



## **Disability Advocate Commitment**

Inclusion of people with disabilities into everyday activities involves practices and policies designed to identify and remove barriers such as physical, communication, and attitudinal, that hamper individuals' ability to have full participation in society, the same as people without disabilities.

As a Disability Advocate of Kuhenza for the Children and Kupenda for the Children, I
(name), will support children with disabilities and
their families in my community by replacing harmful beliefs and practices with inclusive belief
and actions that include them in all aspects of social life, education, and medical care.

This includes and is not limited to the following;

- Affirming they are valuable by telling them so and by listening to them;
- Visiting and counseling them;
- Telling them about the true, medical causes of different disabilities;
- Telling them about the true, medical treatments for different disabilities;
- Educating them about their rights, which are the same as all humans;
- Referring them for medical care and assessment at an appropriate health and assessment facilities:
- Helping them enroll and/or stay in appropriate schools;
- When possible, supporting them in accessing employment opportunities;
- Providing guidance and support to help them connect to funding sources like the National Health Insurance Fund and National Council for Persons with Disabilities;
- Ensuring their legal rights are understood and supported by their relatives and community members;
- Fighting for the development and implementation of policies that provide them with appropriate education, medical care, legal protection, and funding;
- Sharing the message of justice and inclusion of people with disabilities in conversations, meetings, and public talks; and
- Advocating for the elimination of abuse towards people with disabilities including
  physical or sexual harm, neglect, verbal or emotional cruelty, and any other form of
  violence or mistreatment.

## **DECLARATION OF COMMITMENT**

I declare that:

- 1. I have read and understand Kupenda and Kuhenza's. Disability Advocate Commitment
- 2. I will work to uphold the pledges laid out in Kupenda and Kuhenza's. Disability Advocate Commitment

Signature:	Date:
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