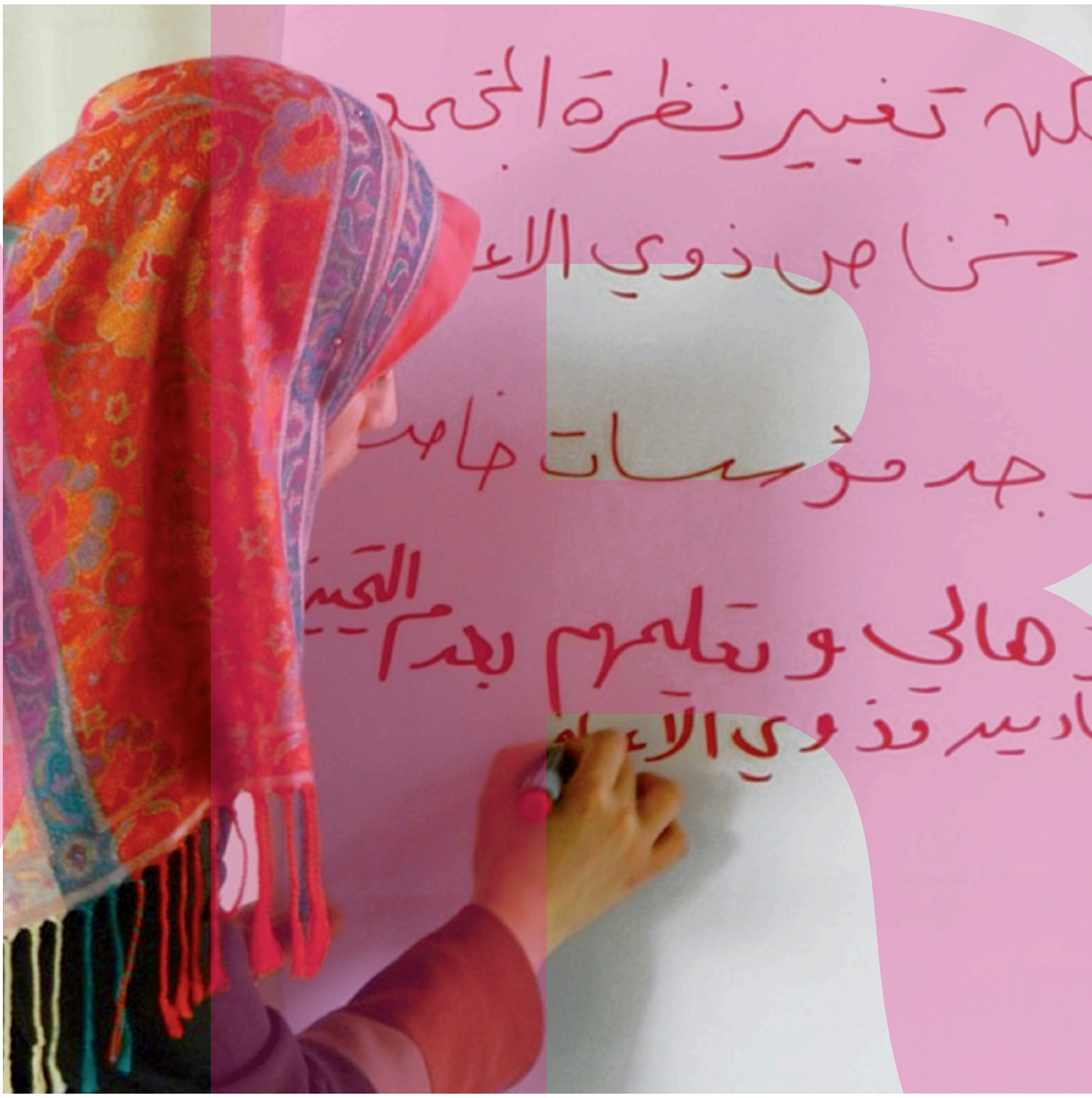
Emancipatory Disability Research
EDR

Gaza Strip - Palestine



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This publication has been produced in the framework of the project: “INCLUDE - Socio-economic empowerment of women with disabilities in Gaza Strip” DCI-GENDER/2012/301-155 with the financial assistance of the European Commission.

Training women with disabilities in the communities for conducting EDR

9 April to 5 May 2014

by Dr. Sunil Deepak

ACRONYMS

AIFO	Italian Association Amici di Raoul Follereau
CBO	Community-based Organisation
CBR	Community-based Rehabilitation
CRPD	Convention on the Rights of the Persons with Disabilities
CwD	Child with Disability
DPO	Organisation of Persons with Disabilities
EDR	Emancipatory Disability Research
EU	European Union
PAR	Participatory Action Research
PRA	Participatory Rural Action
PwDs	Person with Disability
RIDS	Italian Disability & Development Network (Rete Italiana Disabilità e Sviluppo)
SAG	Scientific Advisory Group
SDF	Social Development Forum, Gaza
SHG	Self-Help Group
WHO	World Health Organisation
WwDs	Woman with Disability

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SUMMARY

INCLUDE - Socio-economic empowerment of women with disabilities in the Gaza Strip is a joint project of two Italian NGOs - EducAid and AIFO, and is co-funded by the European Commission (DCI-Gender/2012/301-155). The project includes a component of "Emancipatory Disability Research" (EDR) that uses community research conducted by the women with disabilities involved in the INCLUDE project, as a pathway to promote empowerment.

INCLUDE project operates in three regions of Gaza Strip and is in collaboration with two Palestinian partners S.D.F. and Al Amal. A total of 30 women with disabilities were identified by the partners from the 3 regions of Gaza Strip as the researchers/rapporteurs of EDR.

Dr. Sunil Deepak from AIFO was identified as the person with expertise in EDR for facilitating this component. Under the guidance of Dr Deepak, a comprehensive training programme was organized on conducting EDR for the identified women, in the following way:

(1) Preliminary training on understanding and identifying barriers in daily life

(2) Understanding the role of the International Convention on the Rights of Persons with Disabilities (CRPD)

(3) Planning of formal training with partners and women selected as rapporteurs for EDR

(4) A 5 day training course on basic concepts and skills necessary for conducting EDR

(5) A 2 day training course in each of the 3 regions to finalize the priority themes for EDR and methodology of research implementation

This report presents an overview of the training process for the EDR researchers and rapporteurs. During the training programme, the participants identified the following three themes for conducting research under EDR initiative:

- Understanding the influence of relationships in families which have a child with disability for promoting inclusive and child supporting behaviours
- Promoting income generation and livelihood opportunities for persons with disabilities by learning from experiences of persons who have successful self-employment and by creating a directory of organisations and programmes that support self-employment initiatives.
- Barriers to accessing health services for persons with movement, vision, hearing and speech disabilities.

Draft protocols for conducting research on these three themes were also prepared during the expert visit, based on the ideas and suggestions of the training participants. These protocols are expected to be finalized after inputs from the Scientific Advisory Group (SAG), researchers and rapporteurs. EDR initiative researches will be carried out during second half of 2014.

Research means taking a systematic look at an issue from different angles and from different point of views, to understand and document a situation, for building knowledge and for finding solutions to problems.

Note: in line with CRPD, to put emphasis on the persons and not the disabilities, this report uses the terms "persons with disabilities" or "women with disabilities". At the same time, in line with social model of disability that focuses on the disabling role played by the society, occasionally the terms "disabled person" or "disabled woman" are used.

EMANCIPATORY DISABILITY RESEARCH IN GAZA STRIP

INTRODUCTION

Emancipatory Disability Research (EDR) approach is a part of the "Participatory Research Approaches" such as Participatory Rural Action (PRA) and Participatory Action Research (PAR). Inspired by pioneering ideas of Brazilian educationist **Paulo Freire**, participatory research approaches have been implemented by countless development practitioners in different fields of life. The basic ideas of participatory research include:

- Valuing the knowledge and experiences of people who are the subjects of the research by giving them active and decision-making role in the research.
- Using research in such ways that allows people to understand their realities and their contexts and to take charge of changes they wish to bring to their lives, by promoting empowerment.

Participatory research is about understanding, collecting and analysing the ideas, opinions and knowledge of people, individually and more importantly, collectively. It deals mainly with people who normally do not have voices, who are usually marginalized, excluded and oppressed.
EDR takes the basic ideas and principles of participatory research and adapts them for understanding, collecting and analysing the ideas, opinions and knowledge of persons with disabilities, and promotes their empowerment. EDR is located in the social model of disability and thus focuses on the disabling barriers created by the society around persons with impairments.

OBJECTIVES OF EDR IN THE GAZA STRIP

EDR in the INCLUDE project to be implemented in the Gaza Strip is a structured pathway of different research initiatives to be carried out in a gradual manner during second half of 2014. Each individual research initiative that will be part of EDR will be complete in itself and at the same time, it will be part of an overall process for promoting empowerment of women with disabilities involved in the research as researchers and rapporteurs.

The overarching objective of EDR is to promote emancipation and empowerment of women with disabilities in understanding the different barriers that surround their socio-economic autonomy and participation, in identifying practical ways and taking collective action to overcome those barriers.
The specific objectives of the EDR are the objectives of individual research initiatives identified jointly by the researchers and rapporteurs during the training course that will be carried out during 2014. The process of EDR training was planned to stimulate the participants to look at and reflect about the following areas:

- Understanding social and cultural barriers in the families and communities that limit socio-economic participation of women with disabilities
- Understanding physical barriers that limit socio-economic participation of women with disabilities
- Understanding institutional and legal barriers that limit socio-economic participation of women with disabilities
- Sharing stories about overcoming barriers to socio-economic autonomy and analysing those stories to identify strategies

Through this training process, participants were expected to jointly identify three or more themes for conducting participatory community research.

RESEARCH IMPLEMENTERS

The researchers: INCLUDE project is organized in 3 areas of Gaza strip and it is implemented in collaboration with two Palestinian NGO partners - Social Development Forum (SDF) and Al Alam. From each of the 3 areas a total of 8 potential researchers were identified by the partners.

The partners were told that the researchers will be women with disabilities who have the possibility of being part of the research process for whole of 2014. They were advised to identify persons with different disabilities, such as women with visual disabilities, hearing and speech disabilities, physical disabilities, intellectual disabilities, psychosocial disabilities, intellectual disabilities and multiple disabilities to be part of this group. It was also important to identify women belonging to different educational backgrounds and social classes. Other criteria for selecting the researchers were - capacity for listening to others with empathy and understanding, actively participating in discussions, willingness to participate in monthly meetings and leadership skills.

Each researcher will be expected take part in the initial training activities and then in implementing at least one or two specific research initiatives during the second half of 2014.

Rapporteurs: The partners were also asked to identify two persons from each of the 3 project areas as rapporteurs. The following criteria were provided to the partners for the selection of rapporteurs - they should be ideally women with disabilities with university level education and skills in writing documents and reports. The rapporteurs will be expected to participate in the training course along with the researchers. Groups of 2 rapporteurs will be given responsibility for documenting individual research initiatives and to play an active leadership role in EDR.

Field coordinators: Each of the 3 project areas have a field coordinator working for SDF/Al Alam. They will be asked to oversee the whole research process in each area, ensuring support to researchers and rapporteurs, identification of persons in individual research initiatives, coordination with the scientific support group and coordination with EducAid staff responsible for INCLUDE project. They will also be expected to organise and coordinate the field implementation of individual researches, ensuring data collection and data analysis with support from rapporteurs.

Scientific Advisory Group (SAG): A scientific advisory group has been created for EDR and is composed of the following persons:

- *Alfredo Camerini*, Professor University of Bologna, representing Italian Disability & Development Network (RIDS), and chair-person of SAG.
- *Sanaa Abu-Dagga* – Professor of Education, Islamic University, Gaza.
- *AwniMatar* - General Union of persons with disabilities
- *Mahmoud Zont* – Palestinian Forum for Relief and Development: EducAid partner for the project Include. Expert in media and social development.
- *Saha Abu Sloom* - El Amal Rehabilitation Society: EducAid partner for the project Include. Expert in education for deaf children.
- *Sharaf Faqawi* - Handicap International.
- *Adriano Lostia* - project manager EducAid.

SAG will mainly provide advice to the researchers by going through the individual research protocols and the research reports. If researchers and rapporteurs wish, 1-2 individual members of SAG can be invited to participate in the monthly meetings of the researchers and in specific research initiatives. SAG members are expected to play a facilitating and empowerment promoting role towards the researchers and rapporteurs of EDR.

International Support: Initial research protocol and training of the researchers will be carried out with support from an external consultant (Dr Sunil Deepak, AIFO). EDR implementation and data analysis can also be supported by other external experts, identified by EducAid/Italy.
Annex 1 provides the list of persons trained as researchers/rapporteurs under this initiative.

TRAINING ON BARRIERS IN DAILY LIFE & CRPD

EDR is based upon the Social Model of Disability. Thus understanding the concept of barriers is fundamental for conducting EDR as the researchers must focus on different kinds of barriers faced by persons with disabilities in their daily lives and finding ways to overcome those barriers. The fight against the barriers must be seen in the context of human rights. Thus, a practical understanding of different articles of CRPD and how these can be applied in terms of resisting and overcoming of barriers, is equally important.

For these reasons, the training process was initiated with two exercises focusing on understanding of barriers and a participatory discussion on CRPD. This training was carried out over a 2 day period in April 2014.

Annex 2 provides a summary report about the training exercise on barriers faced by the researchers and rapporteurs in their daily lives. **Annex 3** provides a summary report of the training exercise on CRPD.

PRELIMINARY PLANNING OF EDR TRAINING

EDR supports persons coming from very different backgrounds, without any previous experience in academic research, to become researchers about their own lives. It helps them to discover their own strengths and skills in identifying problems and the different factors that influence them, and then to focus on their underlying causes for promoting collective action. This is a participatory and community-based process that is controlled entirely by persons with disabilities themselves.

The training process for EDR must necessarily be participatory and interactive to support the participants in identifying and leading their own learning process. At the same time, it is equally important to identify some persons with experience and leadership skills to facilitate and support the EDR process in such a way that promotes empowerment.

For this reason, a 2 day long preliminary planning meeting was organised with representatives of the partner organisations and 6 women with disabilities from the three regions identified as rapporteurs, with the objective of planning the whole training programme. At the same time, it was an opportunity to provide additional EDR skills to these persons, who were also supposed to play a supporting role in the training.

Annex 4 provides a summary report of the preliminary planning meeting.

JOINT TRAINING COURSE FOR RESEARCHERS AND RAPPORTEURS

A five day long training course was organised at a hotel in Gaza city, in which all the 30 women with disabilities (24 researchers and 6 rapporteurs) identified from the three regions took part, along with staff members from the partner organisations. The training course looked at the following aspects of EDR:

- Basic concepts of disability and the different kinds of functioning difficulties
- Basic concepts of conducting research and how to prioritize different research issues according to relevance, urgency, feasibility and political acceptability
- Constructing problem-tree for identifying different factors influencing issues, defining research questions, and deciding stakeholders to be involved.
- Basics of qualitative and quantitative methodologies including promoting participation and empowerment through research.
- Ethics, confidentiality of information, and informed consent in research.
- Basics of analysing information collected during a research, preparing report and using the research results to promote a change.

During the joint training of researchers and rapporteurs from the three regions, the participants identified 26 possible themes for the research. From these 26 themes, through participatory process focusing on aspects related to prioritization, feasibility, political and ethical acceptability and applicability, the following 3 themes were finalized for conducting field research in the INCLUDE project during 2014:

- Understanding the influence of relationships in families which have a child with disability for promoting inclusive and child supporting behaviours
- Promoting income generation and livelihood opportunities for persons with disabilities by learning from experiences of persons who have successful self-employment and by creating a directory of organisations and programmes that support self-employment initiatives.
- Barriers to accessing health services for persons with movement, vision, hearing and speech disabilities.

Annex 5 provides a summary report of this training course.

ADDITIONAL TRAINING IN THE THREE REGIONS ON IMPLEMENTING EDR

Following the joint training, a two day long decentralised training was organised in each of the three regions for the researchers and rapporteurs of that region. The training included discussions on planning the conduction of the three research studies in that region, clarifying any doubts regarding the issues discussed during the joint training, and reinforcing specific aspects of research skills.

At the same time, this regional training was used for discussing the possible ways of implementing the three researches and collecting feedback from participants about the research methodology to be used.

Annex 6 provides a summary report of these three regional training courses.

FUTURE PLANS & CONCLUSIONS

Second SAG meeting: After the completion of the joint training course and identification of the three research themes for EDR, a meeting of the Scientific Advisory Group (SAG) was organised in Gaza city, to inform the SAG members about the training and to discuss the role of SAG in EDR. Annex 7 provides a report of this meeting.

Preparation Of Research Protocols And Research Implementation Plan: After the completion of the regional training courses, on the basis of the feedback and ideas provided by the researchers and rapporteurs, Dr Deepak prepared a draft EDR implementation plan and the draft research protocols on the three identified themes. Annex 8 presents these four documents.

The draft research protocols will be discussed with SAG and updated. The updated protocols will be translated into Arabic and discussed with the researchers and rapporteurs for finalizing the protocols and EDR implementation plan. Each of the three researches will be implemented consecutively in each of the three regions. Each research implementation will be followed by a joint meeting of all the researchers and rapporteurs to share the learnings from the research implementation and to discuss the use of the research results. Ideally this process should be completed by the end of 2014.

Challenges for the EDR training: The original plans for training had envisaged eight hours of training per day, for a total of eight days for each researcher and rapporteur.

However, there were logistical difficulties of transportation of women with disabilities from different parts of Gaza Strip, some of whom required accessible transport. For some women, their disabilities created difficulties for following very long training sessions. In addition, for some of the women with limited formal education, sitting in a classroom for eight hours was too difficult. Thus, the training time and duration had to be negotiated with the participants and finally four hours of training per day for a total of seven days was agreed. The seven days were divided into five days of joint training in one large group and two days of regional trainings in smaller groups.

The reduction in the total training time resulted in limited time for doing simulations of doing field research, and thus practical skills for conducting the research were not uniformly acquired among the participants. The three research protocols were simplified to keep account of this limitation. During the training, plenary discussions rather than small-group discussions, were used to save time.

The training focused on participatory methdologies, stimulating all the researchers and rapporteurs to an active role in the process. The final evaluation of the training at the end of the joint training provided a very high score, showing excellent degree of satisfaction from the training course.

Staff of the partner organisations and certain persons with leadership qualities from among the women with disabilities will need to play a more active role in EDR implementation. Fortunately, the group of persons identified for this initiative include different disabled women with significant training experiences, high motivation and leadership skills.

Analysis of research exercise on “Barriers in daily life”: Understanding the barriers surrounding the women with disabilities was the first exercise used for the EDR training. Information collected during this exercise was analysed and used for preparing an article for a German journal, “Disability and Development Cooperation”.

The draft version of this article is provided in **Annex 9**.

Final conclusions: EDR can be a comprehensive strategy for women with disabilities to engage actively in identifying, understanding and overcoming some of the barriers that surround them and that block their equal participation in different life activities including the livelihood opportunities.

The training of 30 women with disabilities from the three regions of Gaza strip was the first step in EDR implementation. As part of the research, EDR is expected to promote two kind of knowledge building:

- An informal and practical knowledge building among the women with disabilities as they engage in research implementation, understand barriers and identify individual and joint actions to address some of those barriers and to initiate action on the identified opportunities. This kind of social transformation, because it is gradual and local, is more difficult to follow and to report.
- A more formal process of data collection, analysis and reporting on the three research themes that should lead to institutional knowledge building and discussions for initiating policy change and action programmes.

Gaza Strip is not an easy site for implementation of EDR because apart from the physical, social, cultural and economic barriers faced by persons with disabilities, it is linked with lack of infrastructures and services, and at the same time with a difficult socio-political situation. For these same reasons, EDR in Gaza provides a unique opportunity to see its feasibility in such difficult conditions.

Acknowledgements: Dr Deepak would like to express his gratitude to the support received from all the persons involved in this initiative, especially from the women with disabilities from different parts of Gaza, the two partner organisations based in Gaza Strip, Social Development Forum and El Amal, and their staff, in particular Walaa Nemer Mdoukh , Mohammed Akram Alaaraj, Heba Al Madhoun, Dooa Haarb, Mohammed Al Najar and Alaa Abedrabo. Special thanks are due to the sign language interpreters, Israa Ghazal, Eyad Saada, Mahamoud Abu Shaqoura and Mohammed Farhat. This training would not have been possible without the support of the INCLUDE project assistant, Abdelrahman Abu Hassanain and the project manager Mr. Adriano Lostia.

The different reports presented in the annexes of this report are based on original reports prepared by the staff of SDF and Al Alam. Parts of these reports have been removed or summarized here for brevity. However, complete reports of each training exercise are available from EducAid office in Gaza.

ANNEX 1

EDR Training participants Gaza-Palestine

#	Name	Age	Disability Type	Researcher/ Rapporteurs
Gaza City	Kholoud Awn Muheisin	23	Visual	Researcher
	Ola Nemer Mdoukh	23	Visual	Researcher
	Ameera Al Ejel	33	Visual	Researcher
	Nariman Al Taiyeb	37	Mobility	Rapporteur
	Aliaa Hassan Abu Rabi’	24	Mobility	Researcher
	Rawiya Salim Ayyad	37	Mobility	Researcher
	Fatima Ayesh Al Halouli	34	Mobility	Researcher
	Reema Subhi Mheisin	24	Mobility	Researcher
	Sohair Daloul	24	Hearing	Rapporteur
	Kawther Fayez Abu Ouda	22	Hearing	Researcher
	Islam Wael Al Reifi	19	Hearing	Researcher
Norht Gaza	Muna Al Ashqer	24	Mobility	Researcher
	Kholoud Al Rafati	31	Multi- disability	Rapporteur
	Kholoud Al Seisi	24	Mobility	Researcher
	Shahrazad Al Masri	28	Hearing	Researcher
	Kholoud Muhammed Al Kilani	26	Hearing	Researcher
	Ameera Jamil Shabat	23	Hearing	Researcher
	Ne’ma Ahmed Othman	24	Mobility	Researcher
	Latifa Al Ja’bari	31	Mobility	Researcher
	Naheel Nafez Hussein Alsharfi	26	Multi- disability	Researcher
	Dina Shbeir	25	Mobility	Rapporteur
	Hanaa Abu Al Jadyan	20	Mobility	Researcher

South Gaza	Samia Ahmad Khaleel Hussein	42	Mobility	Researcher
	Rema Tareq Ahmad Al-Belbeesi	22	Mobility	Researcher
	Sonia Kamel Ahmad Seyam	29	Hearing	Researcher
	Yasmeen Azmi Ibrahim A’abed	25	Mobility	Rapporteur
	Falasteen Fuaad Jadou’ Al-Kurd	27	Mobility	Researcher
	A’ysha Abdelhadi Yousuf Salha	26	Mobility	Researcher
	Jawaher Talab Nafee Shaat	24	Mobility	Researcher
	Kareema Marwan Yousuf Al-Majaida	27	Mobility	Researcher
	Isra’a Juma’a Ahmad Abu Lehya	25	Mobility	Rapporteur
	Samia Hasan Mousa Zou’rob	33	Hearing	Researcher

ANNEX 2

Summary report of the training exercise on barriers

Day one: The first training session was conducted on Wednesday 9/4/2014 at Al Mathaf Hotel in Gaza city. The training was coordinated by Mr. Abdul Rahman Abu Hasanein from EducAid office.

Training: The training started with an introduction and ice-breaking session.

The trainer briefly explained the participatory nature of the emancipatory research. He also mentioned that this kind of research linked to persons with disabilities, is going to be carried out for the first time in Palestine.

The schedule of the training and its objectives were presented. INCLUDE project team members introduced themselves. Then the theme of barriers was introduced.

Hence, the trainer asked the participants to answer the following questions: What kind of barriers do we face in our daily lives? Are they physical, attitudinal, social, cultural or economic barriers? How many barriers are inside ourselves? How can we overcome or change the barriers?

The trainer also discussed couple of examples explaining the internal and external barriers to enable them to differentiate the two kinds. The participants were divided into three groups to discuss the concept of barriers and the most common barriers faced by women with disabilities (WwDs) in their daily lives.

Group Discussions and results: The three groups came up with following examples of most common barriers experienced by the WwDs in their daily lives:

Internal barriers:
- Repression and psychological pressure
- Fear
- Introversion
- Lack of self-confidence
- Feeling of stigma
- Fear of the future
- Giving attention to the view of the community towards PwDs
- Hesitation in decision-making
- Introversion and isolation

External barriers:
- Negative perspective of the society towards persons with disability
- Inaccessibility of public places
- Exclusion by the society.
- Lacking of job opportunities.
- Inability to get married.
- Unrespectable attitude from the society towards their opinions and concerns.
- Ignoring their rights and needs by decision makers.
- Decision-makers ignore the basic needs and rights of people with disability
- Family based problems caused by parents who ignore their needs and hinder their access to work or study so they are marginalized within the Family
- Societal discrimination based on gender.
- Obstacles related to the travelling and medical treatment.

The three groups came up with the following suggestions about overcoming of barriers:

- Strong will and self-confidence and facing the bad attitude of the society towards them.
- Conducting workshops for persons with disability in order raise the awareness of PwDs rights.
- Raising awareness of PwDs rights via Media tools and associations that serve this segment of society.
- Identifying representative for each kind of disability to be in charge of them and convey their voice for all local and international NGOs.
- Emphasizing on the need to implement the Convention on Rights of People with Disability.
- Raising awareness of people with disability and the community about the provisions of the U. N. Convention.
- Funding small projects for people with disability in order to support them economically and socially
- Rehabilitation of places for the use of PwDs as a right and not as a need of their own.
- Lobbying and advocacy in order to claim the rights and put pressure on decision-makers in order to consider the demands of PwDs and facilitate their needs.
- Implementing workshops and training courses for the awareness on the rights and needs of PwDs.
- Promoting self-confidence through exercises and workshops that offer psychological and social support for people with disability.
- Conducting courses for both people with disabilities and without disability to make them aware of the rights of people with disability in order to achieve respect and faith.
- Providing health and social care for people with a disability through the creation of specialized centers.

Home exercise: At the end of session, participants were explained about the exercise they had to carry out at their homes over the next 3 days - according to their convenience, at different times during the day they had to reflect on the different barriers they had faced in that time, write down in a diary about the kind and nature of barrier, and the feelings it created in them. They were told to bring those diaries with them for the next meeting and give them to the staff for an analysis.
The aim of this exercise was to create awareness about the barriers among the participants for creating understanding about the social model of disability.

Second Training Session: The second training session was conducted at the same venue on Sunday 13 April 2014. The objective of this training session to get the feedback about the barriers exercise they had taken at home over the previous three days.

Training: After welcome, practical information was provided about EDR organisation and implementation.

Participants shared their feelings about noting down barriers in their diaries. Some participants felt optimistic after finishing to write about the barriers in their diaries. Others felt a mixture of negative feelings. Some opinions expressed by the participants during this discussion were as the following:

- A participant with visual impairment said that when she decided to write the exercise at home by bringing a pen and notebook, she chose a place in front of TV where she feel comfortable. Then, she started to remember a difficult occasions she had in the past and how she suffered from the negative effects of disability.
- Another participant with hearing impairment felt so angry and sad during writing the barriers about bad circumstances. Eventually, after she finished writing she felt a kind of relaxed.
- Another participants with mobility disability mentioned that she is suffering from because of her disability. Whether because of internal barriers (depression and betrayal) or external barriers (inaccessibility of roads and negative perception of community towards persons with disability) she felt internal revolution and very disturbed feelings of sadness and sorrow on herself and angriness on society.
- A participants with hearing impairment shared her feelings by stressing on her suffering

inside home and outside. She mentioned that her father treats her very badly and he doesn't love her in addition to the negative perception of community towards her. When she started to write about the barriers, she asked her cousin to help her in writing. At the beginning she found it's strange to write and wonder what the reason to write these barriers is. Is this exercise executed to remind me of the suffering that I live? Until this moment she feels so weird towards this exercise. What I really understand that I could share what I really suffer from with the others!

- A participant with mobility disability mentioned some barriers she has faced during the last three days as all of them were external barriers focusing on environmental rehabilitation and negative perspective of the society towards PwDs. She added that the experience of writing these barriers has brought her a feeling of severe depression.
- A participant with Visual disability praised on the exercise and claimed that the training activities raise her feeling of optimism.

After the plenary discussions about the impact of the exercise, the participants were divided into three groups, to rethink about the most common barriers they faced in their daily lives and how these could be overcome.

Purpose of EDR: In the plenary session after the group discussions, a participant asked about the reasons of conducting ED. The opinions of participants regarding the purpose of EDR were as following:

- To Exchange thoughts.
- A Trial to change reality.
- To know the barriers and obstacles.
- To think about solutions.
- To know shared barriers.
- How to do advocacy.
- To feel others.
- To reduce the psychological pressure.
- To adapt with surrounding environment.
- To break fair of barriers.
- The role of society towards PWDS.
- To develop capacity to work together in teams

In the group discussions, there were more specific issues such as the impact of frequent electric blackouts in Gaza and how it has a disproportionate impact on lives of persons with disabilities.

Participants expressed different opinions about how to promote changes for overcoming the barriers:

- The change can be made internally by the person.
- Starting from family change can be achieved.
- Community play major role to make the change.

ANNEX 3

Summary Report of Training on CRPD

Rights of Persons with Disabilities (CRPD) was organized on the same two days as the exercise on barriers. Thus, part 1 of this training was carried out on 9 April 2014 and the second part was carried out on 13 April 2014.

Training: CRPD has 50 articles but for this exercise the participants were asked to limit themselves to the first 30 articles of CRPD. They were asked to divided themselves into three groups and discuss some specific articles by focusing on - the situation of that article in their lives, and how can that article be implemented in Palestine?

The participants observation on the subject of the rights of persons with disability: The participants agreed that most of the articles and the materials included in the document of rights of PwDs are not applicable in Palestine in general and specifically in the Gaza Strip and that the document itself was signed but not activated.

Article 29: Participation in political and public life: The participant confirmed the idea on the lack of environmental rehabilitation outdoors which limits their participation in political events and they urged the necessity of providing all documents in Braille and providing sign language interpreter.

Article 21: Freedom of expression and opinion, and access to information: Certainly can be applied in Palestine by sensitizing families by methods of education.

Article 25 and 26: Health and rehabilitation: Doubly can be applied in Palestine through awareness campaigns, seminars and workshops.

Article 28: Adequate standard of living and social protection: To achieve and ensure the safety of persons with disability that can't be exploited by others, this can be applied too through awareness campaigns.

Article 23: Respect for home and the family: The participants agreed on the possibility of applying this article through awareness campaigns for the society in general and families in particular.

Article 5: Equality and non-discrimination: Not applicable in Palestine and can be applied by ensuring the rights of persons with disability by the judiciary and the Ministry of Justice.

Article 11: Situations of risk and emergencies: Can be applied by placing a warning sirens and light signals and to meet the special needs of each disability separately.

Article 12: Equal before the law - Article 13: Access to justice: The trainees confirmed that it is not implemented in Palestine as a result of the lack of interpreters of sign language in places which prevents the judiciary from understanding what happened with the person with hearing disability. According to one of the trainees personal experience with when she resorted to law , but she did not get her right fully because there was no interpreter for sign language to be able to deliver her problem to the judges.

Article 24: Education - All persons with disability must have the right in education and must perform their rights without discrimination on basis of disability. One of the participants said that there is no integration in schools for people with disabilities with people without disabilities, but there are special schools for the PWDS! And she explained that people with visual impairment suffer because the courses are not available in Braille . The participants stressed the importance of the inclusion of sign language within the curriculum as a basic material like other languages.

Health -Article 25 and 26: Health and rehabilitation: The trainees said they need to be provided with free health care and without discrimination. The necessity of rehabilitation of the places, transportation, utilities and entertainment venues and the necessity to apply this law in Palestine through projects must be applied more on all public and private places as well as governmental institutions. The trainee said they also need to rehabilitate the means of technology and websites. The trainer mentioned " Abwab" as an example on a website that helps people with disabilities to get the information available and it is good for all categories of persons with disabilities.

Article 32: International cooperation: The participants were on agreement that this article cannot be applied in Palestine because the Palestinian Authority did not sign on the activation of CRPD. This requires a lot of networking and cooperation between the local and international NGOs to apply CRPD. A lot of issues related to PWDS will be applied in Palestine such as rehabilitation of roads.

Article 30: Participation in cultural life, recreation, leisure and sport - The article can be applied through advocacy and putting pressure on decision makers by teaching sign language in public schools.

Article 20: Personal mobility - The participants emphasized on applying this article in Palestine. At the current time this article is not applied or activated in Palestine but it's possible to do so through Advocacy, putting more pressure on decision makers, awareness workshops and media.

Article 28: Adequate standard of living and social protection - Through the provision of suitable living standards and the equality between Persons with disability and persons without disability. This article can be applied in Palestine in particular in Gaza strip by creating a unified database to DPOs working with disability. Unifying the efforts and coordination between institutions will serve to provide a good living standard, needs and requirements of PWDS.

Conclusions: The participants concluded that CRPD is not activated in Palestine and particularly in the Gaza Strip due to the social , political , cultural and economic reasons.

At the same time, the participants felt that the societal change can be achieved in the long term according to the articles of CRPD.

Feedback from participants about the training erxercises on barriers and CRPD:
- The training was successful and added a lot of experience and knowledge to the participants.
- The topics and exercises discussed in the training were exciting.
- The training duration was too long.
- The training is reliable and simulate the reality.
- Interesting variation in training styles between presentation, discussions and work groups.
- The chairs in the training place were not suitable for some participants.

ANNEX 4

Report, preliminary planning meeting

Introduction: The planning meeting was held at the SDF office over a period of 2 days (14 to 15 April 2014). The meeting brought together the external expert, Dr Sunil Deepak along with 6 staff members of the two partner organisations and 6 rapporteurs from the three regions of Gaza involved in EDR.

The objectives of this meeting were:

- To do joint planning of the emancipatory research process including the training programme
- Team building- knowing each other, learning about each other's skills, strong and weak points, role preferences
- Understanding an overview of emancipatory research process,
- Achieving an understanding of the main steps must be taken to do as research.
- Promoting understanding of the best way to collect data and how to analyze it properly
- Achieving recognition of the basic information needed about the targeted people for a research and how to get good answers for what we need.
- Planning the training course using the strong points of each person.

Meeting report Day 1: After introductions, the participants came out with the following expectations from EDR initiative:

- To get the ability to conduct a significant research.
- To promote participations.
- To promote the skills of listening, summarizing, report writing and coordinating.
- To set up a center for WwDs.
- To understand the usefulness of the research.
- To help women with disability.

Past experience in research: Two participants (one staff member and one woman with disability) informed that they had some experience of academic research. On the other hand, majority of them had skills about writing reports.

Different roles in groups: EDR is about group work, where we need to be aware of personalities of different group members, their strengths and weaknesses. The participants looked at different roles needed in a group work and reflected on their own preferences for some of those roles. This exercise provided the following results:

1. Chair persons or leaders: (3 out of 12 participants preferred to be chairs)
2. Moderators: (6 out of 12 participants preferred to be moderators)
3. Coordinators: (2 out of 12 participants preferred to be coordinators)
4. Speakers or active participants: (5 out of 12 participants preferred to be speakers)
5. Observers: (7 out of 12 participants preferred to be observers)
6. Peacemakers when there is conflict or disagreement: (6 out of 12 participants preferred to be peacemaker)
7. Animators: (3 out of 12 participants preferred to be animators)
8. Time keepers: (3 out of 12 participants preferred to be time keepers)
9. Making friends and interacting socially: (3 out of 12 participants preferred to be friends)

The significance of different roles and ensuring valuing the skills of individuals were discussed in the context of EDR.
The group discussed the **meaning of research** - looking at issues or problems in a systematic way. All of us conduct some “research” in our daily life activities; for example, if we want to buy new clothes, we can have specific criteria by which we can decide how, when, where and what to buy. The participants agreed that the research is a systematic look at an issue from different angles and from different point of views, to understand and document a situation, for building knowledge and for finding solutions to problems.

Expectations from EDR: No research can offer magic solutions. It can help in understanding issues but then, from that information we can make plans and carry out activities to find solutions. Thus, EDR is not going to set up a center for WwDs but, it can only say that such a centre is needed and explain how it can be useful.

Different kinds of researches: Such as theoretical, operational and action researches. EDR represents an operational research that leads to actions during the research process.

Research can also be quantitive and qualitive. Partcipants discussed examples of two kinds of researches. EDR is mainly a qualitive research which seeks information about feelings, emotions, and relationships and about what, how and why things happened. However, some quantitative information can also be collected during EDR.

Different objectives for conducting research:

- To understand a situation: for example - how many WwDs are coming to the meetings, which kinds of disabilities do they have, how many are young and how many are old, etc.
- To find answers to questions: for example, the researchers may ask why do WwDs who attended voational training courses, do not find work? This will require talking and listening to women who have attended a training and are not working, to understand the reasons. Another way to look at it can be to talk to women who did find work after the training, and such research can provide another kind of information.
- To resolve problems: the research can try to implement different strategies for resolving problems to see which strategies work better. However, since EDR in Gaza strip is a short-term process that has to be completed in about 6 months, this kind of research will be difficult since it usually requires much longer periods.

The participants defined EDR in Gaza as a research by, with and for the WwDss in such a way that promotes their empowerment. WwDs themselves will control the research as they are the experts in their own lives. Thus the researchers and rapporteurs will control EDR with support from the Scientific Advisory Group (SAG) and INCLUDE staff.

Some principles of EDR:

- Based on the social model of disability - in the medical model: the main barrier or the problem is the disability itself; in the Social model, the main barrier and problem is in the society - society creates the barriers that do not allow PwDs to express their full potential and have equal opportunities.
- Must have some practical impact on the lives of WwDs involved in the EDR

Examples of Other EDR experiences: two experiences of EDR from Mandya and Bidar in India were presented.

Identifying problems or themes for EDR: The themes on which research will be carried out during EDR must have some characteristics:

- Must represent a real problem: we need to identify a clear and specific question.
- An answer is not clear : if the reasons for a problem are already known then doing more research will probably not provide any new answers.

- There can be more than one answer to the problem and we want to understand which one is a better answer.

Participants were asked to think of some research questions for EDR. The following were suggested -

- the difficulties faced by trained WwDs to find a job
- Why there is no impact on barriers in the society inspite of so much work?
- How many buildings are accessible for the use of PwDs?
- Relevance of EducAid projects for WwDs in Gaza?
- Why there is no awareness of CRPD in the community and among WwDs?
- Why WwDs face difficulty in getting married?

Criteria for judging the usefulness of a research:

- Relevance: it it relevant? is it important to be done?
- Not duplicating: has this research been done before?
- Urgent: is this research more important than any other researches? Is it critical?
- Political Acceptance: is it not against the law and the government? Is it proper to the culture of the society, community and families?
- Feasibility: to what extent the research can be carried out considering the local situation, resources needed, difficulties in implementation, etc.?
- Applicability: can the results from the research be applied in your local context?
- Ethical Acceptance: does it respect the dignity of the people, or does it have any negative reflection on people, is it against the values and morals of the society?

After explaining each criterion, the trainer asked the trainees to apply those criteria on each question by giving each criteria a grade from 0-3 and put the suitable grade to the questions one by one. This exercise promoted reflections about the suitability of the questions they have posed for conducting research in the EDR.

The research reports: The participants were asked to look at the report of the exercise about barriers and think critically about the different information needed in a research report. According to the participants, a research report must include the following information:

- More details(location- duration- numbers …)
- No names should be mentioned
- Informed Consent
- Methodology
- Results
- Analyses
- Definitions
- Authors
- References

Steps in conducting any research: A research is a systematic approach to the understanding of issues. Some of its key steps can be:

STEP 1 WRITE A PROPOSAL FOR A RESEARCH

STEP 2 DO THE RESEARCH
COLLECT INFORMATION

STEP 3 ANALIZE THE DATA AND INFORMATION

STEP 4 HOW TO USE RESEARCH RESULTS

Participatory exercises were carried out to identify basic information about the persons involved in the research, that must be collected. The following came out: Age, Sex, Education, Region, Economic situation, Social status, Job, Kind and degree of disability. As advised in the WHO's CBR manual by Helander et al (1989), the different kinds of disabilities can be: Vision – hearing/speech – movement – convulsions – mental/psychological – intellectual – other

The participants also discussed collection and analysis of qualitative information such as life stories.

Feedback about the Training:

- The trainees were given the opportunity to participate by showing opinions on the report prepared by the staff in addition to introducing comments and questions.
- The participants were interested and showed active participation in individual and group work and exercises.
- The trainer played a major role in motivating the trainees to participate in training activities through welcoming them and giving them the opportunity to comment and ask questions.
- Project team was part of the training and worked side by side with the rapporteurs in the activities done during the training.
- One trainee couldn't attend the second day of meeting due to unexpected circumstance.

ANNEX 5

5 day joint training course for researchers & rapporteurs

Around 30 WwDs and 8 staff members of partner orgaisations took part in the five day training course held from 16 to 21 April (rest day on Friday 18 April). The WwDs included 24 researchers and 6 rapporteurs.

Training objectives

- Promoting mutual understanding and team-building among the researchers and rapporteurs.
- Promoting an understanding of barriers and the social model of disability.
- Stimulating reflections about how to overcome barriers as a mean of promoting empowerment.
- Strengthening team building among the researchers and rapporteurs.
- Stimulating reflection about how international instruments like CRPD can be used as instruments for improving lives of PwDs.

The course started with welcome, introductions and a brief overview of EDR. This was followed by discussions for reaching a definition of “Research” - understanding an issue or a problem by looking at it systematically from different angels and different point of views and finding solutions. Most marginalized segment of PWDS in terms of receiving services - who face more barriers? According to the participants, the most marginalized groups can be - children with disability, Elders with disability, illiterate persons, poor persons, persons with intellectual disabilities or mental illnesses.

Defining disability: Participants were asked to define disability. Some participants defined the disability as a barrier due to the following reasons - unacceptance of WwDs of herself; the support provided by DPOs is limited to material aids but not psychological; the perception of society towards the PwDs is a key issue as it generates repression and isolation.
Other participants defined disability as a chronic problem including physical, psychological and mental disabilities. Persons brought the issue of discrimination and barriers amont the PwDs themselves. Finally there was some discussion on use of assistive devices in limiting the impact of a disability.
Disability may depend upon the context. In a dark restaurant without any lights, where all the staff is blind, sighted persons feel more disabled while blind persons can assist them. If there are 500 women with hearing impairment in a hall, the few non hearing disabled persons can feel disabled because they can not follow the discussions in sign language.
Disability comes from the attitudes and surrounding environment. Disability may be dynamic. A person with an amputated finger trying to use flute can be considered as a significant disability, but in other situations, persons may not be disabled in any way.
Models of disability: Medical model, means looking at the indivudal and focusing on the functioning difficulty, for example, when the doctor decide to provide assistive device or medical intervention. In the social model, the environment generates the barriers.

Identifying questions for EDR: The participants were asked to think of the 5 specific life-domains mentioned in the CBR guidelines (health, education, livelihood, social and empowerment) and to identify possible research questions for each domain. The following questions were identified
The trainer presented subjects to be considers as important to define questions in the research. The subjects were categorized as the following:
Health:

- Availability of the assistive devices for the PwDs in Gaza?
- Why do DPOs mostly provide services only to PwDs under 20 years old?
- Why sign language interpreters are not available in medical clinics?

- Why there is no coordination between the DPOs in providing assistive devices for PwDs?
- Why there are no specific clinics only for PwDs?

Education:

- Why the teachers in schools are not patients in dealing with CwDs?
- Why PwDs do not have the chance to choose their favorite specialization in higher education without discrimination?
- Why there is no guideline booklet for PwDs to identify the specialization that suites their disability?
- Why there is no universities for persons with hearing impairment?

Livelihoods

- Why the law of employing PwDs is not being activated in Palestine?
- Why do DPOs not approving on employment, especially for PwDs, holding high education and not having any previous experience?
- Why there is no sustainable programs for employment in organizations?

Social

- Why there is no sports clubs specialized for WwDs?
- Why does the society prevent WwDs from getting married and make a family?
- Does the family provide the needs of PWDS without discrimination with other family members?
- Why does the society negatively perceive WWDS and not giving the chance for WWDS to express their opinions?
- Why the donor organizations does not provide transportation means suitable for PWDS?

Empowerment

- Why DPOs do not involve PWDS in decision making?
- Why WWDS is not involved in parliament and legislative elections?
- Why WWDS could not put pressure on government to economically empower new graduates?
- Why PWDS do not put pressure on decision makers to provide PWDS card?

Partcipants were asked to review all these questions in small groups, reflect about reliability, relevance and acceptance of each question and identify 3 most important questions. This exercise, helped in identifying priority questions for the research:

1. Why there is no law to declare free university tuition to PDW? (Education)
2. Why do DPOs lack of networking and coordination to raise PWDS? (Empowerment)
3. How many WWDS have education, able to go out and make decisions inside the family? (Social)
4. Why the law of PWDS is not applied? (Livelihood)
5. Why there is not any proposal to teach sign language in schools? (Education)
6. Is the empowerment of PWDS in childhood easier than in elder age? (Empowerment)
7. Why WWDS do not have the chance to make decision inside the family? (Social)
8. How to change the perception of society towards PWDS? (Social)
9. Why microenterprises are not sustainable? (Livelihood)
10. How can we establish a sports club for WWDS in Gaza strip? (Health)
11. Why do DPO prefer to employ women without disability instead of WWDS? (Livelihood)

12. Why there is no organizations specialized to train the families about discrimination between family members? (Social)
13. Why there is no sign language interpreters in the courts in Gaza strip? (Social)
14. Why WWDS do not have the right in marriage and raising children? (Social)
15. Why males with disability are getting to married and the females with disability do not? (Social)
16. Can CBOs provide microenterprises to practically and vocationally employ WWDS? (Livelihood)
17. Is it possible to provide service cads to PWDS?
18. Does awareness on health issues decrease the percentage of disability in Gaza? (Health)
19. Do doctors have knowledge of sign language? (Health)
20. How to increase self confidence in ourselves? (Empowerment)
21. Why specializations are not opened in universities to person with hearing impairment? (Education)
22. Why we are not employed in places suitable for PWDS with our educational level? (Livelihood)
23. Why do schools lack of experts specialize in dealing with PWDS? (Education)
24. Why treatment is not provided to PWDS? (Health)

Thus, all the priority questions identified by participants were grouped according to the five areas of CBR Matrix in the following way:

1) Empowerment

1. Is the empowerment of PWDS in childhood easier than in elder age?
2. Why do DPOs lack of networking and coordination to raise PWDS?
3. How to increase self confidence in ourselves?

2) Social life

1. How many WWDS have education, able to go out and make decisions inside the family?
2. Why WWDS do not have the chance to make decision inside the family?
3. How to change the perception of society towards PWDS?
4. Why there is no organizations specialized to train the families about discrimination between family members?
5. Why there is no sign language interpreters in courts Gaza strip?
6. Why WWDS do not have the right in marriage and raising children?
7. Why males with disability are getting to married and the females with disability do not?

3) Education

1. Why there is no law to declare free university tuition to PDW?
2. Why there is no any proposal to teach sign language in schools?
3. Why specializations are not opened in universities to person with hearing impairment?
4. Why do schools lack of experts specialize in dealing with PWDS?

4) Livelihood

1. Why the law of PWDS is not applied?

2. Why microenterprises are not sustainable?
3. Why do DPO prefer to employ women without disability instead of WWDS?
4. Can CBOs provide microenterprises to practically and vocationally employ WWDS?
5. Why we are not employed in places suitable for PWDS with our educational level?

5) Health

1. Is it possible to establish a sports club to WWDS in Gaza strip?
2. Is it possible to provide service cads to PWDS?
3. Does awareness on health issues decrease the percentage of disability in Gaza?
4. Do doctors have knowledge of sign language?
5. Why treatment is not provided to PWDS?

Each participant was invited to give 3 votes to identify the research questions considered important. Thus, the following questions were identified:

Theme	Question	Results (Votes)
Empowerment	Why DPOs lack networking and coordination?	18
Social life	Why there are no organizations specialized to train the families about discrimination between family members?	8
Education	Why do schools lack experts specialized in dealing with CwDs?	10
Livelihood	How can CBOs provide microenterprises to practically and vocationally employ WWDS?	10
Health	How passible to establish a sports club to WWDS in Gaza strip? Does awareness on health issues decrease the percentage of disability in Gaza?	10 10

Some participants felt very strongly about some questions and were disappointed that the majority did not vote for those questions.

Identifying the different factors influencing an issue: Each research question touches on complex set of issues involving different stakeholders. For each research question, we have to understand the main influencing issues and main stakeholders, so that we can decide how to focus our research.

An example was discussed - “Suppose we have distributed wheel chairs but we find out that PwDs are not using those wheel chairs, and we want to conduct a research to understand why persons are not using the wheel chairs?”

Discussion on lack of use of wheel-chairs brought out the following ideas from the participants:

1. Lack of proper road.
2. Inaccessibility of toilets in public facilities for the use of PWDS.
3. Inaccessibility of roads in terms of providing visual signs in public places.

4. PWDS unable to claim their rights.
5. Negative perception of society and lack of strategic planning.
6. Lack of attention to persons with disabilities.
7. Not applying laws and CRPD
8. No coordination between organizations lobbying for accessibility.

The above mentioned barriers can be grouped into three kinds of issues - related to strategic management in the DPOs; ignorance of decision makers to the rights of PwDs along with lack of services; inactive role of organizations toward the PWDS. How such an understanding about the use of wheel chairs is incomplete - it does not look at lack of availability of suitable wheel chairs, lack of repair facilities, difficulties in import of wheel chairs, etc.

Following the plenary exercise, the participants were divided into three groups - each group was given a question to identify different influencing factors related to it. The following issues were raised:

Group1 - *Why the laws related to PwDs are not applied?*

1. The blockade on Gaza strip by the Israeli occupation.
2. Incapacity of skills to deal with PWDS of different disabilities
3. PWDS are unaware to claim their rights.
4. Inefficient efforts of PWDS or self-groups to activate and apply the law.
5. The lack of fund
6. Unqualified persons working on execution of the law.
7. Not employing PWDS on organizations.
8. Not continuous demand of PWDS on their rights.

Group2 - *Why in spite of trainings, there is no employment for WwDs?*

1. Not applying the law of 5% of employment for PWDS.
2. PWDS are not aware of their rights.
3. Decision makers is not aware of converting the PWDS from beggars to productive persons.
4. The decisions makers refuse to employ PWDS arguing that due to inaccessibility and shortage of fund.
5. The lack of strategic planning and converting microenterprises to sustainable projects to guarantee long employment.
6. The donors are not obligating organizations to employ PWDS.
7. Networking and databases.

Group 3 - *can awareness on health issues decrease the percentage of disability in Gaza?*

1. Lack of knowledge of doctors on the genetic side of disability.
2. Expensive medical procedures.
3. Clinics does not exist in marginalized areas.
4. Marriage of relatives.
5. Not performing medical tests before marriage.
6. Families are not aware of early detection of disability.

7. Continuous begetting in families of PWDS.
8. Marriage of PWDS from each other's.
9. Inexistence of rehabilitation centers
10. The tedious routine in provision of assistive devices for PWDS.
11. High prices and unavailability of assistive devices.

Understanding how does research provide answers: The results of exercise on barriers were presented to the participants as a stimulation for understanding how information is collected and analysed in a research.

For example, general information collected for the exercise on barriers showed that -

- 70% of participants have higher levels of education, their disability is mild or moderate, and they use more assistive devices and appliances
- 30% of participants have lower levels of education, their disabilities are more severe and they use less technical appliances.

Research results also indicated that 50% of the participants are member of DPOs and 25% of the participants are members of SHGs (self-help-groups).

In research it is important to ensure that we use same words to mean same things. For example, SHGs can mean different things to different persons. Partcipants were asked the meaning of SHGs in their context.

For example, the SHG called "WwDS participation in Gaza strip" was established on October 2012 by Handicap International including 20 members. The main goal of the group is to defend the rights of education and employment of WwDS. The group is looking forward to empowering WwDS by performing and organizing awareness campaigns to claim the rights of WwDs. The group is operating in different places and the EDR participants is invited to participate in the group.

Another SHG called "Waking of the conscious" contains members are equal and operating under administrative committee. The members help each other to promote themselves.

Another group is also called "Waking of the conscious" for women with hearing impairment. She added that Handicap international conducted a survey and hold a lot of the information related to the self-help-groups in Gaza strip. The groups are specialized for different disability types and funded by Handicap International. The groups are not registered in the local authorities.

Different information can be discovered from different sources and we need to understand why the information is different. For example, according to World Disability Report, in every country 15% of the population is composed of PwDs. However, reports from Gaza show very different figures. Why do percentages of PwDs in a population vary from 1% to 20% ? The following answers were suggested:

1. Persons with mild disabilities are not counted.
2. Isolated and marginalized areas are neglected.
3. The denial of families towards disability - some families hide this information.
4. PwDs die in earlier ages, so their number is less in poor countries.

However, the methods of collecting information will also influence. For example, families may not give information to outsiders but if they feel that other persons can help them, they may be happy to share the information about disabled persons in their families.

The participants were involved in differnt interactive simulation exercises, for example - on setting up of SHGs and the different activities of SHGs, on the barriers inside DPOs, on democracy in DPOs, on participation of WwDs in the DPOs, setting up of women only DPO.

For each exercise, the participants reasoned about the research questions, which stakeholders to involve, how to colelct information for the research.

Developing the research plans: The process of identifying three priority research questions for EDR proceeded. An overview of EDR was discussed repeatedly to clarify the actual implementation of specific researches.
The research planning needs to be flexible because in the field, invariably there will be some unexpected obstcles. For example, the researchers may face a range of difficulties or may find it is easy so that work period can be short or a period longer than originally thought. At every step of the work during the research, INCLUDE staff members will provide support and assistance to the team of researchers.

The following six questions were identified as most important by the participants and now they had to select three out of them:

1. What is the best way to understand the situation of DPOs and the activities they provide for PWDS?
2. What is the situation of children with disability in all kinds' of schools in Gaza? What type of education they get and how they are treated?'
3. What type of knowledge and education are needed to teach WwDs self-health care aspect?
4. What sport activities are provided for WwDs? And if not what can be done to provide them?
5. What are the different and creative ways that enable WwDs to get income?
6. What training and education are needed and can be provided to families of children with disability to treat them without discrimination?

Each question was discussed to clarify its meaning. Finally from the questions, the following three were selected by the partcipants:

1. Knowledge among WWDS about self-care so that their disabilities do not become worse and they increase their autonomy.
2. Understanding innovative, successful approaches to microenterprises in Gaza that can be used by WWDS for increasing income.
3. What kind of support is needed for the parents of children with disabilities so that they can learn to treat them without discriminations?

For each question, the participants had to identify the key issues they wish to touch upon in the research, the kind of information that should be collected and some indications about the methodology of the research. The participants choose the question number 3 (understanding the family relationships where there is a child with disability) to initiate these discussions.
One participant suggested to gather the families and conduct workshops on how to deal with children with disabilities. The trainer explained that workshops may not be effective as the most of the persons do not feel comfortable in telling everything in front of others. People usually feel shy to express their feelings and women may fair to talk on issues happening inside house. A lot factor effect on the mechanisms and methods of collecting information.

Following these discussions, partcipants were divided into three groups to discuss how they wished to conduct this research. The feedback from the three groups was collected to prepare the draft research protocol on this theme.
The same methodology was followed for the second theme - understanding innovative, successful approaches to microenterprises and once again, through group discussions, the participants provded their feedback on how to conduct this research for the preparation of the draft protocol.

Evaluation of the joint training course: Participants were asked to evaluate three different aspects of the training (training venue and food; opportunity for social interaction; and quality of training) by giving a vote from 0 to 5. The average scores for the three aspects were the following:

1. Training place and hospitality. (4.6)
2. Friendship making and social relations. (4.3)
3. Quality of the training. (4.2)

Thus overall satisfaction of the participants about the training was very good.

Other Observations by the participants about the training course:

1. Discussions about different issues were always open and sincere.
2. The participants showed a good participation in individual and group work.
3. A few participants were not aware of the goals of the research.
4. Some participants were not able to construct questions and their responses and suggestions were limited to their own personal experiences.
5. The large number of participants limited the full participation of each.
6. The training place was accessible to the PwDs.
7. A participant showed objection about the project team to work in the project in general and preferred that WwDs should replace them in this training.
8. Some participants took a lead in playing roles which improved their self-confidence.
9. The trainees were given the opportunity to participate by showing opinions on the report prepared by the staff in addition to introducing comments and questions.
10. The participants were interested and showed active participation in individual and group work and exercises.
11. The trainer played a major role in motivating the trainees to participate in training activities through welcoming them and giving them the opportunity to comment and ask questions.
12. Project team was part of the training and worked side by side with the rapporteurs in the activities done during the training.

Challenges of the training identified by the participants

1. English – Arabic translations consumed time from training.
2. Participants objected on the training mechanism used in second day (training mediated directly by the staff) and preferred that Dr. Sunil to take the lead the training.
3. More animation activities were needed to stimulate the participants.
4. To Increase the training days to cover all subjects of the training.

ANNEX 6

Regional trainings: in Gaza city, north and south Gaza

Training dates: Gaza city on 23 and 28 April; Northern region on 24 and 29 April; and Southern region on 26 and 30 April 2014.

Training overview: 2 days of training were planned in each of the three regions for the following reasons:

- Work with smaller groups to understand their concerns about EDR and to clarify their questions and doubts.
- Understand the specific issues faced by each area in implementing the three researches.
- Get the feedback of each group about the third research theme (barriers in accessing health services) for the preparation of the draft protocol.

A consolidated report of the three regions is presented as same process was followed in all the three regions. In Gaza city, the training was held in SDF office. The northern region training was held at a rehabilitation centre in Japaliya while the southern region the training was held at the centre for deaf children in Rafah.
There was some variations in the training in the three regions, as the training was guided by the discussions and feedback from the participants. For example, in the Northern region, sign language translation was an important need and took more time. On the other hand, in Southern region, organsing the transport and bringing the participants to the meeting place was more difficult.

During the final day of training in Rafah, the training team was joined by persons from EU office in Jerusalem, who evaluated the EDR training by talking to researchers and rapporteurs from the Southern region.

Training summary: Participants were given an opportunity to ask any questions about the EDR process, how it will take place, and their roles in the process.
Remaining aspects of the second research theme (innovative approaches to microentreprise) were discussed to complete the feedback process for preparing the draft research protocol.
At the same time, the regional teams were asked to share personal experiences about experiences of barriers in health services and provide feedback for preparation of the third third research protocol related to health issues. It was agreed that this research will focus on the difficulties faced by women aged between 18-40 years and will limit itself to persons with hearing & speech, visual and mobility disabilities. For example, some of the questions identified for this research were as follows:

- Have you ever been to a hospital in the sake of therapy?
- Do you have health insurance?
- Do you receive an appropriate therapy?
- Do you encounter difficulties, regarding your disability type, in reaching the hospital?
- Did you receive a sufficient awareness about pregnancy and childbirth?
- Can you get your medicine easily?
- Do you receive a special treatment at the hospitals?
- Are the hospitals accessible for PwDs?
- Do you need utilities in the health centers?
- Have you received negative treatment from the workers in the hospital?

- Do the hospitals' waiting halls good for PwDs?
- Do you have recommendations for improving the health care?
- Do you receive health services for free?
- Where do you receive health services?
- Can you get the medical report easily?
- Can you get the appliances easily?
- Do you receive physical therapy in the health centers?
- How many times in the year you get the eye checkup-testing?
- Do you get eye lenses paid or for free?
- Are there hearing aids in all the hospitals?
- Can you communicate with the doctors?
- Do use sterilized tools for the glasses or lenses?
- Do you have private tools for your own hygiene?
- What are the required needs according your disability type?
- Do you go to a governmental hospital or private one?
- Do you practice sports?
- Do you take your medicine on time?
- What are the self-care procedures do you follow?
- What is your family economic level?
- Do you have any difficulty in taking care of your children?
- Are there sign language translators in the hospitals?
- Do you have hearing aids which enable you to hear in a better way?
- What is the cost of the hearing aid maintenance?
- Are there specialized shops for the hearing aid maintenance?
- Are the hearing aids available all the time?
- Do the governmental bodies help you as a woman with hearing impairment?
- Do you receive specific medicine according to your disability?

It was clarified to the participants, that every term used in the research needs to be clearly defined so that everyone gives the same meaning to it. The draft protocol will be presented to SAG members for their opinion and then it will come back to the researchers and rapporteurs for thier opinion before being finalised. The participants also discussed the kind of difficulties that they may face during conducting the research during home visits. There can be materialistic problems, inaccessible houses, and the families may not tell the truth in addition to their prejudgment that they will get some financial aid.

The participants also discussed the skills for research needed by the participants. The following ideas came out during these discussions:

- Ice breaking activity at the beginning of the meetings and then starting the meetings by narrating personal stories of the researchers themselves which make the participants feel comfortable.
- Explaining the purpose of the meeting ensuring the importance of confidentiality.

- Start with easy questions. If there were sensitive questions, it could be delayed at the end of the meeting.
- The participants in the meeting could be divided into groups and a researcher will work with each group.
- Ever researcher should write down her notes about the group she worked with in order to share them with other researchers.
- The information should be explained clearly.

The importance of writing notes was discussed. In case of absence of the two rapporteurs, another researcher can be assigned to write the report.

Each research meeting should have the following:

- Information sheet about the participants' names, ages and general information.
- Sheet of the questions that will be directed to the participants.
- Detailed report about each question and the received answers.
- Specific information and real various experiences.
- Inserting opinion of the researcher regarding an important issue and pointing out the reason of its significance.
- Balanced amount of information in the report (not much, not little)

Conclusions: At the end of the training the following process was planned - Dr Deepak will provide draft research protocols to EducAid latest by 5 May. These will be translated into Arabic and presented to SAG before the end of May. The finalized protocols should come back to the regional researchers around middle of June 2014.

There shoud be one general joint meeting of all researchers and rapporteurs at the beginning and end of each of the three researches. While individual research is going on, the meetings will be held only at regional levels. Dr Deepak thanked all the participants for their patience and high level of participation in the training.

ANNEX 7

Second meeting of the scientific advisory group

Gaza City, 23rd April 2014.

Attendees:

- Dr. Sunil Deepak, External consultant- AIFO
- Mr Adriano Lostia, Project Manager - EducAid
- Mr Sharaf Faqawi, Project Officer - Handicap International (HI)
- Mr Abedelqader Abu Jledan, Psychologist - Al Asdiquaa
- Mr Safwat Dyab, Executive Manager - NCCR
- Mr Awni Matar, Chairman, General Union of Persons with Disabilities - GUPD
- Ms Eline Monhanna, Psychologist - NCCR
- Mrs Walaa Mdookh, Project Coordinator – SDF
- Mr Ayman Ayyash, Manager National Society for Rehabilitation (PARD)
- Mr Alfredo Camerini, Professor University of Bologna (UNIBO)
- Mr Mohammed Alnajar, Project Coordinator- ElAmal

Translator: Abdelrahmman Abu Hassanain, Project Assistant – EducAid

Glossary:

EDR	Emancipatory Disability Research
PwDs	Persons with Disabilities
RCG	Research Core Gropu
SAG	Scientific Advisory Group
WwDss	Women with Disabilities

Report

Mr Lostia, EducAid Project Manager, welcomed SAG members at EducAid office and then introduced the progress in EDR project. Training of researchers has already started and is coordinated by the external consultant, Dr. Deepak. 30 women with disabilities from 3 areas of Gaza (North Gaza, Gaza city and South Gaza) are participating in the training including 24 researchers and the 6 rapporteurs.

Prof. Camerini, chair-person of SAG welcomed all the members. He expressed welcomed the new members, who had not attended the first meeting of SAG. He explained the role of the external consultant and summarized the discussions in the first SAG meeting that had touched on the concepts of emancipation and barriers, and their significance in the context of EDR. Prof. Camerini invited the consultant to provide an overview of the plans of conducting EDR in Gaza and the training activities.

Dr Deepak reminded the SAG members about the EDR protocol document that was prepared and distributed some months ago and explained the basic ideas of EDR. He explained that EDR is a research controlled by persons with disabilities on the issues that they consider as important. Thus, EDR should be seen primarily as an instrument to help persons with disabilities to initiate processes of their own empowerment. EDR in the context of developing countries can be seen as an operational research that can be used to:

1. Understand situations or issues: this can be done when there is limited information. For example, we may wish to know if different groups of persons with disabilities are benefiting from a programme activity.
2. Find answers to questions – For example, why persons who had received wheel chairs are not using them?
3. Test solutions to problems – for example to test different strategies for preventing violence against persons with disabilities.

He explained that in the context of projects in developing countries, usually EDR focus on the first two kinds of operation research areas, mainly through qualitative methods but quantitative methods can also be used to some extent. However, it is fundamental that EDR is based on social model of disability, rather than on a medical model.

The roots of EDR can be traced back to pioneering work of Paulo Freire and other persons who worked in participatory research methodologies. In EDR, persons with disabilities are disability experts who have the responsibility of making decisions about the research with the support of SAG. EDR has two aspects –

- The participatory research process that allows persons with disabilities to share their experiences to gain new understandings about the issues that influence their lives and promotes their empowerment;
- The documentation and reporting of the research process in terms of its academic validity and learning, which requires support of professionals and SAG members.

SAG members have to remember that their support to the researchers is part of promoting empowerment. This means becoming aware of constructive advice and gentle criticism, avoiding summary judgements that hinder the empowerment process.

He explained the training process of persons with disabilities selected as researchers and rapporteurs for EDR. Three research themes have been selected by the training participants:

1. Understanding issues around self-care so that the disabilities does not get worse and to prevent new disabilities;
2. Promoting innovative strategies for economic autonomy of women with disabilities in Gaza;
3. Understanding family relationships of children with disabilities.

Regarding the next steps – based on the inputs of the researchers, Dr Deepak will prepare a draft research plan each theme, which will be sent to SAG members for their comments and suggestions in early May 2014. Then it will be shared with researchers and rapporteurs in the 3 regions, and its operational aspects (budget, activities, and time frame) will be defined and then, finally the implementation will take place. Each research theme report will be shared with SAG.

Prof. Camerini thanked Dr Deepak and asked about the closure of the research and asked SAG members for their comments and questions.

Mr Matar said that by creating new programmes we can change the society to overcome the challenges, and that one of the outcomes of the research will be acquiring skills. Then, he asked if the themes of the research will be connected to the Palestinian law no. 4/ 1999 or not?
Mr Dyab asked if the EDR would be used as a tool to create change within the society.
Mr Ayyash asked whether or not there would be an evaluation committee for the research.

Mr Abu Jledan mentioned that during the research, the process of inclusion will be important, as the initiative has been started by women with disabilities who are involved in all the stages of the research.
Mr Ayyash thinks that closing the research will occur when the women feel that they are economically empowered.
Mr Faqawi stated that the research can be closed by use it as a kind of advocacy and lobbying, both locally and internationally. In Gaza, research results should be shared with networks of persons with disabilities. He also questioned the validity of the outcomes that will be resulted from the home visit. He added another point that these 30 researchers will not only represent themselves but all the persons with disabilities.
Mrs Mdookh stressed about the idea of advocacy and lobbying that is mentioned by Mr Faqawi, and asked if SAG members will follow the work of the research monthly or regularly.
Mr Abu Jledan mentioned that we do not have to forget other institutions within the society, as there are schools and kindergartens.
Mr Dyab said that we can let these researchers study other fields, and also they can train other researchers.
Ms Monhanna referred to the changes in attitudes towards persons with disabilities, from a "relief" point of view to a "developmental" point of view.

Dr Deepak explained that all the specific aspects of the research will be explained in the three protocols, and underlined the importance of providing critical feedback on these proposals by the SAG members. These protocols will clarify the research and its questions, how many home visits, and how to do the observation.

He also explained that the total duration of the research, (6 months) is too short to expect big changes especially in terms of changing societal attitudes and initiating advocacy for changing national laws. The researchers are women with disabilities with limited research training and without professional experience. Thus, the expectations from the research outputs must keep in mind this situation and not create undue expectations.

The researchers will meet regularly before, during, and after the implementation of each of the three researches, as this process has been designed in order to make them work together and to reflect their own stories, so as to maximise their reflections and empowerment processes.

Long term impact of the EDR is difficult to predict, however it is possible that it will promote the leadership skills in some of the researchers. He concluded by saying that SAG members have an important role in supporting the researchers in the whole process of EDR.

Prof. Camerini emphasised the idea of sharing the research protocols and different research reports with SAG members for their advice and iputs. The role of SAG can be defined as "critical friends". It will not be necessary to held frequent meetings between RCG and SAG members, but SAG can receive reports and provide feedback.

Mr Lostia added that a publication will be pared about the EDR experience. We must bear in mind that our goal is promoting the empowerment of women with disabilities, thus a holistic focus is needed and not focusing just on the outcomes of the research.

Mr Dyab agreed that the outcomes of the research will be very important and need to be documented and shared.

Dr Deepak clarified that the whole process will be documented. The outcomes will take two shapes: written documents and reports; and, understanding the other changes that will be stimulated and will happen during the research implementation.

Prof. Camerini thanked all the SAG participants for their constructive participation and formally closed the meeting.

ANNEX 8.1

Overview of EDR implementation process (Draft)

INTRODUCTION

Emancipatory Disability Research (EDR) is one of the components of project INCLUDE, co-funded by European Union. EDR will be carried out in three areas of Gaza strip – North Gaza, Gaza city and South Gaza – during 2014.

EDR involves participatory action research methodologies by and with persons with disabilities to explore and understand their issues and problems. The goal of EDR is to promote empowerment and collective social action for improving the quality of life of persons with disabilities.
In EDR activities of INCLUDE project, thirty (30) women with disabilities from Gaza strip will play the leading role in identifying and exploring issues. They will be the researchers and rapporteurs. They will be supported in this role by a Scientific Advisory Group and staff of partner organisations and community-based organisations (CBOs).

This document presents an overview of the EDR process including the activities carried out during the preparatory phase and the activities planned for the implementation phase of EDR. This document also briefly touches on the conclusion phase of EDR. It is accompanied by three annexes presenting the protocols of the three specific research initiatives that will be carried out under EDR, on the following themes:

- Exploring the relationships in the families of children with disabilities.
- Understanding the experiences of persons with disabilities engaged in self-employment; and the opportunities for receiving support for self-employment in Gaza strip.
- Understanding the barriers faced by women in disabilities in relation to health care services

PREPARATORY PHASE OF EDR

The preparatory phase of EDR included identification of thirty (30) women with disabilities from 3 areas of Gaza strip – North Gaza, Gaza city and South Gaza. The persons were identified in collaboration with local organisations of persons with disabilities (DPOs) and CBOs according to specific criteria, to ensure inclusion of adult women of different age groups, different socio-economic and educational backgrounds and different kinds of disabilities.
A training programme was organized for the capacity building of the identified women in April 2014 in the following way:

1. Pre-training exercise on perceived barriers in daily lives.
2. Pre-training exercise on implementation of the U.N. Convention on the Rights of Persons with Disabilities (CRPD).
3. A five day training course for all the three groups on implementing EDR.
4. A 2 day training course in each of the three regions (North, Gaza city and South) on implementation of EDR in their region.

Identification of research themes: During the training course, the participants identified twenty-six (26) priority themes for the research. Out of these, six (6) themes were identified as the “potential themes”, with the help of some specific criteria (including relevance, feasibility, urgency, political acceptance, applicability and ethical acceptance). Finally, out of the six (6) potential themes, three (3) themes were identified for implementation in Gaza strip:

- *Exploring the relationships in the families of children with disabilities:* Identification of this research theme was linked with the issue of discrimination towards children with disabilities in the families and the desire of the women with disabilities to contribute to a better and improved family relationships, which benefits all the components of the family. It was also linked to the personal experiences of some of the women during their childhood.

- *Understanding the experiences of persons with disabilities engaged in self-employment; and the opportunities for receiving support for self-employment in Gaza strip:* This research theme is composed of two initiatives. The first initiative is linked to identifying which factors contribute to success or failure of self-employment. The second initiative is related to collecting information that can help women with disabilities to start their own self-employment. Selection of this research theme underlines the importance given by the women to economic autonomy and empowerment.
- *Understanding the barriers faced by women in disabilities in relation to health care services:* This research theme will explore the challenges faced by women with disabilities in accessing the health services. This initiative links both to general health care services as well as, to specific health care related to certain specific groups of disabilities.

On each of the three themes, the training participants provided their feedback about the different areas that should be explored during the research implementation. They also discussed the possible participatory research methodologies that can be used for the implementation.

Training coordination: The overall training course spread over a period of 13 days was coordinated by an external consultant, Dr Sunil Deepak. Separate reports have been prepared for each day of training.

IMPLEMENTING EDR IN GAZA

Implementing EDR in Gaza strip is explained in a schematic way through the following steps:

Preparation and finalization of research protocols: The external consultant will prepare the draft research protocols on the three selected themes. The draft protocols will be translated into Arabic and shared first with the staff and partners for their comments. Then updated draft protocols will be shared with the Scientific Advisory Group (SAG) for their opinions and again updated.

Implementation of research on the three themes: The researchers and rapporteurs in the three areas of Gaza strip will implement the research on each of three themes, one by one, starting with theme 1, then theme 2 and then theme 3.

For implementing the research in each area, all the three groups will follow the same procedure, as explained below:

- Step 1: Organise a one day meeting of all the researchers and rapporteurs from the three areas. Present the updated research protocol to the three groups and go through the protocol. Participants can propose clarifications or small modifications for the finalization of protocols. Make a rough plan of the research implementation in each of the three areas.
- Step 2: In each of three areas, staff in consultation with the researchers will prepare a detailed operational plan along with the budget. This can include details like – which home-visits will be organized and when, how many photocopies of the questionnaire will be needed, if sign language translation is needed, if transport is needed, where can the meeting be organized, how to organize food and refreshments for the meetings, etc.
- Step 3: In each of the three areas, organise a meeting of all the researchers and rapporteurs to discuss the practical details of operational plan and the research implementation.
- Step 4: Implementation of the research in the field by researchers and rapporteurs. This can include home visits, individual interviews, small group discussions and focus group discussions. Follow all the indications explained in the research protocol. If some activity explained in the protocol is not possible or has to be modified, the rapporteur must take notes and explain the change and the reasons for the change in her reports.

- Step 5: Organise debriefing meeting in each area are completion of each research activity. For example, if the research protocol includes some home visits and then a meeting for group discussions, organise two debriefing meetings – first meeting should be organised after completing the home visits; the second meeting should be organized after completing group discussions. During the debriefing meetings discuss how was the activity, if there were any problems, if some questions were effective or not effective. Rapporteurs have to prepare reports of these meetings.
- Step 6: After the first theme research has been completed, organize one joint meeting of all the three groups, to share findings, what new information has been collected and if some specific action is needed. In this same meeting, discuss the second research protocol and ask participants for their opinion about second protocol. Repeat all the same steps as explained above for the second research. Continue like this till the research on all the three themes is completed.
- Step 7: Conclusions of the EDR – after research on all the three themes is completed, organize a final meeting with all the researchers and rapporteurs to discuss, learnings from each research and the final recommendations.

SPECIFIC INDICATIONS FOR IMPLEMENTING EDR

Research protocols: Every time a research is carried out, staff must remind all the researchers and rapporteurs to follow all the steps explained in the protocol and not change those steps. If for any reason, some steps of the protocol cannot be followed, they must inform the staff and explain the reasons. If same difficulties are encountered in different parts of Gaza by different researchers, the protocol can be changed, but those difficulties must be noted down and explained in the reports.
Staff will need to remind the researchers and rapporteurs about the need to follow the protocol *every day and every time*, otherwise they will tend to forget it.

Home visits: All the researchers and rapporteurs must take part in the home visits, if asked by the protocol. For home visits, the role of researchers and rapporteurs is the same – they all have to conduct interviews and observations based on the protocol.
If they complete any questionnaires, they must give the completed questionnaires to the staff for the analysis and preparation of reports, as explained in the questionnaires.
For all home visits 2 women should go together to a house. No house visit should be conducted by one women alone, unless there is some last minute problem and the second person cannot come.
No staff is needed to accompany the researchers and rapporteurs for the home visits.

Individual interviews and Group discussions: For some research, there will not be home visits but persons will be invited to a meeting place where they can be interviewed individually or asked to participate in group discussions, as explained in the research protocol.
For individual interviews, complete the questionnaires and follow all the points as explained above for the home visits.
For group discussions, ask one of the researchers to be the chair person and another researcher to be the moderator. One or both rapporteurs have to prepare the report of the group discussions. All group discussions must follow all the instructions given in the research protocol. Any changes in the research protocol must be explained and properly noted in the report.

Debriefing meetings: The staff will organise a local meeting of all the researchers and rapporteurs in that area after completing the research. During this meeting, rapporteurs will take notes and prepare a final report.
Staff should also take notes and prepare their report.
The following points should be discussed in the debriefing meetings:

- Difficulties encountered during implementation of that research and what solutions were found to overcome those difficulties

- Any changes in research protocol
- New learning from the home visits or interviews or group discussions related to the subject of the research
- New learning from the home visits or interviews or group discussions not related to the subject of the research
- Any significant examples of events or life stories from the research (must be reported in as much details as possible)
- Any other specific comments about the experience of implementing the research
- Ask one person from the group to be the chairperson of the meeting. This person must ensure that specific questions are asked to the group regarding all the points mentioned above. The report of debriefing meeting must provide information about each point mentioned above.

Attitude during the research: Do not take anything for granted during the research – when persons talk about their daily liv
es, ask questions to understand clearly what they are saying and what do they mean.
All the researchers and rapporteurs must have an attitude of respectful empathy towards the persons they are interviewing or listening to. Explain that they should not start telling others what they should do or express opinions if something is good or bad or should be changed. They must focus on trying to understand what persons are saying without giving any judgement about it.

Meeting places and accessibility: Ensure that meeting places are accessible to all the persons with disabilities including the persons on wheel chairs. If needed organise the services of a sign language interpreter and/or documents in Braille.

General recommendation: All activities should be conducted by women with disabilities who have been selected as researchers and rapporteurs. The staff has to play a supporting role, in organising and providing operational support.

During meetings, a person of the staff must be present to take notes. After the meeting, that person must share her/his ideas with the rapporteurs and integrate any missing points in the reports of the rapporteurs.

The goal of EDR is to promote empowerment. Thus for all decisions, the staff must ask for the opinions and suggestions of the women with disabilities involved in the research.

ANNEX 8.2

EDR Research protocol theme 1 (draft) Understanding the relationships in a family of a child with disability

Introduction

Every family has its own relationships in terms of affection, love, participation, inclusion, power, decision making and different other factors. These relationships are dynamic and can change with time. They can depend upon the composition of the family: parents, siblings, grandparents, other relatives. They may also depend upon other factors like education, culture and socio-economic status of the family.

The presence of a child with disability in the family can also affect the family relationships. For example:

- The child may need care and thus one of the parents or one of the siblings may be asked to take this responsibility. The responsible person may have to sacrifice their own desires to look after the child. The responsible person can have many different feelings, such as – protectiveness, love, affection, regret or resentment.
- The child may need to be taken to a specialized service or a school and this may put additional economic burden on the family. Finding time to accompany the child may be difficult.
- Other persons in the community may have negative attitudes and this may affect family relationships. Sometimes, other persons in the community can express appreciation. Friends and community may not always provide the support to the family in case of need.
- Siblings can feel that parents are giving too much attention to the child with disability and are neglecting their needs.
- Fathers may not like to be involved in the care of the child of disability and thus leave the burden of care on the mothers.
- Prejudice, stigma and discrimination in the society can influence the way the family keeps the child. To avoid such stigma, they may keep the child hidden and isolated.
- Parents may be worried that other children or other persons may not behave properly with their child and thus, they may not like to send the child outside the house.
- As other children grow up, they become busy in their own lives and the child with disability may be left alone with parents without support of other siblings.

The above are only some examples of how family relationships may change if there is a child with disability in the family.

Objective of the research: To understand the point of views of mothers of children with disabilities regarding their challenges related to family relationships.

Important note: The purpose of this research is to understand and is not give judgements about the mothers or about other persons in the families. The researchers and rapporteurs must ensure that they do not express opinions or show their disagreement while mothers share their stories. They must try to identify with and understand the mothers' point of views, even if personally they do not agree with them.

Research sample: In each research area (North, Gaza city and south), 15 to 20 families with a 5 to 10 year child with disability must be identified.

The children can be male or female and should have different disabilities: 2-4 children with mobility disability, 2-4 children with visual disability, 2-4 children with hearing-speech disability,

2-4 children who have convulsions, 2-4 children with intellectual disability and 2-4 children with multiple disabilities.
The research sample will be composed of the 15-20 mothers of these children with disabilities.

Research methodology: This research will be carried out through group discussions with 15-20 mothers of children with disabilities. Apart from the mothers, 4-5 researchers, 1-2 rapporteurs and 1-2 staff members (only female) should participate in the meeting. Male staff members can help in organisation but they should leave the hall when the meeting starts.

Preparation of meeting for the group discussions:

Step 1 – Ask all researchers, rapporteurs and staff to read the protocol document once again to ensure that they understand about the research.

Step 2 - Informing and inviting the mothers to the group discussions: Inform the mothers about EDR and the goal of this research. Explain that the research aims to understand their difficulties and learning from each other. Provide information about the timing and location of the meeting. Clarify about transport expenses and provision of refreshments/lunch. Ask the mothers to come to the meeting, if possible, without the children. If some mothers cannot leave the children at home, some support for taking care of children during the meeting might be needed.

Step 3 – On the day of the meeting, organise the meeting room in a semi-circle. Keep flip charts with white paper and coloured markers for the meeting. Ensure that one of the researchers is identified as a chairperson, one researcher as the moderator and at least one rapporteur is present. Their roles will be as follows:

- Chairperson: Has to ensure that the meeting starts on time, that the consent forms and questionnaires are filled, and that all the points for discussion are raised and discussed.
- Moderator: The moderator has to assist the chairperson in ensuring that no one dominates the discussions, that all the persons who wish to speak get an opportunity and to help in keeping the discussions focused on the theme of the research.
- Rapporteur: Has to take notes of all the discussions and make a final report of the meeting. The report should include details of any significant personal stories and experiences shared by the mothers.
- 1-2 Researchers for sharing personal stories: Identify one or two researchers who will share their personal stories in the meeting. Their personal stories should talk of the role played by their mothers and by their families in their lives and the challenges faced by their families. A mix of both positive and negative issues should come out of those stories.
- Remaining researchers should participate in the meeting only as observers and should not intervene in the discussions. They should note down any significant points they notice during the meeting and can raise these points during the debriefing meeting.
- Step 4: One of the staff members should also take notes of the meeting discussions including the details of any significant personal stories and experiences shared by the mothers. The staff will not intervene directly in the discussions but if they notice that something is not done properly, they should privately speak to the chairperson, moderator and the rapporteur.

Conducting the meeting for group discussions:

Step 1: Staff, chairperson, moderator and rapporteur should ensure that all the mothers are sitting comfortably. Start with a brief welcome, explain the purpose of EDR and provide general information about the meeting (timings, tea break time, etc.). Explain about confidentiality of their discussions and that no information will be collected that can identify them. Explain that during the group discussions, they will be free to share whatever they decide to share. Ask them if they are happy with the idea of the meeting.

Step 2: Ask the mothers to sign the consent form (annex 1), and complete the questionnaire for collecting basic information from the mothers (annex 2). Give all completed consent forms and questionnaires to the staff.

Step 3: Chairperson should briefly introduce the theme of “children with disabilities and the family relationships” and invite one or two researchers to share their personal life stories focusing on the role played by their families. After the presentation of the personal stories, ask the mothers if they have any questions or comments.

Step 4: Start with the research questions as explained in Annex 3. The chairperson should introduce each question and invite the mothers to share their opinions, experiences, ideas and comments on that question. When everyone has shared on that issue, move to the next question.

Step 5: At the end of the session, ask the rapporteur to present a brief summary of the meeting discussions. Thank all the mothers for their participation, ask their feedback about their participation in the meeting and close the meeting.

Expected outputs from the research:
This research will provide the following outputs –

- Signed consent forms – should be kept for a period of six months.
- General information questionnaires completed by the mothers – should be analysed by the staff to prepare a brief report summarizing this information.
- Meeting report prepared by the rapporteurs.
- Meeting report prepared by the staff.
- Report of the debriefing meeting.

Annex 1

INCLUDE EMANCIPATORY RESEARCH PROJECT

Consent form

name, work address and contact details of the project manager	Name: Field coordinator Address: Tel: Fax: Email:

We would like to invite you to participate in this study by participating in discussions. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

Details of Study:
This research is being conducted as part of capacity building of women with disabilities for understanding issues and finding strategies to promote their empowerment.

There is no direct benefit for you for answering these questions, but your answers will help us to understand and to better address the needs of the persons with disabilities in the community. Your answers are confidential and will not be shared with any other people. The records of this study will be private. Only the people who are doing the study will be able to look at the answers that you give to the questions.

It is up to you to decide whether to take part or not. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you do not wish to participate, it will not have any negative effects on your participation in the project activities. Do you have any questions before we start?

Participant's Statement
I _________________________ (name)
have read/been explained the notes written above and understand what the study involves.
understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately.
consent to the processing of my personal information for the purposes of this research study.
understand that such information will be treated as strictly confidential.
agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.

Signature:	Date:

Annex 2

INCLUDE EMANCIPATORY RESEARCH PROJECT - PALESTINE

General Information About Meeting Participants

<table>
<tr><td>Date
Area</td><td>|__|__|/|__|__|/|__|__|__|__| (Day/month/Year)
North Gaza / Gaza City / South Gaza (circle one)</td></tr>
</table>

INSTRUCTIONS

For each question, write the number of the correct option in the box placed on the right side or near the question. Do not write anything else on this questionnaire.

<table>
<tr><td>1. Information about the mother</td><td></td></tr>
<tr><td>(1.1) Age in years
(1.2) Which is your level of education? (read the codes below and fill the box)
<i>Codes for education level:</i>
No education - 0, Primary school or less – 1, Middle school or less – 2, High school or less – 3, pre-university or University - 4
Don’t know 88, No answer 99
(1.3) Do you have a job for which you earn something? (read the codes below and fill the box)
<i>Codes for job:</i>
No job – 0, Work at home – 1, Help in family business – 2, Occasional job – 3, Part time regular job – 4, Full time regular job – 5, Don’t know – 88, No answer – 99
(1.4) Any disability (read the codes below and fill the box – can write up to 3 disabilities)
<i>Codes for disabilities:</i>
No disability – 0, vision disability – 1, hearing & speech disability – 2, movement disability – 3, convulsions – 4, mental illness – 5, intellectual disability – 6, other disability - 7</td><td>|__|__| years
|___|
|___|
|___|
|___|
|___|</td></tr>
<tr><td>2. Information about the family</td><td></td></tr>
<tr><td>(2.1) Marital status (read the codes below and fill the box)
<i>Codes for marital status:</i>
Married – 1, Separated or divorced – 2, widow – 3, other – 4
(2.2) Which is the level of education of your husband? (read the codes below and fill the box)
<i>Codes for education level:</i>
No education - 0, Primary school or less – 1, Middle school or less – 2, High school or less – 3, pre-university or University - 4,
Don’t know 88, No answer 99
(2.3) Does your husband has a job? (read the codes below and fill the box)
<i>Codes for job:</i>
No job – 0, Work at home – 1, Help in family business – 2, Occasional job – 3, Part time regular job – 4, Full time regular job – 5, Don’t know – 88, No answer – 99
(2.4) Total number of children
(2.5) Total number of children with disabilities
(2.6) Total number of persons living in your house</td><td>|___|
|___|
|___|
|___|
|___|
|___|</td></tr>
</table>

Activity limitation and body functioning difficulties of the child

(Note: If the person has more than 1 child with disability in the 5 to 10 years age group, ask this information about the child who has the most severe disability)

3. Activity limitation and body functioning difficulties (each question to be asked to each mother)	Response Read all options and ask the respondent to choose one option.	Fill the box
(3.1) Dos your child has any difficulty in seeing? (Can't see at all, can see little, can't see in evening or at night?)	1 He/she has no difficulty seeing 2 He/she has some difficulty seeing 3. He/she has a lot of difficulty seeing 4 He/she cannot see at all	|__|
(3.2) Do your child has any difficulty in hearing? (Can't hear properly or cannot hear at all)	1 He/she has no difficulty hearing 2 He/she has some difficulty hearing 3.He/she has a lot of difficulty hearing 4 He/she cannot hear at all	|__|
(3.3) Do your child has any difficulty in speaking? (Can't speak at all, speaks little or speaks with difficulty, stammers, difficult to understand?)	1 He/she has no difficulty speaking 2 He/she has some difficulty speaking 3. He/she has a lot of difficulty speaking 4 He/she cannot speak at all	|__|
(3.4) Does your child has any difficulty moving any part of body? (Any part paralysed, any part amputated, any part stiff and painful, can't stand or sit or walk? Can not coordinate movements or hold things?)	1 He/she has no difficulty moving any part of my body 2 He/she has some difficulty moving any part of my body 3. He/she has a lot of difficulty moving any part of my body 4 He/she cannot move any part of my body at all	|__|
(3.5) Does your child ever has any strange behaviour or feelings? (Gets sad or crying without reason, hears voice, feels people are trying to kill him/her? Sees unexisting things? Speaks meaningless things?)	1 He/she has no strange behaviour or feelings 2 He/she has some strange behaviour or feelings 3. He/she has a lot of strange behaviour or feelings 4 He/she has always strange behaviour or feelings	|__|
(3.6) Does your child ever has any fits? (Falls down and body has convulsion? Gets unconscious? Suddenly for a short time can not hear or answer?)	1 He/she never had fits or body convulsion 2 He/she has sometime fits or body convulsion (1 in 6 months) 3. He/she has often fits or body convulsion (2 to 6 per 6 months, up to 1 a month) 4 He/she has always fits or body convulsion (every week or more)	|__|

(3.7) Does your child has any difficulty in learning? (Difficulty in understanding or communicating or explaining or reading or writing?)	1 He/she has no difficulty in learning 2 He/she has some difficulty in learning 3. He/she has a lot of difficulty in learning 4 He/she cannot learn at all	|__|
(3.8) Does your child has any other disability? (Including burns, scars, pock marks, albinism, vitiligo, etc. that the person perceives as a disability?)	1 He/she does not has any other kind of disability 2 He/she has some kind of other disability 3. He/she has many other disabilities	|__|

4. Appliances used by the child with disability (This information is related only to the child for whom question 3 was asked, and not any other children)

(4.1) Does your child uses any technical appliance?
1 Yes 2 No 88 Don't know 99 No answer |___|

(4.2) If yes which appliance (read the codes below and fill the box) |___|
Codes for Different aid/appliances
Crutches – 1, Wheel chair – 2, Eye glasses – 3, White cane – 4, Hearing aid - 5
Tricycle – 6, Artificial limb – 7, Special Footwear – 8, Callipers – 9, Other - 10

Thank you very much for your participation

Annex 3
Questions for the meeting on "Children with disabilities and family relationships"

Note: The questions for discussions in the meeting are divided into 2 groups – "Key questions" and "Additional questions". The chairperson must ensure that all the key questions are posed in the meeting and discussed. If at the end, there is remaining time, then, raise and discuss as many additional questions as possible.
For each question, first read the full question exactly as it is written below. Only then the chairperson can provide additional explanations if she wishes.

KEY QUESTIONS

Question 1. When a child is born with a disability or if a child becomes disabled in the childhood, it can be a moment of emotional shock for the family and especially for the mother. At this time, the support of the husband and the family is very important. We would like to hear from you about your experiences regarding the role played by your husband and your family, when you found that your child has a disability? What were the challenges you faced at that time? Who gave emotional support to you?

Question 2. Some children with disability require lot of support. They may need help to go to school. They may require visits to hospital or to a specialist. Sometimes, you have to do other work and you need someone to look after your child. We would like to hear from you about your experiences regarding such situations when you need help in taking your child to school or hospital or to keep him/her for some hours while you do other work? Who helps you and provides support in the family?

Question 3. Children want to go out and play with other children. They want to participate in the religious and social functions like marriages. In such situations, the support of the friends, neighbours and community is important. Can you share experiences of friends, neighbours and community where they support and help you for your child with disability? Do you have experiences where they have negative attitude and create problem for your family and your child?

Question 4. Do you know other families where they have children with disabilities? Do you ever meet with them or share experiences with them? Do you organize joint events with other mothers and families of children with disabilities like taking your children on picnic or to play together?

ADDITIONAL QUESTIONS

Question 5: Do you feel afraid about your child that other children or persons in the community will say negative things or hurt your child? Can you share experiences regarding this? How do you overcome your fear so that your child can go to school or to play with his/her friends?

Question 6: A child with disability requires lot of care and support. Sometimes parents are so busy in taking care of their child with disability that do not have enough time to give attention to other children. Does something like this happen in your family? How do your other children feel about the child with disability?

Question 7: Sometimes children with disabilities go to school but teachers do not have enough time to give proper attention to your child. How do you support the education of your child with disability at home? Does your husband and family provide support to the child with disability for his/her studies?

ANNEX 8.3

Research protocol theme 2 (draft) - Self-employment and livelihood for women with disabilities

Introduction

The political and social situation linked to the blockade in Gaza strip has created a very challenging environment for creation of sustainable livelihoods for all the citizens. These challenges are even more daunting for women with disabilities, who face numerous obstacles in their search for dignity and economic autonomy. A 1999 law promising 5% reservation of jobs for persons with disabilities remains largely unimplemented.

In this situation, even self-employment faces numerous challenges. These challenges can include the following:

- Lack of skills regarding feasibility studies regarding the market place, differentiation of products, innovation and design of products, and preparation of adequate business plans. Often persons attend vocational training courses but the newly acquired skills remain under-utilized and do not lead to sustainable livelihoods.
- Difficulties of importing or exporting equipment and raw materials at sustainable costs.
- Lack of funding opportunities for launching self-employment businesses.

However, it may be worthwhile to explore if persons with disabilities have been able to identify and use innovative strategies for income generation and to share these experiences for inspiring new business ideas. For example, can there be income-generation opportunities linked to information technologies? Or, can setting up of partnerships, group activities or cooperatives play a role in promoting self-employment opportunities? Can there be new products that can be linked to traditional skills that can fulfil the needs of local markets?

Objective of the research: The general objective of this research is to promote income generation and livelihood opportunities for persons with disabilities in Gaza strip, with two specific objectives:

Specific objective 1: Learning from experiences: To interview 5-10 persons in each area (north, Gaza city and south) who have attempted successful or innovative self-employment opportunities over the past decade.

Specific objective 2: Understanding opportunities: To collect information about organisations and institutions in each area (north, Gaza city and south) that provide support for self-employment initiatives in Gaza strip

Specific objective 1: Learning from experiences

Research sample: In each research area (North, Gaza city and south), identify a minimum of 5 to a maximum of 10 persons who have an on-going self-employment activity and interview them. Preference should be given to women with disabilities but if there are not enough self-employed women with disabilities, self-employed men with disabilities or non-disabled persons can also be interviewed.

Research methodology: In each of three geographical areas, this research will be carried out through individual interviews followed by an area meeting of all the researchers, rapporteurs and the staff members.

Individual Interviews

Identify suitable persons for interviews through local DPOs, CBOs, other organisations, friends and family members. Find out if the person has a disability or not. When the names of all the potential self-employed persons will be collected, organise a meeting in each area with researchers and rapporteurs with the support of the staff, to decide the final list of 5-10 persons who will be interviewed. Telephone and fix appointment with those persons for the interviews, after explaining the purpose of EDR.

For conducting interviews, at least 2 researchers or rapporteurs should visit together, so that one person can ask questions and other person can take notes.

The consent form for the person to be interviewed is in annex 1 and the questions for the interview are in annex 2.

Meeting to share interview results

All the researchers and rapporteurs who took part in the individual interviews will meet together with the staff to share the results of their interviews. Each team who went for interviews should be asked to share their findings about each question.

Sharing of results will be followed by discussions on the main findings, recommendations and conclusions from this exercise.

One or two rapporteurs will take notes of all the presentations and discussions to prepare a report of this meeting, with the support of the staff.

Final joint meeting of the three areas

After this research is completed in all the three areas, a joint meeting of all the three areas can be organised to share their results. The staff will be asked to prepare a final report of all the things discovered during the implementation of this research objective.

Expected outputs from the research will include: (1) a meeting report explaining the learning from this research including challenges in collecting information from self-employed persons and potential uses of this information; (2) a document bringing together information about strategies used by persons for self-employment in Gaza strip.

Specific objective 2: Understanding opportunities

Research sample: In each research area (North, Gaza city and south), identify all the organisations that can provide some support to women with disabilities for a self-employment activity. Collect information from them about the different kind of support they can provide and their criteria for giving support.

Research methodology: In each of three geographical areas, all the researchers and rapporteurs will take part in this research by visiting identified organisations and collecting information as explained in Annex 3.

Meeting to share interview results

All the researchers and rapporteurs who took part in collecting information about the support for women with disabilities for self-employment, will meet together with the staff to share the results of their interviews.

Sharing of results will be followed by discussions on the main findings, recommendations and conclusions from this exercise.

One or two rapporteurs will take notes of all the presentations and discussions to prepare a report of this meeting, with the support of the staff.

Final joint meeting of the three areas

After this research is completed in all the three areas, a joint meeting of all the three areas can be organised to share their results. The staff will be asked to prepare a final report of all the things discovered during the implementation of this research objective.

Expected outputs from the research will include: (1) a meeting report explaining the learning from this research including challenges in collecting information and potential uses of this information; (2) a document bringing together information about different kinds of support for women with disabilities in Gaza.

Annex 1

INCLUDE EMANCIPATORY RESEARCH PROJECT

Consent form

Name, work address and contact details of the project manager	Name: Field coordinator Address: Tel: Fax: Email :

We would like to invite you to participate in this study by participating in discussions. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

Details of Study:
This research is being conducted as part of capacity building of women with disabilities for understanding issues and finding strategies to promote their empowerment.
There is no direct benefit for you for answering these questions, but your answers will help us to understand and to better address the needs of the persons with disabilities in the community. Your answers will be used to create a report to help other women with disabilities. If you wish that we do not use your real name in our reports, you can choose any other name that you prefer.

Participant's Statement
I ________________________ (name)

- have read/been explained the notes written above and understand what the study involves.
- understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately.
- consent to the processing of my personal information for the purposes of this research study.
- agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.

Signature:	Date:

Annex 2

Questions for Interviewing Self-Employed Persons

Name: ______________________________________

Age _________ years Sex __________

Disability: Yes / No

If yes, which kind of disability: ____
____

Can you explain about the activities of your self-employment business?
____
____

When did you start this activity and why did you decide to start this activity?
____
____

Did you take a loan or support from some ban or organization? If yes, how did you manage to get it?
____
____

In the beginning, which were the difficulties that you had to face? How did you overcome those difficulties?
____
____

Which are the factors that contributed to the success of your business?
____
____

What will be your advice to women with disabilities who want to start their own business?
____
____

Annex 3
Research on Self-employment Opportunities for Women with Disabilities

Questionnaire for Organisations

Name of the Organisation: ____
Address: ____
Telephone number: ____
Name of a contact person: ____

1. Does the organization provide any technical support to women with disabilities such as skills training, business plan making, etc.? If yes, explain
____
____

2. Does the organization provide any financial support to women with disabilities such as loans or grants? If yes, please explain
____
____

3. What are the criteria for providing technical or financial support?
____
____

ANNEX 8.4

Research protocol theme 3 (draft) - Access to health care services for women with disabilities

Introduction

Broadly speaking persons with disabilities require two kinds of health care services – general health care needs such as those for fever, cough or pain, like all other persons; and, some persons with disabilities also need specific health care support for issues related to their disabilities. Health care needs of men and women with disabilities can be different, for example, in terms of family planning, pregnancy and child birth. At different ages during the their lives, the health care needs keep on changing.

Not all persons with disabilities need specific health care support linked to their disabilities. For example, persons with complete deafness or blindness, may need initial support for diagnosis of their condition but may not have on-going health care needs. On the other hand, persons with spinal cord injury or joint disease such as arthritis may require regular health care support. Such specific support can be different according to the kind of the disability.
Persons with disabilities face different barriers in health care services. Some of the common barriers are:

- Physical barriers such as stairs, lack of ramps, lack of lifts, lack of sufficient waiting halls, etc. Such barriers can be compounded by bureaucratic necessities. For example, to receive the disability check-up, persons may be asked to visit different offices and services in inaccessible environments.
- Lack of assistive services such as sign language interpreters and Braille materials.
- Negative attitudes among the health care staff, so that services are refused to persons with disabilities or they are made to wait for long periods.
- Lack of self-care advice to persons with disabilities is another serious issue. Since disability is a life-long issue, persons need to learn how to take good care of themselves and how to prevent complications and new disabilities. However, often health care staff does not provide these kinds of skills.

Objective of the research: To understand the barriers and challenges faced by women with disabilities.

Research sample: In each research area (North, Gaza city and south), 15 to 20 women with disabilities in the 18 to 40 years age group.
This research will focus on three groups of women with disabilities – movement disabilities, vision related disabilities and hearing related disabilities. Thus, one third of the participants (5 to 7 persons) should belong to each group. The persons should be selected to ensure that persons are from different educational and socio-economic backgrounds.

Research methodology: This research will be carried out through group discussions with 15-20 women with disabilities. Apart from these women, 4-5 researchers, 1-2 rapporteurs and 1-2 staff members (only female) should participate in the meeting. Male staff members can help in organisation but they should leave the hall when the meeting starts.

Preparation of meeting for the group discussions:

Step 1 – Ask all researchers, rapporteurs and staff to read the protocol document once again to ensure that they understand about the research.

Step 2 - Informing and inviting the women to the group discussions: Inform the women about EDR and the goal of this research. Explain that the research aims to understand their difficulties and learning from each other. Provide information about the timing and location of the meeting. Clarify about transport expenses and provision of refreshments/lunch. Ask the women to come to the meeting, if possible, without children or other accompanying persons.

Step 3 - On the day of the meeting, organise the meeting room in a semi-circle. Keep flip charts with white paper and coloured markers for the meeting. Ensure that one of the researchers is identified as a chairperson, one researcher as the moderator and at least one rapporteur is present. Their roles will be as follows:

- Chairperson: Has to ensure that the meeting starts on time, that the consent forms and questionnaires are filled, and that all the points for discussion are raised and discussed.
- Moderator: The moderator has to assist the chairperson in ensuring that no one dominates the discussions, that all the persons who wish to speak get an opportunity and to help in keeping the discussions focused on the theme of the research.
- Rapporteur: Has to take notes of all the discussions and make a final report of the meeting. The report should include details of any significant personal stories and experiences shared by the mothers.
- 1-2 Researchers for sharing personal stories: Identify one or two researchers who will share their personal stories in the meeting. Their personal stories should talk of the difficulties they had faced in the health care system.
- Remaining researchers should participate in the meeting only as observers and should not intervene in the discussions. They should note down any significant points they notice during the meeting and can raise these points during the debriefing meeting.

Step 4 - One of the staff members should also take notes of the meeting discussions including the details of any significant personal stories and experiences shared by the mothers. The staff will not intervene directly in the discussions but if they notice that something is not done properly, they should privately speak to the chairperson, moderator and the rapporteur.

Conducting the meeting for group discussions:

Step 1 - Staff, chairperson, moderator and rapporteur should ensure that all the women with disabilities are sitting comfortably. Start with a brief welcome, explain the purpose of EDR and provide general information about the meeting (timings, tea break time, etc.). Explain about confidentiality of their discussions and that no information will be collected that can identify them. Explain that during the group discussions, they will be free to share whatever they decide to share. Ask them if they are happy with the idea of the meeting.

Step 2 - Ask the women to sign the consent form (annex 1), and complete the questionnaire for collecting basic information from the women with disabilities (annex 2). Give all completed consent forms and questionnaires to the staff.

Step 3 - Chairperson should briefly introduce the theme of “barriers faced in accessing health care services” and invite one or two researchers to share their personal life stories focusing on this issue. After the presentation of the personal stories, ask the women if they have any questions or comments.

Step 4 - Start with the research questions as explained in Annex 3. The chairperson should introduce each question and invite the women to share their opinions, experiences, ideas and comments on that question. When everyone has shared on that issue, move to the next question.

Step 5 - t the end of the session, ask the rapporteur to present a brief summary of the meeting discussions. Thank all the women with disabilities for their participation, ask their feedback about their participation in the meeting and close the meeting.

Expected outputs from the research:
This research will provide the following outputs:

- Signed consent forms – should be kept for a period of six months.
- General information questionnaires completed by the mothers – should be analysed by the staff to prepare a brief report summarizing this information.
- Meeting report prepared by the rapporteurs.
- Meeting report prepared by the staff.
- Report of the debriefing meeting.

Annex 1

INCLUDE EMANCIPATORY RESEARCH PROJECT

Consent form

Name, work address and contact details of the project manager	Name: Field coordinator Address: Tel: Fax: Email

We would like to invite you to participate in this study by participating in discussions. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

Details of Study:
This research is being conducted as part of capacity building of women with disabilities for understanding issues and finding strategies to promote their empowerment.
There is no direct benefit for you for answering these questions, but your answers will help us to understand and to better address the needs of the persons with disabilities in the community. Your answers are confidential and will not be shared with any other people. The records of this study will be private. Only the people who are doing the study will be able to look at the answers that you give to the questions.
It is up to you to decide whether to take part or not. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you do not wish to participate, it will not have any negative effects on your participation in the project activities. Do you have any questions before we start?

Participant's Statement
I ________________________ (name)

- have read/been explained the notes written above and understand what the study involves.
- understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researchers involved and withdraw immediately.
- consent to the processing of my personal information for the purposes of this research study.
- understand that such information will be treated as strictly confidential.
- agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.

Signature:	Date:

Annex 2

INCLUDE EMANCIPATORY RESEARCH PROJECT - PALESTINE

General Information About Meeting Participants

<table>
<tr><td>Date
Area</td><td>|__|__|/|__|__|/|__|__|__|__| (Day/month/Year)
North Gaza / Gaza City / South Gaza (circle one)</td></tr>
</table>

INSTRUCTIONS

For each question, write the number of the correct option in the box placed on the right side or near the question. Do not write anything else on this questionnaire.

<table>
<tr><td>1. Information about the women with disabilities</td><td></td></tr>
<tr><td>**(1.1)** Age in years
(1.2) Which is your level of education? (read the codes below and fill the box)
Codes for education level:
No education - 0, Primary school or less – 1, Middle school or less – 2, High school or less – 3, pre-university or University - 4
Don’t know 88, No answer 99
(1.3) Do you have a job for which you earn something? (read the codes below and fill the box)
Codes for job:
No job – 0, Work at home – 1, Help in family business – 2, Occasional job – 3, Part time regular job – 4, Full time regular job – 5, Don’t know – 88, No answer – 99</td><td>|__|__| years
|___|
|___|</td></tr>
<tr><td>2. Information about the family</td><td></td></tr>
<tr><td>**(2.1)** Marital status (read the codes below and fill the box)
Codes for marital status:
Married – 1, Separated or divorced – 2, widow – 3, other – 4
(2.2) Which is the level of education of your husband? (read the codes below and fill the box)
Codes for education level:
No education - 0, Primary school or less – 1, Middle school or less – 2, High school or less – 3, pre-university or University - 4
Don’t know 88, No answer 99
(2.3) Does your husband has a job? (read the codes below and fill the box)
Codes for job:
No job – 0, Work at home – 1, Help in family business – 2, Occasional job – 3, Part time regular job – 4, Full time regular job – 5, Don’t know – 88, No answer – 99
(2.4) Total number of children
(2.5) Total number of children with disabilities
(2.6) Total number of persons living in your house</td><td>|___|
|___|
|___|
|___|
|___|
|___|</td></tr>
</table>

Activity limitation and body functioning difficulties of the women

3. Activity limitation and body functioning difficulties (each question to be asked to each mother)	**Response** Read all options and ask the respondent to choose one option.	Fill the box
(3.1) Do you have any difficulty in seeing? (Can't see at all, can see little, can't see in evening or at night?)	1 I have **no** difficulty seeing 2 I have **some** difficulty seeing 3. I have **a lot** of difficulty seeing 4 **I cannot** see at all	|___|
(3.2) Do you have any difficulty in hearing? (Can't hear properly or cannot hear at all)	1 I have **no** difficulty hearing 2 I have **some** difficulty hearing 3. I have **a lot** of difficulty hearing 4 **I cannot** hear at all	|___|
(3.3) Do you have any difficulty in speaking? (Can't speak at all, speaks little or speaks with difficulty, stammers, difficult to understand?)	1 I have **no** difficulty speaking 2 I have **some** difficulty speaking 3. I have **a lot** of difficulty speaking 4 **I cannot** speak at all	|___|
(3.4) Do you have any difficulty moving any part of body? (Any part paralysed, any part amputated, any part stiff and painful, can't stand or sit or walk? Can not coordinate movements or hold things?)	1 I have **no** difficulty moving any part of my body 2 I have **some** difficulty moving any part of my body 3. I have **a lot** of difficulty moving any part of my body 4 **I cannot** move any part of my body at all	|___|
(3.5) Do you ever have any strange behaviour or feelings? (Gets sad or crying without reason, hears voice, feels people are trying to kill him/her? Sees unexisting things? Speaks meaningless things?)	1 I have **no** strange behaviour or feelings 2 I have **some** strange behaviour or feelings 3. I have **a lot** of strange behaviour or feelings 4 I have **always** strange behaviour or feelings	|___|
(3.6) Do you ever have any fits? (Falls down and body has convulsion? Gets unconscious? Suddenly for a short time can not hear or answer?)	1 **I never** had fits or body convulsion 2 I have **sometime** fits or body convulsion (1 in 6 months) 3. I have **often** fits or body convulsion (2 to 6 per 6 months, up to 1 a month) 4 I have **always** fits or body convulsion (every week or more)	|___|
(3.7) Do you have any difficulty in learning? (Difficulty in understanding or communicating or explaining or reading or writing?)	1 I have **no** difficulty in learning 2 I have **some** difficulty in learning 3. I have **a lot** of difficulty in learning 4 **I cannot** learn at all	|___|
(3.8) Do you have any other disability? (Including burns, scars, pock marks, albinism, vitiligo, etc. that the person perceives as a disability?)	1 I do **not** have any other kind of disability 2 I have **some** kind of other disability 3. I have **many** other disabilities	|___|

4. Appliances and medicines used by the women with disability

(4.1) Do you use any technical appliance?
1 Yes 2 No 88 Don’t know 99 No answer |___|

(4.2) If yes which appliance (read the codes below and fill the box) |___|
Codes for Different aid/appliances
Crutches – 1, Wheel chair – 2, Eye glasses – 3, White cane – 4, Hearing aid - 5
Tricycle – 6, Artificial limb – 7, Special Footwear – 8, Callipers – 9, Other – 10

(4.3) Do you take any medicines regularly? |___|
Yes – 1, No – 2, Don’t know – 88, No answer -99

Thank you very much for your participation

Annex 3

Questions for the meeting on “Barriers to health care services”

Note: The questions for discussions in the meeting are divided into 2 groups – “Key questions” and “Additional questions”. The chairperson must ensure that all the key questions are posed in the meeting and discussed. If at the end, there is remaining time, then, raise and discuss as many additional questions as possible.
For each question, first read the full question exactly as it is written below. Only then the chairperson can provide additional explanations if she wishes.

KEY QUESTIONS

Question 1: Sometimes the disabilities become worse with time. As the time passes, the disability can increase or it can become painful or there are can be complications. Can you share your experiences about worsening of your disability and how did you deal with it? Did you go to a hospital or specialist to get help? How was this experience?

Question 2: Do you know how to take care of your disability and how to avoid complications in future? Can you tell us which activities you do to take care of your body and your disability? How did you learn these activities? Did some person tell you? Did you search information about your disability on the internet?

Question 3: Have you ever been admitted to a hospital? Can you share experiences about staying in the hospital? Was it a positive experience and why? Was it a negative experience and why? How was the attitude of the doctors, nurses and other staff in the hospital?

Question 4: When you need medical care for yourself or for your children, and you go to the hospital or the health centre, what are the barriers and the difficulties that you encounter? If you can change some things in the hospital or in the doctors or in the nurses, what things would you like to change?

ADDITIONAL QUESTIONS

Question 5: Have you ever needed a medical report from a specialist? Can you share your experiences and if you faced any difficulties?

Question 6: If you have any children, what was your experience with the doctors, nurses and other staff during your pregnancy and child birth? Can you share your experiences?

Question 7: When you go to a doctor or a nurse or a physiotherapy for advice, do you think that they understand your problems related to your disability and provide information to you? What are your positive and negative experiences in relation to finding information about your disability?

ANNEX 9

Draft of the article on barriers faced by women with disabilities in Gaza strip in their daily lives

(To be published in German journal - Disability & International Cooperation)

INTRODUCTION

Societies have different ways of looking at persons with disabilities. For large parts of human history, in different cultures in different parts of the world, disabilities were often seen as a divine punishment for wrong behaviour or sins. Even today, such ideas can continue to influence the behaviour and attitudes of many communities and families. For example, different eastern religions share beliefs in reincarnation and influence of deeds in the past lives on the present lives. Over the last few centuries, with the spread of industrialization, the disability was viewed as a “defect” or “mal-functioning” of individuals who need to be “normalized” through rehabilitation. This way of looking at persons with disabilities has been strengthened by technological advances, that create expectations that sophisticated interventions can normalize, most if not all, disabilities.

Social values and cultural norms also influence how disabilities are perceived. Communities are composed of different groups, each with their own values and norms. Despite this richness of difference, prevailing values and cultural norms drive from and predominantly benefit a particular dominant male group. These values are universalized and upheld as shared societal values; to the extent that one is different from the dominant group, be it on the basis of gender, ethnicity, race, age, sexual preference or biological ability, one is devalued and marginalized. This devaluation serves to maintain the social order (Home K., 2000).

Traditional ideas about the “causes” of disability and locating the disability as a problem of the person along with the dominant social values and cultural norms, all lead to building of barriers around persons with disabilities, that block their equal participation and inclusion in different life activities. Over the last fifty years, persons with disabilities joining together in organisations (Disabled people’s organisations or DPOs) have started to question these views of disability by pointing to the disabling role played by the barriers. This understanding has led to the articulation of a “social model of disability” that locates disability in the society and in the disabling barriers. (Oliver M., 1990)

The barriers include isolation, neglect, abuse and violence to lack of access to social, health, education and livelihood opportunities. Persons often face their first barriers in their own families. (Deepak S., Kumar J. et al, 2013).

The International Convention on the Rights of the Persons with Disabilities (CRPD, 2006) and the International Classification of Functioning, disability and health (ICF 2001), both highlight the environmental factors that restrict participation in different life activities. The first World Disability Report (WHO and WB, 2011, pp. 263-264) documented widespread evidence of disabling barriers including – inadequate policies and standards, negative attitudes, lack of provision of services, problems with service delivery, lack of accessibility, and lack of consultation and involvement.

Palestine and the persons with disabilities: At present, Palestine is divided in two territories – West Bank bordering Jordan and the Dead sea; and, Gaza Strip in the south, bordering Egypt. Gaza is a narrow strip of land facing the Mediterranean sea with an area of about 360 sq. km. It has a total population of about 1.8 million persons.
Palestine has been part of a conflict with Israel spanning different decades. (Smith C. D., 2009) Since the beginning of the second Intifada and even more with the elections in 2006, the borders

between Israel and Gaza Strip have been closed with limited movements of people, goods and services. (Li D., 2006) The World Disability Report estimates that 15% of population of countries has a disability. On the other hand, different surveys carried out in Palestine over the past decade have calculated that persons with disabilities constitute between 2 to 6 per cent of the total population. (EMRO-WHO, 2013, Jarar A. 2009)

Emancipatory research project in Gaza: An emancipatory disability research (EDR) was planned in Gaza Strip as part of an European Union co-funded project focusing on improving the livelihoods of women with disabilities. It is managed by two Italian non-governmental organisations - EducAid/Italy with support from AIFO/Italy. This emancipatory research activity will be carried out in three regions of Gaza (North Gaza, Gaza City and South Gaza) during 2014. EDR is controlled and carried out by people with disabilities in ways that promote their empowerment. It uses a human rights approach that informs them about their legal and moral entitlements. It helps them to understand how different barriers prevent the participation and inclusion of people with disabilities in their communities. It also identifies strategies for overcoming those barriers. (Deepak S., 2012, p. 4)
Preparation for implementing EDR in Gaza Strip included identification and training of thirty (30) community researchers from among women with disabilities to conduct research through participatory methodologies. After the training, these community researchers will carry out research on 3 specific themes that they themselves have identified:

- Understanding the role and knowledge of self-care among women with disabilities in preventing worsening of disabilities in Gaza;
- Understanding the strategies and opportunities of livelihood through self-employment for women with disabilities in Gaza;
- Understanding the attitudes and roles of parents of children with disabilities in Gaza.

Training of the researchers for EDR included discussions on barriers faced by women with disabilities in their daily lives. This article is based on those discussions.

METHODOLOGY

Sample: 30 women with disabilities selected to be the researchers, took part in the exercise focusing on barriers faced by them in their daily lives during the training course on EDR. These women were identified by local Palestinian community organisations working with persons with disabilities in 3 regions of Gaza Strip – North Gaza, Gaza City and South Gaza. From each region ten (10) women, including persons of different ages, with different disabilities, different educational and socio-economic levels. Thus, it was a purposive non-random sample of women with disabilities that took part in the discussions on barriers.

Method: During the training on “Implementing Emancipatory Disability Research”, barriers faced by women with disabilities were discussed in 2 separate exercises:

1. In the beginning of the training course, a 5 day long exercise on “identification of barriers in the daily lives” was organized to introduce the concepts of social model of disability. The exercise started with a one-day seminar, during which there were discussions on different kinds of barriers faced by persons with disabilities. Then for 3 days the participants were asked to become aware about and note down all the barriers they encountered in their daily lives. A second one-day seminar was organised during which, the women shared their experiences of encountering the barriers and their feelings about them. They also discussed ways of overcoming those barriers.
2. A second one day exercise on barriers was organised at the end of the training course, that discussed the health care needs of different groups of persons with disabilities during different phases of their lives and shared experiences regarding barriers linked to health services and technical appliances. This paper presents a summary of the opinions and experiences shared by the women with disabilities during the above 2 exercises.

RESULTS

General Information About the Women with Disabilities:

Total women: General information was available for 29 out of 30 women.

Age: The average age of women was 26.6 years, median age was 24 years and the age range was 19 to 41 years. 6 persons (20.7%) did not answer the question regarding age.

Education: 3 women (10.3%) were illiterate, 7 women (24.1%) had high school level education or less, and 19 persons (65.6%) had pre-university or university level education.

Kind of disabilities: 17 persons reported difficulties in terms of multiple areas of functioning (90% of the persons with less than high school education and 42% of the persons with university level education), while 12 persons reported difficulties in a single area of functioning (10% of the persons with less than high school education and 58% of persons with university level education).

A numerical score was given to each area of functioning according to the degree of the difficulty in that area – 1 for no difficulty, 2 for little difficulty, 3 for lot of difficulty and 4 for complete inability to function. Thus, higher score indicated greater difficulties and difficulties in more areas of functioning. The average score of persons with university level education was 3.1 while for the persons with less than high school education, it was 5.7.

7 women (24.1%) reported difficulties in vision, 8 (27.6%) had difficulties in hearing, 9 (31%) had difficulties in speech, 11 (37.9%) had difficulties related to movement and mobility, 13 (44.8%) had psychosocial difficulties, 1 (3.4%) had convulsions related difficulties, 9 (31%) had learning difficulties and 1 woman (3.4%) had “other” difficulties.

Technical appliances: 10 women (34.5%) were using some kind of technical appliance – 2 persons (20%) among those with less than high school level education and 8 persons (42.1%) among those with university level education. The appliances included artificial limbs, eye glasses, visual aids (audio books and special computer software) and a hearing aid.

Job and income: Among the persons with less than high school education, 1 woman (10%) had some regular income from work, while among those with university level education, 4 women (21.1%) reported regular income from work. No women reported a full time a paid job.

Marriage: 4 women (13.8%) were married, all of them to non-disabled persons.

Participation in Disabled people’s organisations (DPOs) and in Self-help Groups (SHGs): 14 women (48.3%) were members of a DPO while 7 women (24.1%) were members of a SHG.

Barriers Faced By Women with Disabilities in Gaza

The participants were asked to think if the barriers they were facing in their daily lives. During their discussions, the women divided their ideas and experiences in three main groups – external barriers, internal barriers and economic barriers.

External barriers: The following issues were raised by the participants in their discussions:

- *Negative perception of society* – This was the most common barrier expressed by the participants and also one of the most difficult to overcome. Many participants felt that women with disabilities face more negative perceptions in the society compared to the men with disabilities. For example, they explained that it is harder for women with disabilities to get married compared to the men. A participant said, “So much has been done to create awareness about persons with disabilities, but why it has not had any effect? Is it because the awareness activities are insufficient or they are not done properly?”
- *Inaccessibility of roads* – the roads are not good and in many places there are just dirt tracks. This creates difficulties for different groups of persons with disabilities. Persons said that often they decide not to go out of the house because going out is so difficult.
- *Electricity blackouts* – Gaza has frequent power breakdowns leading to electricity blackouts. This was seen as a problem for all the citizens but it had worse effects on the persons with disabilities. One person with hearing disability said that during blackout she cannot

communicate with others because they can't see her sign language. Another person with mobility problems said that during electricity blackouts, lifts do not work, so she is stuck and cannot go out.

- *Unavailability of accessible transportation* – public transport in Gaza is extremely limited and accessible transport is not available. The only way to travel for many persons with disabilities is to get a taxi but taxi services cost a lot and they do not have money to pay for this service.
- *Discrimination against persons with disabilities in the families* – this was seen as a barrier by a few women with disabilities. A women with hearing disability said, "My father treats me very badly and he does not love me. For him I am a burden and a disgrace to the family. It pains me very much. Outside the house, community has a negative perception and they say bad things when I go out. I feel very sad when I think about it."
- *Non –existing cooperation of decision makers* – many persons felt that the Government and other decision makers do not see disability issues and the problems faced by persons with disabilities as a priority for the country. In addition, there are different non-governmental organisations and disabled people's organisations, each does their own activities and do not cooperate and coordinate with each other. So there are projects for persons with disabilities but there is no continuity and sustainability of activities.
- *Unavailability of technical appliances* – Many persons felt that not having proper technical appliances such as hearing aids is a big barrier to their participation in daily lives.

Internal barriers: All participants felt that internal barriers related to their feelings and emotions are equally important and often these barriers block their participation in diverse life activities and relationships. These barriers express themselves through different emotions such as lack of self-confidence, a feeling of shame, depression, hesitation, anxiety, psychological repression, shyness, anger and frustration.

For example, a 34 year old woman with movement disability said, "It is so tiring to fight all the time with the negative things that people say. Sometimes they do not say, but their looks can communicate what they think about me. As if I have no right to live, or to go out. First I have to fight with my own fears and my sense of shame. Then I have to fight with the world. I wish I could become invisible."

Economic barriers: All participants agreed that economic barrier of not having a regular income and not having any financial independence is one of the biggest barriers that they face. They agreed that finding a job in Gaza is difficult for all persons, but it is even more difficult for women, while for women with disabilities it is almost impossible.

On the other hand, different factors linked to political situation with the blockage of frontiers, lack of trade, lack of patrol and electricity, all create uncertainty and risks for self-employment and micro-entrepreneur initiatives.

Over-coming the barriers: The participants felt that initiatives linked with advocacy and lobbying to put pressure on the Palestinian Government are difficult because of the political situation in Gaza Strip and the Palestinian state has limited means to answer the needs of its citizens. Keeping this in mind, the solutions suggested for overcoming the barriers were grouped in three kind of activities:

- Promoting wider changes in the people, in the communities and in the State through activities such as advocacy and lobbying for rights, promoting social awareness, and promoting CRPD.
- Individual efforts to overcome barriers by networking among persons with disabilities, sharing life stories and experiences for motivating each other, organizing common initiatives for leisure and sport for women with disabilities, and working with families to stop discrimination.
- Specific solutions for problems such as carrying a flash-light in backpacks to deal with

frequent electric blackouts. A number of participants also suggested that crying, cooking and walking to relieve stress may be good strategies when nothing else works to overcome frustration and depression.

Barriers Related to the Health Services and Technical Appliances

The participants discussed that all women with disabilities require support from health services for general health care needs. In addition, some of them require regular or periodic support from health services for specific needs related to their disabilities. The health care needs can different depending upon gender, age and kind of disabilities. Some women shared personal experiences of barriers encountered at the health services:

- A 26 year old woman with movement disability said, “Getting health care is like an obstacle course, every step is difficult. Having the money to pay and then to find a transport to the health centre is difficult. When I reach there, I need to go up all the stairs. Once I am inside, they make me wait, because I am disabled so the doctor thinks that I can wait but there is no place to sit. They don’t treat non disabled persons in this way.”
- A 22 year old woman with movement disability said, “My brother has weak bones, he gets bone fractures very easily. Doctors in Gaza don’t know what to do with him and how to help him. Perhaps he can get some help outside Gaza but going out of Gaza is so difficult!”
- A 31 year old woman with multiple disabilities said, “My spine is not straight and since I had the baby, I get back pain. I went to the doctor many times but he never even touched me, never explained anything, he just wrote me some medicines to take. In the end, I searched for information on internet and read about back pain. I learned some exercises for back pain and do them regularly, so now I am better. We can’t wait for doctors to help, we need to find information through internet and take care of our bodies.”
- A 28 year old deaf woman explained, “When I was married, I did not know anything and soon became pregnant. In the hospital, I went for one check up but I could not communicate with them, so I did not go back for check ups. I went there only for the child birth, but my mother was with me and she explained everything to the doctors and nurses. Without my mother, I don’t know how can I get help in the hospital.”
- A 21 year old woman with low vision and movement disability said, “I had to get the medical report from hospital. The first doctor, he refused and sent me to another doctor, so I had to wait for another 2 hours. Then when he gave me the certificate, I had to get it stamped in five different places and go up and down to different departments. It took me three days to get that report. They do not realise that I suffer when I have to climb stairs. The waiting halls are full and you can not sit down and rest. It was a nightmare.”

Impact of Reflecting On and Discussing Barriers

The participants were asked to give their feedback about the impact of the exercise on reflecting, writing down and discussing barriers. The opinions were almost equally divided between two positions – some persons felt that thinking about barriers had increased their feelings of frustrations and sadness, while others felt that it was liberating to talk openly about the different barriers, and to express their feelings of anger and frustration when faced with discrimination in different aspects of life.

For example, one participant with a mobility disability said, “Thinking about internal and external barriers, I felt an internal revolution. At the same time, I had very disturbed feelings of sadness and sorrow about myself and I had feelings of anger towards the society.”

Another participant with hearing disability said, “I found it very strange to write about the barriers and wondered what the reason to write about these? Is this exercise just to remind me of my sufferings that I must live every day? I still feel a little weird about it, though I understand that it helped me to share with others about what gives me more pain and suffering.”

Finally one person with a visual disability said, “I liked this exercise. Usually I feel that my difficulties are because I am disabled. This exercise, made me think that so many of my difficulties are because others discriminate and do not think of us. It made me feel more optimistic.”

DISCUSSIONS

Like the persons with disabilities from different parts of the world, women with disabilities in Palestine report daily encounters with disabling barriers.

The attitudinal barriers encountered in early childhood within their own families, friends and communities are internalized and accompany the women throughout their lives, provoking feelings of fear, shame, lack of self-confidence, frustration and depression. Often there are limited opportunities to share these feelings with others and thus crying is seen as a legitimate way to express these feelings.

The internal barriers are compounded by external barriers related to physical inaccessibility, attitudes of others, lack of opportunities for participation and economic resources, and lack of accessible services.

The specific political situation of Palestine with the prolonged conflict and restrictions on movements, has resulted in worsening of infra-structures and basic services such as electricity and lack of roads. These create difficulties for all the Palestinian population, but are even more disabling for women with disabilities. Due to these, all the initiatives including those for advocacy and lobbying in change of laws and access to services and opportunities, as well as processes of empowerment, have limited impact on their lives.

CONCLUSIONS

Women with disabilities in the Gaza Strip face numerous barriers that are common to persons with disabilities and more specifically to women with disabilities in other parts of the world. In addition, the specific political situation of Gaza strip creates additional barriers, as well as, renders more difficult individual and institutional dismantling of those barriers. The barriers affect daily lives of women. Specific services such as health care, are associated with additional barriers.

LIMITATIONS

The exercise on barriers encountered in daily lives focused mainly on home, family and health care. It did not touch on other specific areas of life such as access to educational institutions, livelihood opportunities, and sports and leisure activities. Thus, the barriers identified during the exercise do not represent all the barriers that women with disabilities in Palestine encounter in their lives.

The exercise on barriers was conducted as part of the capacity building process for carrying out emancipatory disability research. Thus, many of the women with disabilities who participated in the exercise were meeting for the first time. At the same time they did not know the persons conducting the exercise, some of whom were men. This could have limited the discussions about some cultural barriers, such as those related to family hierarchies and gender issues.

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Research report / theme #1

Understanding the relationships in the family of a child with disability

Include – socioeconomic empowerment of women with disabilities
Period: 10/06/2014 - 26/06/2014
First day: Preparatory Meeting for the first research question
Tuesday, 10/06/2014

Mr. Abdul-Rahman, "Include" project assistant, started the session by reviewing the research information with researchers, such as the concept of the emancipatory research and types of research.
The chairwoman clarified the first theme for implementation – "**understanding the relationships in the family of a child with disability**".

Gaza group:
Monday, 16/06/2014, meeting with mothers of children with disabilities
Sunday, 22/06/2014, summary meeting at the forum

North group:
Sunday, 15/06/2014, meeting with mothers of children with disabilities at the North Association
Thursday, 19/05/2014, summary meeting at the forum

South group
Thursday, 16/06/2014, meeting with mothers of children with disabilities at Al-Amal Association
Sunday, 22/06/2014, summary meeting at Al-Amal Association

Meeting with all off the three groups in order to prepare the first draft research, on 26/06/2014, from 10:00 am – 1:00 pm, at Laterna Restaurant
Appointed chairwoman and a facilitator in each group for each region. Their roles explained, the facilitator helped the chairwoman, and ensured nobody dominated during the session.
The chairwoman's responsibility is to bring the target people through, contacting the associations to bring the people, and ensuring all topics are covered. The researchers are going to help the mothers by filling the questionnaire, each woman attending the meeting.

Gaza group
Chairwoman: Fatima Al-Halouli
Facilitator: Ola M'udawakh

North group
Chairwoman: Khulood Al-Sisi
Facilitator: Shahrazad Al-Masri

South group
Chairwoman: Karima Al-Majayda
Facilitator: Philistine Al-Kurd

Opening activities by the chairwoman at the session's beginning: Explained the pledge form and the questionnaire for the researchers, and discussion with the researchers, so they said that they will make it simple for the mothers, in order not to feel threatened during the session.
Mentioned the importance of bringing live examples of two researchers' childhood and how they were treated by their families and the society. He also mentioned a story as an example for them.
Explained the two types of questions: primary questions and extra questions. The chairwoman began with the primary questions, and time pending she includes the extra questions.

Meeting of discussion groups in the three regions

Gaza region

Thursday, 19/06/2014
9:00 am- 12:00 pm

Opening activities of the session by chairwoman Ms. Fatima Al-Halouli:

Ms Al-Halouli introduced herself and welcomed the guests. A brief introduction about the Emancipatory Research and the aim of conducting the research. She ensured the collected data is private so participants started signing the pledge form and filling the questionnaire.

The theme of the session is 'children with disabilities and the family relationships'. The chairwoman invited two of the researchers (Arij and Salam) to share their life stories in order to encourage the participants to speak and share opinions and expertise.

Concerning the first research question, which was posed by the chairwoman, two women had mentioned two similar stories about their children, who were born with physical disabilities. They said having a baby with a physical disability is so shocking, then you get used to it, you would love the child as any other member in the family and so will the husband. The child's family – like the siblings, grandfather, and other relatives – would support him/her and take care of him/her. The woman added '' we believe in God's will and we love the child like any other member in the family, and we ask doctors to try to cure him''

Two participants out of fifteen, mentioned that their mothers-in-law blamed them for their children's disabilities and they were accused of causing the disabilities by neglecting their children.

In response to the second question, concerning whether the family member who helps and supports the mother of a child with disability, six women mentioned the difficulty in finding somebody to take care of their children with disabilities while they are not around, because there is nobody who could replace them and take care of the child.

A woman mentioned her story: Her child was born without a right foot. At the beginning she cried a lot and was so desperate, after a while she was able to cope with the situation. The child was very smart and, when he reached three years old, his mother has made him a foot of cotton and tied it to his leg and he wore a sock, so he could have a normal foot, in order not to feel different from the rest of the children. He goes to a school which is for normal kids and she drops him and picks him up every day.

Some of the women mentioned that the father and family members who live in the house, like the grandmother, aunt, and the older siblings, help them and take care of the child with a disability while the mother is not around.

In response of the third question, five women mentioned taking their children out to integrate them by playing with other normal children. Two of the women who have children with mental disabilities, said that they don't let their children play with other children because they are violent and they would beat up other children. One of the women said that having a child with a mental disability is very hard – she's afraid of leaving her child with other children because he's very violent and she's afraid to take him out of the house.

Four of the female participants refused to let their children, who have disabilities, go on school trips on their own because they are afraid that other normal children might hurt them emotionally or physically, plus a child with a disability needs special care.

Concerning the forth question, a woman mentioned knowing some families with children with partial visual impairments. They let their children visit their friends, invite them over, and go out to play and have fun, in order to make their children feel that there's no difference between them and other normal children.

At the end of the session, the chairwoman thanked the participating mothers and she asked about their impression concerning the workshop.

North Gaza region

Opening activities of the session by chairwoman Ms. Shahrazad.
The mothers of the children with disabilities were welcomed and there was a brief discussion about the project. She spoke about being a woman with impaired hearing and about disability and about problems associated and affecting people with disabilities, adding that there is discrimination against people with disabilities, and they must be equal to other normal people. Ms. Dina, reporter, read the pledge form. She ensured the collected data is private and will be used for research purposes only. She told any guests wanting to leave the session they are welcome to go. After Ms. Shahrazad distributed the pledge forms the mothers signed them and they were collected by the researchers. Ms. Dina and Ms. Shahrazad explained the questionnaire (about children with disability and the family relationships). The mothers filled the research step by step as the researchers explained. Afterwards Ms. Shahrazad started by posing key questions. Ms. Latifa helped her explain the first question and Ms. Dina recorded answers.

First question:
“When a child is born with disability, or during his/her childhood he/she becomes having disability, it’s an emotional shock for the family, specially the mother, it’s very important to support the mother by the husband and family members, we would like to hear from you about your experience, concerning your husbands and families roles, as you found out that your child has a disability, what were the challenges that you have been through? Who supported you emotionally?”

Ms. L.M. answered the question by mentioning the story of her son, who has a disability. She was happy to give birth but after four months was able to tell the baby had a disability. The family took the baby to the doctor (sight specialist) but he couldn’t tell the baby had a disability. After taking the baby to many doctors finally they discovered he had brain atrophy. The mother was deeply shocked and cried so hard. Her husband and eldest son supported her. Her husband told her ‘It’s God’s will and we have to be patient and have faith’. She went on with her story, mentioning she has another three kids who have the same disability with varying degrees of severity

A woman mentioned a similar story. She found out her newborn baby had a cleft palate. She felt so sad, her husband and the family have supported her. After a year the baby underwent surgery and was able to talk after two years but had trouble with pronunciation. The family took care of him and took him to an association where they could help and now his pronunciation is much better.

Another woman shared her story concerning the same question. She was pregnant with a baby girl. After three days at the hospital the doctors found the baby had a problem with her instep. The mother cried so hard but her husband supported her and said he would cure the baby girl abroad. The girl’s instep was fine but she developed a problem with the pelvis. The mother took her child to see doctors but it didn’t work. After a while her husband’s friend has suggested to use an instrument for the pelvis and she started walking. The mother took her daughter abroad to see an orthopedic doctor. The doctor cured the baby girl by physical therapy. After a year and a half doctors said that the child has a defect in her knee. They suggested she wear medical shoes to cure her knee. The family brought the shoes and their daughter was fine afterwards.
Another woman said she has a child, twelve years old, with physical and mental disabilities (double disability). His foot had to be amputated and she tells that in the beginning it was a medical error. He got poisoning and gangrene in his foot and the doctors said it’s impossible to cure him. Her husband didn’t support her and couldn’t accept the fact of having a child with disability. He didn’t talk to her or ask about her for a month and he didn’t even ask about his child, it was too hard.

Second question:
Some of the children with disability need support, they might need for somebody to help them going to school, or they might need to go to hospital or visit the doctor, sometimes you are busy,

so you need for somebody to take care of your child, we would like to hear from you, concerning your experience in such a situation, who supports you, and helps you among the family?

A woman mentioned she going through such a situation. She has a child, seventeen years old, who has a mental disability. When he was in first grade at school, for three months, she was taking him to school and coming back to pick him up. One day when it was time to go home her child never came back. She was always worried because her child doesn't come back from school or if he comes back late. Other students at the school used to beat him up. She went to look for him and found him under a tree. She made up her mind that she's going to take him to school and pick him up by herself, she did that for a year, till the day when the teacher told her 'Your son doesn't need education, he has a mental disability'. She tried hard with the teacher but the teacher wasn't understanding so she stopped sending her child to school. Nowadays he spends his day out of the house and nobody can make him stay at home. The mother tried so hard to control him and not to let him go out but she failed. She persuaded her younger son to get married, who is a student at the secondary school, in order that his wife could help her at the house by taking care of her son with a disability.

Another mother, who has a child with disability due to a medical error, said her husband doesn't help her and doesn't care about their children. Her mother-in-law is the only one who helps, the rest of the family members are disgusted by her son because he has a disability. The mother believes in God's will and goes to specialized associations for help. She will never give up and takes care of her son. Recently he started talking to her and he helps her at the house. Sometimes he gets fever that could reach 41 degrees so she takes care of him. She thanks God and says her son is so special to her and is her favorite among his siblings.

Ms. Latifa. Posed a question, where do you leave your child when you leave the house, for example like today? The woman said she leaves him at home with his younger siblings and they take care of him. He's getting physical therapy at the hospital and can now move around. She sees him as a normal child who doesn't have a disability, his disability is in his leg only. The mother is the one who is responsible for him and she can direct him all the time.

Third question:

Children always want to go out and play with other children, they want to participate in social and religious occasions, like wedding parties, in these situations, being supported by friends, neighbors, and society is very important, could you share your experience about friends, neighbors, and society in supporting your child who has a disability? Do you have any negative experience, have your child and family ever been in trouble?

A woman said that if there is any happy social occasion happening her son would dress up nicely and go in order to participate. Other kids, especially his relatives, would beat him up and pour juice on his head, telling him 'You are a fool, go back to your house'. He goes back to his house and tells his mother his relatives beat him up. Concerning other people in the street, they feel sorry for him and care a little more than relatives. The mother feels so sad and angry because of what is happening to her son. She had to sell the house and move somewhere else because people kept saying that her son was a fool.

Another mother said guests don't visit if her son with a disability is around. She feels happy though as her son participates in happy social occasions, though people in the society usually don't accept him.

Fourth question:

Do you know other families who have children with disabilities? Have you ever met any, or have you ever shared your experience? Do you organize any activities, so your children could go out and play together?

A woman mentioned her child with a physical disability in his hand and foot. He used to go on trips and gets along with other children. The mother has met other women and they stay in touch.

Another woman mentioned her neighbor has a son and a daughter with mental disabilities. They are in a very bad situation, they are maltreated by relatives, especially their grandfather, so the mother gets hurt all the time. She used to see her and talk about their children's problems and the woman used to give advice to the neighbor on how to treat her children with disabilities.

Fifth question:
Are you afraid that other normal children in the society, would say negative things to your child, that could hurt his/her feelings? Could you share your experience concerning this topic, how could you get over this, and let your child go to school, or play with friends?

One mother said that she's afraid when her son goes to the street because people beat him up and complain about him. She is the one who gets mostly hurt though because she is with her child all the time but family and relatives come and go but they don't care.

Another woman said her son has a mental disability. Whenever he would go out he'd come back beaten up because people say he is a fool and throw stones at him. After this she used to go to see the families of the other children who threw stones. They didn't care and she'd go back to her house feeling sad. She tried not to let her son go out as she's afraid of other children beating him up or somebody taking him to unknown place. She used to tell her child not to go with others. One day her child went with his father to participate in an occasion and one of the relatives called her to say that her son had a traffic accident. She called the father in order to make sure that everything is fine and he assured her the child was fine, nothing happened and it was a rumor.

Concerning the same question, a woman mentioned her son got injured during the war at the age of one. His face suffered deformity and his left hand had to be amputated. Now he is in the fourth grade. At the beginning he wasn't accepted in the school because of his disability. The child himself used to be afraid of other students, the way they look at him. The mother used to go with him every day to school and attend classes but after a while he adapted to his condition and is not afraid of the other children anymore. He goes to school and comes back on his own. At the beginning he was afraid of going to the street because people keep on looking at him but his mother was very supportive and encouraged him to go out and face society.

Sixth question:
A child who has a disability needs a lot of care and support, sometimes the parents are too busy taking care of their child with disability, so they don't have time enough to take care of the rest of their children, do you go through such a situation in your families? What do the other children feel about their brother/sister who has a disability?

A woman said she takes care of her son with a disability more than the rest of her children and his siblings were affected but she was able to solve the problem by making them take care of their brother when she is not around, so they won't get jealous. The lady added she has a young daughter who's jealous of her brother. She fixes the problem and says it's very important to make the other siblings join their brother who has a disability, and they play with their brother daily for an hour minimum.

Another woman shares a story that the father has bought shoes for all of his children, except the one who has a disability, so the boy felt sad and angry, especially at his dad who hasn't bought him shoes.

Question seven:
Sometimes children with disabilities go to school, but teachers don't have enough time to take good care of these children, how do you support your child's education at home, do your husband and the family help him in his studies?

A woman mentioned she has a daughter with difficulty in understanding so she took her to a youth empowerment centre but they didn't accept her because of her problem

Another woman mentioned the story of the daughter of her brother-in-law. She has a physical disability and is supposed to be in the sixth grade but, due to her continuous failure, she is in the fourth grade. Her family doesn't care about her because of her disability.

South Gaza region
Monday, 16/06/2014
9:30-11:30 am

Opening activities of the session by the chairwoman:
The chairwoman introduced herself and welcomed the guests, asking them to introduce themselves. A brief introduction about EducAid organization and the project activities was given along with a clarification that the Emancipatory Research of disability is one of the main activities. The aim of conducting it and the reason for bringing mothers to the meeting was explained.
Ms. Karima introduced the theme – the role of mothers and family and how it changes when there is a child with disability. The mothers talked about their experiences, about their children with disabilities, the reasons of the disability, and about their reactions as they discovered their children's disabilities.
The reporters wrote down the stories they heard from the mothers. Some women refused to share their experiences and stories and the chairwoman preferred not to push them.
The researchers and reporters distributed the questionnaire, helping the mothers to complete it, and collected the questionnaire.
Afterward, Ms. Karima used power point slides to discuss the four questions with mothers. After each question the women had the chance to express their opinions and tell their stories. Some women didn't participate, they were embarrassed and some of them think their struggle is private and shouldn't be discussed. The reporters wrote down the stories and the answers to the questions. At the end of the session the chairwoman thanked the ladies for coming and participating.
The mothers' stories and answers were according to the posed questions by the chairwoman.

First question:
"When a child is born with disability, or during her/his childhood he/she becomes having disability, it's an emotional shock for the family, specially the mother, it's very important to support the mother by the husband and family members, we would like to hear from you about your experience, concerning your husbands and families roles, as you found out that your child has disability, what were the challenges that you went through? Who supported you emotionally?"

One woman shared her experience. As she gave birth to her daughter she was shocked her daughter had a disability. It was made worse that none of the family members has a disability despite the fact the grandmother and the grandfather are cousins.

Another woman shared her story about her son who had an accident when he was on a motorbike. His skull was broken and he acquired a mental disability. The mother and the father were deeply shocked, but adapted to the condition. The mother used to cry due to her stress, without showing the child, and their financial situation did not allow her to buy her child what he likes but she would try hard to bring him all he needed even if she had to borrow from others, in order to make him happy. She used to take him to play with other kids and she used to buy toys and candies for the other kids in order to be nice to her child and play with him.

Second question:
"Some of the children with disability need support, they might need for somebody to help them going to school, or they might need to go to hospital or visit the doctor, sometimes you are busy and you have to be doing something, so you need for somebody to take care of your child, we would like to hear from you, concerning your experience in such a situation, who supports you, and helps you from your family?"

Most of the women mentioned their families helped them with their children with disabilities and people in the society usually maltreat children with disabilities. During childhood and teenage years the society has a strong impact on forming personality.

One woman mentioned her son with a disability stays with relatives, like the wives of her brothers-in-law. They take care of him but sometimes children who are younger use bad words toward him because of his disability.

Another woman mentioned her child stays with his older siblings if both parents are out. He stays with the father if the mother is out

Ms. Um-Hussein Deeb said she leaves her child who has a disability with his aunts when she's away but not with his uncles, because they can't take care of him, and her child is very playful

Ms. Yasmin Madi said her child with a disability stays with the relatives when she's away. She can take him with her to attend happy occasions and she takes care of him more than his siblings because she thinks that he's a human being who deserves a better life.

One of the mothers said that her son has impaired hearing ''he's deaf'', and the school doesn't have a bus to take the children (El-Amal association) so the mother used to take her son to the school and pick him up every day on her own. She believes it's worth it.

Third question:
"Children always want to go out and play with other children, they want to participate in social and religious occasions, like wedding parties, in these situations, being supported by friends, neighbors, and society is very important, could you share your experience about friends, neighbors, and society in supporting your child who has a disability? Do you have any negative experience, have your child and family been in trouble?"

Only one woman responded to this question. She mentioned her son goes with her wherever she goes and she cares for him on her own. "I don't want to hurt my son emotionally. I don't want him to feel rejected by people surrounding him and that's God's will."

Fourth question:
"Do you know other families who have children with disabilities? Have you ever met any, or have you ever shared your experience? Do you organize any activities, so your children could go out and play together?"

Ms. Yasmin Madi responded to the question, as she mentioned earlier, that she cares a lot about her child and concerning letting him go out with another family, who has a child with disability, she doesn't mind at all. She added that during the first ten minutes she met Ms. Lina Sha'at, who has a child with disability, and the two children could go out together if the financial situations of the two families allow that.

Ms. Um-Hussein Deeb, knows Mrs. Um-Mohammed Zurob and they take their children for trips or any kind of recreation. They don't mind at all

These were the women's answers for the posed questions during the session. The reporters wrote the answers and the stories of the women and at the end the chairwoman thanked the ladies for coming and participating.

SUMMARY MEETING FOR THE THREE GROUPS

Thursday, 26/06/2014
10:00 am- 1:00 pm

Common points

- The workshop was held on the scheduled time and the mothers of the children with disabilities attended.

- Women can skip the questions they don't wish to answer in the questionnaire.
- The mothers were active in telling stories about their experiences with their children with disabilities in the groups. In one group they weren't active in discussion.
- The mothers are struggling from negative attitudes towards their children with disabilities, these children are neglected and they suffer from discrimination but their families care about them.
- Many families are not educating their children who have disabilities, especially children who have a disability in learning.
- Schools are rejecting children who have learning difficulties and they are neglected in all aspects of life.
- Someone has participated on behalf of the mother of a child with a disability, so there is lack of credibility.
- Some children have many disabilities at the same time.
- The mothers mentioned that their children's disabilities are due to medical errors.

Important points

- The mothers are aware and cultured, they know how to deal with their children with disabilities.
- Negative attitude of people in the society.
- There are no means of transportation for children with disabilities.
- The mothers accept their children's disabilities.
- The pledge form was explained before the session.
- Hot weather and power outage effected one of the sessions of the first research question for mothers and researchers.

Obstacles and challenges

- It's difficult finding somebody to care for a child with a disability when the mother is out of the house.
- Some women brought their kids with them, which caused noise.
- The chairwoman and some researchers didn't show up in one of the regions.
- The hot weather and electricity outage affected the end of the session in one of the regions.
- Some of the mothers were late in one of the regions.

Opinions

- All researchers were happy to go through such a positive experience at work – working as a team, being able to get along with the mothers of children with disabilities, and they were encouraged to go through the second research question.
- The level of awareness varies among mothers.
- The researchers mission was facilitated by the project employees.
- Women cried when mentioning their stories, which affected their ability to tell.
- The researchers must attend.

Research report / theme #2

Self employment and means of making living for women with disabilities

Include – socioeconomic empowerment of women with disabilities
Period: 29/09/2014- 30/10/2014
First day: Preparatory Meeting for the second research question
29/09/2014, Monday

Project coordinator Ms Walaa Mdokh initiated opening activities for the social development forum and presented the main headlines of the session, including;

- Review of emancipatory research on disability
- Review the first research question report (understanding relationships in the family of a child with disability)
- Review and discussion on the protocol of the second research question report (self-employment and means of making living for women with disabilities)

Researchers discussed the reasons behind conducting the emancipatory research – to understand the relations and fix problems. The chairwoman discussed the research types, including participatory research. In this kind of research each participant is invited to participate and give her/his contribution in order to increase the knowledge and the understanding of the phenomenon investigated. The emancipatory disability research is controlled by people with disabilities and the aim of this research is to empower the people themselves who have disabilities. By gaining an insight on their issues of concern, they increase their abilities to make a change in the society.
The final report of the first research topic was discussed by the chairwoman and they discussed difficulties, opinions and solutions enabling them to avoid obstacles during the implementation of the second research question.

Main goal and specific goals were clarified concerning the second research question: ''Self employment and means of making living''.

The chairwoman discussed the protocol of the first part of the second research question (learning from experience). It will be implemented as the following:

- Three meetings in three governorates for interviews
- Three summary meetings
- Choosing researchers for making interviews
- Written report by the chairwomen
- Three meetings in three governorates to fill the questionnaires
- Write down important notes to be discussed in summary meetings by researchers
- Coordination with local partner institutions, in order to reach the targeted segment
- Clarify the role of the supporting project staff
- The chairwomen stated the importance of filling the pledge – to ensure that the interviewees privacy is guaranteed.

All questions to be posed to the targeted women (owners of successful projects) were discussed in detail and by giving examples on how questions should be posed.

The chairwoman clarified the importance of taking and exchanging different roles – chairwomen, researchers, and the project staff have to cooperate, to obtain the best results.

The interview process with the owners of successful projects was explained, along with the importance of recording the interview report.

After finishing the interviews the summary meeting of the chairwomen and researchers will be held and they will come up with a report stating pros, cons, obstacles, and solutions.

The second part of the second research question “understanding the available opportunities through the institutions that work with people with disabilities”.

The institution’s questionnaires were distributed and all the details were explained, including how to interview the head of the institution.

FIRST SPECIFIC GOAL: LEARNING FROM EXPERIENCE

Individuals’ interviews

Gaza Region

Date: 01/10/2014, Wednesday
Time: 09:00-11:00 | 11:30-01:30
Place: Al-Mustaqbal association for deaf adults general federation of people with disabilities
Sign translator: Isra Ghazal
participants: 4 chairwomen - 7 researchers

Five people who are successfully self-employed were interviewed at Al-Mustaqbal Association for deaf adults. The researchers interviewed each of them and the chairwomen wrote the interview report.

Each interview in details:

- Mahmoud Abu-Namous, 27, hearing impairment

He started his business in 2012. His passion to teach was his motive and he always wanted to become a teacher. He needed to find a job instead of staying at home, being a dependent person, so he came up with the idea of opening a mathematics teaching centre for primary school deaf children. Mahmoud is marketing his centre through the services he offers for the children and mothers. Before explaining the lessons, he makes sure the children are psychologically ready. He revises lessons and explains the new lessons as well. Then he gives them exercises to make sure they understand. He has established his project through his savings and personal effort. He hasn’t relied on any loans or funds. Though he saved some costs, since the centre is in his house, he’s facing some obstacles. The place is small and he wishes to get a spacious place with no interruptions during the lessons.

The main problem he faces is mothers who don’t care much about their children – they don’t follow up and don’t provide their children with the needed materials, so he has to provide the materials.

Despite the obstacles his family was very supportive and encouraging and he is passionate about teaching and working with children. He advises all the educated and trained women to work in order to make a change.

- Ali Dibbo, 27, hearing impairment

A supermarket owner who loves his job. He started the project eight years ago. In the beginning he was a street vendor for two years selling vegetables, cleaning supplies, and stationary. After, he opened a small shop then expanded the shop into a supermarket.

Ali has established his project through his personal effort and his father’s help. Since his father is a merchant, he hasn’t relied on any funds or loans. Like any other project he faced many obstacles at the beginning, especially when he used to be a steer vendor. Police were after street vendors but he used to run away at the right time. Another difficulty he faces is his inability to hear and speak. People did not understand him, nor could he communicate.

Now, Ali is very well-known in the market. He has good customers who know him and they understand him very well. Ali feels much better now at the supermarket. His success is due to his hard work and desire to succeed, in addition to his father's support. He advises women to take advantage of their skills, not to rely on institutions, and to prove themselves without being afraid.

- A.Gh., hearing impairment

A mechanic, owner of a car repair shop. He repairs broken cars, engines, and changes car parts. He started his job in 2007. He's passionate about cars and repairing them and always interested in new auto systems, even if he doesn't know how to fix it, he would love to learn.

A.Gh. hasn't relied on any loans or funds. He started his project through his personal effort and his family's help. A.Gh. faced obstacles, since he can't communicate with his customers because of his disability and customers would like to telephone him. So asked his brother for help and now he is communicating with customers. He uses mobile text messages instead of calls. He tries to use simple and clear sign language with visitors at the business. He succeeded in his project because he insisted to work and his parents were very supporting. He advises women with disabilities to depend on themselves and to participate in the society, in order not to be forgotten.

- Hazem Al-Moughrabi, 22, partial impaired hearing

Opened a barber shop in 2007. His father encouraged him to start his career in order to build his future. He decided to learn hairdressing through a specialized course for three months. He relied on himself and he hasn't got any loans. His father helped him to find a place.

Hazem went through obstacles at the beginning. He was shy and couldn't communicate with people because they don't know the sign language. But he worked through the obstacles and was successful. He insisted to work and depend on himself in order to become responsible. People loved him and supported him, his father is encouraging him all the time. He advises women with disabilities to work with institutions, socialize and not to stay at home.

- Mohammed Abu-Zeid, 59, hearing impairment

He works as a taxi driver in Gaza, starting his job in 1993. He decided to become a taxi driver because he used to work in Israel but the borders were closed. So decided to buy a taxi in order to support his family. Mohammed loves driving and started in his job through his savings, without relying on any funds or loans.

Mohammed faced some obstacles and he's the first deaf man to become a taxi driver. Communicating with passengers wasn't easy, he uses sign language to communicate and by writing on paper. He succeeded because he has a strong desire to work as a driver and his wife was supporting. Mohammed is insistent on being independent. He adds that women with disabilities must look for jobs and invest in their abilities, otherwise they'll get depression.

The General Federation of People with Disabilities brought three women who are successfully self-employed. The researchers interviewed each of them. Questions were posed, concerning the second research question, and researchers wrote the reports, as they agreed before on their roles. The following are the detailed interviews with each woman:

- Ola Abu-Tawila, 27, partial physical disability

Ola has a shop selling embroidery. She embroiders mirrors, cushions, comments, bags, watches and anything that could include embroidery. She uses machines to tailor the embroideries as desired and markets her products through friends and neighbors. In spite of the fact that she is slow in making embroidery because of her disabilities she has a strong desire to keep working. Ola has always loved embroidery as a hobby, since she was a child, so learnt embroidery at school. She decided to start her project in 2009 through the Young Muslim Women Association.

Ola received $US 5,000 in financial aid by the Handicap Institution. She faced some obstacles, like the shop not being on the street and there is no demand for embroideries, making it harder to market her products. But she confronted the obstacles by participating in local and international exhibitions, like the Islamic University and the community collage exhibitions through the Young Muslim Women Centre. Ola's succeeded because of her family's support, their help in marketing her embroidery and her strong desire to go on with her project.

Ola encourages women with disabilities to start their own projects by having the desire to learn and challenge obstacles. She said their projects must be marketable and meet demand, for example making pastries and couscous.

- Fatima Ayesh Al-Halouli, 31, physical disability

Fatima has a shop selling cell phones. She maintains and charges cell phones also. She takes care of her shop and gets along with customers and sellers. She has connections with Jawwal company.

On the 6th of May, 2001, Fatima filled an application for projects for women with disabilities and chose cell phone maintenance.

Fatima was supported through the Islamic Relief Institution with 8,000 shekels to find a place for the shop. The institution bought her the equipment and phones and she took the required course in order to start the job.

Fatima faced some obstacles – customers didn't accept the idea of a woman managing a cell phone shop but now everybody respects her. She added she does maintenance and manages the shop by herself, although this type of work is usually done by men.

Fatima succeeded because of her family's support and her ability to continue with her project by marketing using the media. She advises women with disabilities to have a strong desire to learn and not to give up when facing obstacles. At the end of the interview the researcher thanked Fatima and wished her more success.

- Huda Abu-Awda, 27, physical disability

Huda has an embroidery shop. Since 2012 she's sold embroidery, accessories, and canvas. Her project was funded with $US 7,148 through the Islamic Relief Institution. Huda faced obstacles – her family was against her project, the place was unknown, and the rent was too expensive. Despite the obstacles she continued the project and her friends were very encouraging. She advises women with disabilities who want to have their own projects to take it easy with customers and meet their requests, and be persistent to succeed.

Notes

- The responsiveness of the targeted segment (Self employed people with disabilities) was very good
- Some people were not on time for the interview
- The atmosphere was comfortable during the interviews with project owners and institutions' managers.
- Some researchers were absent

North Gaza region
Date: 01/10/2014, Tuesday
Time: 09:30-12:30
Place: Jabalya association for rehabilitation
Sign translator: Ibrahim Al-Kasih
Participants: 3 researchers and 1 chairwoman

Al Amal Association for Disability Rehabilitation brought seven people who are self-employed, through contacting partners. Researchers interviewed each of them, questions were posed.

Concerning the second research question, researchers recorded their reports, as agreed before on their roles. The following are the detailed interviews with each person:

- Sumaya Omar

Project type: embroidering and tailoring. She tailors things, embroiders on them and sells them upon request, in order to make a living. Sumaya started her project four years ago without relying on any funds or loans. She faced some obstacles – it wasn't easy to find a place but she was able to succeed because she is patient and she desires to overcome obstacles.

Sumaya advises women with disabilities to take the initiative to start their own projects, to overcome obstacles and wishes that the institutions which are financing the economic empowerment projects for women with disabilities would increase their efforts.

- N.A.

Project type: poultry farming (pigeons, hens, and ducks). She buys them and after a few weeks sells them, buying new poultry.

She started the project five years ago in order to make a living. She hasn't relied on any funding or loans. She hasn't faced obstacles, she was able to go on with her project. She succeed because of family support and her strong desire.

- Ramzy Atta

Project type: ornamental birds shop. Ramzy started his project three years ago because he thinks the project suits his disability condition. The project was financed by an institution that he refused to mention.

Ramzy faced obstacles – it wasn't easy to adapt to the place but he was patient. He succeeded because of his family's support and his strong desire. He is very ambitious.

He advises youth with disabilities to make a feasibility study before starting projects, to choose a project that goes well with their disabilities and to look for an institution that could help them to start. He sent a message for the financing institutions to consider a continuous support for people with disabilities.

- Sa'eed Sharab, visual impairment

Project type: detergents shop. He started his project in 2000 at his house, financed by one of his relatives and he paid him back as he started making profits.

Sa'eed faced obstacles through his family's support. He said other factors made him succeed, like his good reputation in the market, customers' trust and his desire to go on with the project. He advises youth not to give up, to be optimistic and to be satisfied with God's will.

- Tamer Barbakh, 24, hemiplegia

Project type: booth for selling cigarettes and coal. He started in 2014 after he giving up on finding a job due to his disability. One of his relatives helped him start the project and buy goods but the profit was too little.

He succeeded because the place is very suitable and he's open 24/7. He feels successful because he is still going on with his project and was able to overcome obstacles through his strong desire.

Tamer is disappointed by the fact what he does has nothing to do with his talents and ambitions. He loves photography and is talented but couldn't find anybody to support him. Now he's thinking about starting on his own.

- M.H., 47, disability in the right hand

Project type: electrical equipment maintenance shop. He started in 1980 as a hobby. Due to the bad economic situation he started making a living out of his hobby. He couldn't get support from institutions so had to borrow some money from a relative, paying him back once he started making profits. M.H. was encouraged by people surrounding him. He had a place for the project and his customers trust him and love him.

He advises people to work on themselves and not to make barriers of their disabilities.

- Wa'el Abu-Olwan, 35, left side paralysis

Project type: cell phone shop. He started his project in 2011 after involvement in many training courses in project management. There was a need for such a project in his neighborhood so he started by selling cell phones and charging them, developing into a print and money exchange shop.

He was supported by the Islamic Relief Institution. Wa'el adds that having a strong desire, being nice to others and finding the right place to provide your services, are key success factors.

He advises people to never give up on their projects, to take training courses and to be nice to customers.

Notes:

- The responsiveness of the targeted segment (Self employed people with disabilities) was very good.
- Some people were not on time for the interview.
- The atmosphere was comfortable during the interviews.
- Good communication between chairwomen and reporters.

SUMMARY MEETING FOR THE THREE GROUPS
30/10/2014, Thursday
10:00-1:00

Starting the session, by Dua' Harb, project coordinator, Al-Amal Institution for Rehabilitation. The aim of the session was to have a summary meeting, reminding researchers about the emancipatory research and its aims and the types of quantitative and qualitative researches. The type of the emancipatory research was procedural and conducted on people with disabilities by people who have similar conditions. It's very important for the researchers to participate

Dua' clarified the concept – it's a subjective research and the interviews were with successful self-employed people. Researchers were divided into four groups and have to share the experiences they went through and answered the two main questions of the summary meeting

Question one:
What were the challenges you went through by interviewing owners of successful project?

Question two:
How could you use the information you got through the interviews?

The four groups mentioned the challenges they had been through along with the reasons behind the challenges and how to deal with them.

Challenges:

- Reticence and not being honest, inadequate information given
- Being late for the interview
- Difficulty in understanding the posed questions

- Most of projects were self-financing, not by institutions
- Most of the interviewees were males
- Some project owners thought the emancipatory research team are financial support providers

Benefits of information to make a change as suggested by researchers:

- To learn from experiences, reasons behind obstacles, and how to overcome them
- Getting to know what projects are successful
- Writing success stories of people with disabilities
- Encouraging the emancipatory research team to start their own projects
- Determination and perseverance to go over obstacles

SECOND SPECIFIC GOAL: OPPORTUNITIES TO UNDERSTAND

Visiting institutions

Gaza region

Date: 01/10/2014, Wednesday
Time: 9:00-11:00 | 11:30-01:30
Place: Al-Mustaqbal Institution for General Federation for People with Deaf Adults Disabilities
Sign translator: Isra' Ghazal
Participants: 4 chairwomen, 7 researchers

After the researchers finished interviewing self-employed people they filled questionnaires belonging to the General Federation for People with Disabilities. The researchers had a meeting with the director, Mr. Awni Matar, and the questionnaires were discussed. He said that the General Federation of People with Disabilities offers professional programs for women including learning life and marketing skills. By partnering with other institutions they provided 125 projects for females and males, each project's value was $US 5,000. He added these grants are for people who suffer a very bad economic situation, who have more than one person in the family having disabilities, in addition to educational and professional qualifications.

North Gaza region

Date: 01/10/2014, Tuesday
Time: 09:30-12:30
Place: Jabalya Association for Rehabilitation
Sign translator: Ibrahim Al-Kasih
Participants: 3 researchers and 1 chairwoman

After the researchers finished interviewing self-employed people they filled questionnaires belonging to Jabalya Institution for Rehabilitation. The researchers interviewed Ms. Iman Al-Najjar, who works there. Ms. Iman mentioned that the institution provides monthly courses and various professional training for people with disabilities, like embroidery, tailoring, and pastry making. In order for people to participate in the work force, the institution also provides loans for females and males($US 2,000 or less, depending on the project's size) or to enable them to establish a small project, such as sheep breeding, library, or a supermarket.

In order to get technical and financial support, the person who applies must be the breadwinner in the family – gender doesn't matter – and they have to repay $US 200 a month after four months of starting the project.

South Gaza region
Date: 14/04/2014, Wednesday
Time: 10:00- 12:00
Place: Al- Asdiqa' Institution for People with Disabilities - Rafah | The National Institution for Rehabilitation - Khan Younis
Participants: 2 chairwomen, 7 researchers

The chairwoman started the session. Researchers interviewed Al-Asdiqa' Institution's director, Mr. Mahmoud Abu-Mour. He appreciated the researchers' roles, they went over the pledge form with him and they started filling the institution's questionnaires. The questions were:

First question:
Concerning the technical support provided by institutions for women with disabilities

Second question:
Concerning the financial support provided by institutions for women with disabilities

Third question:
Under what conditions technical and financial support is given

Mr. Mahmoud mentioned the institution is concerned for all kinds of support for women with disabilities, especially technical support in projects like tailoring and embroidery courses and other life skills and psychological support courses. But the financial support is always for projects funded by foreign agencies.

He mentioned they try to help all people in the society who have disabilities but are more concerned with people who have physical disabilities.

Concurrently, the other group of chairwomen and researchers were interviewing Ms. Basma Abu- Awda, director of the National Institution for Rehabilitation in Khan Younis.

After explaining the aim of the research, and the pledge form the chairwoman posed the questions and the researcher recorded answers.

Ms. Basma's answers:

The institution provides technical support for women with disabilities through providing training courses, workshops, meetings and financial support through foreign donors.

They cannot provide any financial support as the institution doesn't receive funding from abroad but she thinks the institution could support anybody who has a disability

SUMMARY MEETING FOR THE THREE GROUPS OF THE THREE REGIONS
30/10/2014, Thursday
10:00-01:00
Lessons learned from filling the institutions' questionnaires, discussed by Dua' with the chairwomen and researchers.
The four groups answered the questions.

Question one:
What were the challenges you went through by collecting information from institutions representatives?

Question two:
How could you use the information you got?

The challenges were:

- Too many services are provided by the institutions, so there is no specific answer

- They didn’t consider the interview seriously
- Directors took advantage of situation for publicity, and there wasn’t enough time

Dua’ asked for suggestions and advises on strategies used by people with disabilities in self-employment.

Suggestions:

- Making groups of people with disabilities, so members of these groups deal with other people with disabilities, who have projects, by teaching and directing them.
- Making success stories from people with disabilities’ experiences in having their own projects
- Making reports about institutions’ directors and how they deal with these situations
- Continuous financing for projects, encourages people to go on
- Project owners have to work on themselves and take professional training related to their projects
- Very good social relations and ability to communicate
- The media is going to publish the interviews

Research report / theme #3

Accessibility to medical care services for women with disabilities

Include – socioeconomic empowerment of women with disabilities
Period: 30/10/2014- 21/12/2014
Day One: preparatory meeting for the third research question

Walaa Mdookh, project coordinator, welcomed researchers and chairwomen. She reminded researchers of the emancipatory research and its protocol. She introduced the topic of the session – accessibility to medical care services for women with disabilities – with an explanation of their needs concerning the public and private health care services
The protocol of the third research question – the aim of research and the research sample – was discussed in addition to the importance of having a chairwoman and reporter in each group, depending on the region. Their roles were explained. The facilitator's need to help the chairwoman, ensuring nobody is controlling the session, was discussed.

Gaza Region
Chairwomen: RawyaAyyad, General Federation of People with Disabilities; KhuloudMuhaissen, Al-Mustaqbal for Deaf Adults
Reporters: Nariman Al-Tayyeb, General Federation of People with Disabilities; Amira Al-Ajal, Al-Mustaqbal for Deaf Adults
Story sharers: Arij Ayesh and Fatima Al-Halouli, General Federation of People with Disabilities Islam and Kawthar, Al-Mustaqbal for Deaf Adults

North Gaza Region
Chairwoman: Nahil Al-Sharafi
Reporter: Dina Shbair

South Gaza Region
Chairwoman: Rima
Reporter: Samia

Walaa explained the protocol of the session, asking researchers to share their experiences and explaining the pledge form and the questionnaires, which were distributed.
The chairwoman emphasized the point of sharing the childhood life experiences of two researchers and how they were treated by their families and society. The chairwoman mentioned a story as an example.

She explained the two types of questions – primary questions and additional questions. She started with the primary questions then the additional questions. All of the questions were read and explained to the researchers. The chairwoman made clear the importance of welcoming the women with disabilities who represent the focus group, and to explain the reason behind collecting the information.

Walaa stated the date and time of meetings in each governorate, as agreed with partner institutions, to bring the focus group of the third research question – women aged 18-45 with different disabilities.

Gaza group was divided into two groups – women with physical disabilities and visual impairments, who attended the meeting at the General Federation of People with Disabilities, and women with hearing impairments, who attended the meeting at Al-Mustaqbal Association for Deaf Adults. Walaa explained and discussed the questions with researchers in detail, stating they need to have 15-20 questionnaires filled in each governorate.

Walaa went over the additional questions and enquiries concerning the questions, by explaining them in detail.

It was seen as very important to arrange a summary meeting to define the challenges, notes, and lessons learned.

DISCUSSION GROUPS MEETINGS IN THE THREE REGIONS

Gaza region

03/11/2014, Monday

Al-Mustaqbal Association for Deaf Adults brought seven women with hearing impairments. The chairwoman explained the aim of the emancipatory research in general, and the aim of the third research question specifically – accessibility to medical services for women with disabilities.

The sign language translator helped researchers by explaining the pledge form and the questionnaires for the women. A researcher who has hearing impairment shared her personal experience concerning accessibility to medical services for women with disabilities. She said she once went to hospital but there were no signs and although she was able to find the doctor he couldn't communicate with her. She had to go back home and bring her mother. By telling her story women were encouraged to interact.

The chairwoman posed the first research question concerning worsening disability conditions and the women's personal experiences at hospitals

Three women mentioned being born without disabilities but having meningitis, which led to their hearing impairments. They were deeply shocked, their situations deteriorated and they became deaf.

The rest of the participants were born with hearing impairments, possibly due to genetic factors. They mentioned their mothers weren't taking care of themselves during pregnancy.

In answering the second question, about avoiding complications in the future, all the women said they didn't take care of themselves by not having checkups regularly on the condition of the disability's degree, due to lack of interest from their parents and the lack of necessary techniques.

Two women mentioned they are using headphones but don't take care of their headphones because there aren't any specialists and the advanced appliances are from abroad and costly.

The chairwoman continued with the third question – concerning the experience of staying at hospital. The participants mentioned doctors and nurses not caring about them and difficulties communicating with them, reflecting a very negative experience.

Answering the forth question participants mentioned the importance of a means of transportation to reach to hospitals and having a sign language translator at the hospital, in addition to providing them with health insurance and medicine for free.

Another participant mentioned her difficulty obtaining a medical report because nobody understands what she wants. Doctors can't diagnose her condition, usually the diagnosis is false, and they don't prescribe the right medicine because they can't communicate.

The General Federation of People with Disabilities brought eight women with visual impairments and physical disabilities for the third research question. The chairwoman, Rawya Ayyad, explained the aim of the emancipatory research in general and the aim of the third research question – accessibility to medical services for women with disabilities.

The researchers helped the participants complete the pledge forms and the research questionnaires.

The chairwoman posed the first question, about difficulties faced in accessing medical services. One of the researchers, who has a physical disability, shared her personal experience. She struggles whenever going for medical services, especially after her wheel chair became broken.

Another woman shared her story. Her lower limbs were amputated and the problem she faces is that being unable to afford another limb. There is nobody to donate for the costs. She stayed at home a long time until she received an artificial limb.

Another woman shared her story. It's difficult for her to access public buildings and hospitals because there aren't facilities for people with disabilities and she can't climb the stairs.

Another participant shared her experience, mentioning the Ministry of Health being behind her biggest obstacle as they don't provide medications for hepatitis in addition to her disability. She cries and suffers from lack of medical services. She is aware of her right to have all the costs covered by the institutions and social affairs.

The chairwoman posed the second question concerning regular checkups of the disability condition and if the participants take care of themselves.

One of the participants, with a visual impairment, mentioned her condition worsened as she exhausted her eyes by reading while studying at university. She then started to memorize to protect her vision.

Another woman said she plays sports because they are very important for people with disabilities and gaining weight would affect her artificial limbs

The third question was about doctors and nurses at hospitals and whether they take into consideration the situation of people with disabilities.

Most of the participants mentioned being maltreated by doctors and nurses at hospitals, saying they suffered from pain and nobody cares. Some of them said their situations worsened due to wrong treatments.

One of the participants shared her experience staying at a hospital when she underwent strings lengthening surgery. The doctors didn't care about her pain, they didn't give her pain killers, and didn't consider her situation as a person with a disability.

Another participant mentioned staying at a hospital and her mother accompanied her. She slept on the floor and there were no sheets on beds.

The fourth question was about the possibility of getting medical reports. All participants mentioned difficulties obtaining medical reports, which is very costly, and all participants want officials to defend their rights and provide them with the necessities and medical services.

At the end of the session the chairwoman thanked the women for participating at the workshop, wishing them all to get what they wish for.

North Gaza Region

The chairwoman, Nahil Al-Sharafi, introduced herself, and welcomed the participants. She started with a brief introduction about the emancipatory research and its aim. She ensured the privacy of the collected data and participants signed the pledge form.

The chairwoman started the topic of the session – accessibility to medical services for women with disability. She invited two of the researchers, Khuloud and Shahrazad, to share personal experiences in order to encourage the women to speak out and share their experiences and opinions. The researchers helped the women to fill the questionnaires.

Concerning the first research question posed by the chairwoman, Ms. Samira Al-Sawarka mentioned she used to suffer from mild pain in her foot and she didn't take care of herself. She started walking using canes and didn't go to the doctor and her condition worsened. Now she has osteoporosis and muscular atrophy. She is sad because she didn't take care of herself and is currently using a wheel chair. Nobody helps her from the family and she doesn't go to hospitals because there is no elevator. She can't move around and her condition is still getting worse, as a result of taking pain killers. She got diabetes and problems with blood pressure. She finishes her story by thanking God for everything.

Ms. Haniya Al-Uthmani shared her story. She has three daughters with hearing impairments and pronunciation troubles. One day her daughters, 19 years-old, got sick so she took her to the doctor. The doctor couldn't communicate with her and told the mother 'Your daughter can't speak, take her to another hospital'. The mother cried so hard and went to the pharmacy and bought medicine for her daughter. She said doctors don't care about people with disabilities as they don't respect them or help them. After the last war on Gaza the situation worsened. The mother needs medical help. She doesn't have money – especially being divorced – and her daughters need to change their headphones every week

Another story from Ms. Sabrine Al-Buree. Her daughter was born without disability. She contracted jaundice, a common disease among newborns, so she took her to the doctor. The doctor didn't care much and advised her to put her baby under a fluorescent light and not to worry since many newborns get this disease. After a while her daughter's condition worsened so she took her again to the hospital to find out that the disease worsened by 55 percent. The doctors performed a blood transfusion, which affected her hearing and pronunciation abilities. She became isolated so the mother took her to an institution but the daughter was tumultuous and a trouble maker. The institution rejected her and she became isolated spending most of her time sleeping.

Alaa Al-Firi, a young woman, who struggles from a medical error. She had a shot that lead to bleeding, affecting her hand growth and now it's deformed. She faces difficulties putting on her clothes and combing her hair. She needs a hand implanting but can't afford it financially.

Concerning the answer of the second question, which is about taking care of themselves in order to avoid complications in the future.

One of the girls mentioned her mother takes care of her and her siblings who have hearing impairment. She teaches them how to take care of themselves and how to use the headphones. When she gets flu her mother takes care of her, especially regarding her hearing.

Concerning the answer of the third question, about their experiences in staying at the hospital.

One woman mentioned that she underwent surgery to remove a womb cancer in one of the hospitals. She didn't face any difficulties with the doctors, and the doctor was very good.

Another woman mentioned having abdominal pain and going to the hospital. She had some medical tests, the doctor asked her to stay at the hospital but she had no money to stay. The doctor insisted on taking care of the costs, so she stayed for six days. She said the doctors and nurses were very nice and they respected her.

On the contrary, one of the girls with a physical disability, due to lack of oxygen, and unable to walk went through nine surgeries on her feet. Her experiences staying at the hospital was very bad. The doctors didn't take care of her, they used to give her a pain killer shot only.

Concerning the fourth question, about difficulties and obstacles faced by people with disabilities when they go to hospitals and health centers and changes that could be applied.

A woman mentioned there are no elevators in the hospitals, no electricity and the patients have to wait so long until having their surgeries, which worsens their situation. She added one of the main obstacles – not having enough doctors at the hospitals and having sign language translators to help people with impaired hearing

Another woman mentioned they have to stop the patronage that adds many obstacles.

One woman said there are no medical appliances in Beit Hanoun town and not enough donations to purchase them.

The fifth question, about getting the medical reports and obstacles faced by people with disabilities when getting these medical reports.

A woman said she went to get a medical report and the employee at the hospital asked for 30 shekel. She didn't have it so asked people for help. At the end she got the report after going so many times to the same employee. Another woman with a disability in her foot wanted to get a report but couldn't go. She sent her daughter but the employee refused to give the report to the daughter. He wanted the woman to come and after many times going to the hospital was able to get the report. A woman mentioned she and her three siblings have disabilities. She wanted to get medical reports for herself and her siblings but had to pay 20 shekels. The reports must be renewed each year so she has to provide the costs of transportations and her family can't afford it.

At the end of the session the chairwoman thanked the women for participating at the workshop and asked them about their impressions.

South Gaza region
05/11/2014 Wednesday
09:30- 11:30

The chairwoman started the session by introducing herself and giving a brief introduction about the Include project. Its activities and the emancipatory research, and the aim of conducting it, since it's one of the main activities of the Include project, were detailed. Then she gave the chance to the women to introduce themselves, in order to interact. The chairwomen and the researchers helped the women to sign the pledge form and they assured of the privacy of the collected information. They signed the attendance sheet as well. The chairwoman was Karima Al-Majayda and the researchers Falastin Al-Kurd and Isra Abu-Lehya.
One of the researchers started talking about herself, mentioning her story to encourage the women to speak out and participate. Participants subsequently started to mention their experiences. One woman said her disability is due to a genetic factor, another because she got meningitis at a young age, and another because she fell down on her head and went to hospital for medications. One woman said at the beginning it was really hard for her, she used to cry and feel sad because she used to stay at the hospital for a long time then she got used to it.
Another woman went to the hospital due to an infection in her hand and she didn't realize her experience, the pain was severe.

First question:
Khulood talked about her struggle. She needed to go for physical therapy to ease her pain, she used to go to many rehabilitation institutions but she couldn't get any help. She went to the UNRWA clinic to get some medicines. They used to cut off the medicines sometimes. She needed help to have physical therapy at home but most of the institutions she went to were offering these services through programs which have finished.

Sumaya has gone to physical therapy sessions since a young age, needing transportation daily, which is very expensive. She couldn't afford it. She went to a clinic which offers free physical therapy and was deeply shocked by the doctor who began making fun of her. He said "Go play at your house". She felt neglected by the officials which led her to frustration. She never went back to the clinic. While she was telling her story she got very emotional and cried. All the women got emotional and tried to calm her down. The chairwoman asked another woman to share her story in order to calm down Sumaya by making her listen to other experiences.

The participants talked about activities with projects through institutions. One woman talked about her positive experience with a ''sports and youths'' project. It was implemented in Al-Asdiqa Institution, through the Mercy Corps, this program taught her how to take care of her disability through exercising by herself or by a family member's help.

Another lady mentioned she didn't get any training to help her take care of her disability and she wished to join these groups.

Third question:
A deaf woman shared her experience. She had surgery in her foot, she was sad and feeling throttled due to the shots and solutions in her body. The doctors were very good and she was communicating them through sign language.
Another woman stayed at the hospital for 10 days due to high levels of sugar in her blood. Her sister stayed with her and she was satisfied by the doctors' performance. Another woman

related her experience of staying at the hospital. She was neglected by the doctors on purpose, they changed the needle of the solution only once though they are supposed to change it three times a day. The hospital wasn't clean and some people made fun of her.

Fourth question:
A woman couldn't reach the hospital because she uses a wheel chair and has to go in a private cab each time, which is very expensive. At the hospital she couldn't climb the stairs on her wheel chair so she had to crawl up the stairs. Additionally there were difficulties getting medical reports and medications at the hospital.

Fifth question:
Some women mentioned they had no earlier need for medical reports.
Nisreen needed a medical report from the hospital proving her disability in order to get a discount at university. She couldn't get the report and couldn't afford paying for the university.
M. mentioned being unable to travel abroad to cure herself because it's very expensive and she can't afford it. She tried hard to get a medical report but none of the officials helped her.
Fida' needed an an official medical report allowing her to cross the Rafah crossing. She was rejected many times before being able to cross and going through a lens implanting surgery.

Sixth question:
One of the deaf women spoke of the need to have somebody accompany them, like a mother. The doctor was asking her to tell him about how she feels and if she has fever. Another deaf woman mentioned communication with the doctor through writing or simple sign language.

SUMMARY MEETING OF THE 3 GROUPS
21/12/2014 Sunday
10:00-01:00

Dua' Harb, Include project coordinator, started the session explaining the aim of the meeting, a summary third research team's findings. The lessons learnt from all the research questions were summarized. She reminded researchers of the emancipatory research and its aims and reminded them of qualitative and quantitative research techniques. Emancipatory research is a qualitative research conducted by people who have disabilities on other people also having disabilities. Experiences are shared among researches and participants.

Dua reminded researchers of the interviews had with the women discussing the problems and obstacles encountered when they went for medical services. Dua divided the researchers into four groups to share their experiences and answer the two main questions.

First question:
What were the greatest challenges researches went through during interviews with women with disabilities?

Second question:
Are there any comments on the questions used in the protocol of the third emancipatory research?

Challenges were:

- The women were late so the session was shorter and the additional questions were not covered.
- Some women were shy and didn't want to talk about their health problems.
- The chairwoman was absent in one of the groups causing confusion and forcing a change of roles.

Researchers agreed the questions were inclusive.

Notes of the groups:

- The questions were inclusive and were covered during the meetings along with the additional questions.
- The questions are very good. They cover all the problems that women could face when going for medical services.

After discussing the challenges Dua asked the women to discuss the main problems faced when going for medical services. Their answers:

- Lack of signs, wheel chairs, sign translators, and paths at institutions offering medical services
- Difficulty obtaining medical reports; too many procedures and high costs
- Doctors showing lack of care toward people with disabilities and maltreatment
- No priority given to people with disabilities to go for medical services abroad
- Lack of awareness among women with disabilities of how to take care of themselves
- Lack of experience among workers at hospitals and medical centers of how to deal with people with disabilities

One of the groups mentioned the story of a woman who went to a physical therapy centre to get a free session. At the centre the physician ridiculed her, telling her “There is no need for a physical therapy for you, and your disability will remain forever”. The woman never returned to any physical therapy center and remains frustrated and afraid.

Dua asked the women to recommend solutions concerning the mentioned problems:

- To have a sign translator in each medical centre
- Free medical reports for people with disabilities
- Having signs, escalators, and wheel chairs in all medical centers
- Arranging workshops for people working in medical centers, and for people with disabilities themselves, on how to approach disability
- Medical insurance covering all costs of medical services for people with disabilities
- Establishing a department at hospitals for people with disabilities
- Free appliances and medicines for people with disabilities throughout the government

Dua asked the women to talk about their experiences in general by conducting the emancipatory research and about lessons learnt.

Isra: It was a great experience that added a lot to her personality. The cooperation between the chairwomen and the researchers was very pleasant. The greatest difficulty for researchers after conducting the research was coming up with solutions for the problems discussed.

Sonia: Good experience for her, as a woman with impaired hearing, to get along with women with other disabilities.

Samia: Now she’s more confident and can express herself without shyness.

Falastin: She’s more confident now and could do something to help other women with disabilities like hers.

Karima: Good experience but feels frustrated because she thought working as a researcher would become her permanent income source

Dua was impressed by Isra’s point; finishing the research doesn’t mean that the problems are solved. More effort must be spent generating results.

Dua asked the women to work in groups to discuss the recommendations and lessons learned while conducting the emancipatory research through the three research questions. The recommendations are:

- Three parties must be concerned: the government, the private institutions and institutions working with people with disabilities, and society. They all have to work together to bring solutions solving the troubles of people with disabilities.
- Activation of the five percent law and employment of people with disabilities
- University education for people with disabilities
- Educating people about sign language
- Include people with disabilities in all activities with people without disabilities
- Health, educational, and entertainment services for people with disabilities for free
- Increased awareness among of their rights among people with disabilities and knowledge of dealing with their disabilities
- All public buildings require facilities for people with disabilities
- Increased social awareness about the rights of people with disabilities
- Coordination between private and governmental institutions to establish projects for people with disabilities
- Conduct emancipatory research to include other problems related to it
- To solve the problems discussed in the emancipatory research.

الإندماج التمكين الإقتصادي و الإجتماعي للسيدات ذوات الإعاقة في قطاع غزة

تقرير البحث/ الموضوع 1

فهم العلاقات في أسرة الطفل ذو الإعاقة

الفترة: 2014/6/10 2014/6/26

اليوم الاول/ الاجتماع التحضيري لسؤال البحث الأول

الثلاثاء, 2014/6/10

10:00_13:00

قام عبد الرحمن مساعد مشروع الإندماج بافتتاح الجلسة حيث قام بمراجعة المعلومات الخاصة بالبحث مع الباحثات مثل مفهوم البحث التحرري و انواع البحوث.

أوضح المدرب بأنه سيتم تنفيذ الموضوع الأول للبحث و هو **فهم العلاقات في أسرة الطفل ذو الإعاقة**

قام عبد الرحمن بعرض خطة التنفيذ حيث ان

- مجموعة غزة: الاثنين بتاريخ 2014/6/16 لقاء مع أمهات الأطفال ذوي الإعاقة
  الأحد بتاريخ 2014/6/22 اللقاء الاستخلاصي في المنتدى

- مجموعة الشمال: الأحد 2014/6/15 لقاء مع أمهات الأطفال ذوي الإعاقة في جمعية الشمال
  الخميس 2014/5/19 اللقاء الاستخلاصي في المنتدى

- مجموعة الجنوب: الخميس 2014/6/16 اللقاء مع أمهات السيدات ذوات الإعاقة في جمعية الأمل.
  الأحد 2014/6/22 اللقاء الإستخلاصي في جمعية الأمل.

* و هناك سيكون لقاء مع جميع المجموعات في المناطق الثلاث لتجهيز مسودة البحث الأول بتاريخ 2014/6/26 في مطعم لاتيرنا من الساعة العاشرة حتى الواحدة ظهرا.

تم تحديد رئيسة الجلسة و الميسرة في كل مجموعة حسب المنطقة، حيث تم توضيح الأدوار لكل منهما. الميسرة عليها مساعدة رئيسة الجلسة و التأكد من ان لا احد يسيطر على الجلسة.

رئيسة الجلسة هي المسئولة على جلب الفئات المستهدفة حيث يجب التواصل مع المؤسسة لجلب هذه الفئة و التأكد بأن جميع النقاط قد تم تناولها خلال الجلسة.

الباحثات الأخريات سيقمن بمساعدة الأمهات بتعبئة الاستبيان مع السيدات استمارة التعهد في بداية الجلسة.

مجموعة غزة: رئيسة الجلسة/ فاطمة الحالولي

الميسرة/ علا مدوخ

مجموعة الشمال: **رئيسة الجلسة/** خلود السيسي

الميسرة/ شهرزاد المصري

مجموعة الجنوب: **رئيسة الجلسة/** كريمة المجايدة

الميسرة/ فلسطين الكرد

قام المدرب بشرح استمارة التعهد و الاستبيان للباحثات، و قد تلقى المدرب مداخلات من قبل بعض الباحثات بخصوص مسمى استمارة التعهد، حيث قالوا بأنه سيقومون بتبسيطه للامهات، حتى لا يشعروا بالخوف أو بخطورة اتجاه الإجتماع.

أشار المدرب على أهمية ذكر مواقف حياتية لباحثتين في الجلسة حول تجربتهم الشخصية في طفولتهم و كيف كانت

معاملة الأهل و المجتمع لهم و قد قام أيضا بذكر قصة كمثال لهم.
قام المدرب بتوضيح أن الأسئلة تنقسم إلى نوعين: أسئلة أساسية و أسئلة إضافية، و على رئيسة الجلسة توجيه الأسئلة الأساسية و ان تبقى وقت فعليها توجيه الأسئلة الإضافية. و قد تمت قراءة و مناقشة كل سؤال على حدى مع الباحثات.

اجتماعات مجموعات النقاش في الثلاث مناطق

منطقة غزة

الخميس 2014/6/19

12:00_9:00

بدأت رئيسة الجلسة فاطمة الحلولي بتقديم نفسها مرحبة بالحضور ثم ذكرت مقدمة عن البحث التحرري موضحة الهدف من اجرائه ، واكدت على موضوع الخصوصية بالنسبة للمعلومات التي سيتم تدوينها وجمعها .
بعد ذلك بدأت المشاركات بالتوقيع على استمارة الموافقة وتعبئة الاستبانات.
ثم قامت رئيسة الجلسة بتقديم موضوع البحث (الاطفال ذوي الاعاقة وعلاقات العائلة) ودعت اثنتين من الباحثات(اريج واسلام) لمشاركة قصص حياتهم الشخصية من اجل تشجيع المشاركات على الحديث وتبادل الآراء والخبرات.

فيما يتعلق بالسؤال البحثي الاول الذي طرحته رئيسة الجلسة ذكرت اثنتين من السيدات قصتين متشابهتين لطفليهما اللذان ولدا بإعاقة حركية حيث ذكرت كلا السيدتان أن وجود طفل ذو إعاقة بالعائلة كان صدمة شديدة عليهما اولا ثم سرعان ما تقبلوا هذا الطفل كأي فرد بالعائلة وكان على الزوج وكذلك العائلة التي يعيش فيها الطفل كالأخوة والجد والأهل المحيطين أن يتقبلوا الطفل المعاق ويقومون بدعمه ورعايته وأضافت السيدة قائلة " الايمان بقضاء الله وقدره وتقبل الطفل ذو الاعاقة مثله مثل أي شخص آخر بالعائلة ،ونتوجه الى الاطباء لا يجاد أي طرف خيط لعلاجه".
هناك 2 من أصل 15 مشاركة ذكرن أن بعض التحديات التي واجهتهما إلقاء اللوم على الام من قبل أم الزوج حيث قالت " الطفل اصبح ذو اعاقة بسبب إهمالك "

فيما يخص الاجابة على السؤال الثاني الذي يتعلق بالشخص الذي يقوم بدعم ومساعدة الام من العائلة هناك 6 من النساء ذكرن انهم يواجهن صعوبة في ايجاد شخص يعتني بطفلهم المعاق اثناء خروجهن وذلك لأنه لا يوجد من يحل محلهن لمساعدة الطفل ورعايته حيث ذكرت سيدة قصتها مع طفلها ذو الاعاقة قائلة " ولد طفلي دون ان يكون له طرف ايمن وهذا عيب خلقيي في البداية بكيت كثيرا وشعرت باليأس ثم تقبلت بعد ذلك اعاقته شيئا فشيئا وكان الطفل ذكي جدا عندما بلغ من العمر ثلاث سنوات صنعت له طرفا من القطن والبسته شرابا وربط ع باعلى ساقة وثبته من الاسفل ليصبح كالقدم العادية وذلك حتى لا اجعله يشعر بالتمييز بين رفاقه وادخلته بعد ذلك مدرسة عادية واقوم بتوصيله الى المدرسة كل صباح واعيده مرة ثانية إلى البيت"

بعض النساء ذكرن ان الأب والاهل الموجودين في البيت كالجدة والعمة والاخوة الاكبر يقومون بالمساعدة والاعتناء بالطفل ذو الاعاقة في حال خروج الأم .
فيما يخص الاجابة على السؤال الثالث هناك 5 من النساء اللاتي لديهم اطفال ذو اعاقة حركية يخرجن أطفالهم للعب ويشاركون اطفالهم مع اللعب مع اطفال أسوياء ويدمجونهم بالمجتمع .و2 من النساء اللاتي لديهن اطفال ذو اعاقة عقلية لا يتركن أطفالهم يلعبون مع أطفال آخرين وذلك لان لديهم سلوك عدواني حيث أنهم يقومون بضرب الأطفال الآخرين حيث قالت سيدة " الاعاقة العقلية من الصعوبات البالغة للطفل والاهل ، أنا أخاف ان اترك طفلي مع أطفال آخرين لان لديه سلوك عدواني وأخاف ان اخرجه من البيت لأي مكان "
هناك 4 من المشاركات أكدن على انهم يرفضون مشاركة طفلهم في الرحلات المدرسية بمفردهم ويرفضون دمج طفلهم وذلك لخوفهم الشديد عليهم منة أقرانهم الأسوياء حتى لا يؤذونهم بألفاظ أو تصرفات مؤذية وكذلك لان الطفل يحتاج الى رعاية خاصة .
فيما يخص السؤال الرابع ذكرت احدى السيدات أنها تعرف عائلات اخرى لديها اطفال ذو اعاقة بصرية جزئية

ويقومون بالذهاب وزيارتهم ويصطحبون أطفالهم للتنزه واللعب حيث يشعر الطفل بانه متساوي مع أقرانه ولا يوجد تمييز بينهم .
في ختام المناقشة قامت رئيسة الجلسة بشكر جميع الأمهات على مشاركتهم وكذلك سألت عن انطباعهم عن المشاركة لهذه الورشة .

منطقة شمال غزة
رحبت شهرزاد (ميسرة الجلسة) بأمهات الأطفال ذوي الاعاقة, و قامت بالتعريف عن المشروع و من ثم تحدثت عن نفسها كفتاة ذات اعاقة سمعية, كما تحدثت عن الاعاقة و المشاكل التي تواجه الأشخاص ذوي الاعاقة و تحدثت أيضا عن موضوع التمييز بين ذوي الاعاقة وغير ذوي الاعاقة و ضرورة المساواة بينهم, ومن ثم قامت دينا(مقررة الجلسة) بقراءة استمارة التعهد و أوضحت لهم سرية المعلومات وأن المعلومات تستخدم لأغراض البحث فقط و انه ليس هناك أي ضرر على السيدات في حال رفضت أي منهن المتابعة في الاجتماع و بعدها قامت شهرزاد بتوزيع استمارة التعهد و قامت الامهات بتوقيع استمارات التعهد و تم جمعها من قبل الباحثات, و بعدها قامت شهرزاد بالتعاون مع دينا بشرح الاستبيان الخاص بموضوع الأطفال ذوي الاعاقة وعلاقات العائلة للأمهات و قامت الأمهات بتعبئة الاستبيان خطوة خطوة من خلال شرح الباحثات و بعد الانتهاء من تعبئة الاستبيان, انتقلت شهرزاد للأسئلة المفتاحية و ساعدتها لطيفة في توضيح السؤال الأول, و قامت دينا بعملية الرصد و التوثيق للإجابات.

السؤال1. عندما يولد طفل مع إعاقة أو أنه أصبح من ذوي الإعاقة في طفولته، فقد تكون لحظة صدمة عاطفية للعائلة، و خصوصا للأم. في هذا الوقت، فإن دعم الزوج و العائلة مهم جدا للأم. نود أن نسمع منكم عن خبراتكم المتعلقة بالدور الذي قام به أزواجكم و عائلاتكم عندما اكتشفتم بأن طفلكم ذو إعاقة. ما التحديات التي واجهتموها في عن الوقت؟ من الذي زودكم بالدعم العاطفي؟

أجابت على هذا السؤال السيدة ل.م. حيث بدأت تروي قصتها مع ابنها ذوي الاعاقة قالت : في البداية فرحت بالإنجاب ولكن بعد أربعة شهور ظهرت الاعاقة فذهب العائلة بالطفل إلى الطبيب (أخصائي إبصار) ولكن الطبيب لم يكتشف الخلل و بعض فترة و بعد الذهاب إلى عدة أطباء تم اكتشاف المرض على انه ضمور في المخ فانصدمت الأم و بكت وتلقت الدعم من الزوج و الابن الاكبر بأن تصبر و قال لها الزوج أن هذا ابتلاء من الله _ عز وجل _ وأنه يجب أن نصبر و نؤمن و نرضى بقضاء الله و تابعت حديثها و قالت أن لديها ثلاثة أطفال آخرين يعانون من نفس الاعاقة و لكن تختلف درجة الاستيعاب و الفهم لديهم.

و تروى سيدة اخرى في السياق نفسه انه عندما رزقها الله بطفل اكتشفت ان سقف الحلق ملتصق بداخل الفم في البداية حزنت الأم حزناً شديداً لذلك فوقف بجوارها الزوج و الأهل و قال لها بان الأمر بسيط و بعد سنة أجريت له عملية و أصبح بإمكانه الكلام بعد سن سنتين لكن لم تخرج الحروف بالشكل الصحيح (خلل في نطق بعض الحروف) فاعتنت به الأسرة وأرسلوه إلى مؤسسة فتحسن نطقه .
و قامت سيدة أخرى بمشاركة قصتها حول نفس السؤال وقالت : أنها حملت في طفلة و بعد ثلاثة أيام في المستشفى اكتشفوا أن مشط القدم مفكوك فبكت الأم كثيرا و وقف بجوارها زوجها و قال للام لا تقلقي فانا على استعداد أن أعالجها بالخارج ثم بعد ذلك طرا تحسن على القدم و أصبحت المشكلة في الحوض فذهبت الأم بطفلتها إلى الأطباء ولكن بلا فائدة . وبعد فترة اقترح صديق الأب تركيب جهاز لأبنته للحوض و أصبحت تمشي باستخدام الجهاز, ثم بعد ذلك سافرت الأم بابنتها الى الخارج وعرضتها على طبيب عظام فقدم لها العلاج الطبيعي, وبعد سنة ونصف اكتشفوا الأطباء ان هناك عوج/انحراف بسيط في الركبة واقترحوا ان ترتدي الابنة حذاء طبي ليقوم بتصحيح اعوجاج القدم فأحضرت الأسرة الحذاء الطبي وكل شيء أصبح طبيعي.
وفي ذات السياق تحدث سيدة اخرى وقالت ان لديها ابن يبلغ من العمر 12 عام يعاني من اعاقة حركيه وعقلية وقدمه بحاجة إلى بتر " اعاقة مزدوجة" وتروي القصة وتقول : انه في البداية بسبب خطأ في العلاج { خطأ طبي }

حدث تسمم للقدم وغرغرينا فقال الاطباء انه ليس هناك امل من شفاء الابن وذكرت ان زوجها لم يستوعب اعاقة الابن ولم يتحدث او يسأل عنها لمدة شهر كامل و لا يسأل عن الطفل ذو الاعاقة. و تضيف " لقد كانت فترة صعبة جداً"

وفي ذات السياق تحدث سيدة اخرى وقالت ان لديها ابن يبلغ من العمر 12 عام يعاني من اعاقة حركيه وعقلية وقدمه بحاجة إلى بتر " اعاقة مزدوجة" وتروي القصة وتقول : انه في البداية بسبب خطأ في العلاج { خطأ طبي } حدث تسمم للقدم وغرغرينا فقال الاطباء انه ليس هناك امل من شفاء الابن وذكرت ان زوجها لم يستوعب اعاقة الابن ولم يتحدث او يسأل عنها لمدة شهر كامل و لا يسأل عن الطفل ذو الاعاقة.

السؤال2. بعض الأطفال ذوي الإعاقة يحتاجون إلى الدعم، قد يحتاجون إلى المساعدة في الذهاب إلى المدرسة، قد يتطلب وضعهم زيارات إلى المستشفى أو أخصائي. في بعض الأحيان قد تحتاجيين إلى القيام بعمل آخر و هذا يتطلب وجود شخص ما لرعاية طفلك. نحن نود أن نستمع إلى خبراتكم المتعلقة بمثل هذه المواقف مثلما كنت تحتاجين إلى المساعدة في إيصال ابنك للمستشفى أو المدرسة، أو تحتاجين شخص ما للإعتناء به لبضع ساعات بينما تقومين بعمل شيئا آخر. من الذي يساعدك و يقوم بدعمك من العائلة؟

فأجابت إحدى السيدات التي مرت بهذه التجربة : حيث قالت ان لديها طفل يبلغ من العمر 17 عاماً عندما كان في الصف الأول مكثت الأم 3 شهور وهي توصله إلى المدرسة ذهاباً وإياباً وكان الطفل عند العودة لا يعود الى المنزل لأنه كان يعاني من إعاقة عقلية فكانت الأم تقلق عليه بشدة لأنه كان لا يعود وأحيانا يتأخر للعودة وكان يتعرض للضرب من قبل طلاب المدرسة فكانت تذهب للبحث عنه فتجده يجلس تحت شجرة وبالتالي تحملت الأم أعباء ان توصله الى المدرسة ذهابا وايابا لمدة عامٍ كامل وفي يوم من الأيام قال لها معلم في الصف ان ابنك لا يلزمه تعليم لان لديه زيادة كهرباء في الدماغ فتكلمت الأم مع المعلم ولكن المعلم لم يتعاون معها فاضطرت الام الى اخراج ابنها من المدرسة وهو الان طوال اليوم خارج البيت ولا يعود ولا احد من المنزل يستطيع منعه من الخروج فقامت الام بعدة محاولات للسيطرة عليه ومنعه من الخروج ولكن لا فائدة فاضطرت الام الى تزويج ابنها الاصغر { الثانوية العامة } فتقوم زوجة ابنها بمساعدة الام في الاهتمام بأعمال البيت و بابنها ذوي الاعاقة.

أم أخرى و هي ذات الام التي كان سبب اعاقة طفلها خطأ طبي قالت بأن زوجها لا يساعدها ولا يهتم بالأولاد وانما تقوم ام زوجها { حماتها } بمساعدتها وقالت ان افراد العائلة الاخرى تشعر بالاشمئزاز والقرف من ابنها لأنه معاق كما يقولون ولكن الام ما زالت تؤمن بقدر الله وتقول الحمد لله وتذهب الى المؤسسات لتحصل على المساعدة ولم تيأس الام وقامت بالاهتمام بابنه فاصبح يتكلم مع الام ويتعاون معها في البيت وكان الابن يصاب في بعض الأحيان بارتفاع لدرجة الحرارة حيث كان تصل درجة الحرارة الى 41 فكانت الام تهتم به في حالة المرض وتحمد الله على كل حال وذكرت أنها تهتم به اهتماما بالغاً أكثر من إخوته و تميزه عن باقي اخوته بالرعاية و الاهتمام.

و طرحت لطيفة سؤال اين تتركين طفلك في حال خروجك مثل اليوم؟ اجابت اتركه في البيت عند اخوته الاصغر و الاخوة يلبوا طلبات اخوهم و يتلقى العلاج الطبيعي في المستشفى ومع العلاج اصبح يتحرك و بالنسبة لي هو ليس طفل ذو اعاقة و انما الاعاقة فقط في ساقه و كل المسئولية تقع على الام فهي من تلاحظ ردة فعله و توجهه و الاساس هي الام.

ثم انتقلت للسؤال الثالث

السؤال3. الأطفال يريدون دائما الخروج و اللعب مع غيرهم من الأطفال. يريدون المشاركة بالمناسبات الدينية و الإجتماعية مثل حفلات الزفاف. في هذه المواقف، فإن دعم الأصدقاء والجيران و المجتمع مهم للغاية. هل

تستطيعين مشاركتنا بخبراتك حول الأصدقاء و الجيران و المجتمع أيضا في دعمهم و مساعدتهم لطفلك ذو الإعاقة؟

هل لديك خبرات حينما كان موقفهم سلبي و قاموا بخلق المشاكل لعائلتك و لطفلك؟

قالت سيدة من الحاضرات : ان ابنها إذا سمع بأحد الأفراح المجاورة لهم بأنه يلبس ملابسه أنيقة ويذهب الى مكان الفرح فيقومون الأولاد وخاصة من الأقارب بضربه وسكب العصير على رأسه ويقولون له {يا اهبل} عد الى بيتك فيغادر الفرح ويذهب الى أمه ويقول لها ضربوني الأقارب إما بالنسبة للناس الآخرين في الشارع فإنهم يكونوا مشفقين عليه ويهتمون به قليلا مقارنة مع الأقارب فكانت الام تشعر بالحزن الشديد جراء ما أصاب ابنها ففكرت في ان تبيع بيتها وتنتقل الى بيتٍ أخر فهي تشعر بالغضب والحزن بسبب ما يقوله الناس عن ابنها لأنه أهبل فباعت الام البيت لهذه السبب.

وقالت ام اخرى أن الضيوف لا يتقبلوا الضيافة في حال وجود طفلها ذوي الاعاقة و لكني أشعر بالسعادة عندما يخرج للافراح و لكن الناس لا يتقبلوا الا نادرا و لا يتقبل جميع افراد المجتمع ذلك.

ثم انتقلت للسؤال الرابع

السؤال4. هل تعرفين عائلات اخرى لديهم اطفال ذوو إعاقة؟ هل سبق و اجتمعتي معهم أو شاركتي خبراتك معهم؟

هل تنظمين أحداث مشتركة مع عائلات الأطفال ذوو الإعاقة مثل اصطحاب طفلك في نزهة او اللعب معا؟

قالت إحدى السيدات ان لديها طفل يعاني من إعاقة حركية في اليد و القدم كان يخرج في رحلات و متأقلم بشكل جيد مع الأطفال الآخرين و كانت الام تتعرف على سيدات أخريات و تتواصل معهم

و قالت سيدة أخري في السياق نفسه ان لدى جارتها ابن و بنت من ذوي الاعاقة العقلية و كانت حالتهم سيئة جدا اذ أن أقاربهم و خصوصا الجد يسيء اليهم بالألفاظ فكانت الام تتألم لحالها و كانت تجتمع معها و تتحدث كل منهن عن مشاكل أولادهن فكانت الام ذات الخبرة في تربية ابنها ذات الاعاقة تنصح جارتها و ترشدها باستمرار في كيفية التعامل مع أطفالها من ذوي الاعاقة

ثم انتقلت الى السؤال الخامس

السؤال5. هل تشعرين بالخوف على طفلك من الأطفال الآخرين في المجتمع، حيث أنهم قد يتفوهون بأمور سلبية تؤذي مشاعره؟ هل تستطيعين مشاركة الخبرات المتعلقة بهذا الموضوع؟ كيف تستطيعين التغلب على مخاوفك، و بالتالي يستطيع طفلك الذهاب إلى المدرسة او اللعب مع أصدقائه؟

قامت أحد الأمهات انها هي ذاتها كانت هي تخاف على طفلها من الخروج للشارع لأنه إذا خرج للشارع يضربه الناس ويشكو منه فكانت الأم أكثر شخص يتألم لأنها تكون موجودة دائما بجوار ابنها ذوي الاعاقة أما الأهل و الأقارب فهم يأتون ويذهبون ولا يهتمون بالأمر.

قالت سيدة ان ابنها الذي يعانى من إعاقة عقلية كان يخرج و يعود مضروباً فكانت الام تخاف عليه من الخروج لأنه إذا خرج يقول الناس عنه أهبل و يقوم برميه بالحجارة فتذهب الام بعد ذلك تشكو لأهالي أطفال الآخرين الذين تسببوا في ضربه فلا يهتم الأهل بشكوى الام فتعود الام حزينة لذلك تقول الام : أنا لا أشجع ابني على الخروج خوفاً عليه من ضرب الأطفال الآخرين له كما أنها تخاف عليه من ان يأخذه يوما ما الى مكان مجهول فكانت تقول له لا تذهب مع الآخرين و في إحدى الأيام خرج هذا الابن مع أبيه إلا إحدى المناسبات فاتصل عليها احد الأقارب ليقول لها ان ابنك قد تعرض لحادث سير فتصلت الام على الأب لتتأكد من ان ابنها سليم ولم يصاب بأذى فتأكدت ان ابنها سليم وإنها كانت مجرد إشاعة .

و في السياق نفسه تحدثت سيدة اخرى ان لديها ابن أصيب و هو في عمر سنة في الحرب فتشوه وجهه و يده اليسرى تحتاج الى بتر و هو الآن في الصف الرابع حيث انه في بداية الأمر لم يتم قبوله في المدرسة بسبب إعاقته و

هو نفسه (الطفل) كان يخاف خوفاً شديداً من نظرة الطلاب له فكانت الام تذهب معه للمدرسة وتحضر معه الدروس بشكل يومي و بعد فترة من الزمن تقبل الولد إعاقته ولم يعد يخشى من نظرات الطلاب وأصبح يعتمد على نفسه في الذهاب الى المدرسة و عن خروجه للشارع في البداية كان يخاف خوفاً شديداً بسبب نظرات الآخرين له ولكن كانت الام تدعمه بصورة مستمرة وتشجعه على الخروج و مواجه المجتمع .

السؤال6. الطفل ذو الإعاقة يتطلب الكثير من الإهتمام و الدعم. في بعض الأحيان يكون الآباء منشغلين عن الرعاية بطفلهم ذو الإعاقة و بالتالي لا يعطون باقي الاطفال الوقت الكاف للإهتمام بهم. هل شيئا من هذا القبيل يحدث بأسركم؟ و ما هو شعور اطفالكم الآخرون حول أخاهم ذو الإعاقة؟

أجابت سيدة فيما يتعلق بهذا السؤال أنها تهتم بطفلها ذوي الاعاقة أكثر من أطفالها الآخرين من غير ذوي الاعاقة و بالتالي فإن الأخوة يتأثرون بسبب هذا التمييز ولكن الأم عالجت الأمر حيث أنها تكلف بعض الأخوة بالاهتمام بأخيهم ذوي الاعاقة في حال غيابها و ذلك حتى لا يشعروا بالغيرة و تتابع الأم أن لديها ابنة صغيرة تغار بشدة من أخيها ذوي الاعاقة فتقوم الأم بمراضاتهم و حل المشكلة بقليل من الحكمة و تقول الأم بأنه من الضروري دمج الأشخاص مع إخوتهم حتى لا يشعروا بالغيرة و هي تدع الأطفال بدون الاعاقة باللعب يوميا مع طفلها ذوي الاعاقة على الأقل لمدة ساعة.

قصة أخرى تشاركنا بها إحدى السيدات فتقول انه في إحدى الأيام قام الأب بشراء أحذية لأطفاله ولكنه لم يشتري لابنه ذوي الاعاقة فشعر الابن بالحزن و الغضب الشديدين و خاصة من الأب الذي لم يشتري له الحذاء.

السؤال7. في بعض الأحيان الأطفال ذوي الإعاقة يرتادون المدرسة و لكن المدرسين لا يملكون الوقت الكاف لإيلاء الاهتمام المناسب لطفلك. كيف تدعمين التعليم الخاص بطفلك ذو الإعاقة في البيت؟ هل زوجك و أسرتك يقومون بمساعدة طفلك في دراساته؟
قالت سيدة مشاركة في الاجتماع أن لديها ابنة تعانى من ضعف الاستيعاب فأرسلتها الأم لحضور دروس تقوية في مركز تمكين الشباب ولكن المركز لم يقبلها بسبب ضعف استيعابها .

وقصة أخرى وحيث تقول أن ابنة أخ زوجها (ابنة سلفها) و التي تعانى من إعاقة حركية و التي يفترض أن تكون في الصف السادس ولكن بسبب رسوبها المتكرر هي الآن في الصف الرابع حيث أن أسرتها لا تهتم بها على الإطلاق و تهملها بحجة أنها ذات إعاقة .

منطقة جنوب غزة
الاثنين 16/06/2014
9:30 صباحا- 11:30 صباحا
بدأت رئيسة الاجتماع بتقديم نفسها والترحيب بجميع المشاركات، ثم طلبت من الحضور أن يقدموا أنفسهم أيضا. قامت مسئولة الإجتماع بتقديم مقدمة بسيطة عن مؤسسة EDUCAID وأنشطة المشروع وذكرت أن البحث الإعاقة التحرري هو أحد الأنشطة الرئيسية. أوضحت الهدف من هذا ال بحث العاقة التحرري ، وسبب وجود الأمهات في هذا الاجتماع.

تم توزيع ورقة التعهد على الأمهات من قب الباحثات و كذلك ورقة الحضور أيضا. بدأت كريمة تتحدث عن أدوار ومسؤوليات الأمهات والأسر، وكيف أنها تتغير عندما يكون هناك طفل من ذوي الإعاقة في الأسرة. قامت الأمهات بالتحدث عن تجاربهم مع أبنائهم ذوي الإعاقة وعن سبب الإعاقة لديهم وتحدث عن ردود أفعالهم عندما علموا أن لديهم طفل من ذوي الإعاقة.

قامت المقررات بتدوين الملاحظات و بكتابة القصص من النساء، رفضت بعض النساء تبادل الخبرات والقصص حيث فضلت رئيسة الجلسة عدم إجبارهم على التحدث.
قامت الباحثات والمقررات بتوزيع الاستبيان على الأمهات وساعدهن على ملئها ثم بعد الانتهاء تم جمع الاستبيان.

بعد الاستراحة استخدمت كريمة شرائح PowerPoint لمناقشة الأسئلة الأربعة مع الأمهات حيث تم إعطاء الفرصة لهن بعد كل سؤال ليتحدثن عن آرائهم وسرد قصصهم ثم تنتقل إلى السؤال التالي. لم تشارك كل النساء في مناقشة الأسئلة حيث إبدين بعض الحرج ورأت أخريات أنه من الخصوصية عدم التحدث عن معاناتهن. في غضون ذلك قامت المقررات بكتابة قصص النساء و تدوين الأجوبة على الأسئلة. وفي نهاية الجلسة قامت رئيسة بشكر النساء لحضورهن ومشاركتهن في الاجتماع.

وكانت إجابات الأمهات وقصصهن قد سردت على النحو التالي حسب السؤال المطروح من قبل رئيسة الجلسة:

السؤال .1عندما يولد طفل مع إعاقة أو أنه أصبح من ذوي الإعاقة في طفولته، فقد تكون لحظة صدمة عاطفية للعائلة، و خصوصا للأم .في هذا الوقت، فإن دعم الزوج و العائلة مهم جدا للأم .نود أن نسمع منكم عن خبراتكم المتعلقة بالدور الذي قام به أزواجكم و عائلاتكم عندما اكتشفتم بأن طفلكم ذو إعاقة .ما التحديات التي واجهتموها في عن الوقت؟ من الذي زودكم بالدعم العاطفي؟

شاركت احدى الامهات الأخريات تجربتها وتحدثت عن صدمتها بالطفله التي ولدتها ولديها اعاقة ومما زاد الامر صعوبة عليها أنه لا يوجد في العائلة اي اشخاص ذوي اعاقة من قبل بالرغم من قرابة الجد للجدة (ابنة خالته).

أما قصة السيدة الاخرى فتتلخص في ان ابنها تعرض لحادث موتوسيكل وهو طفل واصبح لديه اعاقة عقلية بسبب حدوث) كسر في الجمجمة (وان صدمة الام والاب كانت كبيرة ولكنها تقبلت ذلك واصبحت تفرغ عن نفسها بالبكاء بعيدا عن نظر طفلها .واوضحت ايضا ان وضعها المادى كان لايسمح لها بتلبية طلبات ابنها ولكنها كانت تحاول تلبية كل ما يحتاجه حتى لو اضطرت للاقتراض من أي أحد وذلك لا رضاؤه كما أنها كانت تدمجه مع الاطفال من حوله للعلب معهم ومشاركتهم حتى أنها كانت تضطر لشراء الألعاب والحلوى لهم ليحسنوا معاملته ويسمحوا له مشاركتهم في اللعب.

السؤال .2بعض الأطفال ذوي الإعاقة يحتاجون إلى الدعم، قد يحتاجون إلى المساعدة في الذهاب إلى المدرسة، قد يتطلب وضعهم زيارات إلى المستشفى أو أخصائي .في بعض الأحيان قد تحتاجيين إلى القيام بعمل آخر و هذا يتطلب وجود شخص ما لرعاية طفلك .نحن نود أن نستمع إلى خبراتكم المتعلقة بمثل هذه المواقف مثلما كنت تحتاجين إلى المساعدة في إيصال ابنك للمستشفى أو المدرسة، أو تحتاجين شخص ما للاعتناء به لبضع ساعات بينما تقومين بعمل شيئا آخر .من الذي يساعدك و يقوم بدعمك من العائلة؟

عبرت أغلب السيدات عن رضاهن عن عائلاتهن في مساعدتهن على التعامل مع أطفالهن ذوي الاعاقة على الرغم من أن المجتمع أحيانا يكون سببا في مضايقات يتعرض لها الطفل في فترة الطفولة والمراهقة وهي الفترة التي يكون للكلام المجتمع تأثير على شخصية الطفل

- تحدثت إحدى السيدات أن طفلها يبقى عند الأقارب وذكرت منهم " السلفات"،كما انه يتلقى اهتمام كبير جدا من ذوي الطفل وعائلاته، رغم تلقيه في بعض الأحيان كلمات بذيئة بسبب اعاقته من الأطفال الأصغر سننا منه في محيطه
- ذكرت إحدى السيدات بأن الطفل يبقى عند أخوته الأكبر منه سنا في حال غياب الابوين، وفي حالة غياب الوالدة لقضاء أمر ما فأنه يبقى عند والده ليهتم به.
- السيدة أم حسين ديب قالت :يبقى الطفل عند" خالاته "على الأغلب، ويمكن القول بأنها لا تستطيع ترك طفلها عند" أعمامه "لعدم تحملهم مسئوليته أو "شقاوته.
- أما السيدة ياسمين ماضي فتقول :يبقى الطفل عند أقاربه، كما أوضحت أنه في المناسبات كالأفراح يمكنها اصطحاب الطفل، وأكدت على الاهتمام به أكثر من أخوته، فهو من وجهة نظرها إنسان يستحق الحياة الأفضل.
- احدي الامهات كانت تواجهها مشكلة مع طفلها الذي يعانى من اعاقة سمعية "" صم " ولم يكن هناك باص ينقله للمدرسة الخاصة به) جمعية الامل (فكانت الام تتحمل المسؤلية لتذهب معه للمدرسة يوميا ذهابا وايابا علي حسابها الخاص ولكنها تؤمن أن ذلك يستحق منها بعض العناء.

السؤال3. الأطفال يريدون دائما الخروج و اللعب مع غيرهم من الأطفال. يريدون المشاركة بالمناسبات الدينية و الإجتماعية مثل حفلات الزفاف. في هذه المواقف، فإن دعم الأصدقاء والجيران و المجتمع مهم للغاية. هل تستطيعين مشاركتنا بخبراتك حول الأصدقاء و الجيران و المجتمع أيضا في دعمهم و مساعدتهم لطفلك ذو الإعاقة؟ هل لديك خبرات حينما كان موقفهم سلبي و قاموا بخلق المشاكل لعائلتك و لطفلك؟

تفاعلت سيدة واحدة مع هذا السؤال حيث قالت يرافقنى ابنى لأي مكان أذهب اليه وليس لدى أي مشكلة وأستطيع تدبير شؤني بنفسي حتى لا اؤثر علي نفسية طفلي وأرضي بقدري ونصيبي فلا يشعر طفلي بأنه مرفوض ممن حوله.

السؤال4. هل تعرفين عائلات اخرى لديهم اطفال ذوو إعاقة؟ هل سبق و اجتمعتي معهم أو شاركتي خبراتك معهم؟ هل تنظمين أحداث مشتركة مع عائلات الأطفال ذوو الإعاقة مثل اصطحاب طفلك في نزهة او اللعب معا؟

تحدثت الامهات انهن يقومن برحلات ترفيهية عن طريق جمعية الامل برفح ليرفهن عن اطفالهن فهنا وجدن جو المحبة بينهن ..

لا يوجد أي من السيدات اللواتي حضرن الاجتماع ممن لديهن معرفة في بعض من قبل سوى اثنتين

- قالت السيدة ياسمين ماضي: كما ذكرت سالفة أنها تهتم بطفلها اهتماما شديدا وبالنسبة لخروج طفلها مع عائلة أخرى لديها أطفال من ذوي الإعاقة فكان جوابها لا مانع!، وأضافت انه وخلال العشر دقائق الأولى تعرفت على السيدة لينا شعت ولديها طفل من ذوي الإعاقة، ويمكنهما الخروج سويا في حال سمحت لهم أوضاعهم الاقتصادية.

- أما السيدة أم حسين ديب تعرف من قبل السيدة أم محمد زعرب ويمكنهما الذهاب معا في اي رحلات او ايام ترفيهية، فلا يوجد مانع لذالك.

تلك كانت إجابات السيدات على الأسئلة التي طرحت خلال اللقاء وفي غضون ذلك قامت المقررات بكتابة قصص النساء و تدوين الأجوبة على الأسئلة. وفي نهاية الجلسة قامت رئيسة الجلسة بشكر النساء لحضورهن ومشاركتهن في الاجتماع.

اللقاء الاستخلاصي للثلاثة مجموعات

الخميس 2014/6/26

13:00_10:00

النقاط المشتركة

- الالتزام بعقد الورشة في الموعد المحدد بحضور أمهات الأطفال ذوي الاعاقة و تعبئة التعهد و الاستبانات و مناقشة الأسئلة المذكور في بروتوكول البحث الأول.
- تحفظ بعض السيدات في موضوع الاجابة عن بعض أسئلة الاستبانة
- تفاعل السيدات أمهات الأطفال في سرد تجاربهم الحياتية مع أطفالهم ذوي الاعاقة ضمن أحد المجموعات,

و في مجموعة أخرى ذكرن قلة تفاعل النساء أمهات الأطفال بالنقاش.

- معاناة الأمهات من نظرة المجتمع السلبية تجاه الطفل ذو الاعاقة تقوم على الابعاد و التمييز و الاهمال المجتمعي و لكن بوجود اهتمام من قبل أهل الطفل ذو الاعاقة
- اهمال الكثير من الأسر تعليم أطفالهم ذوي الاعاقة خاصة بطيء التعلم
- عدم تقبل المدارس الأطفال ذوي صعوبات التعلم و اهمالهم في كافة نواحي الحياة.
- مشاركة من ينوب عن أم الطفل ذو الاعاقة وليس الأم نفسها في أحد الاجتماعات و بالتالي قلة المصداقية بالمعلومات
- تعدد الاعاقات في طفل واحد
- ذكرت أمهات الأطفال أن سبب حدوث الاعاقة لدى أطفالهم أخطاء طبية

النقاط المهمة

- وعي النساء و ثقافتهم فيما يخص الاعتناء و التعامل مع الأطفال ذوي الاعاقة.
- نظرة المجتمع السلبية
- معاناة أمهات الأطفال ذوي الاعاقة من انعدام وسائل مواصلات تقل أطفالهم للمدارس
- تقبل بعض الأمهات لإعاقات أطفالهم
- توضيح استمارة التعهد للأمهات قبل بداية الجلسة
- الحر الشديد و انقطاع التيار الكهربي أثر على انعقاد أحد جلسات السؤال البحثي الأول بين الباحثات و أمهات الأطفال

العقبات و التحديات

- معاناة أمهات الأطفال ذوي الاعاقة بقلة من يساعدهم بالاعتناء بأطفالهم خاصة في حال خروجهم
- اصطحاب السيدات لأطفالهم خلال الجلسات, أوجد جو من الفوضى
- غياب عدد من الباحثات في أحد المناطق بما فيهم رئيسة الجلسة
- تأثير الحر و انقطاع الكهرباء على التمام الجلسة بالشكل المطلوب في أحد المناطق
- تأخر بعض أمهات الأطفال ذوي الاعاقة عن موعد الجلسة في أحد المناطق

الآراء

- شعور جميع الباحثات بالسعادة بخوض تجربة ايجابية بالعمل بروح الفريق و اندماج أمهات الأطفال ذوي الاعاقة معهن, مما اوجد شعور دافع للمضي في تنفيذ السؤال البحثي الثاني
- تباين وعي أمهات الاطفال ذوي الاعاقة في موضوع البحث
- تسهيل مهمة الباحثات من قبل موظفي مشروع الاندماج
- تبيان آراء أمهات الأطفال ذوي الاعاقة في المحافظات الثلاث
- بكاء السيدات الأمهات عند ذكر تجربتهم و بالتالي أثر قدرتهم على البوح
- ضرورة التزام الباحثات بالحضور

مشروع الإندماج التمكين الإقتصادي و الإجتماعي للسيدات ذوات الإعاقة في قطاع غزة

تقرير البحث/ الموضوع 2

التوظيف الذاتي وسبل العيش للنساء ذوات الإعاقة

الفترة: 2014/9/29 2014/10/30

اليوم الاول/ الاجتماع التحضيري لسؤال البحث الثاني

2014/9/29, الاثنين

14:00_11:00

قامت ولاء مدوخ منسق مشروع الاندماج المنتدى الاجتماعي التنموي بافتتاح الجلسة وعرض العناوين الرئيسية الخاصة بالجلسة والتي تتضمن:

- مراجعة حول بحث الاعاقة التحرري
- استعراض تقرير السؤال البحثي الاول "**فهم العلاقات في أسرة الطفل ذو الإعاقة**"
- استعراض ومناقشة بروتوكول السؤال البحثي الثاني" **التوظيف الذاتي وسبل العيش للنساء ذوات الإعاقة**"

ناقشت الباحثات أسباب القيام بالبحث التحرري لفهم العلاقات وحل المشكلات ومن ثم انتقلت المدربة الى مناقشة أنواع البحوث ومنها البحث التشاركي والذي يجب فيه إشراك الجميع لتعزيز التمكين، والبحث التحرري والذي ينفذ من قبل الاشخاص ذوي الاعاقة عن نفس الفئة ويكون الأشخاص ذوي الاعاقة هم من يتحكم في البحث ويعتمد على منظور مجتمعي.

قامت المدربة باستعراض التقرير النهائي للموضوع البحثي الأول وقاموا بمناقشة العقبات والآراء الخاص به والحلول الخاصة لعدم مواجهة مثل هذه العقبات خلال تنفيذ السؤال البحثي الثاني.

قامت المدربة بتوضيح الهدف العام والأهداف المحددة من السؤال البحثي الثاني (**التوظيف الذاتي وسبل العيش**) و من ثم تطرقت الى مناقشة البروتوكول الخاص بالجزء الأول من السؤال البحثي الثاني (التعلم من التجارب) حيث سيتم تنفيذه كالآتي:

- 3 لقاءات رئيسية في 3 محافظات لإجراء المقابلات
- 3 لقاءات إستخلاصية
- تحديد الباحثات لإجراء المقابلات
- كتابة التقرير من قبل المقررات
- 3 لقاءات رئيسية في 3 محافظات لتعبئة الاستبيان
- كتابة التقرير من قبل المقررات
- تسجيل ملاحظات ذات الأهمية لطرحها في اللقاءات الإستخلاصية من قبل الباحثات الأخريات.
- التنسيق مع المؤسسات المحلية الشريكة من اجل توفير الفئة المستهدفة
- توضيح دور طاقم المشروع الداعم.

نوهت المدربة الى أهمية تعبئة استمارة التعهد وذلك لضمان خصوصية المعلومات

و قامت بمناقشة جميع الأسئلة التي ستقوم الباحثات بطرحها على الفئة المستهدفة (أصحاب المشاريع الناجحة) بإسهاب وتفصيل وقامت بإعطاء أمثلة على كيفية طرح الأسئلة.

أكدت المدربة على أهمية توزيع الأدوار وتبادلها في نفس الوقت وأشارت إلى أهمية التعاون فيما بين الباحثات والمقررات وطاقم المشروع للوصول لأفضل النتائج.

شرحت المدربة آلية المقابلة مع أصحاب المشاريع الناجحة وأكدت على ضرورة كتابة التقارير الخاصة بكل مقابلة. وبعد الانتهاء من المقابلات سيكون هناك تقرير استخلاصي بين الباحثات و المقررات و الخروج من هذا اللقاء

بتقرير يوضح الايجابيات والسلبيات والعقبات والحلول.
انتقلت المدربة إلى الجزء الثاني من السؤال البحثي الثاني (**فهم الفرص المتاحة خلال المؤسسات العاملة مع ذوي الإعاقة)**
حيث قامت بتوزيع الاستبيان الخاص بالمؤسسات وشرح جميع تفاصيله وكيفية ادارة اجراء اللقاء مع مدير المؤسسة.

الهدف المحدد الأول: التعلم من التجارب

المقابلات الفردية

منطقة غزة

التاريخ و اليوم	2014/10/1 الأربعاء	
الوقت	11:00_9:00	1:30_11:30
المكان	جمعية المستقبل للصم الكبار	الاتحاد العام للمعاقين
مترجم الإشارة	اسراء غزال	
المشاركات	4 مقررات 7 باحثات	

وفرت جمعية المستقبل للصم الكبار خمس أشخاص من أصحاب التوظيف الذاتي الناجح، قامت الباحثات بمقابلة كل منهم على حدى وطرح الأسئلة الخاصة بالسؤال البحثي الثاني وقامت المقررات بكتابة التقارير وذلك حسب اتفاق مسبق بينهم فيما يخص توزيع الأدوار بينهن. وفيما يلي مقابلة كل شخص بالتفصيل:

- محمود أبو ناموس: 27عاما إعاقة سمعية كلية

بدأ عمله في 2012 وكان حبه الشديد للتدريس هو ما حفزه على ذلك؛ إذ كان يرغب في أن يصبح أستاذًا، كما أنّه كان في حاجةٍ لإيجاد عمل عوضا عن الجلوس في البيت والاعتماد على الآخرين، فبادر وفتح المركز في بيته ليدرِّس الرياضيات لطلاب المرحلة الابتدائية من الصمّ. يقوم محمود بالتسويق لمركزه عن طريق عرض خدماته وما يقدمه المركز لأمهات الأطفال الصم، أكد على أنه يبدأ دائما بتهيئة التلميذ نفسياً قبل الشروع في شرح الدرس، يقوم بمراجعة الدروس للتلاميذ ويشرح لهم الدروس الجديدة موضحًا الصعب منها ثم يعطيهم بعض التمارين ليتأكد من فهمهم التامّ لما تمّ شرحه أو مراجعته. هذا المشروع عبارة عن مجهود ذاتي من قبل محمود وبدون أي قرض أو دعم من أية مؤسسة بل اعتمد في ذلك على مدخراته الشخصية فقط، وقد وفر بعض التكاليف كون المركز في بيته أيضًا. أردف محمود بأنه من المؤكد وجود عدداً من الصعوبات أهمها ضيق المكان، إذ كان يتمنى مكانًا أوسع وأكثر استقلالية حتى لا يقاطعه أحد أثناء الدرس، كما أنه يعاني من عدم اهتمام أمهات تلاميذه بهم، إذ لا يتابعونهم ويلقون كل الحمل عليه. هذا ناهيك عن شح الموارد المادية فهو يحتاج بعض القرطاسية للتلاميذ، ولا يقوم أهلهم بتوفيرها فيضطر لإحضارها بنفسه. رغم ذلك فإنه متشجع دائما للعمل وذلك بسبب دعم أهله و تشجيعهم له طوال الوقت بالإضافة إلى حبه للتدريس وللأطفال وهو ينصح كل فتاة حصلت على تدريب ما أو تعلمت شيئًا أن تعمل به ولا تقف ساكنة وثبت وجودها وتتعلم أكثر.

- علي دبو: 27عاما إعاقة سمعية كلية

مشروع علي الخاص هو سوبر ماركت، يحب عمله فيستيقظ له باكرًا ليعمل بجد، يشتري ما يلزم من البضائع والمنتجات من تجار الجملة بنفسه ويشتري أغلب ما يبيعه من محل تجاري يبيع بالجملة. بدأ علي مشروعه منذ ثمانية سنوات تقريبًا، لكنّه في البداية كان مجرد بسطة صغيرة، يبيع عليها بعض الخضار ومواد التنظيف والقرطاسية، واستمر على ذلك الشكل لمدة سنتين حيث فتح متجرًا صغيرًا ثم توسع حتى أصبح سوبر ماركت. كان مصمما على النجاح وذلك بسبب الوضع المادي الصعب حوله، وقد أراد هو تكوين نفسه والاعتماد عليها لإثبات مكانته وقدرته في معترك الحياة. لم يحصل علي أي دعم أو قرض من أية مؤسسة بل اعتمد على جهده بالإضافة

إلى مساعدة والده له أحيانًا، إذ إنّ والده تاجر أيضًا. و بالتأكيد كأي مشروع فقد واجه صعوبات كبيرة منذ بداية مشروعه حيث عانى من ملاحقة الشرطة لأصحاب
البسطات البسيطة في الشارع عندما كانت له بسطة صغيرة لكنه كان قادرًا على الهرب في الوقت المناسب ، كما عانى من عدم فهم الناس له بسبب عدم قدرته على الكلام أو السمع وقد كان يحاول التفاهم بما هو سهل من الإشارات المعروفة وأما الآن فهو معروف في السوق والناس بشكل عام وزبائنه بشكل خاص يعرفونه، ويعرفون كيف يتعاملون معه، فهو يشعر بالراحة الآن أكثر من ذي قبل ومما ساعده على النجاح هو إصراره على العمل وإثبات نفسه إضافة إلى دعم وتشجيع والده. علي ينصح كل فتاة لديها مهارة معينة أن تستغلها وألا تعتمد على المؤسسات، عليها اثبات نفسها دون الخوف من المجتمع.

- أ.غ: 22عاما إعاقة سمعية كلية

ميكانيكي يمتلك ورشة لتصليح السيارات، يقوم بإصلاح السيارات المعطلة، وتبديل قطع غيار بعض السيارات، كما يقوم بإصلاح المواتير. بدأ عمله الحالي منذ عام 2007 تقريبًا، و ذلك لولعه بالسيارات و إصلاحها، و شغفه الدائم لمعرفة الجديد عنها والنظم الحديثة منها، حتى وإن لم يكن يعرف طريقة التعامل مع سيارة معينة فإنّه يحب أن يحاول ويكتشف. ذكر أ.غ أنه لم يحصل علي أي قرض أو دعم من أية مؤسسة لفتح هذا المشروع بل اعتمد على نفسه ومساعدة أهله له و لكنه بالوقت نفسه يواجه عددًا من الصعوبات في عمله، من أهمها صعوبة التواصل بينه وبين الزبائن بسبب إعاقته، وكون بعض الزبائن أحيانًا يودون الاتصال به هاتفيًا، لكنّه لا يتمكّن من الحديث معهم فيضطر أحيانًا للاستعانة بأخيه، لكنّه بشكل عام ومع الزمن أصبح أكثر قدرة على التعامل مع الزبائن بشكلٍ أفضل، من خلال التواصل معهم باستخدام رسائل الجوال بدلا من المكالمات الصوتية، وكذلك يحاول استخدام إشاراتٍ سهلة وواضحة مع من يزوره في الورشة. و مما ساعده على النجاح في مشروعه إصراره على العمل ودعم والديه له، كما أن لديه رغبة قوية وحبًا للتعلم في خضم هذا المجال. وهو ينصح النساء ذوات الإعاقة بأن يعتمدن على أنفسهنّ ويثبتن وجودهنّ ويخرجن للمجتمع حتى لا يكونوا في دائرة النسيان.

- حازم المغربي: 22عاما إعاقة سمعية جزئية

مشروعه الخاص هو صالون حلاقة حيث يقوم بحلاقة الشعر وسنفرة الوجه وكل ما يتعلق بالعمل في صالون حلاقة الرجال بدأ يمارس هذا العمل قبل 7 أعوام أي منذ 2007 وقد قرر البدء بالعمل بسبب نصح والده له لبناء حياته وتشجيعه له لكي يمارس مهنة معينة وقد قرر بأن يتعلم مهنة الحلاقة وعمل على ذلك من خلال الالتحاق بدورة خاصة في هذا المجال لمدة 3 شهور. حازم اعتمد على نفسه ولم يقترض قرضا وساعده والده حيث وفر له مكان ليعمل به. الصعوبات التي واجهها حازم كانت شخصية مثل الخجل و مجتمعية مثل عدم معرفة الناس بلغة الإشارة مما أدى إلى صعوبة التواصل معهم بلغة الإشارة ولكنه تغلب عليها مع مرور الوقت واختلاطه بالكثير من الناس.من العوامل التي ساعدت حازم على النجاح هي الإصرار على العمل ومخالطة الناس والاعتماد على النفس وتحمل المسئولية بالإضافة إلى حب الناس له ودعمهم وتشجيع والده المستمر. نصح النساء ذوات الإعاقة بأن يخرجن للمجتمع العمل بالمؤسسات ومخالطة الناس وعدم التزام البيت.

- محمد أبو زيد: 59 عاما إعاقة سمعية كلية

محمد أبو زيد يعمل سائق سيارة أجرة حيث يقوم بإيصال الناس في مختلف مناطق قطاع غزة. شرع في عمله منذ 21 عام أي منذ 1993 وقد قرر البدء بالعمل كسائق ذلك لأنه كان يعمل عامل في إسرائيل وقد أغلقت المعابر لذلك فكر في تأمين قوت عائلته من خلال عمل يقوم به فاشترى سيارة أجرة وبدأ بممارسة هذا العمل ولوجود رغبة ملحة لديه في السياقة و هو لم يتلقى قروض من أي مؤسسة وأن عمله من مدخراته الخاصة. من بين الصعوبات التي واجهته في بداية عمله كسائق كونه أول شاب أصم يمارس مهنة السياقة فكان هناك صعوبة في التواصل والتفاهم مع الركاب وقد تغلب على هذه الصعوبة من خلال خبرته حيث كان يتواصل مع الركاب بالإشارات ومع الوقت تمكن من التفاهم مع الركاب أو من خلال كتابتهم له على ورقة. من العوامل التي ساعدته على النجاح هي إصراره على العمل ودعم زوجته له ورغبته في إثبات وجوده للمجتمع وحبه لمهنته وبحثه عن الاستقرار الذاتي. اكد محمد بأنه يجب على النساء ذوات الإعاقة البحث عن عمل واستثمار قدراتهم وإلا سيطر عليهم الإحباط.

وقد وفر الإتحاد العام للمعاقين الفلسطينيين ثلاث سيدات من أصحاب التوظيف الذاتي الناجح، قامت الباحثات بمقابلة كل منهن على حدى و طرح الأسئلة الخاصة بالسؤال البحثي الثاني و قامت المقررات بكتابة التقارير و ذلك حسب اتفاق مسبق بينهم فيما يخص توزيع الأدوار بينهن. و فيما يلي مقابلة كل سيدة بالتفصيل:

- علا أبو طويلة:27 عاما ،الاعاقة حركية جزئية

علا فتحت محل لبيع المطرزات حيث تقوم بتطريز المرايا والوسائد والتعليقات والحقائب والساعات وكل الادوات التي يتم دمج التطريز فيها ومن ثم تستخدم الماكنات لتخييط المطرزات بالشكل المرغوب كذلك تقوم بتسويق ما تصنعه للزبائن من الصديقات والجيرات وتقول علا انها رغم ما تعانيه من بطء يدها في التطريز إلا انها تواصل العمل بإرادتها القوية. علا احبت التطريز منذ صغرها كهواية ثم تعلمت في المدرسة وقد قررت عمل المشروع عام 2009 عن طريق جمعية الشابات المسلمات.

وعن التمويل ذكرت علا انها أخذت التمويل من مؤسسة الهاندي كاب بمبلغ وقدره خمسة آلاف دولار ، وعن الصعوبات التي واجهتها بعد المكان عن الشارع وانه لا يوجد طلب على المطرزات حيث انها تواجه صعوبة في التسويق ، إلا انها واصلت المضي قدما في محاولة للتغلب على تلك الصعاب وذلك بمشاركتها في معارض محلية ودولية لعرض تلك المطرزات من اجل تسويق منتجها فقد اشتركت في معارض الجامعة الاسلامية وكلية المجتمع عن طريق مركز الشابات المسلمات. كان الدور الاعظم في نجاح علا هو دعم الاهل ومساندتهم لها ومساعدتهم في تسويق المطرزات والارادة القوية لمواصلة المشروع.

وجهت علا كلمة للنساء من ذوات الاعاقة ممن يرغبن في بدء عمل خاص بهن ان يكن ذا إرادة قوية للتعلم والمثابرة والمكافحة وانه يجب التركيز على مشروع يتم تسويقه وان يكون عليه طلب مثلا العمل في مجال تصنيع المواد الغذائية كالمعجنات والمفتول.

- فاطمة عايش الحالولي: 31 عام والاعاقة حركية

فاطمة لديها محل لبيع وصيانة الجوالات وتحويل الرصيد ، حيث تقوم فاطمة بترتيب المحل وتصنيف البضائع واستقبال الزبائن والتواصل مع اصحاب المحلات التي تشتري منهم الاجهزة الخلوية وكذلك لها تواصل مع شركة جوال.

بدأت فاطمة نشاطها في السادس من مايو عام 2001 وانها قررت البدء في هذا النشاط من خلال تعبئة طلب مشاريع تخص النساء ذوات الاعاقة ، وقد اختارت مجال صيانة الجوالات .

تقول فاطمة أنها اخدت الدعم من مؤسسة الاغاثة الاسلامية بمبلغ وقدره 8 آلاف شيكل وذلك لتوفير المكان وتجهيزه كذلك قامت المؤسسة بتوفير الادوات والاجهزة وقد أخدت الدورة التدريبية اللازمة لمزاولة المهنة والبدء في المشروع عن طريق الجهة المانحة.

ومن الصعوبات التي واجهتها فاطمة هو عدم تقبل بعض الزبائن لإدارة فتاة محل للجوالات إلا انه مع المعاملة الجيدة فرضت احترامها ، وتضيف فاطمة انها تعتمد على نفسها في عمل الصيانة وادارة المحل مع ان مثل هذه الاعمال يقوم بها الرجال.

من العوامل التي ساهمت في نجاح مشروع فاطمة هو مساعدة الأهل لها ودعمهم للمشروع وموافقتهم على اخذ دورة تدريبية في صيانة الجوال وكذلك قدرتها على مواصلة المشروع وتطويره وتسويق الاجهزة بطريقة جيدة حيث انها استطاعت تسويق مشروعها اعلاميا عن طريق الصحافة والاعلام . فاطمة تنصح النساء ذوات الاعاقة أن يكن ذا ارادة قوية ومثابرة للتعلم أولا وألا تستسلم لأي مصاعب تواجهها.

وفي نهاية المقابلة شكرت الباحثة الاخت فاطمة وثمنت لها مزيد من التقدم والنجاح.

- هدى ابو عودة: 27 عاما اعاقة حركية .

هدى افتتحت محل للتطريز وبيع الاكسسوارت وبيع كلف التطريز والقيام بالتطريز على القماش وذلك عام 2012. وقد حصلت على المشروع عن طريق منحة من مؤسسة الاغاثة الاسلامية بمبلغ وقدره 7184دولار.

من الصعوبات التي واجهتها في بداية هذا المشروع هو اعتراض الاهل على المشروع وان المكان غير معروف وأجرة المحل الباهظة،ورغم ذلك واصلت المشروع بإصرارها وتحملها ومثابرتها وتشجيع صديقاتها .

هدى تنصح النساء ذوات الاعاقة ممن يرغبن في عمل خاص لديهن تحمل الزبائن والاصرار على النجاح وتنفيذ ما ترغب به.

الملاحظات

- كان تجاوب الفئة المستهدفة أصحاب العمل جيدا الى حد كبير.
- عدم التزام بعض من اصحاب العمل بالموعد المحدد للمقابلة.
- عمت أجواء من الراحة و الهدوء سواء في المقابلات مع أصحاب المشاريع أو مع مديري المؤسسات.

منطقة شمال غزة

التاريخ و اليوم	2014/10/1 الثلاثاء
الوقت	12:30_9:30
المكان	جمعية جباليا للتأهيل
مترجم الإشارة	ابراهيم الكسيح
المشاركات	3 باحثات و مقررة

وفرت جمعية جباليا للتأهيل سبعة أشخاص من أصحاب التوظيف الذاتي الناجح، قامت الباحثات بمقابلة كل منهم على حدى وطرح الأسئلة الخاصة بالسؤال البحثي الثاني وقامت المقررة بكتابة التقرير وذلك حسب اتفاق مسبق بينهم فيما يخص توزيع الأدوار بينهن. وفيما يلي مقابلة كل شخص بالتفصيل:

- سماح أبو جاسر: 29عاما_ اعاقة حركية (شلل نصفي)

تقوم سماح بالعمل في التطريز، حيث تعمل على تطريز البراويز والوسائد وأغطية وساعات ومحافظ، تستخدم أدوات التطريز حيث تقوم بشراء الأقمشة والخيطان والإبر الخاصة. بدأت مشروعها في سنة 2010 في البداية حيث بدأت كهواية ومن ثم طورت أداءها. ذكرت سماح بأنها اعتمدت على نفسها بالتمويل حيث تقوم بشراء الأدوات البسيطة وتقوم بتسويقها للأقارب والمعارف والأصدقاء، و برغم ذلك فهناك صعوبة لدى سماح في التسويق، وعدم اقبال الناس عليها بشكل جيد، و تواجه صعوبة اخرى في الحركة و المواصلات بسبب اعاقتها. ما كان يدفعها للاستمرار و التصميم ودعم الأهل لها ووقوفهم بجانبها وتقدم نصيحة للنساء ذوات الإعاقة بعدم اليأس و المحاولة و الاصرار على النجاح.

- سماح حمد: 25عاما اعاقة سمعية

تقوم بتصنيع الاكسسوارات و تبيعها و لديها محل في بيتها, بدأت بالمشروع في عام 2012، و قد اختارت هذا المشروع بالذات لشغفها الكبير بالاكسسوارات، فقامت بفتح المشروع الخاص بها بدعم وتمويل من أهلها، لم تقم اي مؤسسة بدعمها، و ساهمت هي شخصيا ببعض من مدخراتها.
لم تكن هناك صعوبات في الاغلب خلال تنفيذها للمشروع بغض النظر عن الصعوبات المادية بسبب غلاء الأسعار، و حتى مسألة التعامل مع الآخرين لم تكن تشكل لديها عائق كبيرا. و لكن هناك عقبة في التسويق بمنطقة الشمال، و لكنها قامت بتخطي هذه المشكلة حيث قامت بالترويج لسلعتها في غزة و ذلك لسوء الأحوال الاقتصادية في منطقة الشمال عن غزة. و ما ساعدها على النجاح هو تميز الاكسسوارات التي تصنعها، حيث هذه الاكسسوارات فريدة من نوعها و تستخدم مواد خام جيدة وبسعر تكلفة مناسب مما ساعد على نجاح المشروع
هذا بالاضافة على القدرة التسويقية، حيث تقوم بالترويج في منطقتها وكانت تستهدف الأشخاص و المؤسسات.
سماح تنصح السيدات ذوات الإعاقة اللواتي يرغبن بفتح مشاريع خاصة بهن ان يكون لديهم الأمانة و الإتقان بالعمل و أن يبدأن بشيء صغيرا حتى تسنى لهن الفرصة للتعلم و من ثم توسيع المشروع و المحاولة قدر الامكان بالاستغناء عن التكاليف المادية مثل ان توفر الاجار و ان تبدأ بالبيت. وأيضا أن يقمن بمشاريعهن بدعم من الأهل، حيث أن الأهل يشكلون النواة الأساسية للنجاح بدعمهم النفسي و المالي و بالأخص النفسي.

- رنا الرفاتي:22عاما إعاقة سمعية

بدأت العمل في مشروع للمعجنات عام 2010 حيث لديها هواية العمل في المعجنات وكانت بداية عملها بها هو وجود وقت فراغ كبير لديها وعدم انخراطها مع الناس كثيرا نظرا لإعاقاتها السمعية، اعتمدت على اهلها في التمويل لمشروعها و هي تسوق منتجاتها من المعجنات لمشفى. تعاني سماح من قلة الإمكانيات المادية حيث تواجه صعوبة كبيرة في توفير المواد نظرا لسوء الوضع المادي لديها، و لكنها تحاول جاهدة أن تبقى صامدة و مواصلة لمشروعها. تنصح مثيلاتها من السيدات أن يكون دائما بجانب أهلهم وأن يعتمدوا مساعدتهم و دعمهم لهم و أن يكونوا مصممين و مصرين بشدة على النجاح.

- آمنة فياض: 28عاما إعاقة حركية

آمنة تدير مشروع لتربية دواجن حيث تقوم بانتاج البيض وبيع الدواجن، لتدر دخلا جيدا ويتحسن وضعها الإقتصادي لمساعدة اسرتها الفقيرة وعدم وجود اي فرص ادى إلى لجوئها لعمل مشروع خاص بها.
تمويل المشروع تم عن طريق مساعدة اخاها، يعتبر المشروع الخاص بي جديدا نوعا ما و لكنه كان ناجحا و لكن بسبب الحرب الاخيرة فقد تعثر المشروع في الوقت الحالي حيث مات نصف عدد الدجاج لدي و لم استطع تسويق البيض او الدجاج، و انا الان في اطار حل للمشكلة
و ان اهم عامل لنجاح المشروع هو دعم الأهل و التصميم و الإرادة و يجب على كل من ارادت ان يكون لها مشروع ناجحا أن تتحلى بالعزيمة و الاصرار و ان تعمل تحت سقف و مظلة اهلها.

- زهير أبو الخير: 28عاما إعاقة حركية

لديه مشروع خاص به و هو مشروع صيانة الجوالات، حيث يوم ببيع وشراء الجوالات و صيانتها، بالإضافة الى تعبئة رصيد للجوالات و بيع الاكسسوارات الازمة لاي نوع من انواع الجوالات.
ابتدأ المشروع الخاص به عام 2009، حيث بعد تخرجه لم يجد عملا و كان يبحث كثيرا فقام بفتح المشروع، و كانت العقبة امكانيته المادية المحدودة، فقام بالبحث عن مؤسسة لتمويل مشروعه، آملا أن يستطيع مساعدة أسرته ماديا حتى تمكن من العثور على مؤسسة للتمويل حيث تم تمويله بمبلغ 4000دولار و قد قدمت المؤسسة التدريب الازم له لصيانة الجوالات. و قد حظي المشروع بالنجاح والاستمرارية من عام 2009 لحتى الان و ذلك بسبب الدورات التي تلقاها في مجال ادارة المشروع و الادارة المالية. و مما ساعده على النجاح هو اختيار الموقع بشكل جيد و هذا أيضا لا ينفي وجود بعض المعيقات و الصعوبات من حيث تقنية العمل حيث ان المنافسة في هذا المجال كبيرة، و قد كان هناك صعوبة في التعامل و التواصل مع الناس في البداية و لكن بالتدريج أصبح الناس يقبلون على المحل و يتقبلون اعاقتي و يتعاملون معي بشكل طبيعي.اهم العوامل التي ساعدتني على النجاح هي الارادة و التصميم، وبالطبع الدعم النفسي و المالي من الاهل و الاصدقاء.

- فاتن حمد: 24عاما إعاقة سمعية

طبيعة المشروع الخاص بفاتن هو محل معجنات. كانت بدايتها في جمعية جباليا حيث كانت تصنع المعجنات للجمعية منذ عام 2012 بدأت تصنيع المعجنات في منزلها. لقد اختارت هذا المشروع بسبب حبها وهوايتها لعمل المعجنات والمأكولات والحلويات وقد تم دعمها من قبل جمعية جباليا حيث قامت الجمعية بتوفير الأدوات لها في البيت، وهي أيضا ساهمت بشراء بعض المواد.
الصعوبات التي واجهتها هي صعوبات مادية، حيث الحياة في غزة تحت الحصار وجميع المواد والأدوات غالية الثمن و هناك كانت صعوبة بالنسبة للتعامل مع الاشخاص في البيع والشراء ولكنها تخطت هذه العقبة عن طريق والدتها التي تساعدها في التواصل مع الآخرين. كان لجودة المعجنات التي تصنعها، و السعر المناسب لهذه المعجنات، و قدرتها على التنسيق مع المؤسسات لتسويق منتجاتها اهم العوامل التي ساعدتها على النجاح. فاتن تنصح السيدات ذوات الإعاقة اللواتي يرغبن بفتح مشاريع خاصة بهن ان يكون لديهم الأمانة و الإتقان بالعمل و أن يبدأو بشيء صغيرا حتى تتسنى لهن الفرصة للتعلم و من ثم توسيع المشروع.

- آمنة أبو ركبة: 20عاما إعاقة سمعية

بدأت آمنة مشروعها البقالة سنة 2012، و ذلك بمساعدة زوجها. ساعدها المشروع على تحسين وضعها الإقتصادي، ولكنها تواجه عقبة في التواصل مع الآخرين و لم تتمكن من التغلب عليها حتى الآن. ما ساعدها على النجاح هو أن البقالة تقع في منطقة مكتظة بالسكان و دعم و مساعدة زوجها لها. و تنصح كل سيدة تريد أن تستقل ماديا أن تكافح و تصمم على النجاح.

ملاحظات

- كان تجاوب الفئة المستهدفة أصحاب العمل جيدا الى حد كبير.
- عدم التزام بعض من اصحاب العمل بالموعد المحدد للمقابلة.
- عمت أجواء من الراحة و الهدوء سواء في المقابلات مع أصحاب المشاريع أو مع مديري المؤسسات.
- تغيب بعض الباحثات

منطقة جنوب غزة

التاريخ و اليوم	2014/10/15 الأربعاء
الوقت	**12:00_10:00**
المكان	جمعية الأصدقاء لذوي الاحتياجات الخاصة رفح الجمعية الوطنية لتأهيل المعاقين خانيونس
المشاركات	**7 باحثات و2 مقررة**

وفرت جمعية الأمل لتأهيل المعاقين سبعة أشخاص من أصحاب التوظيف الذاتي الناجح من خلال التواصل مع الشركاء ، وقامت الباحثات بمقابلة كل منهم على حدى وطرح الأسئلة الخاصة بالسؤال البحثي الثاني وقامت المقررة بكتابة التقرير حيث جرى توزيع الادوار بينهن مسبقا. وفيما يلي مقابلة كل شخص بالتفصيل:

- السيدة سمية عمر:

طبيعة المشروع: وهو التطريز والخياطة حيث تقوم بخياطة القطع والتطريز عليها وبيعها للأشخاص حسب الطلب للحصول على أجر ذاتي لها. وقد بدأت النشاط خلال الأربع سنوات الماضية لمساعدة نفسها على العيش وخلق حياة لها ولم تأخذ أي قروض أو منح من أي جهة ممولة. فواجهت بعض الصعوبات في البحث عن المكان ولكنها استطاعت ان تنجح وتثبت نفسها وساعدها على ذلك صبرها وتحملها وشجاعتها وإرادتها لمواجهة الظروف الحياتية الصعبة.

وقالت سمية انها تنصح النساء ذوات الإعاقة بأن يخطو الخطوات اللازمة لصنع أنفسهن وعليهن تحمل الصعوبات، وتتمنى أن تقوم المؤسسات الممولة لمشاريع التمكين الاقتصادي للنساء ذوات الإعاقة بزيادة جهودهم في هذا المجال.

- السيدة (ن. ع):

طبيعة المشروع: تربية الطيور كالحمام والدجاج والبط، حيث تقوم بشراء الطعام لهم بنفسها وبعد أسابيع تقوم ببيع بعضها وشراء مجموعة اخرى من السوق لتربيتها من جديد.

، وقد وبدأت في هذا النشاط منذ 5 سنوات لمساعدة نفسها على العيش وأفادت بعدم تلقيها أي دعم أو قرض من أي مؤسسة ولكنها لم تواجه أي صعوبات وتمكنت من المواصلة في المشروع والنجاح ومن العوامل التي ساهمت في نجاح عملها تلقيها الدعم النفسي من الأهل والإرادة والعزيمة والإصرار.

- السيد رمزي عطا:

طبيعة المشروع: محل لبيع عصافير الزينة، حيث يقوم بفتح المحل صباحاً وتقديم الطعام للطيور ومن ثم يتلقى الزبائن. وقد بدأ في المشروع منذ 3 سنوات، لأنه وجد به راحته وملاءمته لنوع إعاقته وقد استطاع انشاء هذا المشروع من خلال دعم تلقاه من احد المؤسسات الذي رفض ذكر اسمها

واجه رمزي الكثير من الصعوبات الخاصة بتكييف المكان مع نوع إعاقته ولكنه تغلب عليها بالصبر.

ومن العوامل التي ساهمت في نجاح مشروعه تلقيه الدعم من الأهل وإرادته القوية وعزيمته على مواصلة طموحه وتحقيق ذاته.

ونصح بدراسة المشروع جيدا قبل البدا به، واختيار المشروع الملام مع نوع الإعاقة، وأضاف ملاحظته بتشجيع الشباب من ذوي الإعاقة إلى البحث عن جهة للقيام بفتح مشروع توظيف ذاتي لديه ليساعده على مواجهة الحياة، ووجه رسالته للمؤسسات الممولة لمشاريع ذوي الإعاقة بضرورة الاهتمام وتقديم التمويل لفئة ذوي الإعاقة واستمراريته.

- السيد سعيد شراب: وهو ذو اعاقة بصرية

طبيعة المشروع: محل لبيع ادوات التنظيف داخل المنزل بدأه عام 2000 وقد حصل على تكاليف فتح المشروع من مبلغ قدمه له احد الاقارب ومن ثم سدد باقي التكاليف من ارباح المشروع

واجه سعيد بعض الصعوبات ولكنه تمكن من التغلب عليها بدعم من الاهل والابناء ، ووضح ان هناك عوامل ايضا ساعدت على نجاح مشروعه كالسمعة الحسنة في السوق وثقة الزبائن والمتابعة الجيدة والاصرار على الاستمرار ويوجه سعيد نصيحة للشباب بان لا ييأسوا والاستمرار في المتابعى والتفاؤل والرضا بالنصيب والقدر.

- السيد تامر بربخ- 24 عام ويعاني من شلل نصفي

طبيعة المشروع: كشك لبيع الدخان والفحم بدأ عام 2014 حين يئس من ايجاد أي فرصة عمل بسبب اعاقته الصعبة وعدم قدرته على بذل الكثير من المجهود وقد حصل على مساعدة من احد اقاربه فقرر فتح المشروع وساعده قريبه ايضا في الحصول على البضاعة وعلى الرغم من ذلك الا ان الارباح كانت قليلة جدا

وفي حديثه عن العوامل التي ساعدت على نجاح المشروع ان المكان مناسب وانه كان يفتح الكشك على مدار 24 ساعة و

يشعر تامر بالنجاح لانه مستمر حتى الان في مشروعه واستطاع التغلب على كافة المصاعب التي واجهته لكنه بارادته القوية استطاع الاستمرار

عبر تامر عن خيبة امله لان المجال الذي يعمل به بعيدا عن مواهبه وطموحه حيث انه يحب التصوير ويبدع فيه ولكن لم يجد من يساعده ويفكر في ان يعمل في هذا المجال وان يدعم نفسه بنفسه

- السيد (م. ح.) : عمره 47 عام ويعاني من عجز في يده اليمنى

طبيعة المشروع: محل لصيانة الاجهزة الكهربية- بدأه عام 1980 حيث بدأ فيه كهواية ولكن نظرا لصعوبة الوضع الاقتصادي اضطر للعمل فيه ولم يجد أي دعم من أي مؤسسة فقرر ان يدعم نفسه بنفسه من خلال الاستدانة من أحد أقاربه والتسديد من ارباح المشروع

ويرجع (م) اسباب نجاحه الى تشجيع المحيطين به وتوفر مكان لبدء المشروع وثقة الزبائن ومحبتهم له لشخصيته المحببة وخلقه الدمث

ووجه نصيحته للآخرين بان يطوروا من انفسهم وعدم النظر الى الاعاقة كحاجز امام ارادتهم وعزيمتهم

- السيد وائل ابو علوان : عمره 35 ويعاني من شلل بالجانب الايسر

طبيعة المشروع : محل صيانة وبيع اجهزة المحمول حيث بدأ المشروع عام 2011 بعد ان اتم عدة دورات تدريبية في ادارة المشاريع ووجد ان منطقة سكناه بحاجة لمثل هذا المشروع فبدأ مشروعه ببيع وشراء اجهزة المحمول ثم تحويل الرصيد وايضا الطباعة والتصوير وانتقل الى صرافة العملات

تمكن من انشاء مشروعه من خلال دعم مقدم من الاغاثة الاسلامية حيث قدم مشروعه وانطبقت عليه المعايير ، ويرى وائل ان على الشخص ان يتمتع بالارادة القوية وان يحسن معاملة الناس وان يتقن اختيار المكان وتقديم الخدمة من اجل ان ينجح في عمله ومن النصائح التي وجهها الى زملائه ان لا يتوقف عن ادارة مشروعه مهما كانت التحديات بل عليه التطوير من نفسه والالتحاق بالدورات التدريبية وان يحسن معاملة الزبائن

ملاحظات

- كان تجاوب الفئة المستهدفة أصحاب العمل جيدا الى حد كبير.
- عدم التزام بعض من اصحاب العمل بالموعد المحدد للمقابلة.
- تمت المقابلات في آلية سهلة وسلسة
- التواصل الجيد بين المقررات والباحثات وسادت المقابلات جو من التفاهم وتكامل الادوار

اللقاء الاستخلاصي للثلاث مجموعات

الخميس 2014/10/30

13:00_10:00

قامت دعاء حرب منسق مشروع الاندماج جمعية الأمل للتأهيل رفح بافتتاح الجلسة وتوضيح هدف اللقاء وهو لقاء استخلاصي وقامت بتذكير الباحثات بالبحث التحرري وأهدافه وأنواع البحوث الكمي والكيفي وعرجت على نوعية البحث التحرري بأنه اجرائي وينفذ على نفس الفئة القائمة عليه من ذوي الاعاقة والتركيز على أهمية التشارك بين الباحثات

وضحت دعاء مفهوم أن البحث ذاتي وأن المقابلات كانت مع الأشخاص الناجحون أصحاب التوظيف الذاتي, قامت دعاء بتقسيم الباحثات الى أربعة مجموعات لتشارك التجارب التي مرت بها الباحثات والقيام بالإجابة على سؤالين هما محور اللقاء:

س1 : ما أهم التحديات التي واجهت الباحثات مع أصحاب المشاريع الناجحة .
س 2 : والاستخدامات المحتملة لهذه المعلومات
أولاً قامت المجموعات الأربعة بطرح جميع التحديات التي واجهتهم مع مناقشة هذه التحديات مع دعاء وذكر أسبابها المحتملة والطريقة المثلى للتعامل معها
و كانت التحديات كالتالي :

- التحفظ على المجموعات وعدم الصدق أحياناً، وعدم كفاية المعلومات المعطاة
- التأخير وعدم الحضور في الوقت المحدد
- الصعوبة في استيعاب الأسئلة المطروحة
- تمويل الأشخاص معظمها ذاتي وليس من قبل مؤسسات
- معظم الأشخاص الذين تم مقابلتهم كانوا ذكور
- اعتقاد بعض أصحاب المشاريع أن فريق البحث التحرري ممن سيقومون بالتمويل.

ثم اتفقت الباحثات على مدى الاستفادة من المعلومات السابقة لإحداث تغيير ناجح وكانت **اقتراحات المجموعات كالتالي:**

- الاستفادة من الخبرات السابقة حيث أنه تم معرفة الأسباب للمعوقات وامكانية التغلب عليها
- امكانية التعرف على المشاريع الناجحة
- كتابة قصص نجاح لذوي الاحتياجات الخاصة
- تشجيع أعضاء فريق البحث التحرري على عمل مشاريع خاصة بهم
- الاصرار و المثابرة على التغلب على الصعاب

الهدف المحدد الثاني: فرص تفاهم

زيارة المؤسسات

منطقة غزة

التاريخ و اليوم	2014/10/1 الأربعاء	
الوقت	11:00_9:00	1:30_11:30
المكان	جمعية المستقبل للصم الكبار	الاتحاد العام للمعاقين
مترجم الإشارة	اسراء غزال	
المشاركات	4 مقررات 7 باحثات	

بعد انتهاء الباحثات من المقابلات الفردية مع أصحاب التوظيف الذاتي, قمن بتعبئة الاستبيان لمؤسسة عاملة مع ذوي الإعاقة في قطاع غزة و هي الإتحاد العام للمعاقين الفلسطينيين، حيث قامت مجموعة من الباحثات بعقد اجتماع مع مدير الاتحاد أ عوني مطر وتم طرح أسئلة الإستبيان عليه ومناقشة تفاصيلها. حيث أوضح بان الإتحاد يقدم برامج تمكينية للمرأة وتدريبات مهنية و تدريبات حول المهارات التسويقية بالإضافة الى تدريبات المهارات الحياتية، و أنه بالشراكة مع مؤسسات تم توفير ما يقارب 125 مشروعا لكلا الجنسين حيث كانت قيمة كل مشروع

5000دولار. أضاف أ.عوني بأنه يجب أن تكون هناك معايير محددة للحصول على المنحة وهو أن يكون الوضع الإقتصادي سيء, وأن يكون في العائلة أكثر من فرد من ذوي الإعاقة بالإضافة إلى المؤهل العلمي و المهني.

منطقة شمال غزة

التاريخ و اليوم	2014/10/1 الثلاثاء
الوقت	12:30_9:30
المكان	جمعية جباليا للتأهيل
مترجم الإشارة	ابراهيم الكسيح
المشاركات	3 باحثات و مقررة

بعد انتهاء الباحثات من المقابلات الفردية مع أصحاب التوظيف الذاتي, قمن بتعبئة الاستبيان لمؤسسة عاملة مع ذوي الإعاقة في شمال غزة وهي جمعية جباليا للتأهيل، حيث قامت مجموعة من الباحثات بمقابلة احدى المسئولين في الجمعية و هي السيدة إيمان النجار و قاموا بتعبئة الإستبيان معها. أوضحت السيدة إيمان بأن الجمعية توفر دورات تدريبية شهرية لذوي الإعاقة وتدريبات مهنية مختلفة مثل التطريز والخياطة والمعجنات لدمجهم في سوق لعمل. وتقوم بتوفير القروض الحسنة لأشخاص ذوي الإعاقة لكلا الجنسين حتى يتمكنوا من تحسين وضعهم الإقتصادي وذلك بمبلغ 2000$أو أقل حسب قيمة المشروع للعمل في مشاريع صغيرة كتربية الأغنام وانشاء مكتبة و انشاء سوبرماركت, وذكرت أن المعايير الخاصة بتقديم الدعم التقني أو المالي هي: أن يكون معيل للأسرة ومتزوج, بدون تحديد الجنس سواء كان ذكر أو أنثى, تسديد القرض كل شهر بقيمة 200 دولار, تسديد القرض من بداية المشروع بأربع شهور, أن يكون شخص ذوى إعاقة.

منطقة جنوب غزة

التاريخ و اليوم	2014/10/15 الأربعاء
الوقت	**12:00_10:00**
المكان	جمعية الأصدقاء لذوي الاحتياجات الخاصة رفح الجمعية الوطنية لتأهيل المعاقين خانيونس
المشاركات	**7 باحثات و2 مقررة**

افتتحت رئيسة الجلسة والباحثات اللقاء مع **مدير جمعية الاصدقاء السيد \ محمود أبو مور** الذي عبر عن سعادته بحضورهم وتقديره للدور الذي يقومون به ومن ثم استعرضت الباحثات استمارة التعهد مع السيد محمود وانتقلت لإجراء المقابلة و لتعبئة استبيان المؤسسات وكانت أسئلة الاستبيان كالتالي:

- السؤال المتعلق بدعم وتوفير الجمعية لدعم تقني لنساء ذوات الإعاقة
- السؤال الثاني المتعلق بتقديم المؤسسة لأي دعم مادي لنساء ذوات الاعاقة
- اما السؤال الثالث فيتعلق بمعايير الدعم التقني والمالي

أجاب السيد أبو مور ان الجمعية معنية بمساعدة وبتوفير كافة اشكال الدعم للنساء ذوات الاعاقة خصوصا الدعن التقني المتعلق بدورات الخياطة والتطريز كدورات تطريز ودورات حياتية ودورات في الدعم النفسي ولكن المؤسسات غير قادرة على توفير أي دعم مادي للنساء ذوات الاعاقة الا من خلال المشاريع الممولة من الخارج

وأضاف نحاول تقديم المساعدة لكافة فئات الاشخاص ذوي الاعاقة بغض النظر عن الجنس او العمر او الاعاقة ولكننا معنيين اكثر بالأشخاص ذوي الاعاقة الحركية لان الجمعية معنية بشكل اكبر بهذه الفئة

في نفس الوقت كانت المجموعة الثانية من الباحثات والمقررات يجرين اللقاء مع **السيدة \ بسمة ابو عودة** وهي الشخص المسؤول عن ادارة مكتب الجمعية الوطنية لتأهيل المعاقين في خانيونس
وبعد توضيح فكرة البحث واستعراض استمارة التعهد وجهت رئيسة اللجنة الاسئلة للسيدة بسمة في حين كانت الباحثة تدون الاجابات والملاحظات وكانت اجابات السيدة بسمة كالتالي/
ان المؤسسة تقدم الدعم التقني وللنساء ذوات الاعاقة ضمن الفئات الاخرى التي تدعمها المؤسسة وذلك من خلال توفير الدورات التدريبية وورش العمل واللقاءات والمساهمة في تمويل المشاريع الصغيرة الممولة من المؤسسات المانحة
ولكنها غير قادرة على توفير أي دعم مالي للنساء ذوات الاعاقة حيث ان المؤسسة لا تحصل على أي دعم خارجي بهذا الخصوص وتعتقد ان المؤسسة قادرة على دعم أي شخص سواء ذكر او انثى وبغض النظر عن العمر ولكن يشترط ان يكون شخص ذو اعاقة .

اللقاء الاستخلاصي للثلاث مجموعات من المناطق الثلاث

الخميس 2014/10/30

13:00_10:00

ناقشت دعاء مع الباحثات والمقررات الجزء الخاص بالدروس المستفادة من تعبئة الاستبانة مع المؤسسات وقيام المجموعات الأربعة بالإجابة على سؤالين :
س1 التحديات التي واجهت الباحثات في جمع المعلومات من ممثلي الجمعيات.
س2 الاستخدامات المحتملة لهذه المعلومات.
و كانت التحديات كالتالي:

- كثرة الخدمات المقدمة في المؤسسة وبالتالي عدم تحديد الاجابة
- عدم أخذ الموضوع بجدية
- استغلال مدير المكان للموقف وعدم وجود الوقت الكافي واستغلاله لوجود الباحثات للنشر والاعلان

قامت دعاء بالسؤال عن الاقتراحات والنصائح حول الاستراتيجيات المستخدمة من قبل الأشخاص ذوي الاعاقة في التوظيف الذاتي ، وكانت **الاقتراحات كالتالي:**

- عمل مجموعات تنظيم ذاتي بحيث يكون الأعضاء الاداريين من الأشخاص ذوي الاعاقة أنفسهم مما يسهل التعامل مع أصحاب المشاريع ومن خلالهم يتم ارشاد وتعليم اشخاص اخرين مثلهم
- السعي لإثبات وجود الأشخاص أصحاب المشاريع في المجتمع واعتبارهم قصص نجاح
- عمل تقرير عن أحوال مدراء المؤسسات وطريقة تعاملهم في هذه المواقف
- وجود تمويل دائم لأصحاب المشاريع يدفعهم للاستمرار
- أن يطور صاحب المشروع نفسه بنفسه بالحصول على تدريبات مهنية ذات صلة بالمشروع
- العلاقات الاجتماعية الجيدة مع الناس و القدرة على التواصل
- استخدام وسائل الاعلام لنشر الموضوع

الإندماج التمكين الإقتصادي و الإجتماعي للسيدات ذوات الإعاقة في قطاع غزة

تقرير البحث/ الموضوع 3

الوصول إلى خدمات الرعاية الصحية للنساء ذوات الإعاقة

الفترة: 2014/10/30 2014/12/21

اليوم الاول/ الاجتماع التحضيري لسؤال البحث الثالث

2014/10/30, الخميس

13:00_10:00

قامت ولاء منسق مشروع الاندماج المنتدى الاجتماعي التنموي بالترحيب بالباحثات والمقررات ثم انتقلت إلى تذكير الباحثات بالبحث التحرري وبروتوكوله إلى أن وصلت إلى موضوع الوصول الى خدمات الرعاية الصحية للنساء ذوي الاعاقة وتوضيح مدى احتياج ذوي الاعاقة للرعاية الصحية العامة والخاصة وذكر أنواع هذه الاحتياجات.

قامت ولاء بتوزيع بروتوكول السؤال البحثي الثالث على الباحثات ومناقشة الهدف من البحث وعينة البحث وتم التركيز على أهمية تحديد رئيسة الجلسة والمقررة في كل مجموعة حسب المنطقة، حيث تم توضيح الأدوار لكل منهما. الميسرة عليها مساعدة رئيسة الجلسة والتأكد من ان لا أحد يسيطر على الجلسة.

مجموعة غزة: رئيسة الجلسة/ راوية عياد في الاتحاد العام للمعاقين, خلود محيسن في المستقبل للصم الكبار
المقررة / ناريمان الطيب في الاتحاد العام للمعاقين, و أميرة العجل في المستقبل للصم الكبار
لمشاركة قصصهم/ أريج عايش وفاطمة الحلولي في الاتحاد العام للمعاقين, إسلام وكوثر في المستقبل للصم الكبار.
مجموعة الشمال: رئيسة الجلسة/ نهيل الشرافي
المقررة/ دينا اشبير
مجموعة الجنوب: رئيسة الجلسة/ريما
المقررة/ سامية
مشاركة القصة / سامية وفلسطين

وقامت ولاء بشرح بروتوكول الجلسة وطلبت مشاركة تجربة الباحثات أمام الجميع وشرح استمارة التعهد والاستبيان للباحثات و توزيعها على الباحثات .

أشارت المدربة على أهمية ذكر مواقف حياتية لباحثتين في الجلسة حول تجربتهم الشخصية في طفولتهم وكيف كانت معاملة الأهل والمجتمع لهم وقد قامت أيضا بذكر قصة كمثال لهم.

قامت المدربة بتوضيح أن الأسئلة تنقسم إلى نوعين: أسئلة أساسية وأسئلة إضافية، وعلى رئيسة الجلسة توجيه الأسئلة الأساسية وفي حال كان الأجواء مساعدة يتم توجيه الأسئلة الإضافية. و قد تمت قراءة ومناقشة كل سؤال على حدى مع الباحثات مع التركيز على أهمية قيام الباحثات بالترحيب بفئة النساء ذات الاعاقة من المبحوثات وتوضيح أسباب جمع المعلومات.

قامت ولاء بتوضيح موعد وتاريخ اللقاءات لكل محافظة حسب ما تم التوافق مع الجمعيات الشريكة لتوفير فئة السيدات ذات الاعاقة من عمر 18 45 سنة من أنواع اعاقات مختلفة ليكونوا هن المبحوثات للسؤال البحثي الثالث ولذلك ستقسم مجموعة غزة اللقاء إلى لقائين حيث تحضر السيدات ذات الاعاقة الحركية والبصرية للاتحاد العام للمعاقين والسيدات ذات الاعاقة السمعية لجمعية المستقبل للصم الكبار.

قامت ولاء بشرح ومناقشة جميع أسئلة الاستمارة بالتفصيل مع الباحثات وفي النهاية التركيز على شكر السيدات التي سيتم تعبئة الاستبانة معهم، مع توضيح عدد الاستبانات المطلوبة من كل محافظة ما بين 15 20 استبانة.

تم انتقلت ولاء الى جزئية الأسئلة الاضافية وقراءتها على الباحثات مع شرحها بالتفصيل والاجابة على جميع الاستفسارات، وضحت أدوار رئيسة الجلسة والميسرة والمقررة في هذه الاسئلة .

التأكيد على ضرورة عمل لقاء استخلاصي بعد انتهاء الجلسة لتسجيل جميع التحديات والملاحظات والدروس المستفادة للباحثات و المقررات.

اجتماعات مجموعات النقاش في الثلاث مناطق

منطقة غزة

الاثنين 2014/11/3

12:30_11:00

وفرت جمعية المستقبل للصم الكبار سبعة سيدات من ذوات الإعاقة السمعية وذلك لتنفيذ السؤال البحثي الثالث معهم. قامت رئيسة الجلسة بشرح الهدف من البحث التحرري بشكل عام و الهدف من السؤال البحثي الثالث وهو الوصول إلى خدمات الرعاية الصحية للنساء ذوات الإعاقة.

تعاونت الباحثات مع مترجم الإشارة حيث قاموا بتعبئة كل من استمارة التعهد و الاستبيان مع جميع المبحوثات. و قامت إحدى الباحثات من ذوات الإعاقة السمعية و اللفظية بطرح تجربتها الشخصية في موضوع الوصول إلى الخدمات الصحية حيث أنها تعاني كثيرا عندما تذهب للحصول على خدمة صحية و روت قصة لها في إحدى المستشفيات، حيث كانت قد ذهبت بمفردها إلى المستشفى و لكنها للأسف لا يوجد هناك أي لافتات إشارة أو مترجمين للصم و لكنها استطاعت الوصول إلى الطبيب و لكنه للأسف لم يستطع أن يعرف مما تشكو، فاضطرت إلى العودة إلى البيت و اصطحاب والدتها معها و العودة مرة أخرى للمستشفى، حتى يستطيع الطبيب التواصل و معرفة علتها. أدى هذا السرد من قبل الباحثة إلى كسر الجمود و التفاعل من قبل المبحوثات.

قامت رئيسة الجلسة بطرح السؤال الأول الخاص بتفاقم الإعاقة و التجارب الشخصية في المستشفيات ذكرت ثلاثة من المشاركات بأنهن قد ولدن دون إعاقة و لكنهن قد أصبن بحمى شوكيه مما أدى إلى إصابتهن بالصمم. و شكلت إعاقتهم صدمة كبيرة بالنسبة لهن، حيث أنهن قد انتقلن من مرحلة دون الإعاقة إلى مرحلة يعانون بها من إعاقة سمعية تفاقمت عبر الوقت حتى انتهت بالصمم.

باقي المشاركات جميعهن قد ولدن بإعاقة سمعية و لم تتفاقم معها الإعاقة و ذلك ينعى لعوامل وراثية. و لكنهن قد ذكرن من أسباب الصم قلة الاهتمام بصحة والدتها مما أدى إلى ولادة طفلة صماء.

و بالإجابة عن السؤال الثاني الخاص بتجنب حدوث المضاعفات في المستقبل حيث أوضحت جميع المتواجدات لم يهتممن بأنفسهن من خلال المراجعة الدائمة حول تزايد درجة الإعاقة و ذلك لعدم اهتمام الأهالي و عدم وجود التقنيات اللازمة في غزة.

و ذكرت اثنتين من المشاركات بأنهن يستخدمن السماعات و لكنهن لا يقمن بالعناية بها حيث أنه لا يوجد أخصائيين متخصصين بالسماعات و المعينات الطبية و أن جميع الأجهزة الحديثة متواجدة بالخارج و تكلفتها عالية جدا

انتقلت رئيسة الجلسة للسؤال الثالث المتعلق بتجربة الإقامة بالمستشفى. المشاركات أكدن على عدم اكتراث الأطباء و الممرضين بهم بالمستشفيات و لا يستطيعون التواصل معهم مما يعكس تجارب سلبية جدا بالمستشفيات.

أكدن المبحوثات (فيما يتعلق بالإجابة على السؤال الرابع) على ضرورة توفير المواصلات للوصول إلى المستشفيات و توفير مترجم لغة الإشارة في المستشفيات، بالإضافة إلى وجود تأمينا صحيا مجانا و المقدرة على الحصول على الأدوية الخاصة بهم بالمجان.

ذكرت مبحوثة أخرى بأنها تجد صعوبة جمة في الحصول على أي تقرير طبي، حيث أنه لا أحد يستطيع أن يفهم ما تريد بالإضافة إلى الصعوبة في قدرة الطبيب على تشخيص حالتها، حيث أنهم في كثير من الأوقات يشخصون الحالة بشكل خاطئ و يقومون بوصف دواء خاطئ و ذلك مترتبا على عدم وجود أداة تواصل فيما بينهم.

وفر الاتحاد العام للمعاقين الفلسطينيين ثمانية سيدات من ذوات الإعاقة الحركية و البصرية و ذلك لتنفيذ السؤال البحثي الثالث معهم. قامت رئيسة الجلسة (راوية عياد) بشرح الهدف من البحث التحرري بشكل عام والهدف من السؤال البحثي الثالث وهو الوصول إلى خدمات الرعاية الصحية للنساء ذوات الإعاقة.

تعاونت الباحثات مع المبحوثات في تعبئة كل من استمارة التعهد والاستبيان الخاص بالبحث.

ومن ثم طرحت السؤال الأول حول الصعوبات التي تواجههن للوصول إلى الخدمات الصحية كإجابة عنه قامت إحدى الباحثات من ذوات الإعاقة الحركية بطرح تجربتها الشخصية في موضوع الوصول إلى الخدمات الصحية حيث أنها تعاني كثيرا عندما تذهب للحصول على خدمة صحية حيث روت عن ما تعانيه من صعوبة بالوصول إلى المستشفى خصوصا بعد ما تعطل كرسيها المتحرك.

وشاركت اخرى بقصتها فهي مبتورة الأطراف السفلية والمشكلة واجهتها عند تركيب الطرف الآخر فهو مكلف ماليا ولم تجد من يتبرع لها بثمنه

ولازمت البيت فترة طويلة حتى توفر لها الطرف الصناعي وقامت أخرى بالمشاركة بقصتها حيث تجد صعوبة بالوصول للاماكن العامة والمستشفيات لعدم جود تسهيلات بيئية للوصول إلى هذه الأماكن المليئة بالأدراج التي لا تستطيع الصعود عليها .

و قد قامت احدي المشاركات بالحديث عن تجربتها وذكرت أن وزارة الصحة هي العائق الأكبر لان العلاج الذي يخصها لا يتوفر في وزارة الصحة وهي تعاني من فيروس الكبد الوبائي بالإضافة إلى إعاقتها وتضيف أنها تبكى كثيرا وتعاني من نقص الخدمات الصحية وتؤكد على حقها بتغطية النفقات الخاصة بعلاجها من قبل الجهات المختصة ممثلة بالجمعيات والشؤون الاجتماعية.

ومن ثم طرحت رئيسة الجلسة السؤال الثاني حول كيفية متابعة الإعاقة ومراعاتها وهل الحاضرات يتابعن حالتهن ويهتممن بها فإحدى المشاركات ذات إعاقة بصرية قالت أن حالتها زادت سوءا والرؤية ضعفت عندما أرهقتها بالقراءة أثناء دراسة الجامعة ولكن بعد ذلك اعتمدت على السمع لتحافظ على ما تبقى من رؤية عندها.

و قالت أخرى بأنها تلعب الرياضة لأنها مهمة جدا لذوي الإعاقة و لان زيادة الوزن تؤثر على الأطراف الاصطناعية.

أما السؤال الثالث كان عن مراعاة الأطباء والممرضين لذوي الإعاقة في المستشفى, أغلب الحاضرات عانين من سوء معاملة الممرضين والأطباء حيث كانت المريضات تتأوهن من شدة الألم ولم تتلقين أي اهتمام أو رعاية بعضهن زادت مأساتهن ومعاناتهن بعد العلاج الخاطئ اللاتي تلقينه. و روت إحدى المشاركات قصتها حيث أنها أقامت في المشفى عندما أجريت لها عملية تطويل للأوتار وأنها عانت من عدم إحساس الأطباء بألمها وعدم تقديم المسكنات اللازمة لها وكذلك بأنهم لا يشعرون بالشخص ذوي الإعاقة كونه يحتاج إلى معاملة خاصة. وأضافت إحدى المشاركات بأنها أقامت في المشفى وكانت أمها مرافقة لها وكانت تنام على الأرض ولا يوجد شراشف على الأسرة.

أما سؤال الرابع عن إمكانية الحصول على تقارير طبية وكانت الإجابة بالإجماع عن صعوبة الحصول على التقارير وتكلفتها المالية العالية و هم جميعا يرغبن بان يعمل الأشخاص المسئولين على أن يدافعوا عن حقوق الأشخاص ذوي الإعاقة و توفير الإحتياجات و الخدمات الصحية لجميع الإعاقات.

في النهاية قامت رئيسة الجلسة بشكر السيدات على حضور الورشة و مشاركتهن متنية لهم الحصول على ما يتمنوه.

منطقة شمال غزة

بدأت رئيسة الجلسة نهيل الشرافي بتقديم نفسها مرحبة بالحضور ومعرفة عن نفسها ثم ذكرت مقدمة عن البحث التحرري موضحة الهدف من اجرائه، وأكدت على موضوع الخصوصية بالنسبة للمعلومات التي سيتم تدوينها وجمعها, بعد ذلك بدأت المشاركات بالتوقيع على استمارة الموافقة.

ثم قامت رئيسة الجلسة بتقديم موضوع البحث (الوصول إلى خدمات الرعاية الصحية للنساء ذوات الإعاقة) ودعت اثنتين من الباحثات(خلود وشهرزاد) لمشاركة قصص حياتهم الشخصية من أجل تشجيع المشاركات على الحديث وتبادل الآراء والخبرات, ثم قامت الباحثات بتعبئة الاستبانات مع السيدات.

فيما يتعلق بالسؤال البحثي الأول الذي طرحته رئيسة الجلسة ذكرت قالت السيدة (سميرة السواركة) أنها كانت تعاني من الم بسيط في القدم وكانت تمشي ولكنها أهملت الاهتمام بنفسها فصارت تمشي على عكاكيز ولم تتجه لزيارة الطبيب فصارت صحتها تزداد سوء واصيبت بعدة امراض نتيجة ذلك منها ضمور في العضلات وهشاشة في العظام فأصبحت حزينة لأنها اهملت في نفسها ولم تذهب للطبيب وصارت تجلس على كرسي متحرك ولا يساعدها احد من الاهل وهي الان لا تذهب الى اية مستشفيات بسبب صعوبة تنقلها وعدم توفر مصاعد فهي تضطر الى تناول مسكنات في بيتها مما ادى الى تدهور في صحتها و اصبحت تعانى من الضبط و السكري ومشاكل في الكبد وتختم قصتها وتقول الحمد لله على كل شيء.

وشاركت السيدة هنية العثامني قصتها وتقول ان لديها ثلاث بنات يعانين من مشاكل في السمع والنطق وتقول انه في احدى الايام مرضت ابنتها ذات تسعة عشر سنة فأخذتها للطبيب وسأل الطبيب الفتاه عن مشكلتها فقالت الفتاه عندي (تخونه) فهي لم تكن تجيد الكلام فقال الطبيب لامها (البنت مش عارفه تحكي خديها إلى مستشفى آخر) فبكت الأم

وذهبت الى احدى الصيدليات واحضرت دواء لبنتها وتضيف الام قائلة ان الاطباء لا يتفهمون الاشخاص ذوي الإعاقة ولا يحترموهم ولا يقدموا لهم يد المساعدة وتقول انه بعد الحرب الأخيرة زادت المأساة فالأم تحتاج الى مساعدات طبيه, والنقود غير متوفرة ووضعها سيء جدا خاصه وان الام مطلقه و بناتها يحتجن الي تغيير السماعات الخاصة بهن كل اسبوع.

وقصة أخرى للسيدة صابرين البرعي تحكى قصة ابنتها وتقول ان ابنتها ولدت سليمة لا تعاني من شيء, وفي احدى الايام اصيبت الفتاة بالصفار وهو مرض شائع يصيب الاطفال فذهبت بها امها للطبيب ولكن الطبيب لم يبالي بالأمر كثيرا وقال للأم ضعيها تحت المصباح (النيون) وقال لها ان الأمر طبيعي فهذا المرض يصيب غالبية الأطفال وأن عليها ألا تقلق وبعد فترة زاد الأمر سوءا فعادت بها الام الى المستشفى لتكتشف ان المرض (الصفار) زاد بنسبة ٥٥ ٪ فقام الاطباء بتغيير دمها مما أدى إلى تدهور السمع والنطق عندها وأصبحت منعزلة عن الاخرين مما دفع الأم الى أن تقوم بتسجليها في احدى مؤسسات المجتمع ولكن بسبب كونها مشاغبة وكثيرة المشاكل تم رفضها من المؤسسة وجلست في البيت وأصبحت منطوية تنام باستمرار.

قصة أخرى للفتاة الاء الفيري تقول انها نتيجة ابرة اخدتها بالخطأ (خطأ طبي) أصيبت بعدها بالنزيف وأثر هذا النزيف على نمو يدها فتوقفت اليد عن النمو واصبح بها تشوه وهي الان تجد صعوبة في ارتداء الملابس والعناية بشعرها وتحتاج الى زراعة يد و لكنها لا تتمكن من ذلك بسبب سوء الوضع الاقتصادي.

فيما يخص الاجابة على السؤال الثاني بكيفيه رعاية الاعاقة وكيفيه تجنب المضاعفات في المستقبل, قالت احدى الفتيات ان أمها هي من تهتم بها وبأخواتها ذوات الاعاقة السمعية فتقوم بتحضير السماعات لنا وكانت تعلمنا كيفيه الاهتمام بأنفسنا وتقول انه اذا تعطلت السماعة الخاصة بي فان أمي تهتم بي خاصه اذا اصبت بالرشح. لان الرشح يعمل على اغلاق الاذن فبالتالي يتأثر السمع بشكل كبير كما تقدم أمي لنا الارشادات اذا تعطلت السماعة الخاصة.

فيما يخص الاجابة على السؤال الثالث والمتعلق بتجربة الإقامة في المستشفى وموقف العاملين والأطباء تجاه الاشخاص ذوي الاعاقة, قالت سيدة انها أجرت عملية سرطان في الرحم في احدى المستشفيات فلم تجد اي مشكلة في التعامل من قبل الأطباء وكان الطبيب يتعامل معها بشكل جيد.

وقالت سيدة أخرى في ذات السياق أنها كانت تعاني من مغص فذهبت إلى المستشفى وأجرت بعض التحاليل فطلب منها الطبيب ان تبيت في المستشفى فقالت انها لا تملك نقودا تمكنها من المبيت فأصر عليها الطبيب وقال انه سيتحمل نفقة مبيتها فباتت في المستشفى مدة ستة ايام وكان تعامل الاطباء والعاملين معاملة جيدة واحترام لها.

وعلى النقيض قالت احدى الفتيات متحدثة عن قصتها وهي تعاني من اعاقة حركية نتيجة نقص في الاكسجين ولم تكن تستطيع المشي نهائيا فقامت بإجراء تسع عمليات في قدميها وكانت تجربة اقامتها في المستشفى سيئة جدا حيث لم تجد اي رعاية أو اهتمام من قبل الأطباء فكان الأطباء يهملونها ويعطوها فقط ابر مسكنة للألم.

فيما يخص السؤال الرابع والمتعلق بالصعوبات والعوائق التي تواجه ذوي الإعاقة عند الذهاب للمستشفيات والمراكز الصحية وعن الأشياء التي هي بحاجه إلى تغيير في هذه الأماكن والمراكز الصحية ذكرت احدى السيدات بأنه من الصعوبات والتحديات وجود الطوابق وعدم توفر المصاعد وعدم توفر كهرباء وأن المرضى عليهم الانتظار طويلا حتي يأتي دورهم لإجراء العمليات فتتدهور حالتهم وتزيد سوءا ومن العوائق أيضاً عدم وجود أطباء كافيين وعدم توفر مترجم لغة اشارة لذوي الإعاقة السمعية وعدم وجود مساعد وقالت احدى السيدات انه يجب التخلص من فيتامين واو(الواسطة) التي تعيق اجراء كثير من الأمور واضافت احدى السيدات عائقاً اخر وهو عدم توفر اجهزة خاصه في بلدة بيت حانون وعدم توفر الدعم الكافي لشراء أجهزة طبية.

السؤال الخامس والمتعلق بالتقارير الطبية وكيفيه الحصول عليها والمعيقات التي تواجه ذوي الإعاقة عند الحصول على التقرير, قالت احدى السيدات أنها ذهبت لعمل تقرير فطلب منها الموظف المختص مبلغ ثلاثون شيكل وهي لا تملك

هذا المبلغ فظلت تذهب وتطلب المساعدة من أشخاص آخرين للحصول على التقرير فحصلت في النهاية على التقرير بصعوبة بعدما ذهبت عدة مرات إلى الموظف المختص.

وقصة أخرى ترويها سيدة تعاني من اعاقة في القدم وتقول أنها أرادت الحصول على التقرير ولم تتمكن من الذهاب بنفسها فأرسلت ابنتها لكن الموظف المختص رفض اعطاء الفتاه تقرير وطلب حضور الام وبعد عناء طويل ومرات متتالية من الذهاب والاياب حصلت الام على التقرير بصعوبة.

و تقول سيدة أخرى انها و ثلاثة أخوتها لديهم اعاقة وانها اذا ارادت الحصول على تقارير لها ولهم فان عليها أن تدفع مبلغ مئة وعشرون شيكلا وبالتالي هذا يرهق كاهل الأهل بالإضافة إلى أن التقرير يكون بحاجة إلى تجديد بشكل سنوي حتى نتمكن من الاستفادة منه وهذا يتطلب نقودا للمواصلات ذهابا وايابا.

في ختام المناقشة قامت رئيسة الجلسة بشكر جميع السيدات على مشاركتهم وكذلك سألت عن انطباعهم عن المشاركة لهذه الورشة .

منطقة جنوب غزة

الاربعاء 05/11/2014
9:30 صباحا- 11:30 صباحا

افتتحت رئيسة الجلسة بالتعريف عن نفسها والتعريف بالمشروع وأنشطة المشروع والبحث التحرري والهدف منه وأنه يعتبر من أهم انشطة مشروع انكلود ومن ثم انتقلت الى كسر الجمود بين السيدات من خلال اعطاءهن الفرصة للتعريف عن انفسهن ومن ثم انتقلت الباحثات والمقررات الى مساعدة السيدات في توقيع "استمارة التعهد" مع التأكيد على خصوصية المعلومات ، وتأكيد الحضور من قبل السيدات الحاضرات واستلمت رئاسة الجلسة كريمة المجايدة وبوجود المقررة إسراء أبو لحية وفلسطين الكرد للمساعدة والإشراف.
بدأت احدى الباحثات بالتحدث عن نفسها وقصتها مع الاعاقة من أجل تشجيع السيدات وحثهم على التحدث والمشاركة ومن ثم بدأت السيدات في التحدث عن تجاربهن :

- هناك سيدة قالت ان إصابتها جاءت نتيجة عامل وراثي وذهبت إلى المستشفى ، وأخرى كان سبب إصابتها حمى شوكية منذ صف البستان أدت إلى حدوث الإعاقة وثالثة سبب الاصابة كان الوقوع على الرأس منذ الصغر وذهبت إلى المستشفى لتلقي العلاج
- إحدى السيدات قالت انه كان الأمر في البداية صعب عليها مع البكاء والحزن المتواصل نتيجة المكوث في المشفى لفترة ثم بدأت تتأقلم بعد ذلك ,وأخرى ذهبت إلى المستشفى نتيجة التهاب في يدها ولم تدرك حينها كيف كانت تجربتها من صعوبة الألم.

السؤال الاول :

- خلود تحدثت عن معاناتها لعمل علاج طبيعي لتخفيف الالام لديها وكانت تتوجه الى العديد من الجمعيات الخاصة بالتأهيل ولم تجد أي جهة تساعدها وتوجهت الى عيادة الوكالة لإحضار بعض الادوية وكانت الادوية تنقطع لفترات ولا تستطيع الحصول عليها أحيانا ، كانت بحاجة الى مساعد لعمل العلاج الطبيعي لها في المنزل ولكن أغلب المؤسسات التي توجهت لها ابلغتها ان الخدمات كانت تقدم من خلال مشروع وانتهى هذا المشروع.
- أما سمية فكانت تتلقى علاج طبيعي منذ الصغر وكانت بحاجة الى توفر وسيلة مواصلات يومية وذلك مكلف جدا بالنسبة لها حيث أن حالتها المادية لا تسمح لها بذلك فتوجهت الى العيادة لتوفير العلاج المجاني وتعرضت لصدمة من رد الطبيب المعالج هناك حين قال لها ساخرا " العبي في دارك " فشعرت انها مهمشة من قبل المسؤولين عن حالتها مما جعلها تشعر بالإحباط والعقدة مدى الحياة ولم تذهب الى العيادة مجددا .. خلال حديثها عن تجربتها تأثرت كثيرا وبدأت بالبكاء واثرت في جميع السيدات اللاتي حاولن التخفيف عنها وانتقلت رئيسة الجلسة الى مشاركة اخرى من اجل اعطاء سمية الفرصة للاندماج مجددا والتخفيف عنها من خلال استماعها الى تجارب السيدات الاخريات.

السؤال الثاني:

- بدأت المشاركات في التحدث عن نشاطات كانوا يمارسنها من خلال المشاريع التي كانت تنفذ في الجمعيات فتحدثت احداهن عن استفادتها من مشروع " الشباب و الرياضة " الذي تم تنفيذه في جمعية الاصدقاء

برفح من خلال مؤسسة الميرسي كور وكيف ساعدها هذا البرنامج على رعاية اعاقتها من خلال اداء التمار وتدريبها على القيام بذلك بنفسها او بمساعدة احد افراد اسرتها

- في حين ذكرت سيدة اخرى انها لم تتلق أي تدريبات تساعدها على رعاية نفسها وتتمنى لو انها تتمكن م الانضمام الى مثل هذه المجموعات.

السؤال الثالث:

- تحدثت احدى السيدات الصم عن تجربتها حين أجرت عملية في القدم وكانت حزينة ومخنوقة نتيجة ا عدد كبير من الإبر والمحاليل، والأطباء كانوا يستجيبوا لها من خلال إشاراتهم وكانت تتلقى تعامل جيد منهم.
- أما سيدة أخرى فقد مكثت في المستشفى لمدة 10 ايام نتيجة ارتفاع في السكر واستمر معدل السكر ف الارتفاع ولكنها كانت راضية عن أداء الأطباء وأختها كانت برفقتها.
- اما سيدة اخرى فقد تحدثت عن تجربتها في المستشفى حين تلقت معاملة سيئة من الاطباء واهمال مقصو ظهر في امتناعهم عن تغيير ابرة المحلول التي من المفترض ان يتم تغييرها 3 مرات ولكنهم غيروها مرة واح فقط بالإضافة الى عدم الاهتمام بنظافة المكان كما تلقت تعليقات استهزاء من قبل بعض المتواجدين هناك.

السؤال الرابع:

- تجربة احدى السيدات تتلخص في عدم قدرتها على الوصول الى المستشفى حيث انها تستخدم الكرس المتحرك فكانت تطلب سيارة تاكسي من احد المكاتب وهذا مكلف بالنسبة لها، وعند ذهابها الى المستشفى اضطر الى الزحف على الدرج لعدم قدرتها الوصول الى الطوابق العليا بكرسيها المتحرك بالإضافة الى مواجه للصعوبات خلال عمل التقرير الطبي وتلقي العلاج في المستشفى .

السؤال الخامس:

- بعض السيدات اشارت الى عدم حاجتهم مسبقا الى تقرير طبي.
- تحدثت نسرين عن تجربتها حين كانت بحاجة الى تقرير طبي لإثبات اعاقتها وذلك لكي تحصل على اعف من الرسوم في الجامعة ولم تتمكن من دفع الرسوم ولا احضار الاعفاء لعدم احضارها لتقرير طبي
- اما "م" فتحدثت عن مشكلتها في عدم قدرتها على السفر للعلاج حيث انه كان ذا تكلفة عالية وتوجه للعديد من الجهات لمساعدتها في الحصول على تقرير طبي ولم تقبل أي جهة بكتابته لها.
- فداء تحدثت عن الصعوبة التي واجهتها في السفر للعلاج حيث كان عليها احضار تقرير طبي رسمي م جهة مختصة للسماح لها من العبور الى الجانب المصري في معبر رفح ولكن تم رفضها عدة مرات واخيرا تمكن من العبور واجراء عملية جراحية في العين لزراعة عدسة

السؤال السابع:

- قالت احدى السيدات الصم انه يجب أن يكون معهم مرافق كالأم، والطبيب يتفاعل معهم ويستجي لإشاراتها وطلب منها هي التحدث عن حالتها وليس الأم كسؤالها عن درجة الحرارة وغيرها.
- تحدثت سيدة اخرى من الصم انهم يستطيعوا التواصل من خلال الكتابة مع الأطباء أو بإشارات بسي مفهومة من قبل الأطباء.

اللقاء الاستخلاصي للثلاثة مجموعات

الأحد 2014/12/21

13:00_10:00

قامت دعاء حرب منسق مشروع الاندماج جمعية الأمل للتأهيل رفح بافتتاح الجلسة وتوضيح هدف اللقاء و لقاء استخلاصي خاص بالبحث الثالث بالاضافة الى انه سيتم استخلاص الدروس المستفادة من كافة الأسئلة البح وقامت بتذكير الباحثات بالبحث التحرري وأهدافه وأنواع البحوث الكمي والكيفي وعرجت على نوعية البح التحرري بأنه اجرائي وينفذ على نفس الفئة القائمة عليه من ذوي الاعاقة والتركيز على أهمية التشارك ب الباحثات .

ذكرت دعاء السيدات بالمقابلات التي قمن بتنفيذها مع السيدات لمناقشة المشاكل والعقبات التي تواجههن عند تلقيهن لخدمات الرعاية الصحية المختلفة ثم قامت دعاء بتقسيم الباحثات الى أربعة مجموعات لتشارك التجارب التي مرت بها الباحثات والقيام بالإجابة على سؤالين هما محور اللقاء:

س1 : ما أهم التحديات التي واجهت الباحثات خلال تنفيذ المقابلات مع السيدات ذوات الإعاقة؟ .
س 2 : ما تعليقهن على الأسئلة المستخدمة في بروتوكول البحث التحرري الثالث؟
أولاً قامت المجموعات الأربعة بطرح جميع التحديات التي واجهتهم مع مناقشة هذه التحديات مع دعاء وذكر أسبابها المحتملة والطريقة المثلى للتعامل معها
و كانت التحديات كالتالي :

- التأخير من قبل السيدات وعدم الحضور في الوقت المحدد مما دعا الى اختصار وقت الجلسة وعدم القدرة على تغطية الاسئلة الاضافية الخاصة بالبروتوكول.
- شعور بعض السيدات بالخجل وعدم الرغبة في التحدث عن مشكلاتهن الصحية
- غياب المقررة في أحد المؤسسات مما أدى الى ارباك المجموعة واعادة توزيع الادوار.

ثم اتفقت الباحثات على مدى شمولية أسئلة البحث وكانت **ملاحظات المجموعات كالتالي:**

- الأسئلة شاملة وواضحة وتم تغطيتها بشكل كامل خلال اللقاءات بالاضافة الى الأسئلة الاضافية
- الاسئلة جيدة وتغطي كافة الجوانب المتعلقة بالمشاكل التي تواجه السيدات خلال تلقيهن خدمات الرعاية الصحية

بعد مناقشة التحديات قامت دعاء بالطلب من السيدات ان يناقشن في مجموعات أبرز المشكلات التي تواجه السيدات ذوات الإعاقة في تلقيهن للخدمات الصحية وكانت اجاباتهن كالتالي:

- ✓ عدم موائمة المؤسسات التي تقدم الرعاية الصحية لاستخدام الاشخاص ذوي الاعاقة بمختلف فئاتهم من إشارات ضوئية ومترجمين اشارة وممرات وكراسي متحركة
- ✓ صعوبة الحصول على تقرير طبي من المراكز وكثرة الاجراءات وارتفاع الرسوم
- ✓ تهميش وتجاهل الاطباء وسوء معاملتهم للأشخاص ذوي الاعاقة
- ✓ عدم اعطائهم اولوية في التحويلات للعلاج بالخارج
- ✓ عدم وجود الوعي الكافي لدى السيدات ذوات الاعاقة انفسهن عن طرق التعامل مع الاعاقة
- ✓ عدم وجود خبرة لدى العاملين في المراكز الصحية عن كيفية التعامل مع الإعاقة والاشخاص ذوي الاعاقة

ذكرت احدى المجموعات قصة حدثت مع سيدة من السيدات ذوات الإعاقة وذكرتها خلال لقاءات البحث حيث توجهت السيدة الى احد المراكز الصحية لعمل جلسة علاج طبيعي مجانية وهناك في المركز قام الأخصائي بالاستهزاء بها وعدم الاهتمام بحالتها قائلا انه لا فائدة من العلاج طبيعي فالاعاقة لن تزول وهنا شعرت السيدة بالاحباط وعادت الى المنزل دون اجراء الجلسة ولم تعد بعدها الى أي مركز صحي ولم تتلق أي جلسات علاج طبيي حتى الآن لانها تشعر بالاحباط والخوف

طلبت دعاء من المجموعات تقديم توصياتهن واقتراحاتهن بشأن المشكلات السابق ذكرها وكانت التوصيات كالتالي :

- توفير مترجم للغة الإشارة لكل مركز صحي من أجل مساعدة فئة الصم على التواصل مع الطبيب
- إعفاء فئة ذوي الاعاقة من الرسوم الخاصة باجراء التحويلات او التقارير الطبية
- موائمة المستشفيات لاستخدام الاشخاص ذوي الاعاقة من خلال توفير اشارات ضوئية وكراسي متحركة وسلالم كهربية
- تنفيذ ورشات عمل توعية لذوي الاعاقة انفسهم وللعاملين في المراكز الصحية عن كيفية التعامل مع الاشخاص ذوي الاعاقة وطرق التعامل مع الاعاقة نفسها
- تفعيل فكرة التأمين الصحي لتغطية تكاليف علاج الأشخاص ذوي الإعاقة
- توفير قسم خاص داخل المستشفيات لعلاج الأشخاص ذوي الإعاقة
- توفير المعينات والأجهزة الطبية والادوية اللازمة للأشخاص ذوي الإعاقة مجانا من خلال المؤسسات او الحكومة

طلبت دعاء من السيدات الحديث عن تجربتهن بشكل عام خلال البحث التحرري وما تم الاستفادة منه بعد الانتهاء من تجربة البحث وكانت تعليقات السيدات كالتالي :

- إسراء: كانت تجربة ايجابية جدا اضافت الكثير لشخصيتي ولمعرفتي وما اسعدني هو آالية التعاون بين الباحثات والمقررات في تنفيذ البحث ولكن اعتقد ان الحمل الاكبر بعد الانتهاء من البحث حيث ان هناك دور يجب علينا القيام به وهو ايجاد حلول للمشكلات التي قمنا بمناقشتها خلال البحث.
- سونيا: تجربة جيدة لي كسيدة ذات اعاقة سمعية حيث تم دمجي مع باقي الاعاقات
- سامية: اصبحت اكثر جرأة وأكثر قدرة على التعبير عن نفسي دون خجل
- فلسطين : اصبحت اكثر ثقة بنفسي وان لي دور وان بامكاني فعل شيء لمساعدة السيدات ذوات الاعاقة مثلي.
- كريمة: تجربة جيدة ولكني اصبت بالاحباط لاني اعتقدت ان عملي في اجراء البحث سيكون مصدر دخل مستمر لي

أثنت دعاء على النقطة التي أثارتها إسراء حيث أن الانتهاء من تنفيذ البحث لا يعني ان المشكلات قد تم حلها ولكن يعني ان هناك حاجة لبذل مزيد من الجهد من أجل وضع النتائج موضع تنفيذ وتوفير حلول لهذه المشكلات.

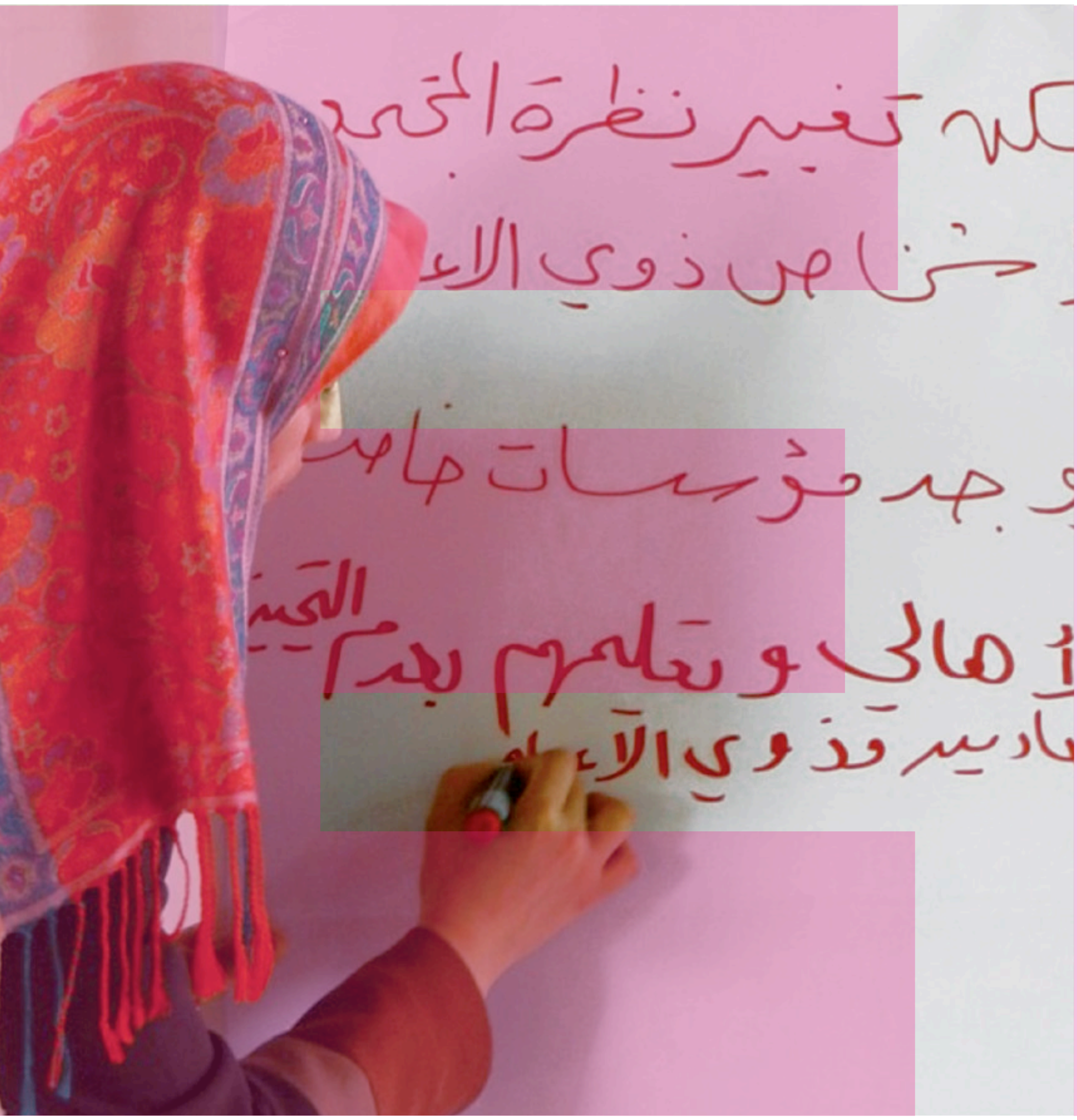
طلبت دعاء من السيدات العمل في مجموعات ومناقشة التوصيات والدروس المستفادة من تجربة البحث التحرري خلال تنفيذ الاسئلة البحثية الثلاثة وكانت التوصيات كالتالي:

- الدور المنشود يتوزع على ثلاثة جهات وهي الحكومة والمؤسسات الخاصة والعاملة بشؤون الاشخاص ذوي الاعاقة والمجتمع نفسه ويجب ان تعمل هذه الجهات يدا بيد لحل مشكلات الاشخاص ذوي الاعاقة
- تفعيل قانون 5% الخاص بتشغيل الاشخاص ذوي الاعاقة
- توفير التعليم الجامعي لباقي فئات ذوي الاعاقة
- نشر لغة الاشارة في كافة شرائح المجتمع ليتم دمج هذه الفئة فعليا وتكون قادر على التواصل مع باقي الاشخاص
- توفير تأمين صحي مجاني لتغطية نفقات الخدمات الصحية للاشخاص ذوي الاعاقة
- دمج الاشخاص ذوي الاعاقة في كافة الانشطة مع الاشخاص بدون اعاقة
- تقديم الخدمات الصحية والتعليمية والترفيهية مجانا لكل الاشخاص ذوي الاعاقة
- موائمة المؤسسات والمرافق من اجل استخدام الاشخاص ذوي الاعاقة
- زيادة الوعي لدى الاشخاص ذوي الاعاقة بحقوقهم وبطرق التعامل مع الاعاقة
- رفع مستوى الوعي المجتمعي بحقوق الاشخاص ذوي الاعاقة
- التشبيك بين المؤسسات الخاصة والحكومة لتنفيذ المشاريع الخاصة بالاشخاص ذوي الاعاقة
- تنفيذ البحث التحرري بشكل اوسع لتغطية مشكلات اخرى خاصة بالبحث التحرري
- العمل على حل المشكلات التي تم مناقشتها في البحث التحرري

بحث الإعاقة التحرري

EDR

فى قطاع غزة



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