourage children to ask questions about any aspect of the project. Take time to give them full answers. Remember that each child is doing you a favour.

*Be Flexible.* Children have many things to do in their busy lives. You cannot expect a group of children to give up all of these other activities and immerse themselves fully in your project. Anticipate some lack of interest. Arrange the meeting around a number of different activities or topics, rather than one lengthy exercise. Be prepared to adjust the length of time you spend on each of these. As a rule of thumb, the younger the group of children, the shorter the attention span.

*Dealing with distress.* In any research project it is possible for a student to be faced with a distressed participant. When the participant is a child the situation (and responsibility) can be all the more challenging. Students need to have strategies in place for dealing with distress.

*End positively.* At the end of a meeting, finish on a positive note. Thank children for their participation, stress that without their assistance there would be no project.

Source: Matthews, Limb and Taylor, 1998
### Appendix C – Transcription System

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>H/Ch</td>
<td>Identifies speaker (H = Holly; Ch= children etc.)</td>
</tr>
<tr>
<td>[     ]</td>
<td>Indicates overlap in speakers’ talk</td>
</tr>
<tr>
<td>word</td>
<td>Indicates speaker’s stress on a word or phrase</td>
</tr>
<tr>
<td><em>Word</em></td>
<td>Indicates a quietly spoken word or phrase</td>
</tr>
<tr>
<td>wo::rd</td>
<td>Indicates extension of the sound preceding the colon (the morencolons the longer the sound)</td>
</tr>
<tr>
<td>((raises head))</td>
<td>Contains the analyst’s description of body movement. Here these are located in a line of talk they refer to the current speakers actions. Where they occur between lines of transcribed talk (e.g. between lines 1 and 2 in sequence 1) they refers to the next speaker’s actions.</td>
</tr>
<tr>
<td>(2.0)</td>
<td>Indicates a pause in speech (here two seconds)</td>
</tr>
<tr>
<td>(.)</td>
<td>Indicates a gap of less than two tenths of a second</td>
</tr>
</tbody>
</table>

**Estate**

Estate where research took place

**Shire**

Anonymised former place of residence

Source: Lomax, Fink, Singh and High, 2011
Appendix D – Explanation of Informed Consent

It is necessary to obtain informed consent when photos, interviews or stories portraying a child or children will be published in any form of media or used by War Child for external communications. In the cases where: only group or action photos will be taken or where photos and/or stories and not published; the children participating will be informed in advance but will not be required to sign the informed consent form. The children will be given the option not to appear in photos or stories if they so choose.

Informed consent is when a child gives their consent for their story / picture to be taken only after they have been briefed to have a full appreciation and understanding of what this actually means (e.g., being used on our website to illustrate War Child’s work) and the possible implications. Informed consent puts children at the centre of decisions that are made about their representation

In order for informed consent to be obtained a child must be in possession of the relevant facts and of their reasoning facilities. If a child is unable to give informed consent because they are, for example, mentally impaired, do not understand the language of consultation or the choice that they are offered, or affected by drugs or alcohol, their story or image will not be used.

If a child is unable to give informed consent because they are very young, consent can be obtained from their primary care giver. This will be at the discretion of the relevant Child Protection focal person (in WPAs or HO). The same rules apply when approaching the parent or care-giver in terms of ensuring their understanding of what the information and photos will be used for.

\[10\] From War Child United Kingdom Child Protection Policy
War Child should always obtain the informed consent of the child and their parent or guardian or other NGO responsible for their care in order to use a child’s story or image for publicity, fundraising, awareness-raising, lobbying or other purposes.

The purpose for which the image / story is taken should always be made clear to the child first along with the name of the media that will use it. Children should be assured that personal or physical information that could be used to identify them will not be published and will be stored in a secure place.

Ideally, informed consent would be in the form of a photo / consent form signed by the relevant parties. People coming into contact with children at War Child’s projects will have already signed up to the statement of commitment (which affirms their commitment to representing children accurately and with respect) and been fully briefed by War Child staff.

Guiding Principles in Obtaining Informed Consent

- Children should, wherever possible, be given examples to illustrate how their story or image might be used
- The benefits AND the risks of participation should be explained
- Be clear in describing to the child the things their story or image might be used for
- Ask open-ended questions so that we are not interpreting the child’s story or altering their experience
- Ensure a sensitive approach at all times
- Reassure children that it is ok to say “no”
- Reassure children that they do not have to answer any questions they do not want to and can change their mind with regards to their participation at any time
- Emphasize confidentiality and that the child’s name will not be used, their identity will be protected and they will not be traceable as a result of the publication
- Ensure you are attuned to a child’s body language (consent may be expressed but the child may appear uncomfortable by it)
Appendix E – Photo impression child research assistants

Source: Velthuizen, 2012b
Appendix F - Community Screening Attendance

<table>
<thead>
<tr>
<th>#</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mother CWD 7</td>
</tr>
<tr>
<td>2</td>
<td>CWD 7</td>
</tr>
<tr>
<td>3</td>
<td>CWD 4</td>
</tr>
<tr>
<td>4</td>
<td>Mother CWD 4</td>
</tr>
<tr>
<td>5</td>
<td>Brother CWD 5</td>
</tr>
<tr>
<td>6</td>
<td>CWD 5</td>
</tr>
<tr>
<td>7</td>
<td>Aunt CWD 8</td>
</tr>
<tr>
<td>8</td>
<td>CWD 8</td>
</tr>
<tr>
<td>9</td>
<td>Mother CWD 8</td>
</tr>
<tr>
<td>10</td>
<td>CWD 9</td>
</tr>
<tr>
<td>11</td>
<td>Mother CWD 9</td>
</tr>
<tr>
<td>12</td>
<td>CWD 6</td>
</tr>
<tr>
<td>13</td>
<td>mother CWD 1</td>
</tr>
<tr>
<td>14</td>
<td>CWD 2</td>
</tr>
<tr>
<td>15</td>
<td>Mother CWD 2</td>
</tr>
<tr>
<td>16</td>
<td>PVT2</td>
</tr>
<tr>
<td>17</td>
<td>Child 1</td>
</tr>
<tr>
<td>18</td>
<td>CWD 11</td>
</tr>
<tr>
<td>19</td>
<td>Mother CWD 11</td>
</tr>
<tr>
<td>20</td>
<td>PVT3</td>
</tr>
<tr>
<td>21</td>
<td>Mother PVT3</td>
</tr>
<tr>
<td>22</td>
<td>PVT 7</td>
</tr>
<tr>
<td>23</td>
<td>Mother PVT7</td>
</tr>
<tr>
<td>24</td>
<td>PVT12</td>
</tr>
<tr>
<td>25</td>
<td>PVT6</td>
</tr>
<tr>
<td>26</td>
<td>PVT4</td>
</tr>
<tr>
<td>27</td>
<td>Father PVT4</td>
</tr>
<tr>
<td>28</td>
<td>PVT11</td>
</tr>
<tr>
<td>29</td>
<td>Mother PVT11</td>
</tr>
<tr>
<td>30</td>
<td>Parent 1</td>
</tr>
<tr>
<td>31</td>
<td>Parent 2</td>
</tr>
<tr>
<td>32</td>
<td>Youth 1</td>
</tr>
<tr>
<td>33</td>
<td>Parent 3</td>
</tr>
<tr>
<td>34</td>
<td>Parent 4</td>
</tr>
<tr>
<td>35</td>
<td>Parent 5</td>
</tr>
<tr>
<td>36</td>
<td>Youth 2</td>
</tr>
<tr>
<td>37</td>
<td>Youth 3</td>
</tr>
<tr>
<td>38</td>
<td>Parent 6</td>
</tr>
<tr>
<td>39</td>
<td>Parent 7</td>
</tr>
<tr>
<td>40</td>
<td>Parent 8</td>
</tr>
<tr>
<td>41</td>
<td>Parent 9</td>
</tr>
<tr>
<td>42</td>
<td>Parent 10</td>
</tr>
<tr>
<td>43</td>
<td>Youth 4</td>
</tr>
<tr>
<td>44</td>
<td>Youth 5</td>
</tr>
<tr>
<td>45</td>
<td>Parent 11</td>
</tr>
<tr>
<td>46</td>
<td>Parent 12</td>
</tr>
<tr>
<td>47</td>
<td>CWC 1 to 6</td>
</tr>
<tr>
<td>48</td>
<td>-52</td>
</tr>
<tr>
<td>53</td>
<td>-55</td>
</tr>
<tr>
<td>56</td>
<td>-80</td>
</tr>
<tr>
<td>81</td>
<td>approximate 30 persons watching behind the windows</td>
</tr>
</tbody>
</table>
Appendix G – Impression Participatory Video Training
Source: Velthuizen, 2012b
Appendix H – Impression ‘Body Map’
Participatory Video training – Session 2 – Exercise 2 - identifying impairments

Source: Velthuizen, 2012b
Appendix I - Impression 'The Wall'
Participatory Video training – Session 2 – Exercise 3 — identifying barriers

A teacher at school teaching the children and there are deaf children they can’t hear what the teacher says and the asked each other but both of them can’t get the teacher.

A disabled child went to play football with his peers and then the other kids laughed at him and then he went away.

A child with disability at the market trying to go up the stairs and the other look at him and laugh.

A paralyzed child at school and he wants to go to the classroom but he can’t because the doorstep is too high and nobody helps him.

A child his head is not ok and the other children laugh at him he wants to play football but he couldn’t play.

A paralyzed child wants to cross the road but he can’t and nobody help him and the road is dangerous.

A deaf child at school he can’t understand what the teacher says.

A person has one leg he use sticks and the road was full of cars.

A paralyzed child we wish to play football but he can’t.

A blind person he wants to cross the road but he can’t.

A deaf child in school want to learn but the teacher doesn’t know how to teach him.

A paralyzed person he wants to go up the stair but he didn’t find anyone.

A paralyzed person wants to go the market to buy clothes for Eid but he can’t go up the stairs.
Appendix J - Questions Child Research-assistants

During the training the children were asked in two groups to prepare possible questions they could ask while interviewing a child with a disability. The groups were divided by sex. After preparing the questions, each group presented its questions to the other group as extra input. The children came up with the following questions:

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your name?</td>
<td>1. What is your name?</td>
</tr>
<tr>
<td>2. How old are you?</td>
<td>2. How old are you?</td>
</tr>
<tr>
<td>3. Where do you live?</td>
<td>3. How do you go to the school? And with whom?</td>
</tr>
<tr>
<td>4. Are you born like this or was it an accident or a disease.</td>
<td>If yes</td>
</tr>
<tr>
<td>5. Do you go to the school?</td>
<td>4. What the most difficult thing you face at school?</td>
</tr>
<tr>
<td>6. What are the problems face you at school?</td>
<td>5. Who help you to going to the toilet at school?</td>
</tr>
<tr>
<td>7. What are the problems facing you in the neighbourhood?</td>
<td>7. How is your relationship with your friends?</td>
</tr>
<tr>
<td>8. What do you like to do?</td>
<td>8. How do you spend your day?</td>
</tr>
<tr>
<td>9. There is the favorite place do you like to go?</td>
<td>9. How is your relationship with your family members</td>
</tr>
<tr>
<td>10. Who is your best friend?</td>
<td>10. How do you spend your day at home?</td>
</tr>
<tr>
<td>11. How does your friend help you?</td>
<td>11. How do you feel when your peers go to the school and you are not?</td>
</tr>
<tr>
<td>12. How does go with you to visit your friend during the Eid</td>
<td>12. If you find opportunity to go to the school will you go?</td>
</tr>
</tbody>
</table>

The boys explained that if an indentified child is deaf the interview will be conducted with his/her mother.
Appendix K – Semi-structured Questionnaires

Teachers - 24th December 2012

The meeting will start with introductions and a confirmation if the interviewees were present at the community screening. There will be a short explanation for the request of more elaboration on the discussion of the community screening. The interviewees will be informed that all the gathered information serves as input for a discussion with the Ministry of Education on access to education for children with a disability. The meeting will be approached as a War Child meeting and not as data collection for an academic research due to the security reasons. The below questions serve as guidance

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What are your name’s</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>What are your positions?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>How long have you been teacher? (qualified?)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Which grade do you teach?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Have you often come across children with a disability in your class / school?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>What type of impairments have you come across in your class / schools?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>In your teacher education, did you get any guidance?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>What are the barriers children face to enrol in schools?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>What are the challenges for children in the schools?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>What are the challenges for teachers teaching children with a disability?</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>What do you consider as solutions for children to enrol?</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>What you think is the role of the community?</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Are the children affected born in Elingaz?</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>May I ask where you are originally from?</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>How does it relate to the conflict?</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>In our findings till date we have not come across blind children, what is your experience with blind children in Elingaz community?</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>What are your experiences with albino children, are they considered as disabled children?</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Is there any other question or comment you have for us?</td>
<td></td>
</tr>
</tbody>
</table>

Thank you!
Child Welfare Community (CWC) volunteers - 24th December 2012

The meeting will start with introductions and a confirmation if the interviewees were present at the community screening. There will be a short explanation for the request of more elaboration on the discussion of the community screening. The interviewees will be informed that all the gathered information serves as input for a discussion with the Ministry of Education on access to education for children with a disability. The meeting will be approached as a War Child meeting and not as data collection for an academic research due to the security reasons. The below questions serve as guidance for the discussion.

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What are your name’s</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>What are your professions besides being a CWC?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What type of disabilities have you come across in SLS?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Have you often come across children with a disability in SLS (and activities)?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did you make an attempt to enrol them in SLS?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>What you do to ensure kids with disability participate?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>What are the barriers children face to enrol in SLS / participate in activities?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>What can the CWC particularly do to improve assistance to CWD in the community</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>What support the CWC need to ensure inclusion of CWD?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>What you think is the role of the community?</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Are the children affected born in Elengaz?</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>May I ask where you are originally from?</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>How does it relate to the conflict?</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>In our findings till date we have not come across blind children, what is your experience with blind children in Elingaz community?</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>What are your experiences with albino children, are they considered as disabled children?</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Is there any other question or comment you have for us?</td>
<td></td>
</tr>
</tbody>
</table>
The meeting will start with introductions. The interviewees will be shown a part of the training clip and two or three children’s recordings depending on time. After the recordings the interviewees will be explained that the recordings have been shown and discussed with community member.

The interviewees will be informed that the PV process was initiated as input for War Childs future programming as well as for lobby with the MoE for the right to education for children with a disability. The meeting will be approached as a War Child meeting and not as data collection for an academic research due to the security reasons.

The general questions as stipulated in the Participatory Video Training Manual and the questionnaires used with teachers and CWC will serve as guidance for the meeting.
Appendix L - Participants Ministry of Education

<table>
<thead>
<tr>
<th>#</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoE 1</td>
<td>Director of basic education</td>
</tr>
<tr>
<td>MoE 2</td>
<td>General director of education</td>
</tr>
<tr>
<td>MoE 3</td>
<td>Director of education planning.</td>
</tr>
<tr>
<td>MoE 4</td>
<td>Administration</td>
</tr>
<tr>
<td>MoE 5</td>
<td>Personnel manager</td>
</tr>
<tr>
<td>MoE 6</td>
<td>Assistant planning manager</td>
</tr>
<tr>
<td>MoE 7</td>
<td>Finance manager</td>
</tr>
<tr>
<td>MoE 8</td>
<td>Vice director of secondary school.</td>
</tr>
<tr>
<td>MoE 9</td>
<td>Pupils affairs manager.</td>
</tr>
<tr>
<td>MoE 10</td>
<td>Teachers affairs manager</td>
</tr>
<tr>
<td>MoE 11</td>
<td>assistant Special Education</td>
</tr>
</tbody>
</table>
Appendix M - Photo Impression Mobility and Transport
### Appendix N - Training Evaluation

Training evaluation with children Thursday 27\textsuperscript{th} December
Absent Saeeda, Hassan and Ali

**Energizer: What do you think?** (see training manual)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have fun?</td>
<td>all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training location ok?</td>
<td>all</td>
<td></td>
<td>- The office was nice place to be</td>
</tr>
<tr>
<td>Travel a problem?</td>
<td>all</td>
<td></td>
<td>- We enjoyed the travelling</td>
</tr>
<tr>
<td>Learnt anything new?</td>
<td>all</td>
<td></td>
<td>- We had never seen &quot;this&quot; (PV) before</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- We learnt how to hold camera</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- I had seen a camera but never used it</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- I had never seen before</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- First time to learn someone with disability</td>
</tr>
<tr>
<td>Did you enjoy the games?</td>
<td>all</td>
<td></td>
<td>- Elephant and parachute game favorites</td>
</tr>
<tr>
<td>Can you now make your own movie?</td>
<td>all</td>
<td></td>
<td>- Hold the camera</td>
</tr>
<tr>
<td>What steps to take to make movie?</td>
<td></td>
<td></td>
<td>- The permission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Storyboard</td>
</tr>
<tr>
<td>And after filming?</td>
<td></td>
<td></td>
<td>- Download in the computer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- We watch it after that!</td>
</tr>
<tr>
<td>Did you make new friends?</td>
<td>all</td>
<td></td>
<td>- Mujahid new friend to most</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- The children we filmed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Some play football with one CWD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- One plays a board game with one CWD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Frank and Azza (adult researchers) are new friends</td>
</tr>
</tbody>
</table>

**Exercise 2–group evaluation**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What did you enjoy most of the training?</td>
<td>- Using the camera, making shots</td>
</tr>
<tr>
<td></td>
<td>- The whole training</td>
</tr>
<tr>
<td></td>
<td>- The games (parachute game)</td>
</tr>
<tr>
<td></td>
<td>- Game of the blind, we learnt trust</td>
</tr>
<tr>
<td>Do you prefer games or filming?</td>
<td>- The movies!</td>
</tr>
<tr>
<td>What did you not enjoy of the training or was difficult?</td>
<td>- The first day to come to office was difficult</td>
</tr>
<tr>
<td></td>
<td>- The camera is sensitive, hold it careful, by yourself and in special way</td>
</tr>
<tr>
<td></td>
<td>- Using the camera first day was difficult, but enjoyable</td>
</tr>
<tr>
<td>Did you enjoy making the video consent?</td>
<td>- It was somehow difficult, 50% - 50%</td>
</tr>
<tr>
<td></td>
<td>- One girl was scared in the beginning, but in the end managed</td>
</tr>
<tr>
<td>Why did no one use the video consent?</td>
<td>- We thought people would not belief if consent was done by camera</td>
</tr>
<tr>
<td>Should video consent stay in the training?</td>
<td>- Some mentioned it is better to remove it</td>
</tr>
<tr>
<td></td>
<td>- Other said if it is written out word by word they could read it out loud</td>
</tr>
<tr>
<td>Any one a problem with getting consent in the field?</td>
<td>- One boy mentioned people were asking why were they making a movie, but after explanation they cooperated.</td>
</tr>
<tr>
<td></td>
<td>- One girl mentioned people wondered who gave them the</td>
</tr>
</tbody>
</table>
camera. When answered they come from War Child, people did not believe them until they showed the paper from War Child with explanation.
- One mentioned some were at first scared with all the questions, but after explaining it was ok.
- Two boys mentioned the received no questions, had no problems

| What else was important in the training? | - It was about disabled children
|                                          | - One girl mentioned she had never seen a CWD before
|                                          | - Some had seen CWD but never discussed disability
|                                          | - One girl mentioned before the training she was thinking about them, but after the training, many things changed in her mind. She learnt CWD need education and care. After the training she knew CWD have rights.
|                                          | - One boy - before the movie we just laugh at CWD and fight with them. After we made the movie we want to help them.
|                                          | - One boy - before we were laughing at them but after the training we stopped laughing at them.

| What is response of old friends?        | - If you play they think you get affected. They were thinking same before but now I change my way and do not respond to friends who say I shouldn’t play with CWD.

| Mujahid, How was this helping?          | - After I make this movie I feel happy

| Do you think film is the right medium for awareness or can it also be done in other way? | - Film the best way, because people can see the problem and find way to help CWD.

| What was the response from people in community? | - People wondered if we made the movie ourselves.
|                                                 | - People didn’t believe we can make such a movie, they said we don’t know how to make it. I told them we had the training on how to make this movie and after we show the movie they believed us.

| Did they come to you after they saw the movie? | - people believe if when they saw it on the screen, others confirm the same.
|                                                | - people changed their mind when they see the film.
|                                                | - people asked how did we make it and after we show it and then they believe we did it.

| Did you face challenge? example the throwing stones by one kid | - Adeel: when I went to filming with 2 brothers, their father accept to film with them and the oldest brother accepted but the youngest one he refuged filming with him. He started to cry and went out. After I finish filming the old one he just threw a stone at me. Painful? No!
|                                                               | - no other challenges reported.

| The story board worked well in training, but hardly used for the filming, why? | - One girl said - it was very useful, when you film, you cannot forget.
|                                                                            | - In one couple 1 did draw, the other didn’t and they followed the story board.
|                                                                            | - Adeel – drew and followed the steps.
|                                                                            | - Mujahid and Ali used it.

| Did you like the community screening? | - Yes, because members from community came, who can come up with a solution.
|                                      | - Yes, it gives community a chance to think about CWD.
|                                      | - Yes it was well organized, everything was in place.

| People invited came? | - Some came, some didn’t, not all parents came due to work.
|                     | - One mentioned: My parents came late.
|                     | - Isharaga mentioned her parents did not come because her father was at work and mother was busy with the laundry

| Disappointed parents not there? | - Adeel: my father was out of Elingaz and my mother was at work. I was disappointed but they had send someone else.
- Mustafa: my parent saw the movie and were proud. My mum talked with me about this and was very happy. She asked me you make this movie by yourself or did someone help you? I said I did it with Ali!

If you could make a movie for the community with your own topic, what would you choose?

<table>
<thead>
<tr>
<th>Name</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mujahid</td>
<td>all out-of-school children, to promote them to come to school.</td>
</tr>
<tr>
<td>Hinda</td>
<td>physical disability, especially the paralyzed</td>
</tr>
<tr>
<td>Nisma</td>
<td>no answer, very shy</td>
</tr>
<tr>
<td>Nagat</td>
<td>no answer</td>
</tr>
<tr>
<td>Hawa</td>
<td>street children</td>
</tr>
<tr>
<td>Isharaga</td>
<td>want to think about it</td>
</tr>
<tr>
<td>Adeel</td>
<td>about the classroom in the school, made of old materials, I am afraid it can come down in the rain season</td>
</tr>
<tr>
<td>Musab</td>
<td>laughing of the disabled children, showing that all children are normal. We have to advice that people shouldn’t laugh at them</td>
</tr>
<tr>
<td>Mustafa</td>
<td>a movie about physical disabled children? It will be about someone who wants to cross the street and no one is helping. It will also be about the children who laugh at the disabled and the children who don’t help.</td>
</tr>
<tr>
<td>Frank</td>
<td>corporal punishment, beating children and for the donkeys.</td>
</tr>
<tr>
<td>Response children: if you don’t beat the donkey, the donkey will not move!</td>
<td></td>
</tr>
<tr>
<td>Azza</td>
<td>an action movie and a movie about child labour.</td>
</tr>
<tr>
<td>Gihan</td>
<td>street children</td>
</tr>
</tbody>
</table>

Any other comment? Nothing

Can you describe the training in one word?

<table>
<thead>
<tr>
<th>Name</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azza</td>
<td>very wonderful</td>
</tr>
<tr>
<td>Mujahid</td>
<td>nice</td>
</tr>
<tr>
<td>Hinda</td>
<td>euuhhhhh</td>
</tr>
<tr>
<td>Nisma</td>
<td>it was nice</td>
</tr>
<tr>
<td>Nagat</td>
<td>it was nice</td>
</tr>
<tr>
<td>Hawa</td>
<td>it was nice, we will remember you!</td>
</tr>
<tr>
<td>Isharaga</td>
<td>it was nice</td>
</tr>
<tr>
<td>Adeel</td>
<td>it was nice and we enjoyed it</td>
</tr>
<tr>
<td>Musab</td>
<td>we should go to a journey, it was very nice</td>
</tr>
<tr>
<td>Mustafa</td>
<td>it was very nice and we had very fun</td>
</tr>
<tr>
<td>Frank</td>
<td>scarry to start but beyond expectation</td>
</tr>
<tr>
<td>Gihan</td>
<td>very nice, amazing</td>
</tr>
</tbody>
</table>

After the discussion and word of thanks, the children were given the DVD with the clips and the pictures. Also some paper print pictures were shared, which led to great excitement and is recommended for similar trainings.

One girl spontaneous requested to sing a song for the adult researchers to show her appreciation. All children joined her in singing the song.
Appendix O - Participatory Video Training Manual

Submitted in separate document.
Participatory Video with Children

Facilitators Manual

This dissertation appendix (O) is submitted 2013, as attachment to the dissertation of VEL10309735, in part fulfilment of the degree:
MA Special and Inclusive Education, Roehampton University, London
War Child Holland’s goal is to empower children and young people in war affected areas. Children have the right to grow up in peace and War Child advocates for the realization of their rights. Our programs strengthen psychosocial development, educational opportunities and support the development of a protective environment. Using the transformative power of creative arts and sports is central to our method of work. War Child Holland has programs in Afghanistan, Burundi, Chechnya, Colombia, DR Congo, Israel and the Occupied Palestinian Territories, Lebanon, The Netherlands, Sierra Leone, Sri Lanka, Sudan and Uganda. War Child Holland is an independent and impartial nongovernmental organization. We support all children and young people affected by conflict, irrespective of their religious, social or ethnic backgrounds. War Child Holland is part of War Child International, a network of independent organizations.

Participatory Video with Children

Facilitators Manual

Concept and development, War Child Holland
Frank Velthuizen with input from:
Child Rights Situation Analysis Occupied Palestinian Territories and Israel (War Child, 2011)
Insights into Participatory Video: a Handbook for the Field (InsightShare, 2006)
Rights-based Approach to Participatory Video: Toolkit (InsightShare, 2011)
Travelling Together: How to Include Disabled People on the Main Road of Development (World Vision, 2010)

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www.warchild.nl

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Introduction to the manual

Participatory Video with Children

This manual has been developed to serve as a qualitative data collection tool as part of a case study research on the situation of children with a disability in one community in Kosti, Sudan. It thus was developed for a specific purpose in a specific location. However it could serve as framework for similar activities in any other setting.

The method Participatory Video (PV) has been chosen for various reasons. Firstly to explore if children using PV could possibly identify often invisible peers with a disability; secondly to explore if children using PV can portrait the challenges children with a disability face in accessing education and thirdly, assuming the first and second steps are successful, to explore if this tool can encourage communities to find solutions on the barriers towards inclusion into education and/or society in general.

Using Video with Children and Youth within War Child is not new, however it might be one of the first times that children have been targeted who just started their education. The participating children recently completed six months of education in a Safe Learning Space, majority had very basic to minimal reading skills and even less writing skills. Therefore their expression skills are limited. While the main goal of the research is to get an insight on children with a disability, the empowering impact on the children who participated in the PV process shouldn’t be underestimated. The method provides the participants’ an opportunity to engage with ICT, expand their communication skills, and enhance their self-esteem and become aware that their opinion matters.

*Quote from co-facilitator after first glance on footage taken by children “I will never underestimate anyone anymore”*

The manual has only considered the very basics on film techniques and has minimized use of reading and writing skills. While the manual and process has made an attempt to respect full participation of the children, the topic of the video has been determined by the facilitators. Especially session 2 can be re-written to create a session in which children can identify an issue, preferably Child Rights related, which they want to share with the community.

Within the manual some comments has been given on experience during the first use of the manual. For more background and analyses on the training, the findings can be requested for by contacting frankvie@dds.nl. Some of annexes and forms & tools are also on request available in Arabic.
Using the Manual

For who is the manual?
This manual is for facilitators (annex 1) of a participatory video training for children with very basic reading and writing skills from the ages 10 to 14. It is assumed that facilitators using this manual have prior experience working with children.

What’s in it and what not?
The manual describes step by step how to facilitate PV training for children. The manual does not describe in detail how to train the facilitators in using the manual. The manual is largely self-explanatory. As preparation for this training, the 2 co-facilitators have been introduced to flip cameras (annex 2) and were asked to film some of their existing activities. After they were briefly introduced to an Apple computer with IMovie ‘11 (a tutorial can be found here: http://www.bgsu.edu/downloads/cio/file85783.pdf) and assigned to edit short clips of their footage. This preparation proved to be sufficient for training and guiding the children in the PV process.

Symbols
Throughout this guide, you will find recurring symbols and sections. They are explained below.

- **Preparation** This section contains assignments that you need to complete before starting a ‘step’. Read it at least a couple of days before you have to do the activity. If you read it last minute, you will be too late!
- **Group Talk** The symbol 🗣️ stands for group talk. At times you will be asked to explain something, but more often, you are expected to facilitate a discussion. Try to let the participants talk as much as possible and ensure that every that everyone is part of the discussion.
- **Exercises** The symbol 🎨 stands for an exercise. Don’t forget to read what goal the exercise serves!
- **Assignment for Next Time** The symbol 📚 stands for an assignment for the next time you meet your participants. This may be setting a date for the meeting, but it can also be something that you would like your participants to think about before you see each other again.
- **Attention!** The symbol ⚠️ stands for something that you should not forget.
Participatory Video & Rights-based approach

What is a rights-based approach?
Every child is entitled to his/her rights prescribed in the Convention of the Rights of the Child (CRC). These rights include the right to participation, freedom of expression and respect for the views of the child. Every child with a disability is also entitled to his/her rights as prescribed in the Convention of People with a Disability (CRPD). These rights will be used as a starting point in this participatory video process. The children who are engaged in this process will be able to fully participate in each stage of the process. Participatory video enables children to express their feelings and share experiences.

The emphasis of participatory video practice is placed on process rather than product. The process that has emerged and evolved over more than forty years is today widely recognized as a dynamic and effective method of working with marginalized, disadvantaged or otherwise vulnerable children.

The process aims to:

- Build confidence of participating children
- Increase participation of marginalized children
- Increase capacity for advocacy
- Foster understanding and awareness within participating communities
- Enable participating children to clearly communicate with its target audience(s)
- Challenge injustice and inequity

Common side effects for participating children may include:

- Uncontrollable bouts of fun!
- Sudden growths in self-esteem and confidence
- Increased appetite for positive change
- Development of strong relationships & sense of solidarity

Cornerstones of participatory video

The following can be considered as ‘cornerstones’ of the participatory video process, without any of which everything else may collapse:

Participation
It is possible at each stage in the participatory video process for everyone to participate equally.

Reflection
Reflection is central to the experiential learning process within participatory video. Individual participants learn about themselves and their abilities through the introspection and reflection built into the process.

Empowerment
Participatory video helps to release hidden resources, potential and passions within the children taking part.

It values the knowledge and perspectives of its participants and places these as paramount in the participatory video process amongst all others.

Positive action
The process of participatory video can open channels of communication, create powerful messages through a constructive, positive and peaceful process.

What do you need to run a successful Participatory Video cycle? Find a list of items below.
- Flipcharts
- A3 paper
- Post-its
- Masking Tape
- Markers
- Color pencils
- Copies of all forms
- Bags, 1 per child
- Beamer
- Projection screen
- Speakers
- Flip camera’s
  - 1 per pair,
  - 1 facilitator
  - 1 spare
- Headphones
- USB stick
- External hard disk
- Curtains to cover incoming light
- Apple laptops
- CD-roms, 1 per child
- 1 Parachute
- 1 Ball
- Scarves
- (Self-made) medals

**SELECTION OF PARTICIPANTS**

**Project initiator**
- The project initiator discusses and determines the selection criteria with the facilitators

**Training facilitators**
- The training facilitators contact the community (educators, teachers and leaders) to select the children

**Community educators**
- The community educators, teachers and leaders select the children who can participate in this participatory video project, according to the given selection criteria

**INFORMED CONSENT**
Few days before the training a meeting needs to be held with the proposed participants and their parents/caregivers as to explain the PV process and seek informed consent *(Forms & tools 1).*
**TIMELINE PARTICIPATORY VIDEO PROCESS**
The following time schedule has been followed for the participatory video project, in order to have an insight in the available time for each phase.

<table>
<thead>
<tr>
<th>Period</th>
<th>Activity</th>
<th>Place &amp; duration (WC= War Child Office Kosti; C= Community)</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td>Preparation meetings with project initiator and facilitators. Training facilitators in use of Flip Camera and Editing</td>
<td>WC: 3 x 2 hours sessions divided over 3 days. Facilitators continue practicing in their own (office) time.</td>
<td>Project initiator and facilitators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Week 2</strong></td>
<td>Selection of participating children in the community</td>
<td>C: 1 x 1 hour session for explanation &amp; 1 hour session after community has selected children C: 2 hours</td>
<td>Facilitators and community educators/teachers/elders</td>
</tr>
<tr>
<td></td>
<td>Informed consent session with children and parents</td>
<td></td>
<td>Selected children, parents/caregivers and facilitators</td>
</tr>
<tr>
<td><strong>Week 3</strong></td>
<td>Training 1: Filming with a flip-camera</td>
<td>WC: 2,5 hours</td>
<td>Facilitators, children</td>
</tr>
<tr>
<td></td>
<td>Training 2: Introducing disability</td>
<td>WC: 2,5 hours</td>
<td>Facilitators, children</td>
</tr>
<tr>
<td></td>
<td>Training 3: Creating a story</td>
<td>WC: 2 hours</td>
<td>Facilitators, children</td>
</tr>
<tr>
<td></td>
<td>Training 4: Communication &amp; consent</td>
<td>WC: 2,5 hours</td>
<td>Facilitators, children</td>
</tr>
<tr>
<td></td>
<td>Training 5: Let’s start!</td>
<td>WC: 2,5 hours</td>
<td>Facilitators, children, 1 contact person per community</td>
</tr>
<tr>
<td></td>
<td>Filming by children</td>
<td>C: 2 days</td>
<td>Children</td>
</tr>
<tr>
<td><strong>Week 4</strong></td>
<td>Filming by children</td>
<td>C: 1 day</td>
<td>Children</td>
</tr>
<tr>
<td></td>
<td>Training 6: Final editing</td>
<td>WC: 2,5 hours</td>
<td>Facilitators, children</td>
</tr>
<tr>
<td></td>
<td>Final editing</td>
<td>C: 2 hours per pair</td>
<td>Facilitators, children</td>
</tr>
<tr>
<td></td>
<td>Preparing community screening</td>
<td>WC:</td>
<td>Facilitators, children</td>
</tr>
<tr>
<td><strong>Week 5</strong></td>
<td>Consent pilot screening</td>
<td>C: 2 hours</td>
<td>Facilitators, all participating children,</td>
</tr>
<tr>
<td></td>
<td>Community screening</td>
<td>C: 2 hours</td>
<td>Facilitators, all participating children,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>community</td>
</tr>
<tr>
<td><strong>Week 6</strong></td>
<td>Training 7: Evaluation</td>
<td>WC: 2 hours</td>
<td>Facilitators, children</td>
</tr>
</tbody>
</table>
Session 1  Filming with a flip-camera

**Goal**
Participants are able to use a flip camera and know the basic techniques to make good footage.

**Resources**
- Fully charged flip cameras (one for each couple)
- Printed copies of the flip tips sheets (hand-out)
- Flipcharts
- Marker
- Adhesive tape
- Laptop
- Small loudspeakers
- Beamer

**Duration**
2.5 hours

**Warming up**
Picture time! (10 minutes)

**Exercise 1**
Filming around the circle (30 minutes)

**Exercise 2**
Flip tips (60 minutes)

**Exercise 3**
Share and listen (30 minutes)

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**Welcome and introduction (10 minutes)**
Wish the children a warm welcome. Introduce yourself, ask the names of the children and ask them to write their names on a piece of painter’s tape, which they can place on their shirt. As children are class mates, no extensive intros will be made. Explain the children about the participatory video training program (*during the prior consent meetings the training has as well been explained*) and today’s schedule. Emphasize that you are happy that they are willing to participate, a very important task! Their efforts are very essential, so you hope and trust that they will be motivated and eager to learn more. However if a child does not want to participate any longer, he/she is free to inform the facilitator and be excused. Ask the children who has ever heard about, seen or used a flip camera before. This gives you a clear picture of the ‘starting point’ of the children regarding the use of the flip-camera.

*Source: Unicef.org*
Warming Up: Picture time! (10 minutes)

Goal: After this energizer the children are warmed-up for today’s session

Step 1. Ask the children to put aside the tables and chairs, to create some space.
Step 2. Explain the children that they will all be part of a special ‘real life photo’. Explain to them that you will give the title of a ‘photo shoot’ and then it is up to the children to represent this shoot as soon as possible. For example: the facilitator says ‘driver’ or ‘chicken’ and straight after that the children have to position themselves as the example mentioned. They have to stand completely still, so it really looks like a photo! Once the facilitator has taken an imaginary photo, the children can move again. Children are not allowed to speak during the photo shoot.
Step 3. You can decide to ask the children for input for a next ‘photo scene’.
Step 4. After three ‘photo scenes’, ask the children if they are completely warmed-up to continue with the session. If not, you can do one last one. If yes, ask the children to put the chairs in a circle and sit down.

Exercise 1: Filming around the circle (30 minutes)

Goal: After this exercise the children are able to make simple recordings with the flip camera

Preparation: Make sure you have a fully charged flip camera at hand

Before you start this session, ensure you have connected the laptop to the beamer and speakers. Further information about the use of the flip camera can be found in Annex 2: Quick Start Flip Guide

Step 1 All children and the facilitator sit in a circle.
Step 2 Show the children the flip camera and explain the purpose of it. Tell the children that in this exercise they will start learning how to use the camera. Hand over the camera to the child sitting next to you.
Step 3 Instruct child A (whoever is sitting next to you) how to: hold the camera by bracing their elbow; switch the camera on/off; start and stop filming; find out how many seconds they have filmed. Do NOT hold the camera, but give it to the child. It is important that children do this themselves. Even if they are shy, they will pick up on your enthusiasm and belief that they can do it. Keep looking around the group to make sure everyone is attentive.
Step 4 Ask child A to try zooming in and out - ask them to frame the head and shoulders of the person sitting opposite them. Then, making eye contact, they should ask the person opposite if they are ready. Note that giving instructions should not take long – get quickly to the filming part!
Step 5 Ask child A to film the person opposite him/her and ask that person 2 questions, namely: “What is your name”? “What do you love doing?” Explain that the filmed messages should not be longer than 30 seconds. Show how they can see how much time has passed
Step 6  After filming, child A hands the camera to the person sitting next to him/her.
Step 7  After handing over the camera, the child (not the facilitator) explains to the child sitting next to him/her what he/she has just learnt from the facilitator. *In the pilot training this was hard for the children, the facilitator had to assist.*
Step 8  The process is repeated until everyone in the circle has had a chance to both film and talk, including the facilitator. When everyone has filmed (including the facilitator) you can connect the Flip Camera to the computer. *This process does take at least 10 minutes, it is advisable that the co-facilitator entertains the children meanwhile, or that 1 facilitator proceeds with step 10, while 1 facilitator prepares few clips for screening*
Step 9  Delete all the ‘practice’ videos, those in which you just showed how to start and stop filming. You can identify these videos easily by checking their length (a 2 second video obviously was not an interview!).
Step 10  Ask the children if they felt comfortable talking in front of the camera. What did they (not) like about it? If there are children who did not enjoy it and who feel really uncomfortable, discuss this. Make sure that you do not force anyone to be in front of the camera if they do not feel comfortable.
Step 11  Play the first 3 videos back on the beamer. Ensure that everybody can see it well! Tell the children that in the next exercise we will watch clips from others

**Exercise 2: Flip tips (60 minutes)**

*Goal:* After this exercise the children are able to recognize and explain the flip tips

*Preparation:* Make sure you have copied enough ‘flip tip’ sheets for the children (see: Forms & Tools 2)

Explain to the children that they are requested to create a short film about a child with a disability in his/her community. Eventually the film should make clear which barriers the children with a disability experience regarding ‘going to school’. In the next session we will talk more about disability. The quality of the film determines whether these barriers are recognized by the audience watching the film, so it is important that the children understand the basic techniques of filming. Provide a short introduction by:

Step 1. Ask the children what they consider as important things to keep it mind while filming. Try to ask questions why they think it is important.
Step 2. Hand-out the sheets with ‘flip tips’ and go through them together. Ask the children what the different images mean according to them and why they could be essential for the quality of the film. Refer to the flip chart in the previous exercise
Step 3. Emphasize that during the sessions the children will have the opportunity to learn how to put these ‘flip tips’ into practice, starting right now
Step 4. Now the children know how to the flips work, they will make their first shot. Give the children 15 minutes to go outside (but within the training compound) and film something they like. Ask them to make a long shot, a close up shot and a mid-range shot.

Step 5. Be available outside when children have questions. Call them back to the training-room after 15 minutes. Ask them briefly there first expressions before showing the clips.

Step 6. Show the clips one by one, if time allows from all children. Tell them to think off the Flip Tips while watching.

Step 7. Make one flip chart with a smiling face, and one with a sad face. Ask the children what they liked about the movies and what could be improved. If it remains quiet, ask an example question to get things going. For example: what about the light? Try and ensure that the flip chart is filled with at least some of the 8 Flip Tips. If time allows, consider the possibility of first quickly showing all clips – so all can see themselves on the screen at least once.

Step 8. Conclude this exercise by asking the children with they have learned from watching the different videos and what new ‘inspiration’ it has given them regarding to the film they are going to make.

Keep things visual and interactive. In this training, children will learn by seeing, doing and thinking, not by reading and listening. Instead of lecturing, ask as many questions as you can and let children come up with the answer themselves. Always keep this Chinese proverb in mind: “Tell me and I’ll forget, show me and I may remember, involve me and I’ll learn.”
**Exercise 3: Listen and share (30 minutes)**

**Goal:** After this exercise the children are able to listen to and film a conversation, applying the mentioned flip tips.

**Preparation:** Make sure you have a fully charged flip camera ready for each pair. Ask the children to keep the hand-out (flip tips) at hand for consultation.

**Step 1.** Ask the children to make pairs

**Step 2.** Hand out a flip camera to each pair and ask them to find a space away from other children where they can sit and talk quietly

**Step 3.** Explain that each child will take it in turns to speak and listen. You can introduce a simple subject/question, like: ‘what you like about school’ or ‘what activities you do after school’ in case children don’t know their own topic. When the first child is speaking, their partner records it with the flip camera. Emphasize that the child who’s filming should simply listen without responding or even make affirmative noises!

**Step 4.** Before filming the children should go through the flip tips and discuss what they have to take into account. If desired, you can support the children by asking questions about background noises, light, zoom, steadiness of the camera etc…

**Step 5.** The children take turns in speaking and listening/filming, maximum 2 minutes per child.

**Step 6.** When the children have taken their turns, they can both watch their recorded videos together on their flip camera. Make sure you walk around in order to offer help and support. *It is advised that the facilitators show each couple* If desired and time allows, you can decide to evaluate some videos with the whole group (using the laptop and beamer).

**Step 7.** Give a clear sign when you want to close the exercise by asking the children to hand over the flip cameras to you and to sit in a circle for the evaluation

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**Evaluation and Feedback (10 minutes)**

**Goal:** The children are able to reflect on the experiences and learning outcomes of today’s session

**Step 1.** After you have finished the last exercise, sit down with the children to evaluate the session.

**Step 2.** Ask the children what they have learned and what they would still like to learn after today. Discuss what the children liked about the today’s session and what could be improved. Make sure that the children feel comfortable to also share negative experiences!

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**Preparation for next session**

Set a time and date for the next session and explain briefly what the children can expect. Don’t forget to compliment the children on their efforts!
Session 2: **Introducing Disability**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Participants understand what disability is and what possible barriers towards inclusion in society are.</th>
</tr>
</thead>
</table>
| Resources | - Flipcharts  
- Markers  
- Small pieces of paper (or post-its)  
- Adhesive & painters tape  
- 8 scarves  
- Laptop  
- The downloaded video-clip  
- Small loudspeakers  
- Beamer |
| Duration | 2.5 hours |

**Exercise 1: Show me the way! (15 minutes)**

**Goal:** After this exercise the children are able to reflect on teamwork and their experience of being ‘visually impaired’ as introduction to explaining disability. Besides that they will be warmed-up for today’s session.

**Preparation:** Make sure you have enough scarves at hand that can serve as blindfolds.

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![Study Annex 3 - Child-friendly explanation of the Rights for People with a Disability as preparation for this sessions](image)

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**Welcome and introduction (10 minutes)**

Wish the children a warm welcome. Ask the children to briefly summarize last session, to refresh their memories. Start the session by explaining today’s schedule, so the children know what to expect.

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![Exercise 1: Show me the way! (15 minutes)](image)
Step 1. Ask the children to pair up and to find a place in the room
Step 2. Tell the children that one child (child A) out of each pair will be blindfolded and shown the way by the other child (child B). They should really make sure that child A is not able to see anything so he/she is completely depending on the guidance of child B. First child B can lead the way to child A by holding hands, once that goes well the hand can be released and verbal instructions to guide the way can be given.
Step 3. Either determine the final ‘destination of the journey’ yourself or let the children decide where they want to guide the other child too.
Step 4. After all the blindfolded children have reached the ‘destination’, the children take turns. So child B will be blindfolded and child A will be guiding him/her. Choose a new ‘destination’ or let the children choose for themselves.
Step 5. After they have all reached their destinations, ask one of the children to collect all blindfolds and return to sitting in a circle.

Let’s talk about disabilities (15 minutes)
While reflecting on the first exercise, reflect with children on disability and introduce the next exercise. Ask the children how they have experienced this exercise: what did you feel when you were blindfolded? Did you find it difficult to trust the other child who was guiding you? Do you know blind children in your community? How do they move around? Are they going to school? Do you help them? When you were guiding, what did you do to make the other child understand and feel at ease? Inform that blindness is an impairment and that blind children are commonly called disabled children. In the next exercise more disabilities will be explored.

Exercise 2: Body Map (40 minutes)
Goal: After this exercise the children are able to recognize and explain different types of disabilities
Preparation: Stick 6 flipcharts together (with adhesive tape) before the training sessions starts.
**Step 1.** Ask the children to make groups of 3. Depending on the group dynamics you could decide whether the children can do it themselves or whether you form the groups.

**Step 2.** Ask 1 child per group to pick up three flipcharts and three markers or color pencils. In the meantime the other 2 children can create some space where they want to work. Tell them they need at least 2 by 2 meters of surface. They should lie the flipcharts down on the floor.

**Step 3.** Tell the children that 1 person from the group can lie down on the flipchart, on his/her back. The other 2 children draw the outlines of the body of the child lying on the paper.

**Step 4.** After the ‘body’ is drawn, all children can sit around it and discuss what kind of impairments they know or have seen in their communities. At the same time they mark these impairments on the drawn body. As example you can draw closed eyes or covered eyes on the flipchart. The aim is to let the children orientate themselves on the different types of disabilities and eventually recognize these in their own communities.

**Step 5.** Ask the children to put the different body maps next to each other and ask them to compare them. What do they notice? What have they learned? What is their conclusion?

**Step 6.** Ensure the following categories of impairments are covered: Physical impairments, hearing impairments, visual impairments, Mental & Psychosocial disorders or multiple impairments.

Pay attention to a safe and respectful (learning) environment in order for the children to develop a respectful and equal view on people with a disability.

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**Short video: School experiences of children with a disability (10 minutes)**

**Goal:** After this film the children understand what end product they are going to produce. Secondly they understand what barriers towards inclusion are.

**Preparation:** Make sure the laptop is connected to the speakers and beamer. In case of unreliable internet connection, it is better to download the film beforehand.

**Step 1.** Give a short introduction on the video, so the children know what to expect.

**Step 2.** Show the following participatory short film about barriers of youth with a disability in Botswana [http://youngvoices.lcdisability.org/botswana](http://youngvoices.lcdisability.org/botswana). In case children do not speak English, the facilitator can give some translations while watching.
Step 3. Ask the children if they have any questions about the video they have just watched. Explain to them that this video serves as an introduction for the next exercise and an example of their final product.

Exercise 3: The Wall (40 minutes)

Goal: After this exercise the children are able to identify the possible barriers for children with a disability

Preparation: Make sure you have flip charts with bricks drawn, small post-it papers and markers at hand.

Step 1. Ask the children to take a few moments to think about their daily life (school, home, friends, sports etc.). Ask them to imagine what obstacles and difficulties might exist if they were disabled. Refer to the various impairments identified on the body map.

Step 2. Ask the children to write or draw in pairs the different obstacles down on a small piece of paper. Use a different piece paper for each obstacle. Ask the children to think of at least 3 barriers. This could be ‘not being able to walk to the bus’, ‘being laughed at by people on the street’, ‘not being able to read books’ etc..

Step 3. Ask all the children to, one by one, stick their papers on the wall and to give an explanation. Eventually each ‘brick’ of the wall contains one paper.

Step 4. Explain that this wall symbolizes the wall of obstacles for children with a disability.

Step 5. Ask them if they can divide the different obstacles in different ‘sections’ (for example: ‘school’ ‘friends’, ‘sports’, ‘public transport’). See whether the children are able to do it by themselves; if not, then you can step in and help them.

Step 6. Ask the children if they know who or how some of the obstacles have been created and what could be the solution to remove them

Step 7. Conclude by explaining that children with a disability face many barriers (“bricks”) in their daily life to participate. This project aims at identifying these bricks from the children with a disability themselves and consult with the community through the video clips on possible solutions. Refer to the video which they have just seen.
Evaluation and Feedback (10 minutes)

Goal: The children are able to reflect on the experiences and learning outcomes of today’s session

Step 1. After you have finished the last exercise, sit down with the children to evaluate the session.
Step 2. Ask the children what they have learned and what they would still like to learn after today. Discuss what the children liked about the today’s session and what could be improved. Make sure that the children feel comfortable to also share negative experiences!

Preparation for next session

Set a time and date for the next session and explain briefly what the children can expect. Don’t forget to compliment the children on their efforts!
Session 3: Creating a story

| Goal | Participants are able to create a story line using a story board  
Participants can film footage based on the story board |
|------|---------------------------------------------------------------|
| Resources | Football  
1 “parachute”  
Flipcharts  
A3 papers  
Fully charged flip cameras (one for each couple)  
Markers |
| Duration | 2 hours |
| Warming Up | Parachute (15 minutes) |
| Exercise 1 | How to create a story (20 minutes) |
| Exercise 2 | The Story Board (50 minutes) |
| Exercise 3 | Filming of the Story Board? (30 minutes) |

Welcome and introduction (10 minutes)
Wish the children a warm welcome, have a chat with them, e.g. as they are in process of becoming “newsmakers” is there any news from their home. Ask the children to briefly summarize last session, to refresh their memories. Do they remember the flip tips? Start the session by explaining today’s schedule, so the children know what to expect.

Warming Up: Parachute game (15 minutes)
Goal: To warm up today’s session and encourage children to cooperate
Preparation: prepare a place big enough to roll out the parachute and a ball

Step 1. Divide the children around the parachute
Step 2. Move simultaneously the parachute up and down, count to 3, on 3 all take hands of the parachute
Step 3. As next exercise, place the ball on the parachute and have it roll over the parachute without falling in the hole in the middle

Step 4. If step 3 goes well, divide the group in 2, while group A tries to get the ball in the hole, group B tries to avoid it. After some attempts change to roles of the groups

Step 5. Get the materials together and go with all participants back to the training room

Exercise 1: How to create a story? (20 minutes)
Making your own video is a fun and exciting process! Good teamwork and planning of this filming process are essential. As the very first flip tip (see: Forms and Tools 2) already shows, it is good to first think, before you start filming. Go through the following ‘things to keep in mind’ together with the children and create space for them to ask as many questions as they want.

<table>
<thead>
<tr>
<th>Things to keep in mind:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ The duration of the actual video will be 3-5 minutes</td>
</tr>
<tr>
<td>✓ Make the message of the story as short and powerful as possible</td>
</tr>
<tr>
<td>✓ The main question of the video will be: “What are the barriers for children with a disability to go to school?”</td>
</tr>
<tr>
<td>✓ There should be a logical build-up of the video: introduction-&gt; core-&gt; conclusion</td>
</tr>
<tr>
<td>✓ To plan and prepare your story, make a story board beforehand</td>
</tr>
<tr>
<td>✓ Try to offer the audience some variation in scenes (close-up/ long-shot)</td>
</tr>
<tr>
<td>✓ The child with the disability will be featuring in the film</td>
</tr>
<tr>
<td>✓ You (the children) will be the filmmakers <strong>behind the scenes</strong>, so you won’t be in the video yourselves.</td>
</tr>
<tr>
<td>✓ Include the child with a disability in the filming process as much as possible!</td>
</tr>
</tbody>
</table>

The following exercises allow the children to practice their skills in ‘making a storyboard’ and ‘filming an introduction’.
**Exercise 2: The story board (50 minutes)**

**Goal:** After this exercise the children are able to create a storyboard as a planning tool for their video.

**Preparation:** Make sure there are enough markers and A3 papers for all the pairs. It is recommended to create a storyboard yourself (beforehand), to show as an example for the children. (*2 or 3 examples is recommended in case children have developed a story board which cannot be filmed at the training venue*).

During this exercise the children will be practicing their skills regarding the making of a storyboard. They can eventually use this story board method for the video they are going to make. Emphasize that the children should include the child (with a disability), who will be featuring in the video, in the story board process.

**Step 1.** Ask the children to sit together in pairs. Make sure that the children choose a place where they can sit and write/draw.

*You can use this moment to ask children to work together with the filming partner they want to make the final footage with. Decide in advance how the different ‘pairs’ will be formed. Ideally, ask the children to democratically decide upon it themselves. Do ensure you remind them to think of practicalities, like living close to each other.*

**Step 2.** Explain to them that they will have the opportunity to practice making a story board, which could help them visualizing and planning the story-line of the video beforehand.

**Step 3.** Hand out a flipchart for each pair and ask them to draw four equally sized boxes on their flipchart (see: image below) that will represent four scenes of the video. (*Those who need more scenes can make six boxes*)

**Step 4.** For this exercise they can use an imaginary story-line. In the next exercise they have to film the developed story board, so ensure the story-line can be filmed within the training area.

**Step 5.** Ensure you explain the children that they are filming for an audience, so while preparing the story board, they must think to who they want to tell their story!

**Step 6.** Walk around and support the children when needed or desired.

**Step 7.** When all children have finished, ask each pair to put their story-board on the floor and ask the children to sit around them and try to ‘read’ them. Depending on the size of the group you can also ask the children to hold it up and present it.

*Source: Lunch & Lunch (2006)*
Step 8. Allow the children to point out what they like about each storyboard and whether the position of the camera has been included in the drawings. Conclude by asking if and why making a storyboard could be useful for them regarding the video they will be developing.

**Exercise 3: Filming a storyboard (30 minutes)**

**Goal:** After this exercise the children are able to film footage according to a storyboard

**Preparation:** Make sure you have enough charged flip cameras. Inform in advance the people around the training location that the participants will be filming on the venue and might request for an interview.

**Step 1.** Explain the children that they are going to film their storyboard at/around the training venue. Inform the children to seek permission once they want to film and/or interview persons.

**Step 2.** Hand-out the flip camera’s and ask the children to film their storyboard. They should return in 25 minutes.

**Step 3.** As the children make recordings, walk around to give assistance where required

**Step 4.** Once the children are back in the training room request for the flip camera’s and storyboards. Ask children if the exercise went well as to give them an opportunity to express first impressions.

**Step 5.** Inform the children that in the next session they will watch their recorded storyboards and make your closing remarks for this exercise.

**Evaluation and Feedback (10 minutes)**

**Goal:** The children are able to reflect on the experiences and learning outcomes of today’s session

**Step 1.** After you have finished the last exercise, sit down with the children to evaluate the session.

**Step 2.** Ask the children what they have learned and what they would still like to learn after today. Discuss what the children liked about the today’s session and what could be improved. Make sure that the children feel comfortable to also share negative experiences!

**Preparation for next session**

Set a time and date for the next session and explain briefly what the children can expect. Don’t forget to compliment the children on their efforts!
Session 4: Communication and consent

Goal
Participants have improved filming skills, know how to seek consent and understand basic interview techniques.

Resources
- Flipcharts
- Volleyball
- Fully charged flip cameras (one for each couple)
- Markers (at least 1 per participant & 1 per facilitator)
- Laptop
- Small loudspeakers
- Beamer
- Copies of form and tools 1 & 3

Duration
2.5 hours

Warming Up: Ask and guess! (15 minutes)
Exercise 1 Learning through watching and reflection (45 minutes)
Exercise 2 Energizer – Elephant football (15 minutes)
Exercise 3 How to ask for consent? (45 minutes)

Welcome and introduction (10 minutes)
Wish the children a warm welcome. Ask the children to briefly summarize last session, to refresh their memories. Start the session by explaining today’s schedule, so the children know what to expect.

Welcome and introduction (10 minutes)
Wish the children a warm welcome. Ask the children to briefly summarize last session, to refresh their memories. Start the session by explaining today’s schedule, so the children know what to expect.

Warming Up: Ask and guess! (15 minutes)

Goal: After this exercise the children will be warmed-up for today’s session.
Preparation: Depending on the size of the group you can decide to do this energizer in two smaller groups. Instead of guessing an animal, you can also decide to choose ‘a famous person’, ‘an object’ or ‘a country’.

Step 1. Ask all children to stand in a circle and ask them to keep an animal in mind.
Step 2. Explain that the other children can ask questions to guess which animal the other child has in mind. You start with child A; the other children can ask as many questions as possible. But...child A is only allowed to answer with ‘yes or ‘no’.
Step 3. After having asked their questions, the children can only guess 3 times. If the animal of child A has been guessed or guessed wrong after 3 times, the turn goes to child B. He/she again will be asked questions by the other children.

Exercise 1: Learning through watching and reflection (45 minutes)

Goal: After this exercise the children are able
- to reflect on their own footage in order to improve next footages
- to understand practically the difference between different forms of questions.

Preparation: Before the session you must have edited the footage of last session from the children into short clips from each pair. Use different techniques and lay outs during the editing as to give children an impression of the possibilities. Ensure the laptop, beamer & speakers are installed and ready for use.

Ensure as facilitator that you have read and understood below tips on questions.

Background info for the facilitators

Every child is different and that requires some flexibility from the child video-makers. Some children will talk freely about their lives and don’t need any encouragement to speak in front of the camera. Some other children might find it more difficult to do so. Asking the right questions might help them to speak more freely. Asking the right questions will also give you the desired answers to the question: “What barriers do children with disabilities experience regarding going to school?”

Go through the following ‘things to keep in mind’ together with the children and create space for them to ask as many questions as they want.

Things to keep in mind:

- Ask as many open questions as possible; they give you more information!
- Open questions are questions that require an explaining answer. For example: “What would you like to do in the future?” - “I would like to become a nurse and work in a hospital”
- Closed questions are questions that can only be answered with ‘yes’ or ‘no’. For example: “Do you like going to school?” - “Yes”
- Don’t be prejudiced or suggestive!
- Suggestive questions are questions where you show your own opinion in a suggestive way. For example: “The teacher is not very kind, don’t you think?” - “Yes”
- Listen very well to the answer that is given; try to ask new questions relating to the answer that has been given.
Step 1. Inform the children that they are going to watch the edited footage from each pair, recorded in the previous session. Explain briefly that the facilitators have edited the footage, but that editing will be further explained and practiced in future sessions.

Step 2. Ask the children to observe their work consciously while watching. Explain that improvement of filming can only be learnt through practice and trying to learn from previous footage.

Step 3. Start the first clip for viewing and ensure you do not pause the clip at any stage.

Step 4. Ask the children of the first clip on their observations. You can lead the discussion by asking what they liked, what they not liked and what they would do different next time. After their comments, you can ask other children for additional comments.

Step 5. Start the second clip, stop the clip once you observe a closed question where an open question would have been better. Explain the difference between open and closed questions. Ask the children how the question could have been phrased as open question. Continue the clip till the end. Ask the children who filmed on their comments.

Step 6. Start the third clip, stop the clip once you observe a suggestive question. Explain what a suggestive question is. Ask the children how the question could have been phrased as open question. Continue the clip till the end. Ask the children who filmed on their comments.

Step 7. Repeat the process till all clips have been shown.

Step 8. Ask children if they have any more comment or question on the clips. Once all questions/comments have concluded, you can finalize the exercise.

Exercise 2: Elephant football (15 minutes)

Goal: After this exercise the children are energized and fresh for the next exercise

Preparation: ensure you have one volleyball present and one fully charged flip camera

Step 1. Create enough space in the room and make a circle. All children spread their legs and put their feet against the feet of their neighbor.

Step 2. Ask all children to stretch their arms, close their hands to one fist and bend forward. The arms represent a trunk of an elephant, their spread legs is a football goal.

Step 3. Explain to the children that with their trunk they have to stop a ball from passing through their legs and try to hit the ball through the legs of another “elephant”.

Step 4. Once the ball has gone through the legs of an “elephant” the participants is out and the circle has to be re-adjusted so all legs are connected again.
Step 5. An “elephant” who is out could make footage of the game with a flip camera.

Step 6. Once there is only one “elephant” left, the game is over.

Exercise 3: How to ask for consent? (45 minutes)

Goal: After this exercise the children can apply different methods for informed consent

Preparation: Fully charged flip camera’s for all pairs and make sure you have enough copies of the handout of informed consent forms (forms & tools 1) and the handout on which the informed consent is visualized (forms & tools 3)

To start explaining on informed consent, you can refer back to the planning session you had with the participants where they had to give consent. This exercise is to explain that when the children film other individual children they also have to seek consent.

The principles of informed consent- honesty, transparency, accountability, reliability, care, consideration- are all central to participatory video. There are two broadly recognized and widely acceptable forms for recording a contributor’s consent:

1. Written consent
2. Video or on-camera consent

On-camera consent can include the answers to the following questions¹:

- Please state the name and date of this interview
- Do you understand what we are doing? Please, in your own words, explain.
- Do you consent to your interview being included in this project?
- Do you know who may see the final video and for what purpose?
- Do you know you may see the final video and then decide whether you want it to be shown to others or not
- Are you aware you can stop the filming process at any time, in order to ask questions or have a time-out?

Step 1. Explain the idea and importance of asking the people you will feature in your video for permission to film and use footage. Ask the children why this would be important according to them? What could happen if you don’t ask for the informed consent?

Step 2. Go through the forms for written consent for the different ages and ask the children if everything on the form is clear to them. Emphasize that it is important that the forms will be

¹ Adapted from InsightShare (2011)
filled in before filming and after editing. There is also the possibility to organize a ‘video consent’ where the consent is captured on video. Let’s practice that!

*The below part proved very hard for the participants, facilitators have to give extra instructions while moving around to each group.*

**Step 3.** Ask the children to make groups of three and find a quiet place to sit and practice filming the on-camera consent. Give each group a copy of the video consent form and a flip camera.

**Step 4.** Let each group identify one camera man, one interviewer and one interviewee. Each group will then practice to record an informed consent video. The children can view their own recordings on their flip camera and evaluate the filmed consent. Are they happy with the quality of the sound? Is everything audible? Are the questions clear for the interviewee? Should it be recorded again?

**Step 5.** Give a clear sign when you want to close the exercise by asking the children to hand over de flip cameras to you and to sit in a circle for the evaluation.

Based on how well the exercise is performed, a decision can be made to use written or video-consent. Alternatively the choice can be made by the children once they go out for recording in their community. *In the pilot training all children chose the written consent form.*

**Evaluation and Feedback (10 minutes)**

**Goal:** The children are able to reflect on the experiences and learning outcomes of today’s session

**Step 1.** After you have finished the last exercise, sit down with the children to evaluate the session.

**Step 2.** Ask the children what they have learned and what they would still like to learn after today. Discuss what the children liked about the today’s session and what could be improved. Make sure that the children feel comfortable to also share negative experiences!

**Preparation for next session**

Set a time and date for the next session and explain briefly what the children can expect. Don’t forget to compliment the children on their efforts!
Session 5: Let’s start!

**Goal**
Participants are prepared for field work.

**Resources**
- Flipcharts
- Fully charged flip cameras (one for each couple)
- Markers (at least 1 per participant & 1 per facilitator)
- Plain papers
- Field work bag with consent forms, A3 papers, pens, pencils, emergency sheet with contact numbers and brief explanation

**Duration**
2.5 hours

**Exercise 1**
My back against your back! (10 minutes)

**Discussion**
Let’s start (25 minutes)

**Exercise 2**
Team agreements (30 minutes)

**Exercise 3**
The knotty problem (15 minutes)

**Exercise 4**
Interview questions (30 minutes)

**Welcome and introduction (10 minutes)**
Wish the children a warm welcome. Start the session by explaining today’s schedule, so the children know what to expect. Today will be the last day to meet before the children start with their ‘film project’, so it’s important that all children know what to do after today’s session.

*The Kosti training invited for this session a community volunteer who serves as community coordinator for this project to be aware what the arrangements with the children are and can be the first contact in case the children need support or face problems*

**Exercise 1: My back against your back (10 minutes)**

*Goal:* After this exercise the children will be warmed-up for today’s session.

**Step 1.** Ask the children to pair up with their filming partner and find a place in the room where they can move freely.

**Step 2.** Ask the children to sit on the floor with their backs against each other. The children can ‘hook on’ to each other arms to provide some stability.

**Step 3.** Ask the children to try to stand up together with their back against each other and their arms ‘hooked’. They are allowed to talk while doing this exercise.
Step 4. Walk around to coach and support the children.
Step 5. After all children have attempted (or succeeded) to stand up together, ask them how they experienced it. Conclude by stating that it is important to work together in a constructive way in order to get things done!

Introduction: Let’s start! (25 minutes)
Goal: After this exercise the children are able to explain the procedure of the filming project and prepared to go out for making recordings.
Preparation: Make sure you are fully aware of the purpose, procedure and agreements of the project

Step 1. Explain what steps the children have to take of concerning their filming project.

Things to keep in mind:
✓ The main question of the video will be: “What are the barriers for children with a disability to go to school?”
✓ Identify a child with a disability in your community who you want to interview
✓ Seek consent of the child and depending on the age of the parents
✓ Discuss the project with the identified child and jointly make a story board, this should include an interview with the child and recordings of barriers.
✓ Ensure you have prepared key questions before the interview
✓ The duration of the actual video will be 3-5 minutes
✓ Make the message of the story as short and powerful as possible
✓ There should be a logical build-up of the video: introduction-> core-> conclusion
✓ To plan and prepare your story, make a story board beforehand
✓ Try to offer the audience some variation in scenes (close-up/long-shot)
✓ The child with the disability will be featuring in the film
✓ You (the children) will be the filmmakers behind the scenes, so you won’t be in the video yourselves. Experience of Kosti training learned that some children wanted to interview in front of the camera, which worked well.
✓ Include the child with a disability in the filming process as much as possible!
✓ Agree who keeps the flip camera and where to keep it.
✓ Ensure you use the flip camera for the real filming, too much playing with the camera leads to empty batteries!

Step 2. Provide space for the children to ask questions about the procedure. Through the next exercise the children can make their own team agreements, based on the introduction they have just heard.
Exercise 2: Team agreements (20 minutes) The Kosti training skipped this part as it was clear this roles developed naturally during the training.

Goal: The children are able to list their own team rules and agreements

Preparation: Make sure you have enough pens and paper for each pair

Step 1. Ask the children to sit together in pairs and take a paper and pen with them
Step 2. Ask the children to list their team rules and agreements; based on the given introduction, so you can provide few examples from there if needed. Walk around to support the children when needed of desired.
Step 3. After all pairs have finished their team list, ask them to briefly give a short explanation to the rest of the group.

Exercise 3: The knotty problem (15 minutes)

Goal: The children are able to reflect on their team building and problem solving skills

Preparation: Make sure there is enough space to conduct this energizing exercise. You can choose to conduct this exercise outside.

Step 1. Form a circle, and ask all the children to lift up their hands.
Step 2. Ask the group to come forward so that everyone stands very close to one another.
Step 3. Ask the children to close their eyes and search for 2 hands to hold.

Try to avoid them taking the hands of the person next to them, because then we will not end up in a human knot!

Step 4. Once all of them have found two hands, let them open their eyes. Hold tight! The group is now a human knot.
Step 5. Do the exercise again, but before starting select one ‘repair person’. He or she will not be part of the human knot, but will be the one to try and untie it. The repair person gives directions to the knot, like ‘move here’ or ‘step over this arm’. The group has to follow the directions exactly. If this doesn’t work (which is likely) ask the group to try, without letting go of the hands they are holding, to untie the knot and end up in a circle again.
Step 6. Briefly ask the children about their experiences. This exercise shows that even problems that appear to be very difficult can still be solved by working together. Maybe you cannot completely untie the ‘knot’. But even if you only manage to do half, the problem will appear much clearer. That is what we have to do with problems in life: look at them, cooperate to untie the knot and then look at them again.
Exercise 4: Interview questions (30 minutes)

**Goal:** To prepare key questions for the interview.

**Preparation:** Make sure you have paper and pens for the children.

**Step 1.** Explain to the children that in this exercise they will prepare key questions in pairs as guidance for their interview.

**Step 2.** Remind the children of the topics.

**Step 3.** Give children 20 minutes to prepare their key questions.

**Step 4.** Let the children present their questions to each other and give feedback. Remember these are the questions children find important, so give them their freedom. Do check if questions are appropriate, open etc.

*In Kosti training this was done in two groups with each one facilitator as most children didn’t know how to write and needed guidance in similar exercises. Ensure the facilitators leave the phrasing of the questions to the children*

Exercise 5: How to create a safe and pleasant environment? (25 minutes)

**Goal:** After this exercise the children are able to explain what they can do to create a safe and pleasant environment for the child that will feature in the video

**Preparation:** Make sure you have flip chart and markers at hand.

**Step 1.** Explain the children that it is important that the children they will film and interview will feel comfortable. When you feel comfortable, you feel freer to share your story with others.

**Step 2.** Ask the children to give an example of a situation with other people where they didn’t feel comfortable. What did they do? Write down the input of the children on the flip chart.

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Asking what he/she wants and what kind of ideas he/she has</td>
<td>- Intervening while the other is talking</td>
</tr>
<tr>
<td>- Being respectful and helpful</td>
<td>- Forcing the other child to do what I want</td>
</tr>
<tr>
<td>- Make sure it’s fun for all</td>
<td>- Forcing the child to do the interview at all</td>
</tr>
<tr>
<td>- ...........</td>
<td>- Joking about the child’s disability</td>
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<tr>
<td>- ...........</td>
<td>- ................</td>
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</tbody>
</table>

**Step 3.** Explain that through this exercise the children will be more aware and able to create a safe and pleasant environment for themselves and others when making the video. Do emphasize also the security of the children themselves. If they sense the environment they are filming is not happy with their presence, they should stop filming and not be worried that they don’t have footage.
Step 4. Evaluate the flipchart plenary and ask the children for elaboration when desired. You can now ask if the children are ready to go and film in their communities. Hand out the flip camera and field bags and wish the children well.

**Evaluation and Feedback (10 minutes)** *The Kosti training skipped this as the whole session was a kind of evaluation*

**Goal:** The children are able to reflect on the experiences and learning outcomes of today’s session

**Step 1.** After you have finished the last exercise, sit down with the children to evaluate the session.

**Step 2.** Ask the children what they have learned and what they would still like to learn after today. Discuss what the children liked about the today’s session and what could be improved. Make sure that the children feel comfortable to also share negative experiences!

**Preparation for next session**

Set a time and date for the next session and explain briefly what the children can expect. Don’t forget to compliment the children on their efforts! The children can take their flip-camera with them to start filming. Tell the children to bring the flip cameras, consent forms and story boards along with them for the next session: Editing your film
Session 6: Editing & community screening

**Goal**
Participants understand what editing and community screening means and are involved in the preparations

**Resources**
- Fully charged flip cameras
- Small Speakers
- Beamer
- Laptop with IMovie’11 software installed
- Printed pictures of the previous sessions

**Duration**
2.15 hours

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise 1</td>
<td>Energizer (10 minutes)</td>
</tr>
<tr>
<td>Discussion</td>
<td>How to edit (25 minutes)</td>
</tr>
<tr>
<td>Exercise 2</td>
<td>May I introduce? (30 minutes)</td>
</tr>
<tr>
<td>Exercise 3</td>
<td>Community screening (30 minutes)</td>
</tr>
<tr>
<td>Exercise 4</td>
<td>Energizer (10 minutes)</td>
</tr>
</tbody>
</table>

**Welcome and introduction (5 minutes)**
Wish the children a warm welcome. Start the session by explaining today’s schedule, so the children know what to expect.

**Exercise 1: sharing filming experiences..? (30 minutes)**
*Goal: To give the children the chance to share their first experiences of filming.*

**Step 1.** Take the time to invite the children to share their filming experiences. How did it go? What has surprised them? What did they find difficult? Don’t forget to write down a few keywords for your own administration.

**Step 2.** Ask the children if all were able to complete what they had planned or if they need more time. In case they need more time, agree to discuss with the relevant pair(s) separately.

**Step 3.** Ask the children to return the Flip cameras, story boards and consent forms in case the consent has not been recorded.

**Step 4.** Explain to the children that they will be informed after the energizers what the next steps are for editing their footages.
Energizer: choice of children (15 minutes)

Goal: After this exercise the children will be warmed-up for today’s session.
Preparations: Ensure all materials used in previous energizers are available.

Step 1. Ask the children which energizer of the past sessions they would like to play again.
Step 2. Play the choice of the children!

Introduction: How to edit? (25 minutes)

Goal: After this introduction, the children are able to understand editing and give direction to the editor.
Preparation: Make sure you have printed a number of pictures of the previous training session. Make sure you have footage available to show editing on a projected screen.

Step 1. Explain to children what editing means and inform them you will show them later on the computer how it is done, but first you will show them the “logic” of editing.
Step 2. Show a flip camera and an envelope which holds various pictures of the training session and few pictures not related to the training.
Step 3. Remove the pictures from the envelope and place them randomly in lines in the middle of the circle. Explain that the flip camera holds an envelope with pictures which can be transferred to the computer. Use your imaginations to explain how the two are similar.
Step 4. Create a second line with pictures in the right sequence of the training. Select the pictures with the children. Delete irrelevant or low quality pictures by placing them in a dustbin.
Step 5. Show some more editing tricks, like writing on A4 paper and place it between 2 pictures or get a scissor and cut a picture in half.

There are different options to organize the editing phase in the Participatory Video process:

1. The editing of the footage will be fully done by the children themselves
2. The editing of the footage will be partly done by the children, and partly by the facilitator
3. The editing of the footage will be fully done by the facilitators

For all above mentioned option, it is essential that all children involved, have given consent on the final product.

For this training we have taken the second mentioned editing option as a starting point. In case you choose to organize it differently, you might need to adjust the session schedule.
**Step 6.** Invite the children to ask questions. Explain that in this training children will not edit alone on the computer, but will edit together with the facilitator.

**Step 7.** Show on the computer in iMovie the similar process as done with the printed pictures as to give children a glance of editing.

**Step 8.** Make an appointment which each pair when editing can take place with that pair. The facilitator will sit with the children behind the laptop in individual sessions and edit their footage based on the directions of the children. Agree with the children what the most convenient place is.

---

**Exercise 2: May I introduce..? (30 minutes)**

**Goal:** After this exercise the children are able to present and film a video introduction according to the given directives

**Preparation:** Make sure you have enough fully charged flip cameras and pens & paper for each pair.

**Step 1.** Ask the children to sit together in pairs and discuss/write/draw what a ‘perfect introduction’ of their video would look like.

**Step 2.** After the children have discussed the key-elements of their introduction, they can start filming their introduction. This will introduction will be the start of their edited footage.

**Step 3.** Remind the children of the flip tips and ask them to keep the handed-out sheet (see: prior session) at hand for consultation.

**Step 4.** Walk around and offer support when needed or desired.

**Step 5.** Ask the children to evaluate their recordings together in pairs to see if they are satisfied with it. What do they think of it? Do they think it is clear for the audience to understand the context of the video? Have the flip tips been applied, according to them? If time is over and children haven’t completed, you can then inform them that they can have a second attempt of the editing day.

*Some children will have done their introductions while making footage in their community. You can choose to cancel this exercise and do it if required while editing with the pairs.*
Exercise 3: Community screening (30 minutes)

**Goal:** To inform children on community screenings and get their input on invited guests

**Preparation:** ensure you have read annex 4 on community screenings

**Step 1.** Remind the children that after editing there will be a screening with them and the interviewed children. After this screening there will be a discussion with the children on the footages and all children will be asked if they agree with the short movies to be shown to a wider audience. The written consent forms will be used for this.

**Step 2.** Explain to the children that after their approval, a community screening will be arranged for. The movies will be shown to community members for a discussion on solutions for the identified barriers.

**Step 3.** Divide the participants in 2 groups and ask each group to write on post its which people from their community they want to invite and what they would like to discuss with them. Emphasize to the children that at this screening we only focus on community members & agencies to think along on possible solutions towards inclusion. Children will otherwise come up already with solutions, e.g. inviting the district official or even the President.

**Step 4.** Return to the circle and ask the children to fix their post it’s on the flip chart on the wall. Compare the post its and decide which children and which adults will be invited.

**Step 5.** Discuss logistics of the screening. Ensure that there is agreement on when the screening will be, where it will be held, who will invite people, who will make the preparatory arrangements etc. (see annex community screening)

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**Energizer: TBD (10 minutes)**

**Goal:** To have fun together one more last time

**Step 1.** Ask the children which energizer of the past sessions they would like to play again.

**Step 2.** Play the choice of the children!

---

**Preparation for editing and next screening**

Remind the children on the dates for editing and the screening with the children. Don’t forget to compliment them on their efforts!
Welcome and introduction (10 minutes)
Wish the children a very warm welcome! Good to see you again! A lot of things have happened over the past few weeks: training, filming, community screening. So it is high time to evaluate everything that everyone has done and learned. Feel free to already share some of your personal experiences with the children, concerning this participatory video project. This might set an example for them for the following evaluating exercises. Don’t forget to explain the children about today’s schedule, so they know what to expect (except for the medal ceremony!).

Energizer: What do you think? (20 minutes)
Goal: After this energizer the children are warmed-up for today’s session
Preparation: Make sure the chairs and tables are put aside, to create some space for this exercise.
Step 1. Ask the children to stand in the middle of the room and stand in front of them.
Step 2. Explain that you will be asking them a few evaluating questions with regards to the participatory video process. After each question the children can go either to the left side
(answer=yes) or the right side of the room (answer= no). Indicate the left and right side with your hands, so the children know exactly where to go to.

**Step 3.** Ask the first question. You could make up your own (relevant) questions or you could use the following examples:
- Did you have fun?
- Have you experienced difficulties?
- Have you learned new things?
- Do you think about children with disabilities differently now?
- Have you made new friends?

**Step 4.** After the children have chosen ‘yes’ or ‘no’ after each question, you can briefly talk with them to find out why they have given that specific answer.

**Step 5.** Depending on the time you can announce the children to do the last question, so they know the exercise is about to end. If desired, you can give a short summary of the answers at the end of the exercise.

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**Exercise 1: Interviews  (60 minutes)**

**Goal:** After this exercise the children have freely shared their views and opinions on the training, filming and community screening

**Preparation:** Make sure there are enough fully charged flip cameras at hand (one for each trio). Prepare five interview questions beforehand (or use the given examples) and write them on a flip-over or blackboard, so the children can read them.

**Step 1** Ask the children to make groups of 3 children per group.

**Step 2** Explain to the children that it is important to know how they have experienced participating in this participatory video project. They will have the chance to interview each other to find out more about the positive and negative experiences. Each interview will be filmed by another child from the group and all filmed information will only be used for the evaluation of the project. Five questions will be provided (see: the flipchart) and three questions can be made up by the children themselves. Encourage them to speak freely and to share their honest views and opinions. Each interview should take about maximum 15 minutes.

**Step 3** Read the five provided interview questions out loud and point them out on the flip-over or blackboard. 1).... 2) ....3).... 4).... 5).....

**Step 4** Ask each group to find a quiet comfortable place to sit and to divide tasks: child A (asking questions), child B (interviewee) and child C (filming). Remind them of the flip tips, especially to ensure a good quality of sound!

**Step 5** Walk around and provide support when needed or desired. Try to keep an eye on the time: after 15 minutes the children should swop roles.
**Step 6** Give a signal when the children need to wrap up their interviews and hand-over the flip cameras. Check the footage briefly to make sure everything has been recorded correctly. Ask the children to sit in a circle for the final exercise.

*This exercise in Kosti has not been conducted, but instead a plenary discussion was held. Despite the children being very confident with the flip camera’s, the facilitators felt that interviewing skills still needed more training and preparations.*

**You deserve a medal!! (30 minutes)**

**Goal:** To empower the children and show appreciation for their efforts

**Preparation:** Make sure you have your (self made) medals ready in a box or bag, so the children can’t see them yet. Prepare some words for each child that you can use as a short ‘speech’.

**Step 1.** Ask everyone to sit in a circle, including the facilitators. Make sure you have the bag or box with the medals (and your note with ‘speeches’) right next to you.

**Step 2.** Ask the children one by one to come forward to receive a medal for his/her efforts in this participatory video project. Say a few words to explain and symbolize the positive input of each child. Don’t forget to ask for a big clap of applause after each medal ceremony.

**Step 3.** After handing out the final medal thank everyone for participating and wish them all the best in the future!

*In the Kosti training each child was given a DVD with compilation of pictures taken during the training and the clips recorded and edited by each pair. As energizers in between, children selected their favorite games of the training-week.*

**The way forward**

Offer the children the chance to ask any questions they might have. Explain them about the follow-up procedures concerning the project.
Annex 1: Facilitation Skills

Time management
A facilitator should respect the time allocated for the session and for each activity.

Creation of a safe space
- The facilitator should organize participants in a circle or semi circle in order to be always able to see them and intervene whenever it’s necessary. Every participant wants and needs to be seen and deserves special attention.
- The facilitator should create a pleasant atmosphere in the group, an environment in which the participants feel equally important and part of the group, as well as free and confident to participate and express themselves. If the facilitator finds out that a participant looks uncomfortable about getting involved, he should never push him/her to do something.
- The facilitator should define some ground rules, in collaboration with the group, and agree with them on actions to be taken in case rules are being broken. Participants will have shared ownership and a shared responsibility to ensure that they are respected.

Communication skills
- Session’s content and objectives, as well as activities, need to be communicated clearly to the participants at the beginning of the session to receive their commitment to participate to activities. Therefore, the facilitator needs to master the plan perfectly.
- The facilitator should be able to give clear instructions to participants. He/she should explain games and exercises step by step and use demonstrations/practical examples if necessary.
- The facilitator should speak slowly, clearly and loudly.
- The facilitator should adapt his/her language to the one of the target group and avoid using technical terms (e.g. psychosocial well being, resilience, risk/protective factors...).

Listening skills
- The facilitator should provide opportunities for everyone to share and express their ideas, views or concerns.
- The facilitator is responsible for equal involvement and participation of the whole group. He/she should take the contributions of everyone seriously and respond to them without judgment. Stimulating all participants in the same way will show them that their opinions are valued and will give them a sense of belonging to the group. When participants are ignored or discouraged they will not continue to involve in discussions.

Capacity to observe and respond to the situation
- The facilitator needs to pay attention to what happens within the group of participants.
  o He/she should observe the behavior and attitude of the group to understand whether:
• the activities are appropriate;
• the group participates, understands and enjoys the activity;
• Participants feel comfortable within the group.
• It is important for the facilitator to be aware of what is going on in order to respond to it appropriately. If the facilitator finds out that participation is low, people look bored or don’t seem to be enjoying themselves, he/she should respond immediately by explaining the activity again and more clearly, by adjusting the activity in such a way people enjoy participating in it or the activity should be stopped for another activity to start.
• It is important to work in pairs when facilitating a session so that one facilitator will follow the planned activities while the co-facilitator will observe the group and suggest changes in the plan if the situation requires this.

Capacity to stimulate a debate
• The facilitator should resist to the temptation to take control of a discussion, but rather encourage further discussion within the group. He/she should listen carefully to group’s ideas and make use of them to stimulate a rich debate.

Capacity to achieve the objective of the session
• The facilitator is able to achieve the objective of the session.
• The facilitator should ensure that activities are appropriate to target group’s needs and characteristics (age, gender, level of education...).
• The facilitator is able to clarify the relationship between activities and their underlying goal.
• At the end of a session, the facilitator should recap, together with participants, the main session’s learning points.

Capacity to evaluate the session
• At the end of the session the facilitator should be able to evaluate:
• His/her performance as a facilitator
• The progress in knowledge, behavior and skills of the participants
• The content/activities of every modules

Are you a teacher or a facilitator? Check it in the table on the next page.
<table>
<thead>
<tr>
<th>TEACHER</th>
<th>FACILITATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher starts from their own knowledge</td>
<td>Facilitator starts from the knowledge of the group</td>
</tr>
<tr>
<td>Teacher follows a pre-set curriculum</td>
<td>Facilitator addresses issues identified by the group or their community and adapts new ideas to the needs and culture of the group</td>
</tr>
<tr>
<td>Teacher presents new information from the front</td>
<td>Facilitator uses practical, participatory methods, e.g.: group discussion and activities in which all members of the group participate</td>
</tr>
<tr>
<td>Information flows in just one direction, from teacher to students</td>
<td>Information flows in many different directions between the facilitator and individual group members – a genuine exchange of ideas</td>
</tr>
<tr>
<td>Teacher brings extensive knowledge of the subject</td>
<td>Facilitator draws out and builds on the knowledge of the group, and knows where to find further information on the subject</td>
</tr>
<tr>
<td>Teacher is concerned with students understanding the right answer</td>
<td>Facilitator encourages and values different views</td>
</tr>
<tr>
<td>Teacher works for the community and may come from outside the community</td>
<td>Facilitator works with the community and may come from within the community</td>
</tr>
<tr>
<td>Teacher has a formal relationship with the students, based on their status as a teacher</td>
<td>Facilitator is considered as an equal, and has relationships based on trust, respect and a desire to serve</td>
</tr>
</tbody>
</table>
Annex 2: Quick start flip guide

More information on: www.theflip.com

**Connecting to a Computer**

1. Make sure the Flip is off.
2. On the side of the Flip (left side when viewed from the back, right side when viewed from the front), slide the latch down to release the USB connector arm.
3. Insert the connector into a USB port on your computer.

*Note: It is recommended you use a USB extension cable if there is not enough space for your camera.*

**Starting the Flip Video Program**

1. Follow the instructions under “Connecting to a Computer.”
2. To start the program:
   - Mac: Double click the FLIPVIDEO icon on your desktop, and double click Start Flipshare.
   - PC: Click View your Flip Camcorder Videos using the program on device in the pop-up dialog box, and click OK.
3. The Flip Video Program will appear with your recorded videos previewed in the right screen.

*Note: The program runs directly from your Flip camera, it can only be used when the Flip is connected to your computer.*
**Transferring/Saving Videos**

1. With the Flip connected and the Flip Video Program running, click on the video you want to save.
2. Click the Save to Computer icon, or File > Save to computer.
3. A dialog box will appear showing where the video will be saved, and asking if you want to delete it from the Flip. Select your options and click Yes.
4. The saved video will appear in the left window under “Computer.”

**Note:** All videos will also be stored on your Flip video camera until you delete them.

**Organizing Your Flip Video Library**

1. Make sure your Flip is connected to the computer and the Flip Video Program is running.
2. In the left window area under “Computer,” click the Add New File icon, or click File > Add New Folder at the top of the screen.
3. An Untitled Folder will appear under “Computer.”
4. Double click this folder (Mac) or right click and select “rename” (PC) to highlight the text, type in a new name for the folder and hit enter on the keyboard.

**Sharing Your Videos**

1. Make sure your Flip is connected to the computer and the Flip Video Program is running.
2. Click on the video you would like to share.
3. At the top of the screen, click on File > Export to..., and click Export.
4. In the finder window that appears, select the Desktop on your computer, and click Choose.
5. A copy of your video will be saved on your Desktop as a .AVI file.

You can then email your video or upload it to the web on a site such as YouTube or TeacherTube.

**Disconnecting the Flip**

1. Quit the Flip Video Program by clicking on Flipshare > Quit Flipshare at the top of the screen.
2. To safely eject the Flip video camera:
   - Mac: In the finder window, click the eject button icon or drag the FLIPVIDEO icon on your desktop to the trash.
   - PC: Click the Safely Remove Hardware icon at the bottom right of the Windows taskbar, and in the pop-up box that appears click Safely remove USB Mass Storage Device.
3. A pop-up window will appear confirming it is safe to remove the device.
4. You can now remove the Flip video camera from your computer.

**Flip Video Information and Support**

To learn more about how to use the Flip camera and its additional features, visit the Flip Video Support page at [http://www.theflip.com/support_home.shtml](http://www.theflip.com/support_home.shtml), where you can search through their online knowledgebase, submit a question to their technical support group, and get updates for your Flip camera software.

Additional help and resources can be found at:

**Source:** [http://www.theflip.com](http://www.theflip.com)
Annex 3: Child-friendly explanation of the Rights for People with a Disability

About the Convention

The Convention on the Rights of Persons with Disabilities is an agreement by countries around the world to make sure that people with disabilities and people without disabilities are treated equally. Conventions, sometimes called treaties, covenants, international agreements or legal instruments, tell your government what to do to make sure you can enjoy your rights. All adults and children with disabilities, girls and boys alike, are included.

The Convention on the Rights of Persons with Disabilities was adopted on 13 December 2006. By 2 April 2008, 20 countries had ratified the Convention, which means that it will enter into force on 3 May 2008 (see the rules of the Convention at www.un.org/disabilities-).

Although the Convention is for all persons with disabilities, regardless of age, this book looks at what the rights mean in the lives of children, because you are important!

Why care about the Convention?

If you, your parents or others in your family have a disability, this Convention offers useful information and encouragement. It guides you and your family—and friends who want to help you—in exercising your rights. It also defines the actions governments must take to help all people with disabilities realize their rights.

People with different disabilities from many different countries worked together with their governments to develop this Convention. They got ideas by looking at good actions and laws that were helping people with disabilities go to school, get a job, have fun and live happily in their communities.

Many existing rules, attitudes and even buildings need to be changed to make sure a child with a disability can go to school, play and take part in things every child wants to do. If your government ratified the Convention, it agreed to make these changes happen.

It is important to remember that the rights in this Convention are not new rights. They are the same human rights recognized in the Universal Declaration of Human Rights, the Convention on the Rights of the Child and other international human rights treaties. The Convention on the Rights of Persons with Disabilities guarantees that these rights are respected for people with disabilities.
Optimism is our motto in life
Listen my friend, my friends
Let your motto be love and faith
Life is a gift from our merciful Lord
To all creatures in heaven as on earth
If you have friends with disability
Stay close to them to help them feel secure
Urge them to be optimistic and to love life
Tell them that despair is cowardice
And that perseverance and determination are signs
of courage
Hope is our aim in life
A gentle smile brings us together
There is no despair in life and no life in despair
— Jwan Jihad Medhat, 13, Iraq

The Convention on the Rights of Persons with Disabilities in brief

The Convention makes many promises. Its 50 articles clearly explain what these promises are. Where we say ‘government’ in the following pages, we mean the governments that have ratified the Convention (also called ‘States parties’).

What are laws

Laws are rules that everyone has to follow so that people respect each other and live together safely.

What does it mean to ratify

Governments that ratify a Convention agree to do their best to enforce its articles. Check to see if your country has ratified the Convention. If it has, then you can remind your government representatives of their responsibilities. The United Nations publishes a list of States parties that have signed and agreed to the Convention. To see online if your country has ratified the Convention, look at the United Nations website: <www.un.org/disabilities>. 
Article 1: Purpose
This article summarizes the Convention’s main objective, which is to promote, protect and ensure the full and equal enjoyment of all human rights and freedoms by all people with disabilities, including children.

Article 2: Definitions
This article lists words that have a particular definition in this Convention. For example, “language” includes spoken words and also signed or other non-spoken languages. “Communication” includes languages, text displays, Braille (which uses raised dots for letters and numbers), communication through touch, large print and accessible multimedia (such as websites or audio).

Article 2: General principles
The principles (main beliefs) of this Convention are:
(a) Respect for everyone’s inherent dignity, freedom to make their own choices and independence.
(b) Non-discrimination (treating everyone fairly).
(c) Full participation and inclusion in society (being included in your community).
(d) Respect for differences and accepting people with disabilities as part of human diversity.
(e) Equal opportunity.
(f) Accessibility (having access to transportation, places and information, and not being refused access because you have a disability).
(g) Equality between men and women (having the same opportunities whether you are a girl or a boy).
(h) Respect for the evolving capacity of children with disabilities and their right to preserve their identity (being respected for your abilities and proud of who you are).

Article 4: General obligations
There should be no laws that discriminate against people with disabilities. If necessary, governments should create new laws to protect the rights of persons with disabilities and put these laws into action. If old laws or traditions discriminate against people with disabilities, governments should find ways to change them.

If there are laws or practices that prevent children with disabilities from doing the same things as other children, they must be changed. Your government should consult with organizations of children with disabilities as it changes such laws and policies.
To develop new laws and policies, governments should seek advice from people with disabilities, including children.

Article 5: **Equality and non-discrimination**
Governments recognize that all people have the right to be protected by the law, and that the laws of a country apply to everyone who lives there.

Article 6: **Women with disabilities**
Governments know that women and girls with disabilities face many different types of discrimination. They agree to protect their human rights and freedoms.

Article 7: **Children with disabilities**
Governments agree to take every possible action so that children with disabilities can enjoy all human rights and freedoms equally with other children. They also agree to make sure that children with disabilities can express their views freely on all things that affect them. What is best for each child should always be considered first.

Boys and girls with disabilities have the same rights as all children. For example, every child has the right to go to school, to play and be protected from violence, and to be involved in decisions that affect him or her. Governments must provide the information and support necessary for children with disabilities to realize this right.

Article 8: **Awareness raising**
Governments should educate everyone about the rights and dignity of persons with disabilities and their achievements and skills. They agree to combat stereotypes, prejudice and activities that might harm people with disabilities. Your school, for example, should promote an attitude of respect towards people with disabilities, even among very young children.

Article 9: **Accessibility**
Governments agree to make it possible for people with disabilities to live independently and participate in their communities. Any place that is open to the public, including buildings, roads, schools and hospitals, must be accessible by persons with disabilities, including children. If you are in a public building and need help, a guide, reader or professional sign language interpreter should be there to assist you.
Article 10: Right to life
Every human being is born with the right to life. Governments guarantee that this is equally true for people with and without disabilities.

Article 11: Situations of risk and emergencies
People with disabilities have the same right as everyone else to be protected and safe during a war, an emergency or a natural disaster, such as a storm. You cannot legally be excluded from a shelter or left alone while others are rescued because you have a disability.

Article 12: Equal recognition before the law
People with disabilities have the right to enjoy ‘legal capacity’ in the same way as other people. This means that, when you grow up, whether or not you have a disability, you can do things like get a loan to study or sign a lease to rent your own apartment. And you can own or inherit property.

Article 13: Access to justice
If you are harmed by a crime, have seen others harmed or are accused of doing something wrong, you have the right to be treated fairly when your case is being investigated and dealt with. You must be given help to express yourself in all legal processes.

Article 14: Liberty and security of the person
Governments should make sure that people with disabilities have their freedom protected by law, the same as all other people.

Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment
No one should be tortured or humiliated or treated cruelly. And everyone has the right to refuse medical or scientific experiments.

Article 16: Freedom from violence and abuse
Children with disabilities should be protected from violence and abuse. They should not be mistreated or harmed in their home or outside. If you have faced violence or maltreatment, you have the right to get help to stop the abuse and recover.

Article 17: Protecting the person
No one can treat you as less of a person because of your physical and mental abilities. You have the right to be respected by others just as you are!
Article 18: Liberty of movement and nationality
Every child has the right to a legally registered name, a nationality and, as far as possible, the right to know and be cared for by his or her parents. And people cannot be stopped from entering or leaving a country because they have disabilities.

Article 19: Living independently and being included in the community
People have the right to make choices about where they live, whether or not they have a disability. When you grow up, you will have the right to live independently if you prefer and to be included in your community. You must also have access to support services if you need help to live in the community, such as care in your home and personal assistance.

Article 20: Personal mobility
Children with disabilities have the right to move about and be independent. Governments must help them do so.

Article 21: Freedom of expression and opinion, and access to information
People have the right to express their opinions, to seek, receive and share information and to receive information in forms that they can understand and use.

Article 22: Respect for privacy
Nobody can interfere in people’s private affairs, whether they have disabilities or not. People who know information about others, such as their health status, should keep this information private.

Article 23: Respect for home and the family
People have the right to live with their families. If you have a disability, your government should support your family with disability-related expenses, information and services. You should not be separated from your parents because you have a disability! If you cannot live with your immediate family, the government should help provide care within the wider family or community. Young people with disabilities have the same rights as other young people to reproductive health information and the same rights as others to marry and start a family.
Article 24: Education
People have the right to go to school. If you have a disability, you cannot be excluded from education because of it. You should not be educated in segregated schools. You have the right to the same education and curriculum as other children, and your government must give you the help you need to make this happen. For example, it must provide suitable ways for you to communicate so that your teachers understand how to respond to your needs.

Articles 25 and 26: Health and rehabilitation
People with disabilities have the right to the same range and quality of free or affordable health care as provided to other people. If you have a disability, you also have the right to health and rehabilitation services.

Article 27: Work and employment
People with disabilities have an equal right to work at a freely chosen job without discrimination.
Article 28: Adequate standard of living and social protection
People with disabilities have a right to food, clean water, clothing and access to housing, without discrimination. The government should help children with disabilities who live in poverty.

Article 29: Participation in political and public life
People with disabilities have the right to take part in politics and public life. Once you reach the age set by the laws of your country, you have the right to form a group, serve the public, access voting booths, vote and be elected to a government position, whether you have a disability or not.

Article 30: Participation in cultural life, recreation, leisure and sport
People with disabilities have the same right as others to participate in and enjoy the arts, sports, games, films and other fun activities. So, theatres, museums, playgrounds and libraries should be accessible by everyone, including children with disabilities.

Article 31: Statistics and data collection
Countries must collect data about disabilities to develop better programmes and services. Persons with disabilities who contribute to research on disability have the right to be treated in a respectful and humane way. Any private information they share must be kept confidential. The statistics collected must be made accessible to persons with disabilities and others.

Article 32: International cooperation
Countries should help each other fulfil the articles of this convention. This includes countries with more resources (such as scientific information, useful technology) sharing with other countries, so that more people in the world can enjoy the rights of the convention.

Articles 33 to 50: Rules on cooperation, monitoring and implementation of the Convention
The Convention on the Rights of Persons with Disabilities has 50 articles in all. Articles 33 to 50 are about how adults, especially people with disabilities and their organizations, and governments should work together to make sure all persons with disabilities get all their rights. See the text of these articles at <www.un.org/disabilities>.

Annex 4: Community Screening

The community screening forms an essential part in the participatory video process. The aim of the community screening is three-folded: it enables

a) To show the capabilities of the participating children from the community
b) To give children a voice in the community
c) To provide an opportunity to discuss issues within the community

TAKING THE SCREENING TO THE COMMUNITY
Experience has learnt that expecting people to come to a screening held in an unfamiliar or inconvenient location often results in low levels of attendance and/or a feeling of discomfort and alienation of those attending. Take the screening to the community and make it happen wherever and whenever you can. Try to organise screenings from an early stage in the process so community members and contributors can plan to attend and spread the word.

INVOLVE THE PARTICIPATING CHILDREN IN ALL ASPECTS
Encourage and support participants to organise the community screening and to take part in all other aspects of the process including setting up the equipment, introducing the project, presenting videos, facilitating discussions and recording feedback. It can be really powerful for the wider community to see the participants (their peers, friends, neighbours, parents, etc.) fully engaged and valued in the process, as well as noticing their proficiency with the equipment and understanding of the issues. The willingness and confidence of the facilitator to handover responsibility is also likely to be noticed and appreciated. Plan the structure and content of the screening carefully, giving consideration to each participant’s role in the process and planning some key questions to stimulate feedback and discussion.

TIPS ON FACILITATION A COMMUNITY SCREENING:

Set the scene
Explain to the audience the structure of the screening and roughly how much time is available.

Manage discussions
Consider using a ‘talking stick’ to help order discussions. A ‘talking stick’ can be any object that is handed out by the facilitator to the person whose turn it is to speak. It is returned to the facilitator after each speaker has finished.

Increase participation
Try to involve a wide cross-section of the community and encourage participation from everyone.

Welcome and record feedback
Listen and be open to any comments, criticisms or advice from the wider community and be prepared to respond to them. Community screenings are about consultation and participation so the feedback must to be valued and acted upon. Visibly record all feedback provided and be sure to thank people for their participation. Communicate exactly how the group intends to respond to the feedback received and consider inviting individuals from the audience to take a more active role in the process such as being interviewed or even becoming a participant.

More focused feedback usually occurs when you are working with smaller groups so larger groups can be divided into smaller teams with one facilitator or participant helping to guide the discussions and responding to specific questions.
ORGANISE GOOD SOUND
Sound is so often overlooked when organising a screening but it is as important as the visual content. It is essential to have good quality sound at an audible level for any kind of screenings. Low sound levels can lead to easily distracted and increasingly noisy audiences. Don’t damage the audiences hearing but make sure the level is sufficient to drown out persistent commentators! Always test all the equipment before starting the screening.

POSSIBLE QUESTIONS TO ASK

“What do you think could be done for the children to improve the situation?”

“What do you think of the children’s efforts in making the video?”

“What has surprised you?”

“What barriers for children with disabilities do you recognize in the community?”

“How has this video changed your opinion or view in children with a disability?”

“Which message do you think the children wanted to show?”
Forms & Tools 1: Consent Forms

1a: Informed Consent Form for Parents or Legal Guardians of Children aged less than 12 years being video recorded.

I give permission for my child (name) ____________________________ to take part in this video recording being carried out by (name organization) ____________________________.

I have received a full explanation from the organization about the aims of this video recording and what my child may be expected to do during the video recording and how the information will be used.

I understand that the video of my child will be recorded and the story will be recorded using a voice recorder / video camera.

I understand that my child will not receive any money directly as a result of taking part in the video recording. I understand that neither I nor my child will be identified in any way in any publications or publicity connected to the video diaries.

I also understand that if at any time I am not happy with my child taking part in the video recording, I am able to withdraw my child from the video recording process.

I certify that I am the parent or legal guardian of the child named above.

________________________ __________________________
Signature of parent/legal guardian Date

I believe the information given to be correct and the parent/guardian consent genuine to the best of my knowledge.

________________________ __________________________
Signature of the interviewer Date

The following is necessary if the consent form has to be read to the parent/legal guardian:
I certify that I have read this consent form in full to the parent/guardian whose signature appears above.

________________________ __________________________
Signature of the interviewer Date
1b: Informed Consent Form for Video Recording of Children Aged Between 12 and 18 Years

My name is ______________________________. I am willing to participate in talking to a person or a group of people from an organization called ______________________________. They may ask me about my experiences and feelings about my life and I am willing to answer their questions if I feel comfortable to.

I know that this person/group of people will record my video using a voice recorder / video camera. I am happy for them to do this but I can change my mind and stop the recording when I feel uncomfortable at any time. I understand that I will not be identified in any way in reports or publicity.

I know that this information may be used for public purposes such as in local and international newspapers, books, web sites and/or radio and television stations. I am ok with this, but I might change my mind after the talk if I think I do not want many people to know me. I can also tell this person/group of people to give me a copy of recordings they make and give copies of my stories in newspapers, books, radio or television.

I also know that I can tell this person/group of people not to use my real name or even show my face when telling my story to other people. This means that no one will be able to identify me as telling this story afterwards.

I know that there is no promise of any money or reward to be given to me. I am the one who has decided to allow or not to allow this person/group of people to talk to me.

________________________________________  ___________________________
Signature of the child                         Date

I believe the information given to be correct and the child consent genuine to the best of my knowledge.

________________________________________  ___________________________
Signature of the interviewer                   Date

The following is necessary if the consent form has to be read to the child:

I certify that I have read this consent form in full to the child whose signature appears above.

________________________________________  ___________________________
Signature of the interviewer                   Date
1c: Informed Consent Form for Video recording Young People aged 18 and above

My name is ______________________________. I am willing to participate in talking to a person or a group of people from an organization called __________________________. They may ask me about my experiences and feelings about my life and I am willing to answer their questions if I feel comfortable to.

I know that this person/group of people will record my video using a voice recorder / video camera. I am happy for them to do this but I can change my mind and stop the recording when I feel uncomfortable at any time. I understand that I will not be identified in any way in reports or publicity.

I know that this information may be used for public purposes such as in local and international newspapers, books, web sites and/or radio and television stations. I am ok with this, but I might change my mind after the talk if I think I do not want many people to know me. I can also tell this person/group of people to give me a copy of recordings they make and give copies of my stories in newspapers, books, radio or television.

I also know that I can tell this person/group of people not to use my real name or even show my face when telling my story to other people. This means that no one will be able to identify me as telling this story afterwards.

I know that there is no promise of any money or reward to be given to me. I am the one who has decided to allow or not to allow this person/group of people to talk to me.

_________________________________________  __________________________
Signature of the beneficiary  Date

I believe the information given to be correct and the beneficiary consent genuine to the best of my knowledge.

_________________________________________  __________________________
Signature of the interviewer  Date

The following is necessary if the consent form has to be read to the beneficiary:

I certify that I have read this consent form in full to the beneficiary whose signature appears above.

_________________________________________  __________________________
Signature of the interviewer  Date
1d: Informed Consent Form for Community Legal Leaders to allow Visits to Children and Members within the Community

“I, as the representative of the community ____________________________, am providing the information that key members of the community will allow visitors from ____________________________ to visit children in the community and/or at the school.

I grant permission to ____________________________ to record information, conduct interviews and take photographs / videos of relevant community members, including children. I and the community know that this information will be used for the purpose of organizational reports, books and publicity. The community feels comfortable about being seen in those materials.

I understand that the community will not receive any money directly as a result of allowing this activity to take place.

I also understand that if at any time the community member and/or children do not feel happy with this activity and story about the community appearing in public materials, it may withdraw its appearance on those materials after taking a consensus decision to revoke its permission.

I certify that I am the legal representative of the community named above.”

__________________________________________
Signature of the community legal representative       Date

I believe the information given to be correct and the community legal representative consent genuine to the best of my knowledge.

__________________________________________
Signature of Visitor       Date

The following is necessary if the consent form has to be read to the community legal representative:

I certify that I have read this consent form in full to the community legal representative whose signature appears above.

__________________________________________
Signature of Visitor       Date
Forms & Tools 2: **Flip tips**

When you are going to record a video with a flip camera, always keep 1 very important rule in mind: **THINK before you start filming!** There are eight things that you need to think of to get a great video. They are explained below.

**WHERE IS THE LIGHT?** Make sure that the Sun (or source of light) is behind you, not in front of you.

**LISTEN!** If there is a lot of background noise, find a quieter place to film so that you can hear the beneficiary clearly on the video.
**DON’T WALK!** Walking will make your video shaky. Try and find a good ‘angle’ that captures what you want to record *before* you start filming!

**DON’T SPEAK!** The ‘director’ should be invisible. Even though you may want to make noises to encourage the beneficiary to keep speaking, don’t! Sssshh...

**KEEP IT STEADY** Bracing your elbow with your non-shooting hand, or keeping your “shooting elbow” close to your body, can help steady the camera.

**FRAME IT RIGHT** Leave a bit of space above the head and cut your frame at the chest. In this way you ensure that the subtitles do not reach up to someone’s nose while the interviewee is still clearly audible!

**LONG SHOT** Make your video more entertaining by showing your surroundings. Decide carefully on a spot where you can capture your surroundings without walking!

**CLOSE UP** Include close ups to capture details. Do not zoom, but get close to what you want to film.
### Tips for Video Consent

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<tr>
<th>Step 1:</th>
<th>Tell the time, place and location while you are filming</th>
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<tr>
<td></td>
<td>اذكر الزمن المكان والموقع عند التصوير.</td>
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<th>Step 2:</th>
<th>Ask: “Do you know what this project is about? Can you explain?”</th>
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<td>! If the child doesn’t know, then explain the project to him/her &amp; ask again</td>
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<tr>
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<td>اسأل: هل تعرف مثبكة عن هذا المشروع؟</td>
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<td>إذا كان الطفل لا يعرف عن المشروع ثم شرح لهم فكرة المشروع ثم استفسرهم مرة أخرى.</td>
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<th>Step 3:</th>
<th>Ask: “Do you agree with me interviewing you?”</th>
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<td>اسأل: هل توافق بإجراء مقابلة معك؟</td>
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<th>Step 4:</th>
<th>Ask: “Do you agree with us showing the film to other people?”</th>
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<td>اسأل: هل توافق على أن تعرض الفيلم على الناس الآخرين؟</td>
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<th>Step 5:</th>
<th>Ask: “Do you know you can stop the filming at any time, if you are not comfortable or happy?”</th>
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<td>اسأل: إذا شعرت بعدم الارتياح في أي زمن خلال التصوير يمكنك اقلاع.</td>
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<th>Step 6:</th>
<th>Shake hands</th>
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Submission for the Africa Thesis Award offered by Africa Studies Centre, Leiden

Summary of the thesis: Why are you not going to school? Children investigating barriers to education in Kosti, Sudan

The United Nations General Assembly 2011 report on the status of the Convention on the Rights of the Child (CRC) highlights the vulnerability of all children with a disability, and specifically children living in situations of armed conflict. Due to a lack of adequate data in states affected by armed conflict, children with disabilities are not being prioritized or appropriately included and supported within humanitarian assistance. The report states that from the 72 million children out-of-school, at least one third has a disability, which has caused an immense gap between disabled and non-disabled children in primary school attendance rates. A child with a disability living in conflict is at an even greater risk of missing out on education than a child without a disability. Additionally the CRC report observes that children with a disability are often not heard and therefore denied their right to have their views taken into account in accordance with article 12 of the CRC.

This dissertation has responded to these two observations through a qualitative, participatory research conducted in an Internally Displaced Person’s (IDP) camp in Kosti, Sudan. Using participatory video, child-researchers between 10 to 14 years have collected data and community views on barriers to children with a disability to access education in the IDP camp where they reside. These barriers were then presented during a community screening to further explore community perceptions. The research process itself led to increased awareness and recognition of the right of children with a disability.

The research identified barriers for the inclusion of children with a disability in the community and observed lack of commitment of government and humanitarian agencies to ensure equal access of services for children with a disability. The research methodology has shown that community perceptions and support can improve through participatory methods. The active involvement of children has been of vital importance for the success of the research.
As the use of film has been instrumental in the research, the information would not be complete without sharing some of the film material. The following links give an impression of the training of the child researchers and their recordings:

- A summary of the community screening documentary with subtitles in English: https://vimeo.com/79965548
- A compilation of the training: https://vimeo.com/68214562
- The full version of the community screening documentary in Arabic (without subtitles): https://vimeo.com/67494243

With the submission for the Africa Thesis Award I hope the voices of the children with a disability and their parents, who have shared their unheard stories, are being spread and ultimately responded too.

Frank Velthuizen