



## **Communication Support World Network News**

**Editor: Dorothy Fraser**

**Associate Editors: Sarah Blackstone and Harvey Pressman**

[www.centralcoastchildrensfoundation.org](http://www.centralcoastchildrensfoundation.org)

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## ARTICLES

### INTRODUCTION

*By Dorothy Fraser*

Senior Representative to Eastern and Central Europe, Central Coast Children's Foundation

Welcome to the first issue of *Communication Support World Network (CSWN)* previously known as *Augmentative Communication World Network (ACWN)*. We have chosen this new name to highlight developing and strengthening international connections and support, and to show our appreciation of the wonderful work being done by people in many places around the world.

We would like to thank all the authors for their contributions to this edition.

### **A Project to Establish Awareness and Evidence-Based AAC Intervention in the Philippines**

By Terese Jimenez Manalansan MA, CCC-SLP  
Founder of the TinIG AAC Project



*Claire with her communication system for the first time.*

### **Speech-Language Pathology in the Philippines**

The Speech Language Pathology profession in the Philippines started in Manila in 1978 at the **University of the Philippines Manila, College of Allied Medical Professions (UPM-CAMP)**.

Obtaining a bachelor's degree is the minimum requisite to practice speech pathology in the Philippines (Concepcion *et al.*, 2002).

### **AAC intervention in the Philippines:**

Before the TinIG AAC project was launched, the secretary of the Philippine Association of Speech Pathologists (PASP) reports that only 24 of the 136 active members select augmentative and alternative communication (AAC) intervention as an area of interest. Current practices in AAC revolve around (1) the use of American Sign Language, (2) the use of the Picture Exchange Communication System and (3) different versions of a picture communication system. With the advent of the tablet, Filipino speech-language pathologists (SLPs) are also experimenting with AAC communication applications. Many stated their interventions are based on "trial and error" rather than guided by evidence-based AAC practices. Accordingly, there was a dire need to develop an educational program that could provide SLPs the AAC knowledge and skills they

need to provide quality AAC interventions to their clients.

### **Conception of the TinIG AAC Project:**

In August 2014, Terese Jimenez Manalansan founded Technological Intervention In Giving Augmentative Alternative Communication to individuals with communication disabilities, the **TinIG AAC project**. Terese is a native of Manila, and an alumna and former faculty member of the UPM-CAMP Manalansan. She has been a practicing SLP specializing in the area of AAC for 13 years. During her visits to the Philippines, she realized there was a need for formalized AAC training so Filipino SLPs could apply evidence-based methods to the assessment and treatment of clients needing AAC. Together with colleagues from UPM-CAMP, Jennifer U. Soriano and Ferdiliza Garcia, M.D., she developed the TinIG AAC project, an outreach and educational program. Coincidentally “**TINIG**” in the Filipino language means, “voice”.



*Manalansan screening recipient Precious with SLP participant Barbara Munar*

### **Providing Education and Mentorship**

Currently four universities in the Philippines offer an undergraduate degree in speech pathology, and three of these programs were developed within the past 6 years. Although the Philippine Commission on Higher Education explicitly stipulates a 2-unit course on AAC at these four universities, such courses do not exist at this time. According to Ellyn Cassey K. Chua, a full-time faculty member of UPM-CAMP, “AAC has been discussed only as part of a course on communication

problems in cerebral palsy. Around 6 to 9 hours of lecture work has been allotted for AAC over the past three years ...” Furthermore, Ms. Chua reported that “the instructors mostly get content from books and online resources; they are also not particularly trained in AAC.”



*Screening wheelchair bound recipient Francesca using an iPad mount and an iPad communication system*

The fact that none of the universities offer a course or formal training in AAC may be due to a lack of AAC experts practicing in the country, as well as a lack of resources for continuing education and professional development in the area of AAC. Maryelle Elaine Dy, a clinical supervisor at UP-CAMP and a SLP participant in the project, stated:

*Before the TinIG AAC project was launched, there was no systematic and comprehensive way to learn about and be trained on AAC intervention in the Philippines; consequently, it was only through the project that appreciation for the power and value of AAC as a mode of intervention is slowly being facilitated. It was only through the TinIG AAC project that Filipino SLPs can fully understand how AAC can change lives, and improve SLP practice if it is integrated in service delivery”. Although (Dy says) “lectures given in UP-CAMP introduced AAC, they lacked details*

*on how it should be done and what impact AAC has on patients. Therefore, students (who later became clinicians) never really appreciated AAC intervention until now”.*

### Goals of the Program

One objective of this project was to educate practicing SLPs and Filipino SLP educators about AAC intervention. Faculty members from all four universities were invited. Three universities participated. All participating SLPs were trained and mentored by Manalansan during the 10-month program. The first 5 months were spent in lectures covering principles of AAC Evaluation and Treatment. The second half of the program involved mentorships, case presentations and literature reviews. SLPs who participate in the project will become the *first* AAC specialists in the country.



*Manalansan screening recipient Claire with SLP participant Marie Chris Palafox-Pascua while Egan Jimenez documents*



A second objective of the project is the Outreach Program. This program provides tablets loaded with a communication application and gives them to underprivileged Filipino individuals with communication disabilities. An article by Conception, *et. al.* (2002) that reviewed the demographics of the Philippines through the National Statistics Office reported that the average Filipino household’s annual income is Php 172,730 (approximately \$3,600). Most families are unable to afford the tools, technology and training their children need.

Accordingly, Ms. Manalansan spearheaded fundraising efforts to provide iPads loaded with communication apps and necessary attachments (such as wheelchair mounts, portable cases, and key guards). She was able to obtain sufficient funding from friends and family, as well as the Saltillo Corporation (who donated licenses to download their communication software on iPads) for seven first year recipients. The challenge of sustaining this effort year after year remains.

After receiving their AAC technology, each recipient was paired with an SLP participant from the TinIG AAC project. The SLP provided AAC intervention based on training they had received. This relationship of symbiotic mutualism between SLP and recipient helped ensure that the SLPs learned from their mentored AAC experience and provided them with direct experience delivering quality and evidence-based AAC intervention.



*Recipient Jacob receiving communication device with his family. UPM- CAMP SP chair, Jennifer Soriano, and SLP participant Ellyn Chua,*

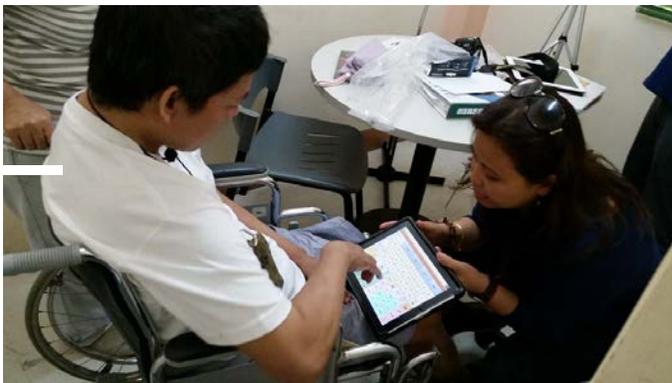


*Recipient Precious happily clutching her new found voice with her mother SLP participant Munar, UPM-SP chair Soriano*

### **Ripple Effect of the TinIG AAC Project**

Recently, the Philippine Association of Speech Pathologists endorsed the 10-month TinIG AAC project as a continuing education course. One participant in the course, Marie Chris Palafox-Pascua, a Clinical Supervisor for UPM-CAMP, noted that the 10-month course program was a first in the country. Never before has there been an established formalized training program for any specific domain within her scope of practice.

In addition to the seven recipients of the project, other Filipinos with disabilities are also benefitting from the program because SLP participants are applying their newly learned knowledge and skills to their own caseloads. As educators, they are also modeling AAC intervention approaches to future SLPs under their tutelage. The TinIG AAC project is helping to ensure that knowledge and skills learned by SLP educators will trickle down to the next generation of SLPs as they continue to teach SLP students at their respective universities.



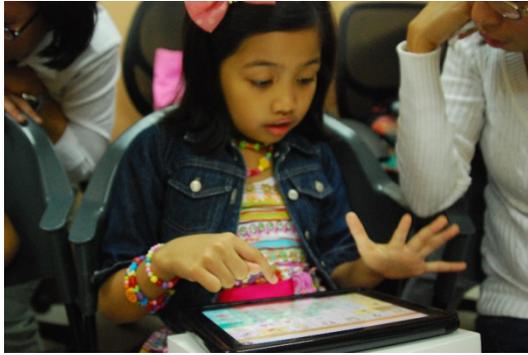
Also, the program may serve as a template for developing other training and mentorship opportunities within the profession of speech language pathology. Ms. Munar, who has been practicing as an SLP in the Philippines for 19 years reported, on behalf of others in the project that, in accordance with the TinIG AAC's objective of creating a ripple effect in the field of AAC, the pioneer group has

already started to build a network that can further the development of AAC in the Philippines. They are starting with their own caseloads and then teaching AAC strategies to their colleagues other professionals, and members of their rehabilitation/habilitation teams. Slowly, but steadily, they are advocating for acceptance of AAC strategies and technologies as a critical component of their job and as a way to increase evidence-based intervention practices in the Philippines.

### **Challenges that Face AAC Interventionists and Users in the Philippines**

Ms. Munar also noted several future challenges that SLPs in the Philippines will face.

1. Dispelling the misconceptions regarding the need for and use of AAC, especially in a culture where people love to talk. While it is always important to support speech development, SLPs need to help families and other professionals realize that it is also important for all children to be able to communicate using language. Thus, when a child is unable to speak clearly, AAC interventions are critical to their development, their everyday lives and future opportunities and participation they will have in their communities. Also, SLPs need to keep in mind that families everywhere find it difficult to integrate AAC systems into their daily lives because they have many competing priorities. SLPs need to help families understand the value of all kinds of



*Recipient Celine immediately recognizes the power of her system and uses it independently*

AAC approaches, including low-tech, no-tech and high tech options.

2. Financing for AAC systems is a challenge when the cost of a device like the iPad is more than the monthly salary of a minimum wage earner in the Philippines. Also, spending for intervention services is mainly out-of-pocket for parents / families at this time.

3. Currently, there are no companies in the country that supply AAC devices and training in their use requires an SLP to go overseas. The talent to create similar devices is not lacking in the country, but the

required training and financial support poses a big problem. Thus, it is possible that Filipino SLPs will be left with no choice but to develop creative and resourceful systems that are both cost-efficient (*i.e.*, low- cost) and effective. The Filipino SLP— especially those in the provinces often need to focus on the development of low-tech devices and non-tech approaches.

4. Geography, demographics and funding for services in the Philippines make service delivery difficult. Reaching out to individuals who may benefit from AAC intervention in a country with

7000+ islands and where many SLPs hold their main practice in big cities such as Metro Manila, is challenging. In addition, Concepcion et. al. (2010) reports that accessibility and availability of SLP services is quite limited. To date, health insurance programs do not cover most SLP services so these services are primarily paid out-of-pocket. Programs that offer services free-of-charge or at minimal cost to those with limited resources are few in number, and are not available in most regions of the country.



*Recipients together with their mothers and SLP participants familiarizing themselves with the girls' new found voice.*

Speech therapy services in public schools are also nonexistent. Sometimes teachers with limited backgrounds in speech correction provide services in elementary schools (Cheng, Olea, & Marzan, 2002). Concepcion further reports that the distribution of SLPs across the country is disproportionate. In spite of efforts to increase services in remote provinces and cities, Cheng et al (2002) indicated that most SLPs practice in the National Capital Region (NCR), within or around Metro Manila. The reasons are financial and professional in nature (*i.e.*, availability of continuing education, more opportunities at collaboration with



medical and allied health professionals, etc.). Given the uneven distribution of SLPs, families from remote areas travel to the nearest city where SLP services are offered. Often, however, the SLP does an evaluation, provides the family with education and a home program, and schedules a follow-up visit to monitor progress.

**Future aims**

The TinIG AAC Project aims to promote awareness among professionals and consumers regarding the benefits of AAC through an information campaign spearheaded by the first batch of SLP participants. It will continue to seek grants and funding for the outreach program to provide devices and services to underprivileged Filipinos with communication disabilities. Because the project operates mainly in Manila, plans are underway to reach other parts of the country through lectures and workshops. We hope to continue our educational partnership with UPM-CAMP and maintain the endorsement of PASP continuing education programs. Ms. Manalansan also aims to tap professionals in the fields of science and technology to seek affordable options for consumers.

Lastly, the TinIG AAC project aims to *TinIG AAC Project SLP participants, recipients and families* establish a Philippine chapter of the international Society of AAC users (ISAAC) so we can join the international community of AAC users, families, service providers and manufacturers in the global effort to bring quality AAC intervention to people worldwide.

**A CALL FOR “HELP” FROM THE INTERNATIONAL COMMUNITY**

The TinIG AAC project proponent appreciates any suggestions, guidance, assistance or donations towards the continuation of this project.

To contact us, please email Terese Manalansan at [tinig.aac@gmail.com](mailto:tinig.aac@gmail.com).

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## Teaching and Learning in a Uganda Pre-school

*By Katie Lampe*

Central Coast Children's Foundation

In January 2015, I headed out from California to a pre-school in Uganda with a suitcase full of learning materials that I hoped would fit the needs of the children and their teachers. Along the way I learned some useful lessons-- about the entry points of the teachers, the appropriateness of certain basic educational technologies, and the barriers that might interfere with the smooth transfer of educational ideas from urban America to rural Africa.

I got a warm and enthusiastic reception from folks I had already met during my previous visit during the summer of 2014 when I had spent three weeks volunteering with a local NGO, African Community Team Support, in Mbale, Uganda. This time, I brought a variety of educational and school supplies purchased with the help of the Central Coast Children's Foundation in California where I work.

All the items, with the exception of a solar charger that we purchased locally, were things we thought would be difficult or impossible to find in Uganda. We were fairly confident that some items would be immediately useful, while others we bought to see what value they might have for children and teachers in schools.



Would rural schoolteachers, who did not own a computer or have electricity in their homes be able to effectively incorporate into their classroom the story telling abilities on a Kindle loaded with children's stories? Would locally available solar chargers for cell phones, tablets and lights support the real needs of the school and its teachers? Might having power at school spark an interest in others in the community owning solar chargers? How much would people be willing to pay for them?

My visit provided a sliver of information. Nathan Muzewera, the director of African Community Team Support (ACTS) willingly shared his thoughts about what would be most useful for his organization and community now and perhaps in the future.

**Books:** I had discovered from my July visit that children's books were virtually non-existent in preschool and primary schools and were not readily available in town. I purchased around 30 children's books, many of which featured African characters and all of which were culturally suitable (stories about American bed time routines would be foreign to children in Uganda, who have quite different rituals).

While I was certain that the books will be put to use, I am not certain how much the children will be allowed to interact with them. Most of the books I purchased were board books, with heavy cardboard pages because they were intended for preschoolers. However, in an area where books are fairly rare, teachers are likely to be concerned about children “ruining” the books and keep them locked away until it’s a time for the teacher to read them. We’ll find out...

**Kindles:** We purchased three Kindles that I distributed to three different preschools. I loaded about fifty children’s books (ranging from simple picture books to elementary school chapter books like the *Magic Tree House* series) onto each Kindle, plus about ten books intended for adults to read. Two of the schools that received the Kindles are in very rural areas and one is in a village just outside of Mbale.



While our initial goal was to provide more reading materials for preschoolers (based on numerous books and studies that demonstrate that being exposed to more words early in life can improve learning outcomes later in life), it became quickly evident that Kindles might become a useful tool for the entire community.

Everyone, from children to the teenagers, to young adults, to the elderly, was fascinated by the Kindles.

In a country that, as Nathan put it, “does not have a culture of reading,” Kindles will introduce whole communities to a wealth of literature. Children can read stories out loud to their younger siblings or to their parents, who may not be literate. Teachers can use the Kindles to access educational material. Secondary school students can load the books they need to read for school on them, and so on.

Although the Kindles may seem like (and in many ways are) a perfect way to promote literacy in areas with limited access to books, there are a few practical considerations to keep in mind.

1. Kindles need to be *charged*. While they have a long battery life compared to a computer or tablet, eventually they need to be charged. In areas with limited access to electricity, solar chargers may be an effective solution for this.

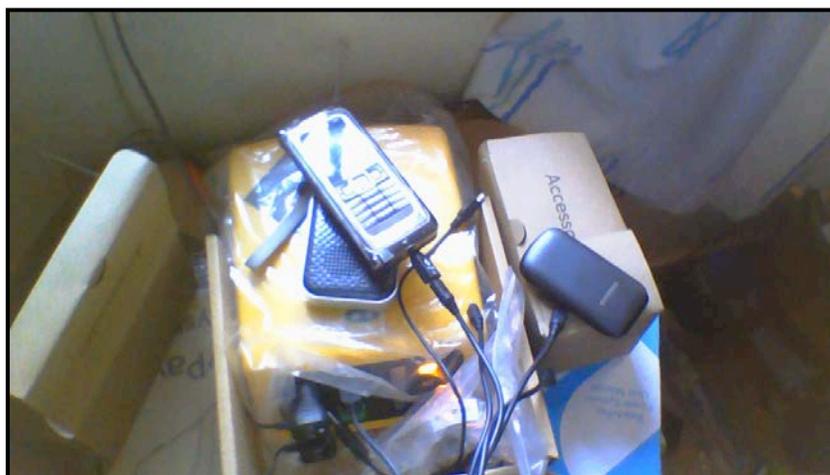
2. Kindles need to be linked to an *Amazon account* to purchase additional books. While books can be preloaded onto the Kindle and accessed offline, purchasing additional books requires an Internet connection to an Amazon account, and thus a credit card or bank account. Many people who can benefit most from the Kindle live and work in “informal” economies and have no bank account. Although gift cards can be purchased to buy Kindle

books, ultimately this is unlikely to be a sustainable solution.

3. Teachers need *training*. While Kindles are fairly intuitive compared to many kinds of modern technology, teachers who have never used a computer can benefit from some basic training in how to use a Kindle with children. Additionally, since children's books are currently not readily available in Uganda, teachers may also need help learning how to incorporate reading and story time into their lesson plans.

**Solar Charger:** Before heading to Uganda, I found an American company, Fenix International, which manufactures affordable solar chargers that can be used to power lights and radios (and in some cases televisions) and charge cell phones. The company uses "Ready Pay" technology that allows customers to "pay as you go". The flexibility of this option enables people to slowly pay for a product that otherwise they would be unable to purchase. For example, after an initial down payment of \$16-\$64 (depending on the model), a customer can choose to pay on a daily, weekly, or monthly basis. Payments are made through MTN's mobile money payment system, which is already widely used throughout Africa. Payments can be made even with a basic phone (internet is not necessary) as often or infrequently as a family can afford. If someone is not able to make a payment one week, their solar charger will shut off, but it will turn on again as soon as their next payment is made.

*NOTE: Fenix currently distributes in Uganda and Tanzania.*



Mobile phones are prevalent throughout Africa, but access to electricity is much more sporadic. The company's solar chargers are able to charge several cell phones at once (and the most powerful models can charge 15 phones in one day). This means that some Ready Pay customers may decide to make their solar chargers profitable by offering neighbors in their local area a way to charge their cell phones. The person with the charger can make a little money while saving others the expense of taking long and costly trips to the nearest charging station.

We provided Nathan, the director of African Community Team Support (ACTS), with a solar charger, to help run his NGO and to determine how well the product worked. He did not know about the charger before I introduced it, and was thrilled to discover its potential. As noted above, power is very sporadic in Uganda. Nathan's house is hooked up to the grid and theoretically should have power each time he flips the switch. However, that's not what happens in reality. Power outages are an almost daily occurrence, and may last from a few minutes, to a few hours, to most of the day. Or, if a transformer blows in a region, it can take the electric company nearly a month to fix it.

When the power is out, his household has to function with light from a few candles; bathing, cooking, and homework must all be done by candlelight.

Nathan's family is one of the fortunate ones in his area because they have access to electricity. According to the World Bank, only 14.6% of the people in Uganda had access to electricity in 2010. Many families rely on kerosene lanterns for light (which is both expensive and dangerous) and would benefit greatly from a solar charger.

**Tablet:** Nathan was elated to receive a tablet to help him run his NGO. Originally we thought the tablet might be useful in some of the preschools so we had loaded numerous educational apps on it. However, it was soon clear that Nathan was concerned about trusting young children to care for it properly. He thought it would be broken in no time if he let the students use it. Instead, Nathan decided to use the tablet to document his NGO work, write grant reports (there is a built in camera and video recorder) and communicate via Skype and email. Once teachers and community members become more comfortable with technology, he plans to introduce tablets into preschool classrooms.

**Crank powered flashlight/radio:** A last minute addition to my suitcase turned out to be a big hit. The crank powered flashlight / radio was designed for use during emergencies when there is no power. Both the light and radio can be operated by cranking the device for a few minutes. It even can charge a cell phone (although I think one's hand might fall off before a cell phone was fully charged). It's intended to allow someone to charge a phone just enough to make an emergency call.

These devices are relatively cheap and if they were available locally (I did not see any myself), they could be useful for families with no access to electricity... a few minutes of cranking might allow a family to listen to the radio or provide light for a student to do homework. Other models have *both* solar and cranking charger capacities and we plan to experiment with these in other African countries in the near future.



### **What have we learned?**

We will learn more as we get feedback from Nathan and the teachers who are now using the materials I brought. Of all the donations, I suspect that solar chargers have the potential to make the biggest impact. Solar chargers can bring power to millions of families currently off the grid. Children could do homework after the sun goes down, shop owners could stay open longer and teachers could charge the Kindles so they can share stories with their classes.

## THE DIGITAL DIVIDE

Experts bemoan the technology gaps that exist between rich and poor, and between developed and developing economies. Although there is a growing literature about what scholars call “appropriate technology” in poor countries, little or no information exists that identifies appropriate *educational* technology. Also, there continues to be a significant lack of research regarding educational technologies that are realistically adaptable given unique economic and cultural conditions in diverse areas. This suggests that there are still tons to learn about how to most effectively incorporate technology into classrooms across the developing world.

Educational technology tools currently available in a country like Finland may not be available or appropriate for decades (or ever) to the kids in a village school in Uganda or the schools of sub-Saharan Africa. Paul Polack, a psychiatrist by training who, throughout his life, has been inventing devices for poor people, explains that the products he makes “must be so cheap and effective that the poor will actually buy them, since charity disappears when donors find new causes.”

As Smith and Winthrop write in [an article](#) for the Brookings Institute, “The strategy for [using educational technology] needs not emulate the trajectory of educational technology use in wealthier developed nations. Indeed, in some of the most remote regions of the globe, mobile phones and other forms of technology are being used in ways barely envisioned in the United States or Europe.” For example, girls in Pakistan are using cell phones to text their teachers to receive lessons when school is out due to conflict.

Technology use in the developing world raises a variety of questions that may seem irrelevant to the developed world. How will devices be charged? Are teachers trained to use them? Is someone qualified to fix them when they break (and are the parts available for the repairs)? Is a particular technological device the best method of achieving the educational goal it is supposed to be addressing? Might the money be better spent on additional teachers (and thus smaller classrooms), higher teacher salaries (and presumably lower absenteeism rates) or even separate toilets for girls (so that they don’t drop out when they reach puberty)?

It’s no big surprise that the fancy “one kid, one computer” schemes that were marketed to developing countries over the past decade have fizzled and sunk from their own weight of inadequacies and grandiosities. Numerous articles (for example, the 2010 article, “[Can One Laptop per Child Save the World's Poor?](#)” by Mark Warschauer and Morgan Ames, Morgan) have cited the less than stellar performance of some of these initiatives. Instead, smaller, cheaper and more relevant educational technologies that fit the local economies, educational systems and culture might be better able to make a more immediate and more lasting contribution to the teaching and learning processes within Uganda.

We must not forget that technology alone, if not complemented with a supportive learning environment, is unlikely to have a significant effect on learning outcomes. As Francisco Mejia, the principle evaluation economist at the Inter-American Development Bank (the organization that [studied](#) One Laptop Per Child and produced a report showing virtually no learning gains)

explained, “the evidence shows that computers by themselves have no effect on learning and what really matters is the institutional environment that makes learning possible: the family, the teacher, the classroom, your peers.” See

[http://blogs.iadb.org/desarrolloefectivo\\_en/2014/09/19/laptops-children-darth-vader/](http://blogs.iadb.org/desarrolloefectivo_en/2014/09/19/laptops-children-darth-vader/)

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### **Bringing AAC to Ethiopia**

*by Stephanie Harris*

Central Coast Children’s Foundation

*In January, 2015, Dr. Cate Crowley brought eight speech-language pathology masters students from Teachers College at Columbia University to Ethiopia to learn about transcultural work, build relationships and work with people with communication disorders. The eleven day trip brought techniques and tools for communication enhancement to four locations. The team demonstrated how speech language pathologists could better the lives of children with autism, children with cleft palates, and other children with disabilities in Ethiopia. The following are descriptions of the team’s activities in four locations.*

*Location 1: Nehemiah Autism Center in Addis Ababa. At the Nehemiah Autism Center, the team taught local teachers how to use some fundamental AAC tools and techniques. They helped create (1) Calendars; (2) a song in Amharic for the days of the week with hand clapping and repetition; (3) translations of 70 weather cards into Amharic; and (4) name tags that supported the development of literacy and math skills.*



*Using a calendar as a daily communication support*

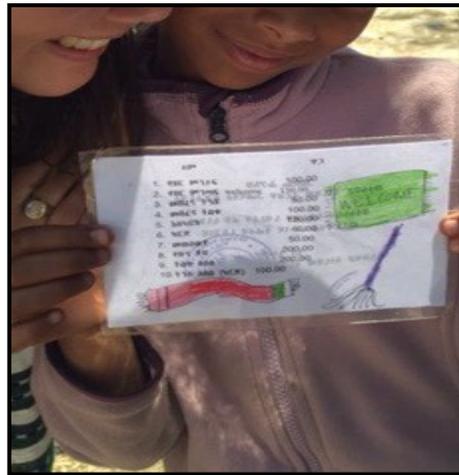


*Making and using market cards at ENAID*

The staff was eager to learn. During the team’s second visit, there was evidence that the tools they created were being used in the classroom.

“We could see the value of our field—the school had so much in place but was missing the speech-language piece—and we fit in like the one missing piece of the puzzle”

*Location 2: The [Ethiopian National Association on Intellectual Disabilities \(ENAID\)](#).* ENAID is a vocational training program for adults with intellectual disabilities. Students receive vocational training, but very little training in communication. The team saw their visit as a perfect opportunity to help facilitate functional communication with low tech AAC (augmentative and alternative communication) and decided to create **cards** (based on the market cards described during their trips to Ghana) to help the students at ENAID sell their beautiful products. The students enthusiastically dove into creating the cards and through mock market training sessions became adept at using them. The proof was the many team members who left ENAID with scarfs, dishtowels, and other products proactively sold by the students. To view a video of the “Sellers’ Market Cards, go to <http://leadersproject.org/media/video/aac-sellers-market-cards-ethiopia>



*Location 3: Yekatit Hospital.* The team spent a total of five days at Yekatit Hospital. The focus of this visit was on cleft palate training. The students attended lectures, observed surgeries, conducted examinations and held therapy sessions. The students determined that many of their patients would need speech-language treatment services after their surgeries. Columbia University students noted that their patients faces light up in pride and amazement when they realize they can produce certain sounds for the first time. “Truly heartwarming and fulfilling, one reason we do what we do!”



The team also **created video tutorials** with two of Ethiopia’s finest SLPs. These SLPs explained how a cleft palate impacts the production of speech sounds in easy to understand language.

*Location 4: Joy Autism Center*, part of the [NIA foundation](#) and the first school for children with autism in Ethiopia, was the last stop on the trip. Although there were no designated speech therapists on staff, the school was very proactive. The team was “particularly struck by the integration of communication into all of the activities”. Here the team focused on training the staff on **Stories for Effective Communication** and staff enthusiastically embraced the technique and expressed interest in using it in the classroom.

Go to <https://slptcethiopia2015.wordpress.com/> to read the blog of their January 2014 trip.

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### **Eleanore’s Project Takes the Next Step**

*by Stephanie Harris*

Central Coast Children’s Foundation

Led by the project’s founder, Tamara Kittelson-Aldred, the project is embarking on a next step in their push for sustainability. The future looks bright for Eleanore’s Project.

#### **Brief History of Elenore’s Project**

Since its incorporation in 2004, Eleanore’s Project has served thousands of physically disabled children in Peru with refurbished and refitted wheelchairs. Starting in the capital city of Lima, the organization provided wheelchairs and did clinical fittings for children in need. However, they soon realized that a more sustainable approach was required because the project team was doing everything from start to finish. No one in country could do repairs when chairs broke down or adjust for the growth of the children. Soon, local therapists enthusiastically jumped in to learn.

Fast forward to the program’s 10th year anniversary last year. Huge steps in sustainability have been made. In 2014, for example, the US team sent two shipping containers with approximately 250 wheelchairs and other rehabilitation equipment to their partners in Lima. Peruvian clinicians carefully and appropriately were able to fit 65% of the chairs without any help from the Eleanore’s Project team. In a quote from their 2014 Newsletter, the organization’s founder, Tamara Kittelson-Aldred, stated:

*All the therapists and logistical supports at Yancana Huasy ensure that our work there is not only sustainable, but on the way to being less needed. This was exemplified when a very experienced therapist took a new job, and the therapists she had been mentoring were able to carry on and continue providing high quality wheelchair assessment and seating.*

In a recent phone interview, Tamera mentioned that the Lima Project’s biggest role now is to supply chairs. Efforts also are underway to develop chairs that use local materials. Eleanore’s Project also provides instruction in postural care and translation of instructional resources into Spanish.



Postural Care. In the last few years, Eleanor's Project has incorporated postural care into its activities and projects. The goal of *postural care* is to protect the body shape of individuals with minimal to no mobility over their lifetime. It uses props and supports to create good posture and facilitate sitting and standing up straight. In 2012, Tamara went to England and became certified in the method. She writes

*The beauty of postural care is that it is an easy, non-invasive way to help alleviate distortions. Most importantly, if implemented at a young age it can mean that a child has a chance to grow up with a straight body, fewer medical complications, and better quality of life.*

Postural care is now a cornerstone of the work done by Eleanor's Project team and every team member is trained. Also, Tamara has conducted three workshops in Peru for professionals and parents with overwhelmingly positive results. Once families know what to do, they use pillows, blankets, and other materials to help their loved ones protect body shape and maintain health. In a country where the vast majority of people who need wheelchairs wait many years or never receive them, postural care holds great promise to alleviate suffering and improve quality of life. For more information about postural care, go to [http://www.preparingforadulthood.org.uk/media/293084/postural\\_care\\_booklet.pdf](http://www.preparingforadulthood.org.uk/media/293084/postural_care_booklet.pdf)

### **Next Steps**

Great success has been achieved in Lima because of the skills and abilities of local therapists. Local therapists complete a majority of wheelchair fittings and services, leaving only the most difficult cases to Eleanor's Project staff. Mentoring is now the Project's main focus in Lima

In the past, the Project team would first go from Lima and then to a different rural location every year. Unfortunately, the same progress shown in Lima was not achieved in rural areas. There was not the same interest or and follow up.

Opportunity called from the southern city of Nazca. Eleanor's Project was already working with another organization called Equip Kids. Equip Kids extended a request from their Alliance Club for Eleanor's Project to support a new program. Not wanting to repeat past mistakes, Eleanor's

Project agreed to start a “best practice” program in Nazca, but with a few conditions that would help sustain the program over time and help children and their families into the future. The conditions were:

1. Nazca must dedicate a workspace that is secure and has the tools necessary for wheelchair repair, remodeling, and servicing.
2. Local individuals must be willing to learn how to do these things.
3. Local therapists must learn about postural care and make that a focal point for all families. Postural care enables families to do more on their own without the guidance of experts.

Once these conditions are met, Eleanor’s Project promised to make a three-year commitment to Nazca. The city has agreed. They plan to begin by providing 25 chairs.

Things are looking good for Nazca. A workshop is scheduled and Eleanor’s Project team is going in May for a four-day wheelchair clinic. They will also provide consulting services and training in postural care. In a phone interview, Tamara said, “this new program “ has good potential to start something that will be sustainable”.

### Reference

Kettelson-Aldred, T. (2014, October). October 2014 Newsletter. *Eleanore's Project*.

<http://www.eleanoresproject.org/blog/newsletter/>

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## INTRODUCING AAC TO A BOY IN SOUTH KOREA

By Ji Young Na

Doctoral candidate

Pennsylvania State University, University Park, PA, USA



### “What is AAC?”

This is the question I hear most of the time when I begin to talk about AAC with a Korean parent who has a child with complex communication

needs (CCN). Young-min’s mother asked the same question right away when I first introduced AAC to her in the summer of 2013. Young-min is a 5-year old boy with autism. His communication skills were inconsistent and he frequently used echolalia. His mother said that no one had introduced AAC to him until she met with me.

**보완 대체 의사소통이란?**

보완 대체 의사소통이란 무엇인가요?  
보완 대체 의사소통이란 말이나 글로 의사소통을 하기 어려운 사람들을 위한 표현 의사소통 방법입니다.

누구에게 도움이 되나요?  
중증 언어장애 및 신체 장애로 낱의 말을 알아듣기는 해도 말을 할 수 없거나, 글씨를 써서 의사표현을 할 수 없는 아동들은 다른 사람들과 의사소통 하지 못하는 경우, 정서적으로 위축되거나 불안하고, 좌절감을 느껴 사회적으로 고립되어 있습니다. 따라서 원활한 의사소통을 위해 보조해주거나, 대체할 수 있는 수단을 제공하여, 다양한 상호작용을 촉진시켜, 사회성을 향상시키고, 일반 활동에 참여도를 높이는 것을 목적으로 합니다.

보완 대체 의사소통을 사용하면, 말을 배우지 못하는 것은 아닌가요?  
아동이 보완 대체 의사소통을 사용하여 의사소통 한다고 해서, 아동이 말을 하는 것을 막거나, 말을 가르치는 것을 중단하는 것이 아닙니다. 보완 대체 의사소통을 통해 다른 사람들과 의사소통을 할 수 있으며, 다른 사람들과 대화할 수 있는 기회가 늘어나고, 보완 대체 의사소통을 비롯한, 말, 제스처 등의 모든 가능한 의사소통 수단을 사용하여 다양하고 활발하게 의사소통 하는 능력을 기르게 됩니다. 기존 연구에 의하면, 보완 대체 의사소통을 통해 의사소통을 배운 아동들이 말하는 능력이 향상되었다는 연구 결과가 있습니다.

부모님이나 선생님이 어떻게 도와줄 수 있나요?  

- 아동의 일상 생활 속에서 아동이 의사소통을 할 필요가 있을 경우, 아동이 보완 대체 의사소통 수단을 사용할 수 있도록 기회와 도구를 제공해 주세요.
- 아동이 보완 대체 의사소통을 항상 완벽하게 사용하도록 요구하지 않아주세요. 누구나 말을 하고 싶은 순간이 있고, 그 때만이 말하는 방법이 다를 수 있으며, 아동이 편안하게 보완 대체 의사소통을 사용하는 것을 억울할 수 있도록 도와주세요.
- 최대한 부모님, 선생님, 형제 지매, 친구 등 대형 상대자들도 보완 대체 의사소통 수단을 사용해서 아동과 의사소통 할 수 있도록 노력해주세요.

어떤 종류의 보완 대체 의사소통이 있나요?

### Parent Education Material.

My AAC intervention with Young-min began by educating his mother about AAC. We had several consultation sessions in the beginning. She asked a variety of popular AAC related questions; “Would

my child be able to speak ever?”, “Would AAC use interfere with my child’s speech development?”, and “How long would it take for Young-min to be fluent with AAC?” Her specific questions about Korean AAC resources (including Korean AAC professionals and devices) were particularly hard to answer. In fact, I had difficulty finding another AAC specialist to continue my AAC intervention with Young-min when I had to return to the United States to finish my studies.

**Young-Min’s Low-Tech AAC Use.** After evaluating Young-min’s communicative skills and aided communication symbol performance, I began introducing picture/photo cards that he could use to communicate. His mother wanted him to communicate basic wants and needs (*e.g.*, toilet



training, yes/no answers) so cards for those functions were introduced during our initial sessions. I created my own picture/photo cards for Young-min in each session. [Note: Dr. Andy Bondy visited South Korea and trained professionals with PECS in 2014 so PECS is now available in Korean language (<http://www.pecs-korea.com/>).].



### **AAC IN SOUTH KOREA**

AAC in South Korea has a relatively short history, but is now developing more quickly. Beukelman and Mirenda's (2005) AAC book was translated into Korean in 2008 so more professionals and students in South Korea are being introduced to AAC. In 2013, the Korean Society of Augmentative and Alternative Communication (KSAAC) was founded and held its first AAC conference in Seoul. In 2014, the KSAAC started to publish “AAC Research and Practice”. Recently, some Korean AAC software and apps (*e.g.*, “My First AAC,” “Mytalkie,” “OK TOC TALK,” and “Talk Friend”) are being developed.

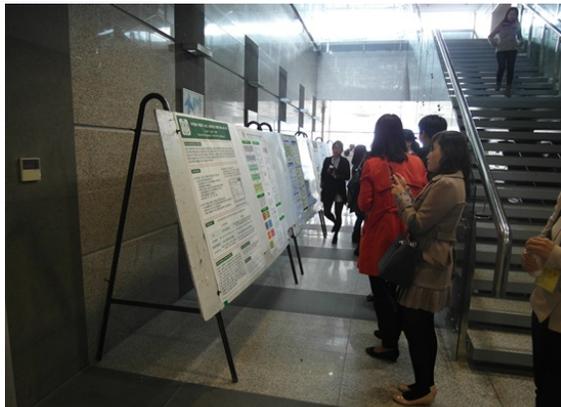
Recently there were two KSAAC Conferences and another conference is scheduled this month, June 2015.

The KSAAC conference in 2013 (from <http://ksaac.honglab.org/>)



*Dr. Pat Miranda from Canada presenting on AAC in Inclusive Educational Settings*

KSAAC conference in 2014 (from <http://ksaac.honglab.org/>)



Equipment displays and poster sessions

Dr. Vicki Casella (Executive Director of the Bridge School), Caitlin Daly (Bridge School teacher), Stephanie Taymuree, (teacher and speech-language pathologist, T.A.C.L.E program), and Jennifer Yeh (Bridge School Assistive Technology Specialist), are visiting South Korea at the end of June. They will work in Day Care Centers, Special Schools, and visit three Universities: Changwon National University, Busan Univeristy and the Inje University.

They will also hold a two-day workshop and offer the following topics:

- *Introduction-A Day at The Bridge School*
- *Addressing the Communication and Educational Goals of Children with Severe Physical Impairments and Complex Communication Needs through the use of AAC and Assistive Technology*
- *Communication for Learning*

- *Stimulating Language Development in Children with Complex Communication Needs Using Visual Thinking Strategies*
- *Achieving Educational Curriculum and Communication Goals using Thematic Units in the Classroom* -
- *"I Have A Story to Tell": Developing Personal Narrative Skills of Children Who Use AAC*

Current and future speech-language pathologists and special education teachers are invited to attend the conference.

Note: The relationship between The Bridge School and South Korea began in 2011 when Dr. Kyung-Im Han worked as a visiting scholar at San Francisco State University. Dr. Han is a professor in the department of special education at the Changwon University in South Korea. During her stay, she was invited to participate in practical experiences at The Bridge School to learn more about AAC. They met again at the 2014 ISAAC conference in Portugal.

To learn more about (1) The Bridge School, go to [www.bridgeschool.org](http://www.bridgeschool.org) and (2) the T.A.C.L.E. program, go to <http://teacherweb.com/CA/RedwoodHeightsElementary/TACLEProgram/apt7.aspx>

**NOTE:** **Ji Young Na** has accepted a position as an assistant professor in the Communication Sciences and Disorders program at the Kansas State University from the fall semester of 2015. Our heartfelt congratulations to her!

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### " YVA TECH " Training Workshops for Teachers In the Middle East

*By Yvette Abdel Malek*

Right To Live Association For the Mentally Disabled in Egypt



This article describes a course that promotes functional Speech and AAC known as "Yva Tech". The program offers a package of theoretical and practical training and workshops. I have been lecturing about speech and augmentative and alternative communication (AAC) programs in the Psychological Counsel Center at Ein Shams University for several years. The lectures are part of a Speech Course with eight hours of theory and four hours of practice. Approximately 40 to 60 participants attend. A few work with people who have special needs, but most do not.

At a recent workshop I conducted at the Caritas- Jordan Center in Jordan, in cooperation with Caritas-Egypt, fifteen teachers from Jordan, Palestine and Iraq attended. For two days I lectured about using AAC with children and teenagers on the autism spectrum . I included alternative means of communication utilizing tangible symbols and pictorial symbols, from photos to line drawings to pictograms.

I divided workshop participants into several groups so that each group could choose to pursue a few objectives they had learned about.



**The functional speech training group** focused on:

- auditory discrimination, including animal sounds, transportation, items at home (for example, telephone, bell, watch).
- identifying objects by function in pictures by use and place.



Jordan training course - Palestine

Workshop participants made baskets for fruits, and drew, colored, cut and pasted pictures. They learn how to work with individuals who have special needs. The goal was to provide functional training not just traditional speech training. A next step was to use materials that facilitated visual tracking. We used a birthday party and drew candles for the cake using primary colors,

matching and tracking up to four successive colors. We repeated the sequencing activity with fish and boats in the sea, matching fish or boats of the same color and then developing sequences.



Another sequencing activity included visual tracking. We prepared a drawing of a train with four differently colored wagons, and then drew parts of the train (for example, wheels and windows). These parts could then be like a puzzle and placed on each wagon in the correct sequence of color and position. Both children and teenagers like this activity.

In addition, we developed story books with a sequence of up to six events. Students can learn to form sentences, sequence, relate events in the correct order, and learn about feeling concepts (happy- sad- sick) from the story. They are also exposed to the concepts of “right” and “wrong”.



For example – bad and good, action and result

“The bad boy ate a lot of bonbon sweets.

- Mother said brush your teeth and boy refused- *got tooth-ache - did wrong - mother sad*”

“The good boy ate one sweet.

-brushed his teeth with brush and toothpaste - *teeth clean and well - did right- mother happy*”

We created stories and then made another copy so we could stick and remove in the order of the events and also identify feelings, in the form of line drawings for happy and sad.

**The AAC training group did similar activities.** They also prepared a Schedule for Needs and a Schedule for Daily Routine and School Activities. We used cartoon schedules and pictures to help sequence daily activities, and we used small pockets.



Jordan training Course - Iraq

For variety, we used a bus, train or plane shape, and put the symbol of the activity in each window. Doing AAC material in this way makes the concepts easier for the student to understand and more functional.

**Approaches for people with autism.** I use three approaches: Sensory; Body Movement; and Songs.

**Sensory activities** can help people on the autism spectrum concentrate. I use (a) rice- macaroni - beans - stick in card for matching; (b) bottle with water and decoration silver papers inside, (c) water colors on sketch paper using the hands with the colors (*e.g.*, yellow), then glue, then stick sand to do the garden scenery, then stick leaves of tree and flowers (so that it is interesting for the students); (d) draw red painting and stick decoration silver paper on.

**Body movement.** We train visual tracking , auditory discrimination and memory - math concepts. For example:

(a) Bowling game – we use big water bottles, put some sand in then ask student to throw the ball - ask how many bottles fall - how many left. This is for value of numbers.

(b) With fruit trees. We put coloured bananas on 1 tree and colored apples on the other. For subtraction: if one falls how many are left? Or for addition:  $2 + 1 = 3$  bananas. This is for students on a higher academic level. Children working at lower levels can color fruits and then put them on trees matching the colors, repeating the same activity using boats and fish in the sea.

(c) Auditory memory activities. We match movement with color. For example: if you hear “red”,

clap 3 times and then jump into the red circle. If you hear “green”, tap your legs three times and jump into the green circle.



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### **Occupational Therapy in Madagascar**

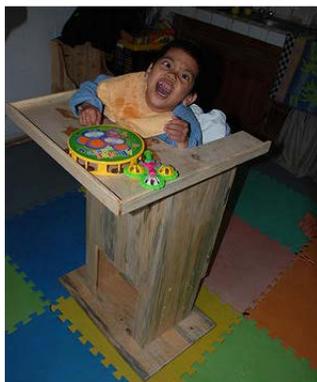
*By Nenneya Shields*

Central Coast Children’s Foundation

Madagascar is the earth’s fourth largest island and is located in the Indian Ocean off the eastern coast of Africa, The Anri-Louise Oosthuizen is undertaking a unique initiative to provide disadvantaged and disabled young people in the country with low-cost assistive devices. Such devices include quadropod walkers, prone and supine positioning devices, and standing frames. Prototypes are manufactured in local shops. From 2011 to 2013, 33 devices had been provided to those in need. This year, Madagascar Occupational Therapy has begun a partnership with ANANI center in Antananarivo, the capital city of Madagascar and Timion in South Africa to further develop the prototypes.

Madagascar Occupational Therapy also provides therapeutic services and educates local occupational therapists on effective practices and interventions, as well as how to use low-cost devices. They focus on Community-Based Rehabilitation, wherein occupational therapy is established as an evidence-based science. The vision of Madagascar Occupational Therapy is to make the devices available across the country with an easy manufacturing process and simple design. For examples, go

to <http://www.growingthenationstherapyprogrammes.com/#!devices/c1xw4>



## Breakthrough for AAC in Croatia - Two Stories

by *Jasmina Ivšac Pavliša*

Faculty of Education and Rehabilitation Sciences  
Zagreb, Croatia



### Story 1. Final event of the project ICT-AAC in Zagreb

Croatia, a member state of the European Union since 2013, has made many efforts to advance the use of AAC in the country. Croatia has a long tradition of educating speech and language pathologists and special education teachers at the University of Zagreb, Faculty of Education and Rehabilitation (<http://www.erf.unizg.hr/en/>). In recent years these students are being introduced to courses about AAC.

In 2013, a variety of professionals gathered to embark on a major project funded by European Union, "ICT Competence Network for Innovative Services for Persons with Complex Communication Needs" (ICT-AAC). See <http://www.ict-aac.hr/index.php/en/>. Managed by four faculties at the University of Zagreb (Electrical Engineering and Computing, Graphic Arts, Education and Rehabilitation Sciences, and Humanities and Social Sciences), the project team developed 24 applications for communication and learning focused on different type of AAC users. The final project event took place at the University of Zagreb in February 2015, as shown below.



*Opening of the Final event of the ICT-AAC project at the University of Zagreb*

Attended by speakers from Poland, Germany, Great Britain and Slovenia. presenters from Poland and Germany introduced their counseling centres and some of their AAC research.



*Aldona Mysakowska-Adamczyk and Anna Walkiewicz presenting the experience of developing an AAC intervention for young children in Poland*



*Melanie Wilke from Cologne presenting her talk on core and fringe vocabulary for children AAC.*

Also, professor Jens Boenisch presented information about an Assessment Centre in Cologne and his research.

When the ICT-AAC team presented the results of their project, they concluded by saying there is still a long way to go in developing research and treatment approaches that use AAC in Croatia.

**Story 2. Nikola as the AAC user**

Nikola is a four year old boy with complex communication needs. The ICT-AAC project was able to provide direct work and counselling for both children and adults, and Nikola was one of them. Nikola has a rare genetic condition called Menkes Disease. It affects copper levels in the body. Menkes Disease is rare and typically diagnosed during infancy. Nikola is the only child in Croatia with the milder type of the disease. Nikola's mother described their everyday life before being introduced to AAC as a 'guessing game' (e.g., "why is he crying, could he be sleepy").



Nikola with his Tablet



Nikola at home with his visual supports

Today, Nikola's family uses AAC in their everyday life, combining pictures and gestures with the applications *Communicator* and *E-gallery* on an iPad. He now has the ability to make choices and is happier and more satisfied. The family's communication is also quicker and less stressful.



*Nikola and his mother using pictures to announce each activity during daily routines*

Nikola's family have made AAC part of their everyday routine. The current goal for Nikola is to use his speech generating device to communicate *yes* and *no* and to support his growth in language. His family uses AAC in every context and with different communication partners. Congratulations to Nikola and his family.

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## Malawi Update

by Katie Lampe

Central Coast Children's Foundation

Much has happened in Malawi since we published the last newsletter (December, 2014). In January, Malawi was hit by torrential rains causing massive flooding throughout the southern part of the country. The United Nations estimated that "at least 230,000 people were displaced and 750,000 have been affected." You can read more about the devastating flooding [here](#) and [here](#).

Luckily, Victor and all the students at his school are relatively okay. However, Victor's home in Blantyre and his mother's home in the countryside were both damaged. Three of the children from the school are living in temporary camps because their homes were destroyed. Fortunately, the school was not damaged. Victor said, "the building is very strong." School resumed one week after the flooding ended, a testament to Victor's dedication to the school and children it serves.

Some happy news is that the school is now registered as an official NGO in Malawi, under the name Able Kids Foundation. This designation will make it easier for Victor to apply for grants for the school.



There is an overwhelming demand for spots at the school, as it is one of the only schools in the country for children with disabilities. Victor is already planning changes to accommodate more children, including hiring more teachers and therapists and holding weekend classes for students on the waiting list. He is currently thinking about holding two school sessions each day: one in the morning and one in the afternoon, so that twice as many students can be served.

A major problem for the school is space constraints. They need to expand the school or build a new one to serve more children. Victor said in a recent email, "We are receiving overwhelming pressure from schools and hospitals in Malawi because we are the only program providing education and therapy under one roof. If we had more space this pressure will be reduced and we would be able to help more kids."

As you may remember, thanks to a donation from an American foundation, Victor had been able to hire local carpenters and has built twelve adaptive chairs for students to use at home. These chairs help children sit upright (instead of having to lie on the floor) so they can eat/swallow more easily and safely, play with toys, and participate in family activities. A second round of adaptive chairs is now being distributed to additional children. Three of the new chairs

will go to children who lost their adaptive chairs in the floods.

If you are interested in supporting Victor's school or the continuing flood relief in Victor's community, you can mail a check to Gail Hudson (Line 15 S. Orillia, ON Canada L3V 6H1). Gail has an established method to send money to Victor. Your donations would be put to good use in Malawi.



## RESOURCES

### **Inclusive Education in Uganda**

*“Shake, shake the mango tree. One for you and one for me.”* At the Uganda Society for Disabled Children, a primary school in Uganda, children with disabilities join in the class songs right next to their classmates without disabilities. And it’s not just singing. Throughout the whole day, the school promotes inclusion among all the students.

In a country where people with disabilities are so often excluded from mainstream society, the school actively works with the local community to identify children with disabilities and enroll them in school. “We want our school to be a model school,” says one teacher. Another teacher adds that the inclusiveness of the school promotes a positive learning environment for *all* the students. He explains that students without disabilities are encouraged by the successes of the students with special challenges. “If Malcom [who has a disability] can learn... let me also put in much effort to learn.” To read more about the organization AbleChildAfrica, which works with disabled children and young people in Africa [click here](#) To learn more about the Uganda Society for Disabled Children, [click](#) here.

### **Yellow House in Western Kenya**

Yellow House provides speech and language therapy services to children with disabilities in Western Kenya in collaboration with locally registered community based organizations. Yellow House defines key goals as: (1) offering free and affordable rehabilitation and educational support services, (2) helping make speech-language and other rehabilitation services an integral part of education in Kenya, (3) providing books and locally produced education materials to individuals, teachers and parents of children with disabilities and (4) fostering better understanding and treatment of children with disabilities through training opportunities for health care workers, parents, teachers, *etc.*

Yellow House focuses on creating a better present and future for children and helping to provide a culture and community that allows these children to excel. Recent newsletters and event details can be found on their website at [this link](#), and a short informative video about Yellow House and the work they provide can be [viewed here](#).

### **Handicap International**

Handicap International (HI) has just released the first part of a new series of short videos titled "Six Questions on Inclusive Education." The films present the opinions of Handicap International staff and local partners working on the inclusion of children with disabilities in education in Burkina Faso, Madagascar, Niger, Senegal and Togo. [Click here to watch the video.](#)

### **Inclusive Education Where There Are Few Resources**

An estimated 72 million children around the world are excluded from their rights to education. Many of these children live in impoverished areas, have disabilities or are from minority groups. Susan Stubbs writes this highly informative article, “Inclusive Education - Where There are Few Resources” on inclusive education today, particularly in ‘southern countries’ and the developing world. Stubbs proposes in-depth techniques, offers case studies, and analyzes common challenges to providing education for all. Read more [here](#).

### **KiRA International**

KiRA International is an organization based in Germany that focuses on children's rights on the African continent. It is involved with many projects and programs in numerous countries in West and Central Africa that work to implement basic rights for children. KiRA has worked with, and for, children with disabilities in countries such as Ivory Coast, Togo and Guinea. To learn more about this organization, visit its website at <http://www.english.kira-international.org/>

### **Teaching Learners with Multiple Special Needs**

This is Kate Ahern's blog. She is an assistive technology specialist and a teacher of learners with multiple or significant special needs. You will find examples of effective techniques, as well as how to construct low-cost, low-tech or no-tech devices such as communication boards. [Click here](#) to find out more information about teaching children who have multiple special needs and who need tailored and specific instruction or assistive technology. Scroll down to the blog archive at the bottom right to find posts about specific topics.

### **Guide to Picture and Symbol Sets for Communication**

The use of pictures and symbols can help teach children with communication challenges, but it is important to know how to use the images and which kind of images to select. The following guide from the Call Scotland, University of Edinburgh, ranks certain pictures and symbols by preference and gives direction and comments about where to find them and how to present them to your learner. Find out more [here](#).

### **AAC Resources on the Internet**

For a very comprehensive list of AAC resources on the Internet, check out the following guide developed by the Call Scotland, University of Edinburgh. Resources are listed alphabetically with their URL, a description of the resource itself, and also key information about the kind of information or downloadable content you will find at the listed URL. For more information, [click here](#).

### **Informative Blogs**

[The AAC in East Africa blog](#) tells about Joanne Fry's experiences in Tanzania and Kenya. Not only will you be able to read about the AAC workshop Joanne gave in Mombasa, but you can also read about her train journey, the new friends she met during her travels, animal life and the recreational activities that everyone enjoyed. <http://aacineastafrica.blogspot.com/>

### **Comprehensive World Bank Report- Early Childhood Care and Development in Sub-Saharan Africa**

["Africa's Future, Africa's Challenge"](#) is a World Bank report that focuses on Early Childhood Care and Development. The report covers a broad range of topics, including current trends in Early Childhood Development across Sub-Saharan countries. It outlines specific education policies, and includes plans through the year 2015 to meet Millennium Development Goals. This document will help teachers, policy-makers, parents, and other stakeholders assess progress already made, and may inspire continued development.

### **Community Based Child Care Centers- Malawi**

The Malawi Government is working in partnership with NGO's (non-governmental organizations) to build [community-based childcare centers](#) across the country. Researchers conducted a report to evaluate how these community-based child care centers function and concluded that the childcare centers are having positive and profound impacts. The centers have nutritious meals, play and curriculum particular to the developmental needs of children. These community-based programs also provide more opportunities for the growing number of orphans in Malawi. Results from the evaluation encourage further investment in early childhood development across all communities.

### **UNICEF Supports Inclusive Education Model**

This [UNICEF](#) report supports inclusive education in Rwanda. Children with disabilities should not feel isolated in school. The Murama School program has been working towards inclusion. Going a step further, the school plans activities that provide more involvement of non-disabled students. For example, they play "sit-ball," a version of volleyball. Sit-ball allows non-disabled students to better understand what it is like not to be able to walk or run or engage in sports. Peer and community mentoring programs have also proven largely effective. This celebrated inclusive education model is improving the lives of children with disabilities.



### **Rights of Children with Disabilities**

This [UNICEF](#) report stresses inclusion of children with disabilities. These children need to be in school, and, once they arrive, they need to be welcomed with accommodating and inclusive practices. But, as of 2012, only 30 out of 55 African countries had ratified the Convention on the Rights of Persons with Disabilities (2006). UNICEF continues to work to train teachers and provide the right materials to support inclusive education across African nations.

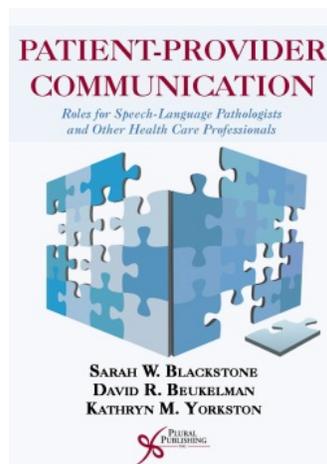
### **Communication Disabilities Access Canada (CDAC)**

[The CDAC website](#) provides a one-stop resource hub for people with complex communication needs living in Canada, and its groundbreaking ideas have potential value around the world. The resources offered on the main page include services to connect people with support, provide education, and introduce helpful products. You can discover the real richness of the website by looking into their individual projects pages.

These pages provide in-depth information, services, and resources for many different areas, including; communication access to justice, including communication in accessibility issues, and training youth who use AAC. When you check it out, be sure to click on the “Our Projects” tab to gain full benefit from the supports offered. <http://www.cdacanada.com>

### **A New Communication Resource in a Key Area**

When people with communication vulnerabilities confront communication barriers, the stakes are rarely higher than when they are in need of medical attention and treatment. Yet communication specialists and medical professionals around the world learn surprisingly little during their professional preparation about how to support such patients in these high stakes situations, or how to help them get prepared for these frequent communication breakdowns *prior* to these inevitable confrontations. These unfortunate facts elevate the significance of a new book that focuses on the communication issues and dilemmas that occur in the world of health care, and on the many practical solutions that are already available, but seldom applied.



*Patient-Provider Communication: Roles for Speech-Language Pathologists and Other Health Care Professionals* offers a host of useful ideas regarding effective patient-centered communication across a variety of health care settings. Communication specialists and health care professionals can both benefit from this valuable new resource. The book highlights positive patient experiences that produce better outcomes.

Chapters describe specific, evidence-based strategies that support communication vulnerable patients, including individuals who have difficulty speaking, hearing, understanding, seeing, reading, and writing, as well as patients whose challenges reflect limited health literacy, and/or differences in language, culture, religion, sexual orientation, and so on. Topics addressed include patient-provider communication in medical education, emergency and disaster scenarios, doctor's offices and clinics, adult and pediatric acute care settings, rehabilitation, long-term residential care, and hospice/palliative care situations.

Sarah Blackstone, David Beukelman and Kathy Yorkston have combined their editorial skills and their own deep backgrounds in these areas with chapter co-authors who have pioneered new

approaches in the area of patient-provider communication. *Patient-Provider Communication* is a valuable resource not just for people who work directly in health care settings, but for teachers, speech therapists occupational therapists and others who need to know how to help their students and clients be better prepared to navigate these treacherous waters,

[Sarah W. Blackstone](#), [David R. Beukelman](#), [Kathryn M. Yorkston](#), eds. (2015). *Patient-Provider Communication: Roles for Speech-Language Pathologists and Other Health Care Professionals*. Plural Press. [http://www.pluralpublishing.com/publication\\_ppc.htm](http://www.pluralpublishing.com/publication_ppc.htm)

[N.B. To view the book's lead editor, Sarah Blackstone, discussing various aspects of this topic with chapter co-authors, go to: <https://www.youtube.com/watch?v=peOcgakMz3s>. To view a recent special issue of the Patient:Provider Communication newsletter that focuses on helping people who are communication vulnerable prepare for future medical encounters, go to: <http://www.patientprovidercommunication.org/download2.cfm/newsletter/EncounterNewsletterFinal.pdf>]



<http://www.nowhearme.co.uk/>

This website has been developed on behalf of NHS Education for Scotland to support a campaign aimed at helping people to understand the needs of individuals who may have difficulties as a result of impaired or no speech and who use AAC. The campaign is entitled “*Now hear me: It's my right to speak*” and is targeted at professionals in areas such as health, social care, social work and education but is equally relevant to the wider community across Scotland including shops, banks, public transport operators and leisure services

## Final Thoughts from Dot

*Dorothy Fraser*

Senior Representative to Eastern and Central Europe, Central Coast Children's Foundation

All over the world, people are trying to expand communication opportunities for individuals who, for a wide variety of reasons, cannot use natural speech to express their ideas, thoughts and feelings.

Our aim is to continue expanding a communication support world network through international collaborations. From September to the end of this year I will be involved with projects in England, Italy, Czech Republic, Poland, Serbia, Romania, Moldova, and Armenia. I also hope to meet people from many other countries during AAC events hosted in Europe during 2015.

In my role as a member of ISAAC BUILD subcommittee for Europe I have been invited to speak at Communication Matters conference in September about my collaboration with Poland and discuss ways to involve members of Communication Matters (ISAAC UK) as part of their aim to support emerging AAC nations. I have marked on this map of Europe my travel routes for 2015.



We would like to hear news from you so that we can add more links and develop this to show worldwide connections.

Until the next newsletter...Best wishes to all ,

*Dot*

Please contact me by email

[dotfraser2@gmail.com](mailto:dotfraser2@gmail.com)