INSIDE VOICES

CBR Workers Stories

Disability and Parenthood.

The role of community based rehabilitation in parent initiated projects.

Ways of sustaining community based programmes.

A CAN Publication

Inside Voices

CBR Workers Stories

A CAN Publication
2006

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Foreword

Inside voices: CBR workers stories

CAN is a non governmental organisation set up to facilitate information sharing on different CBR experience and initiatives across Africa. CAN aims to collect and distribute information on CBR in order to enhance development of better CBR practices with the end result of improving the quality and human rights of people with disabilities in Africa and beyond.

CAN was formed as an information sharing network on CBR for Africa. It was noted that a huge amount of experience and expertise lay with CBR workers at grass root level who, although had many years of experience, had not been able to share these experience. As a result, not much has been documented about CBR in Africa.

In 2003 (Kenya), 2004 (Tanzania) and later in 2006 (Malawi) CAN organised writing workshops as the first step towards facilitating the capacity of CBR workers to communicate their experiences thus increasing documentation of CBR practices in Africa. These workshops resulted in a number of articles based on participants' experiences of CBR, some of which have been published in newspapers, newsletters and on the Internet www.afri-can.org

The content of the writing skills training seeks to improve skills in writing for publication, editing and exploiting opportunities for publishing work nationally and internationally.

This book is an output from all three workshops held in Kenya, Tanzania and Malawi. It is dedicated to all the authors of the articles that have taken this first step in documenting CBR in Africa.

We would also like to appreciate the facilitators of the workshops, Dr. Julie Carter, Raphael Owako and Joan Okune.

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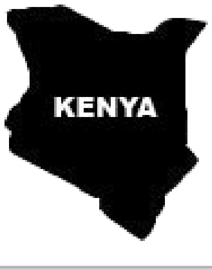
KENYA
Workshop Articles



IMPROVING PHYSICAL ACCESSIBILITY FOR PEOPLE WITH MOBILITY DISABILITIES IN KABALE DISTRICT, UGANDA

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Introduction

Kabale District is a hilly area with steep terrain. Most people in this district live on the steep slopes of hills, although some live in valleys. However, even those who live in valleys have to move up and down the hills in order to access public places such as schools, markets, hospitals and places of work.

The terrain in this area means that people with disabilities (PWDs) are unable to access all facilities necessary for their daily lives. Most mobility-assistive devices such as callipers and wheelchairs are difficult or sometimes impossible to use on steep slopes. Disabled people's problems of physical accessibility can be improved by building ramps and special toilets, widening and levelling roads, and using recommended appropriate assistive devices.

Building Ramps

Efforts to improve mobility in Kabale District have greatly improved access for PWDs. However, local government authorities should make sure that ramps are built so that they can enter buildings easily. For example, most schools, health centres, offices and other public places have steps at the entrance. The exceptions are newly-built school facility grant buildings and health centres, Rukiiko Hall, EARS offices and some public offices.

In schools where there are no ramps, children who use wheelchairs have to crawl in order to enter the building. They crawl up the steps and return to the wheelchairs once at the top of steps, although fellow children sometimes help to lift the wheelchair over the steps. This situation can easily be avoided by building ramps using local materials such as sand, stones and cement. Local labour could be employed to build the ramps in order to keep costs down.

Special Toilets

There are no toilet facilities in public places tailored to meet the special needs of people with disabilities. Local government authorities should ensure that special private toilets are availed for each sex so that people with disabilities do not have to crawl in dirty toilets. The authorities could also encourage and sensitise families of PWDs to make special latrines, as most of them find it difficult or are unable to squat on ordinary latrines. Latrines could be built at the same level as the main house so that they do not fall over when going down steep slopes to and from the toilet.

Also, toilets could be built with rails to hold on to, special seats and ramps at the entrance. The lack of these toilet facilities in schools is very serious, even resulting in children with disabilities becoming reluctant to continue with education and dropping out of school.

Appropriate Assistive Devices

Local government authorities should facilitate the acquisition of recommended, appropriate assistive devices so that secondary disabilities are avoided. Some mobility assistive devices such as callipers and wheelchairs are difficult to use on steep slopes, but can be used within the compound of the house. Some PWDs develop secondary disabilities because they have not been seen and assessed by rehabilitation workers, who could advise on appropriate devices to assist in mobility.

Others have never been taken to a health facility, which has rehabilitation workers. There is need to train community-based rehabilitation workers so that they can continue with prescribed interventions, follow up and encourage the continuous use of assistive devices. Those already in place can be facilitated to reach PWDs who are far from appropriate health facilities.

Examples of assistive devices that an be used by client who crawl include knee boots, crutches, callipers can be used by clients who crawl. These can be made by orthopaedic technicians or trained artisans. Donkeys can also be used to transport PWDs to public places or their gardens.

Wide and Levelled Roads

Local government authorities should encourage the community to dig wide and levelled roads, so that PWDs using assistive devices can move easily. For example, it is difficult to use crutches on narrow roads. Where possible, graders can be used and roads can be dug from the main road to each and every homestead. This work could be carried out by community participation, including PWDs themselves.

Conclusion

PWDs cannot reach their maximum potential and increase their independence level in daily activities when they cannot access facilities in their own communities. PWDs in Kabale District have particular issues of accessibility due to the terrain: unless these issues are addressed, we cannot claim to have done much to facilitate increased quality of life for PWDs in this and other similar areas.

THE EFFECT OF DISABLED PEOPLE ON SOCIETAL RESPONSE

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About the author

I am a Ugandan from a very humble background. Born to a peasant family in 1969, I became totally blind in 1977. My left eye had been plucked out at the age of six months and the other at eight years. Medical professionals diagnosed "eye cancer". I therefore had to remain without eyeballs in order to save my brains from infection.

Till this day, I have remained mesmerised about the spirited fight and determination throughout my lifetime. I do not have any vivid memories of long-term despair about my loss of sight. My immediate wish after 1977 was always an opportunity to continue with my formal education. Thanks to my "great" mum. Although she never went beyond basic primary education, mum knew the value of investing in literacy.

From her toil, I pursued primary education in a special school for the blind, joined secondary and university education together with sighted students. My average performance always encourage old mum to push on, even when she could no longer fend for herself – but left to the care of a daughter (one of my long-gone sisters). Mum would go without lunch whenever I was in boarding school so as to save some tuition and upkeep money for me for the ensuing school term. This article is dedicated to her.

During my secondary and tertiary education, and after first graduation from Makerere University in 1995, I have interacted with a cross-section of people – disabled colleagues inclusive, with varied views and actions towards disability and disabled people. Although my observation and learning process is still ongoing, I thought I should share with readers what has so far struck me very astonishingly.

Introduction

Disabled people are generally not active participants in socio-economic life due to limited opportunity to do so. Most awareness and advocacy campaigns to address this scenario have largely focused on public attitude change towards and about disability. As disabled people, we have come to the conclusion that the existing inequalities against us are the result of a social construct. This construct manifests in society viewing disabled people as worthless, excluding them from the development process, and doing "little or nothing" to make the socio-physical environment friendly for all. In this, we more often than not, fail to realise that our attitudes and actions could greatly influence the way society looks at and treats us.

Disabled people should recognise that we may be a significant factor in our discrimination and marginalisation. We should therefore develop a positive attitude towards ourselves and society in order to improve the latter's response. I am deeply concerned by this missing link. In this document, I challenge disabled colleagues to access information and knowledge, strive to live independently, and promote good leadership to bridge all existing imbalances against us.

The Case for Disabled People's Negative Attitudes and Practices

Disability is a challenging condition. Many who find themselves disabled fail or take a long time to cope or remain in self-pity and denial. Others become reserved or hostile. They may blame others for their misfortune and expect society to always sympathize with them. Others, however, become shrewd and use their condition to manipulate society. Below are some examples, largely drawn from the Ugandan setting:

Masibo Senior Secondary is a girls' school, but with an annex for the blind. As in most boarding schools, all students are entitled to a breakfast cupful of porridge and a plateful of food each at lunch and dinner. Many blind boys in the 1980s never adhered to this. They would each get two meals at a time, let alone ignoring the cafeteria queue. Others would then go hungry because of some who thought their blindness gave them leeway to get more than their share.

In the early 1990s, the National Union of Disabled Persons of Uganda (NUDIPU) initiated a revolving loan scheme for its membership. While this was meant to create incomes for disabled people, the project failed shortly after its inception because loan recovery was less than 10%. Some of the intended beneficiaries bought new clothing, engaged in excessive drinking and found new lovers. "This was their money after all"! As was echoed by many. If the project had succeeded, many disabled people would by now be in possession of collateral and perhaps accessing bigger loans from financial institutions. To date, zero or low incomes for disabled people remains one of the greatest challenges for all actors in the disability field.

Many disabled people have reservations about non-disabled professionals being employed in disability-related work. Without sufficient information, they think that disability is a profession and they can therefore do all disability work themselves. Disability is not a sector on an island, but one among many, requiring the contribution of everybody for any meaningful change to occur. Ironically, we then blame society for our nonparticipation in other sectors! Many non-disabled professionals who have tried to work with disabled people have been frustrated and quit, disillusioned. Others have persisted and somehow learnt to live with the situation.

Society can more willingly accept us when we package ourselves in an acceptable manner. While it may be true that the majority live in abject poverty, it is not right for us to forego cleanliness, lose confidence or develop low voice tones (in the absence of a speech disability). Also, blind people need not develop peculiar mannerisms such as tracing direction like a bat, unnecessarily facing the sky, and groping unnecessarily.

The Need for Positive Thinking

The challenges related to the aforementioned said are not insurmountable. Negative thoughts can be countered by supporting disabled people to accept their disability and think more positively about themselves. It is important for the individual to seriously consider his/her remaining potential, and the psychosocial and economic support that can be garnered from society.

This, can be done through a series of psychosocial therapy (confidence building) sessions, regular home visits, use of successful/liberated disabled individuals as role models, stimulating community action to render appropriate support to the otherwise downcast person, and the list is endless. When this is done, they will rediscover their "sunken" abilities, and liberate their minds from the bondage of helplessness and/or hostility.

The Importance of information and knowledge

Disabled people also think and act the way they do because of illiteracy, low self-esteem, and lack of exposure, knowledge and skills. Their negative social outlook could be altered by accessing counselling services, attending local meetings, reading publications, exchange visits, listening to the radio and yearning for positive information. Positive information could include general human and disability rights and obligations, current affairs, existing opportunities and services and experiences from successful disabled people.

It should be noted that the disability movements, especially in the developing world, are still challenged by illiteracy and lack of specialised skills. Families and the State should invest heavily in formal and non-formal education to deal with the illiteracy problem among disabled children and adults.

Independent Living

Some disabled people are lifelong dependants and beggars. Now is the time to "get out of these chains" and make life more meaningful. This is possible by getting involved in activities of daily living. Such activities include maintaining self and general hygiene, participating in recreation and sports, and doing household chores.

Furthermore, disabled people need to work hard, demonstrate responsibility and ability to manage society. Possibilities include raising and sustaining families, forming active support groups, and starting income generating activities. Disabled people can for instance generate incomes through small-scale retailing, commercial farming, tailoring and crafting.

The Need for Good Leadership.

The importance of good leadership in the struggle for equal opportunities in the development process cannot be over emphasised. Part of the struggle to realise this has been for the training sessions of disabled people's organisations to basically focus on building skills in advocacy, leadership and organisational development. In many instances however, these training have also been used to cement the feeling that the wider society is against us, and possibly not the other way round

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The onus is on the leadership of disabled people's organisations to address this anomaly. Disabled and non-disabled people need each other in order to remove the existing inequalities. The beginning point in this is the need to groom young disabled people for responsible leadership through positive thinking.

Linked to this is the need for disabled people to be more open-minded and accept skilled, non-disabled leaders within their movement (s). Positive thinking and skilled disabled leaders should also be promoted to be more active in disabled people's organisations.

In addition, players in the disability field need to improve their training materials and approaches so that they bridge this gap of concern. Particular emphasis needs to be placed on tailor-made skills training in intra/inter-personal relations, effective communication, leadership, self-understanding and determination.

Conclusion

Aggressive awareness campaigns aimed at achieving positive societal thinking and practices towards disabled people have been conducted over decades. Nonetheless, attitude change is a very slow process. Disabled persons should ponder over this, and begin seeing themselves as crucial actors in the process. While we expect society to change, they too expect us to do likewise and perhaps meet certain minimum societal standards and norms!

PLAYING DOWN ABILITIES CAN BE DEMORALISING FOR CHILDREN WITH DISABILITIES

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Introduction

The Convention on the Rights of the Child acknowledges that childhood is a unique period in the life of all persons and as such, children are entitled to special care and assistance.

“ A world fit for all children is one in which all children get the best possible start in life and have access to a quality basic education, including primary education that is compulsory and available free to all… and have ample opportunity to develop their individual capacities in a safe and supportive environment.”

Article 23 – Children with Disabilities, UNCRC 2003

Over the years, since initial National Plans of Action were developed and implemented, the rights of children with disabilities have often been ignored. Children with learning disabilities are not properly assessed, so their learning disabilities remain unidentified. Children with diagnosed learning disabilities rarely receive the special education services they need. Supporting children with disabilities and their families is generally viewed as a separate consideration altogether. Children with disabilities are often unnecessarily segregated from their non-disabled peers (either in separate schools or in separate classrooms). Their needs and rights are not viewed in tangent with the needs and rights of children in general.

Early childhood life

Levine (2003) states that each child has a different type of mind, with its own strengths and weaknesses. A child’s failure to succeed in aspects of schoolwork is actually a failure of teachers and parents to recognize each child’s individual talents and his/her unique way of learning.

Learning problems in disabled children may only be in our minds: we are already convinced that disabled children are inferior and now we are reaping the consequences. Most disabled children are underachievers in life and class work. We have convinced them that the model of life we give them is special, inferior, second rate. We have subjected them to decades of brainwashing. This is illustrated in the two case studies below. In these cases, all seems to be well, except that the children concerned are following a predetermined way of life, which is inferior to what they wanted to achieve. We should be annoyed by these stories because we are teaching our disabled children, like an organ grinder teaches his monkey, to sit up and beg, cutely and sweetly.

Let’s first look on the psychological stages a disabled child undergoes in their normal development because this impacts on their adjustment to their disability. In children under five years, the natural inquisitiveness of others about their disability may result in the child becoming angry, depressed, isolated or in denial about their condition.

The child’s first days at school may be full of anxiety if they are teased or excluded. However, in time and with appropriate family support, most children develop a level of acceptance about their disability.

Children with diagnosed learning disabilities are often not provided with the special education services they need. Without special education, children with disabilities typically experience early academic failure. As they mature, frustration sets in, when they realize that their skills are left undeveloped and they become alienated from their peers, teachers, and families. A Western Law Centres for Disability Right (WLCDR) study carried out in the USA established that when learning disabilities are not addressed, behavioral problems begin to mask the initial disability. In some cases, the unacceptable behavior escalates into a criminal problem: 50-78% of young people in the USA who are incarcerated have one or more learning disabilities.

Children with learning disabilities that are not addressed often drop out of high school, or barely pass their final exams. This leads them to take low-paying, unskilled jobs, even though their intelligence levels would equip them for college and a choice of career.

Special schools has nothing to plant

Teachers are supposed to be facilitators of a child’s learning, but this has not been the case in many developing countries. In Kenya and other African countries, parents and caregivers entrust the education of their disabled children to special schools. However, the majority of these institutions are ill equipped to provide a varied syllabus and have predetermined outputs that are irrelevant to disabled children’s visions and aspirations.

Segregated classes – characteristic of many special schools – are often not rigorous and do not have as many resources as regular education classes. Special schools are rarely accessible or user-friendly and are often poorly funded by the government. Segregating students with disabilities denies them the opportunity of socializing with non-disabled peers and developing social skills they will need in life. Segregation also denies non-disabled students the opportunity to learn about and from students with disabilities, with whom they will interact in the real world. This helps maintain non-disabled people’s stereotypes about people with disabilities. The problem is even more complicated if the families are uninformed about the causes and management of their children’s disabilities.

The Personal life of a disabled child

Frustration among disabled children in special schools is high, often stemming from a predetermined and inappropriate curriculum. For example, children with disabilities are rarely allowed to participate in science subjects, regardless of their preferences. The geographical situation of many special schools demands that children stay in hostels away from their families. Thus, parents are not able to monitor the performance of their children as closely as they would like.

The personal stories below show that parents, teachers and those who care for children can identify learning capabilities and assist the disabled child in identifying his/her aspirations and needs.

The stories illustrate how parents and teachers can strengthen a child’s abilities, thus minimizing weaknesses, producing positive results instead of repeated frustration and failure.

Case 1:
A 14 year-old fourth form girl with both lower limbs paralyzed by polio at age two has been placed in a school for the physically handicapped. She is bitter that her parents were reluctant to allow her join the prestigious alliance high school where she had previously been admitted. They feared that other pupils would mistreat her. Her favorite subjects are physics, chemistry and biology and she wants to be a pharmacist. Her school, Thika School for the Physically Handicapped, does not offer her favourite subjects, which is a handicap in itself. Her wish is to be in a mainstream school, where the curriculum is flexible and she can learn from other aspiring, able-bodied and disabled pupils as role models. If she trained as a pharmacist, her prospects of good employment would be high. What she needs from the community, particularly her parents and teachers, is empathy and not sympathy.

The restrictions of specials school have limited this girl to a specific stage in life. She is already frustrated and any further learning is thus likely to be reduced, which violates her rights. The chances are high that she won't utilize her knitting skills later in life. She feels that she is inferior and third rate.

A better approach
A better approach to resolving this problem would have been to allowed her to join her chosen mainstream school. She had proved she was academically capable by achieving the admission criteria of the mainstream school. Her situation could have been addressed if parents, teachers and caregivers had:

- Determined the girl's level or degree of understanding of her situation and how to improve it
- Ascertained her degree of competence and her capabilities

Addressing disabled children's aspirations requires the involvement of various stakeholders. Children's aspirations are multifaceted and run across the socio-economic status of the community. Contributors such as teachers and other disabled children may help their peers to solicit resources that will address most of their needs. A disabled child's schoolmates also represent valuable potential partners who are often ready and able to help in supporting them. This type of relationship stimulates aspirations and brings a positive sense of competition in children. This is highlighted in the second case study:

Case 2:
A nine year-old blind male student is happy that his family friends advised his parents that he would be better placed in a regular school by giving them an example of a prominent lawyer who is totally blind. They preferred that their child be placed in a normal school, as they saw that he could adapt easily. He has been enrolled in Kilimani Integrated School in Nairobi, Kenya since pre-school age.

His classmates at Kilimani primary school admire his performance in class, as he frequently tops the class and inspires others to compete. He can type on a Braille machine and the computer better than other children. He wants to be a lawyer and his parents always support him. He competes in athletics with his friends Jane and Jimmy. He delights in his newfound friendship with his classmates. He is confident in his new environment and feels he can do anything.

The peer role models shared between this boy and his classmates have helped him to face life positively and move actively towards his aspirations.

Coping with disabled children's learning needs

Teachers in special schools often lack appropriate training in human resources and materials to cater for the extra learning needs of children with disabilities. There is a need to develop learning materials such as books, charts, audio and visual aids to enhance the curriculum for these children. Many teachers feel that they are not properly equipped to handle all disabled children's needs. Capacity building is needed for teachers to help them cope with their new role as facilitators in addressing disabled children's learning needs. This could be done through seminars and workshops. Refresher courses should also be introduced in teacher training colleges, as well as a reconstruction of curricula to impart new skills to trainee teachers.

Equipping class teachers with these skills should enable them to:

- Assess each child's needs and sourcing for essential learning materials
- Encourage group work between disabled and non-disabled children, parents and the wider community
- Facilitate different ways of learning for disabled children, non-disabled children, parents and the community

The role of parents

Parents have the right to participate in education and decision-making processes concerning their disabled children. Support from family members plays a significant role helping children adjust to their disabilities. A family member who responds with empathy, while at the same time maintaining high expectations is the most helpful. Teachers should assist parents in developing skills to cope with their children's new learning mechanisms. Workshops and seminars on communication and behaviour change for parents of disabled children could be facilitated by teachers.

The role of community education

The role of community education is to supply community members with education materials for behavioral change and how disability can be better handled. The goal is to deliver complete rehabilitation for disabled children based on the argument that rehabilitation consists of helping disabled children to regain their active role in their community. The community might address the psychological implications of their actions to disabled children and how they affect their education.

Conclusion

Disabled children's learning in mainstream schools will be enhanced when teachers, parents and disabled children fulfill their roles in addressing their learning needs. By clearly addressing disabled children's aspirations, these stakeholders may develop insight, diplomacy, the ability to inspire and mobilize others and improve their organizational skills. Let us not blindly believe that special curricula are the solution to everything. Let us recognize that an obsessive belief in specially designed courses has many unfortunate consequences: for example, smallness of mind, lack of compassion and a deficit in generosity. If we are to give our disabled children the education they deserve, let it be one that builds on their aspirations.

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TAKING AFFIRMATIVE ACTION TO STOP SEXUAL ABUSE OF THE DISABLED GIRL CHILD IN UGANDA

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The status of reproductive health in Uganda is very poor. Reproductive health indicators place maternal mortality rate at 505 per 100,000 live births. Young people (10-24years) constitute 30% of the maternal deaths. Adolescent pregnancy stands at 32% (MOH figures 2000). The Reproductive health situation among disabled girl children is appalling.

In a recently concluded study by COMBRA (Community Based Rehbilitation Alliance) issues related to awareness of reproductive rights and HIV prevention among girls/women with disabilities were identified. There are many girl children with disabilities in Uganda. Some of these children are sexually exploited and abused. The study also revealed that while education could enhance a woman's self determination on sexual issues, there was a great need to deliberately improve reproductive health services offered to girls/women with disabilities. Most cases of sexual abuse can be stopped by taking affirmative action.

We will examine the steps community workers can take. These fall into two main categories; Educating the Community and Educating health and social professionals.

Educating the Community

Integration to stop dehumanization

Community Development Assistants (CDAs) can help promote integration of Children with Disabilities (CWD) into their community by educating both communities and local government workers on how to mainstream disability. This is because integration will help remove negative attitudes, which are the main reasons why disabled children are sexually abused. CDAs can help parents, community health workers, local councillors and police understand and appreciate children with disabilities, as children first and then as CWDs Increasing awareness on disability and consequences of dehumanization is what will help change negative attitudes and ensure victim's safety and justice. ***Kelly J. Ace (2002) US***.

Case story (From Kyabasengya, Kitoba, Hoima district).

There were over 2000 children suffering from epilepsy without proper intervention from the health department when Uganda Society for Disabled Children (USDC) started its work there in the year 2001. USDC organised its first awareness meetings targeting Local Council leaders. The medical professionals (in charges of Health Centre 3) had been trained on childhood disability and acted as co-facilitators at these leaders' meetings. It was possible to demystify the belief, which many people had, that epilepsy was a demon and anybody coming into contact with a person with fits could also get the demon. These health workers were given a chance to explain to the leaders that this was a condition that could be controlled at home.

The regular intake of given drugs would enable children to continue at school with a few safety measures.

It was possible for CDAs to discuss issues of child neglect and sexual abuse while Special Needs Education Specialists emphasized inclusive education for CWDs to promote integration.

Later when the outreach clinics began, many parents who heard about the new remedy turned up to listen to the talks and get the drugs for their children. They soon agreed to form a parent support group and meet once every month when they collect their children's drugs.

A few months after the whole process had begun, Proscovia (not real name), one of the girls on the epilepsy drugs, was sexually assaulted. Her mother with the help of the local councils made sure her assailant got imprisoned. Children with epilepsy have always been looked at as useless things in this community and so it is not surprising that she was abused, but this time somebody took action. She was comforted and visited by CBR workers and local leaders which added value to her being. Though nobody was able to stop the assault before it happened, some steps were taken to apprehend the assailant. USDC Hoima.

This example shows that communities and government can be empowered with knowledge to take deliberate steps to address this social problem.

Increasing life skills

Many CWD tend to be passive and submissive, leading to unquestioning obedience all the time, even to strangers and fellow children. This is one of the causes of their being sexually exploited by people whom they have given their blind trust to, including teachers and care takers. Community Health Workers (CHW) can teach life skills to promote CWD assertiveness. Some of these skills will include teaching them names of body parts and words that are not commonly used.

Showing practically that it is possible to punish authority figures who abuse CWD will help them challenge teachers and other authorities who expect blind obedience from them. In the end, children should be able to identify confidants or "safe" people around them.

Social support

Closely linked with the above strategy, is local authorities facilitation of social support to reduce social isolation. This is because CWDs are often dependent on their abusers and may have no one else they can turn to for help or protection. By increasing their network of support, CWD will feel empowered to reveal their abusers, as they will be sure of alternative support. This can be achieved through developing peer relationships and by giving support and guidance to families to encourage this. Giving CWD and their families social training could also lead to discovery of better recreational opportunities thereby increasing the network of support. This strategy is opposed to over protection where a child may end up frustrated instead of being assisted by the community.

The case of over protection (Winnie of Karongo).
She developed polio of the lower limbs in her infancy but was lucky to get appliances and join school after her health stabilized. This was thanks to her maternal Aunts. Her mother divorced her father and could not take Winnie to her new home. Winnie does not regret her childhood, both her grandmother and Aunts were always helpful and she had no problem until she completed her O'level exams. She helped one of her Aunts in the shop for a while, but they soon fell out.

Winnie was now a grown up teenager with different interests from her Aunt. She was confined to home for fear that she could be sexually abused. She was forced to move to the village and live with her grand mother where no man could touch her. Due to her disability it became very difficult for her to move out of her grandmother's hut and she became very depressed and annoyed with everyone.

By the time USDC convinced the Lilliane Foundation to support her with school fees to a secretarial training course, the whole family was regretting why they had wasted their resources on her. She had become very hostile to every one because she did not have anything else to do with herself. But thanks to Lilliane Foundation, Winnie will now pursue her course in Secretarial studies and hopefully feel happy again. This does not happen for every CWD who finds herself in such a situation.

While it is the duty of community development officers to agitate for the construction of vocational training schools (VTS) and find other recreational opportunities for such children both for empowerment and social interaction, local leaders should be able to demand for integration of CWD into already existing ones. They could also start small initiatives that government will build upon.

Educating Health and social professionals

Assistive devices
Health rehabilitation professionals can enhance CWDs physical mobility by providing assistive devices like crutches, calipers, raised shoes and wheel chairs. These will enable CWD gain some independence of movement and even fight off attackers. The orthopaedic workshops in the district hospitals should be fully equipped and facilitated at all times to produce and keep such appliances in constant supply.

In addition to physical mobility, health professionals can help provide hearing aids to reduce communication barriers. In the absence of these, CDAs and community health workers should consider engaging interpreters. By doing this they will be enabling CWD access information about their sexuality which they lack most times. It is possible to give information on sex, Sexually Transmitted Infections (STI), HIV/Aids, through interpreters, sign language teachers, recorded audio/visual messages and by use of hearing aids.

Through the concerted efforts of both Special Needs Education teachers, CDAs and health professionals, most of the useful information can be packaged to suit the CWDs and be given to them in more friendly environments. Child Rights clubs are one avenue for this and both in and out of school.

CWD can be reached if the will is there.

Social training

In addition to all the above, probation officers can provide social training skills to caretakers, parents, teachers to improve CWD's sense of interpersonal boundaries. CWD require a lot of assistance with personal care and interpreting social interactions. But even worse is that they find it very difficult to recognize abuse for what it is until it has happened. So a combination of socialization skills, investigating and giving punishment to culprits, will be of help to all to improve the children's sense of personal security.

Conclusion

It is a shame to Uganda if policies are just put in place and never implemented. We cannot claim to subscribe to the Children Rights Statute on the one hand, and yet just sit back and watch the disabled girl child being sexually abused on the other. It is possible for every body to do something and set an irreversible trend to end this abuse. The girl child with disabilities in this country has got a right to protection.

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POVERTY: A MAJOR CHALLENGE TO CBR WORKERS
The case of Bwaise - an urban poor area in Uganda

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Introduction

Urban poor areas are found nearly in all developing countries. Bwaise is an example of an urban poor area, located 4 Km north of Kampala City in Uganda. Most people in this area have to do menial jobs to earn a living and live in small rented houses. Community Based Rehabilitation (CBR) workers in this area face the challenge of ensuring successful CBR among people whose priority is to earn a living. This article gives an overview of the general economic situation in Bwaise, how poverty affects the implementation of CBR in the area and suggests solution to some of the concerns.

Major sources of income and people’s economic status

CBR workers in urban poor areas need to understand the economic situation of the people they work with. They should understand people’s major sources of income and employment status in order to give affordable solutions to persons with disabilities.

People living in Bwaise do many different jobs to earn a living. These include selling food in markets; running small retail shops; carpentry; shoe repairing and frying pancakes. Each of these jobs has a specific time for operation: either the whole day, morning, evening or at night. For example, those selling foodstuffs in markets have to buy the products for selling early in the morning from the main market and then transport these to their stall. They have to stay by their stalls for the whole day attending to customers. Those frying pancakes are mainly busy in the morning. This has implications for family support of disabled persons and for CBR workers and their interaction with the community.

CBR workers can understand the major sources of income in an area in a number of ways, which may include the following:

Observing major economic activities in the area

Many CBR workers live in the areas in which they work, so they are usually aware of the different activities people do to earn a living. Visiting these places of work can give them a better basis to advise disabled people on viable businesses.

Carrying out individual interviews

CBR workers can carry out individual interviews to increase their understanding of the economic status of the people in the area in which they work. For this to be clear, they can interview people with and without disabilities and the parents of children with disabilities. These should be simple interviews focussing on the type of work they do; status of employment (employed, self-employed or not employed); the time of the day they work and where they work.

Facilitating improvement of income among Persons with disabilities while ensuring that parents still have time for their children with disabilities.

Noting that earning a living is a priority among the urban poor, including those with disabilities, CBR workers should help disabled persons to improve their income. While considering improving income, CBR workers need to be extra conscious that parents of children with disabilities still have time for their children. Working at home is one alternative that enables parents to give the relevant rehabilitative interventions to their children with disabilities while earning an income. Organising training in Income Generating Activities (IGAs) might help to achieve this.

Training in Income Generating Activities

Training in IGAs will enable disabled persons and parents of children with disabilities to identify viable businesses and sources of funds to improve their income. Training can focus on starting a business or improving existing businesses.

If CBR workers lack the skills for running such training, they can collaborate with other organisations involved in such activities. Furthermore, the formation of support groups will facilitate CBR implementation while improving income generation among persons with disabilities.

Formation of support groups

The formation of support groups is vital for identifying solutions to the problems faced by people with disabilities. This can be achieved through mobilising disabled persons and parents of children with disabilities. Group formation is often recommended on a gender basis, so that women's and men's issues are tackled separately. Parents of children with disabilities can also form their own groups because their concerns might be different. Group members will be able to share their social or economic needs and develop appropriate solutions. Consequently, they will actively participate and together with the CBR workers, identify solutions to problems such as accessibility.

Devise affordable means of improving accessibility in the home environment

Most people in Bwaise do not own houses but rent small rooms, whereby one room may serve as a living room, bedroom, store and even kitchen. There are no compounds, just the space between one house and the next, which may only be one metre. As a tenant, you do not have the right to modify the architectural work of the premises you live in. Furthermore, unlike rural areas where people have access to locally available materials such as wood, all materials have to be bought in urban areas.

There is a need to be conscious about house ownership, availability of space and affordability of materials, while improving accessibility in urban poor areas. The solution to this will be for the CBR worker to consider constructing affordable and portable devices. These can be kept aside and put in place when needed. For example, a wooden board placed over steps can be used for a ramp; a toilet seat can be placed in a latrine when it is needed.

As CBR workers tackle the issue of accessibility, they also need to sensitise relevant people in the community to include disability in all community programmes.

Sensitising teachers in schools affordable by parents of children with disabilities
Most parents in Bwaise can not afford educating their children with disabilities. Universal Primary Education (UPE) schools are few; private schools can be found everywhere and often more accessible. On the other hand special schools, which have the capacity, are not affordable. The majority of teachers in the mainstream schools in Uganda have limited skills to teach these children. Although there are many schools in Bwaise, the affordable schools often do not want to admit children with disabilities. In addition they have excuse of space, accessibility and fear that the presence of such children might affect academic achievements of the other children and the reputation of the school.

Case study
Adam a seven-year-old child with cerebral palsy is among the clients for the Bwaise CBR Programme. Adam benefited from the home programmes and day care where children with disabilities and their parents converged once a week for rehabilitative services. These services included physiotherapy (exercises), training mothers/parents, sharing information and experiences and children had an opportunity to play.Presently Adam uses a wheelchair and all family members like him and the siblings take him around for walks or even to watch football. Although Adam feels happy he always tells the parents that he wants to go to school, he is tired of staying at home. The mother has approached the project staff for advice. Although the Kampala School for Physically Handicapped has all facilities for the physically disabled children to attend school, Adam's parents cannot afford the school fees.Adam's mother tried to secure a place for him in nearby schools, but received negative responses. In most cases the school authorities gave excuse that the school has no facilities for children with disabilities and that the other children will be diverted from concentrating on their studies and be carried away by Adam's disability. This has frustrated Adam's parents.At one time Adam's mother confronted the project staff saying; "Look it is like COMBRA made Adam climb a tree and let him up without getting to the top. Now am stranded what can I do?" This indicates the need to sensitise schools in the nearby school to accept children with disabilities.

Workshops for teachers in local schools can serve to sensitise them on rights of children to education, disability issues with particular emphasis on attitude and accessibility in general. This should increase the enrolment of disabled children.

Sensitising local leaders
Disability issues are generally not considered in most community development programmes, therefore sensitising local leaders can effect their inclusion. CBR workers should be given time to address council meetings and can emphasise equal opportunities inclusion programmes. PWDs can benefit from the available programmes in all sectors just as any other person.

Conclusion
Noting that poverty is a big challenge to CBR workers in an urban poor area, they need to give special attention to the economic status of PWDs and give relevant support. Issues regarding affordability must be addressed throughout. Since CBR calls for participation of the entire community, relevant people such as teachers and local leaders need to be sensitised on disability issues so that PWDs are given equal opportunities in their community. With all these in mind there is no doubt that CBR workers will be able to implement successful CBR programmes in urban poor areas.

IMPROVING REPRODUCTIVE HEALTH SERVICE FOR WOMEN WITH DISABILITIES.

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Introduction

Uganda's maternal mortality rate of 500/100,000 is the highest in East Africa. Steps have been taken to improve reproductive health (RH) services to make them more responsive to the needs of women in Uganda. However, these initiatives have not taken into consideration the needs of Women with Disabilities (WWDs). Consequently, WWDs have often chosen to use traditional birth attendants, who offer more disability-friendly services, although these may not be as safe as those offered in formal health units. Simple and inexpensive innovations such as improving access to buildings, better means of communication and empathetic RH providers, along with current improvements that target all women will make RH services more disability-friendly. This article describes the special needs of WWDs and suggests innovations to improve services for them, which can be implemented by various RH providers in the district.

The Unique Needs Of Women With Disabilities

WWDs have unique needs that require special approaches in health service delivery. These needs arise from the women's impairments, society's frequently negative response to the impairments and the women's reactions to both the impairment and society's attitude to them. These responses, which feed into each other, often result in WWDs with low self-confidence. This limits their ability to negotiate for quality services. In addition to this, many WWDs who seek RH services have suffered neglect or have been abandoned by their spouses or family. Poverty, which is prevalent among people with disabilities (PWDs), further compounds the disabled woman's dilemma. Therefore, the WWD who makes it to the health unit may be traumatized and in need of understanding. The situation in our health facilities often adds insult to injury because of the hostile environment.

WWDs therefore have the following needs in accessing RH services. The need for:

- health workers who understand the situation of WWDs and manage WWDs with empathy;
- health units with a physical environment that is accessible to women with movement disabilities;
- accessible information and communication for the deaf and blind
- alternative avenues to get information about health services to WWDs.

Meeting these needs will go a long way to improving these services for WWDs.

The Role of Health Workers

RH providers do not currently meet the needs of WWDs and do not have the skills to address these needs because the basic and in-service training of health workers does not include the concerns of WWDs. As a result, RH providers often ignore, mistreat or mismanage WWDs. In a study in four districts of Uganda, WWDs reported that the biggest hindrance to accessing RH services was the negative attitude of health workers. WWDs reported that they were often ridiculed and asked why they became pregnant.

For example, a woman with movement disability who was in labour on the delivery bed was humiliated when the midwife called in other health workers to come and see her. The health workers came in and the (male) doctor made a comment: ‘This is a hot one! If she wasn’t disabled, I would go for her!’ Non-disabled health workers often make cruel and derogatory comments, yet WWDs, require understanding and empathy.

Midwives, nursing aids and doctors can provide better RH services for WWDs if they receive in-service training in specific disability issues. Since disability is an unknown area to many health workers, it is essential that districts identify their training needs. The needs assessment could be carried out with disabled women as part of the enquiry team. The findings can then be used to develop a training guide(s): training in which women with different disabilities participate as facilitators can then be carried out. Where possible, this training should be mainstreamed into other RH in-service training programmes. The trained health workers should then be adequately and regularly supervised and supported by a team that includes disabled women.

Improving Physical Access and Communication

Health units are often inaccessible because they lack appropriate beds, ramps and rails to ease the movement of women with physical disabilities. WWDs reported that delivery beds are inaccessible. Bathrooms and toilets/latrines were also a major concern that discouraged WWDs from delivering in health units. Besides being inaccessible, the bathrooms and toilets were very dirty, making it difficult for women who had to crawl into these facilities to use them.

Blind and deaf women are often unable to communicate adequately with health workers and may be mismanaged as a result. Most health information is visual or audio-visual and is, therefore, not fully accessible to blind and deaf women. Few health workers know sign language.

Improving physical and communication accessibility can improve RH services for WWDs. Providing adjustable delivery beds and altering buildings by providing rails and ramps will improve physical accessibility to health facilities. Providing a stance that is adapted for WWDs (see picture below) by building a seat over the latrine hole and supporting rails will greatly improve access for WWDs. This stance should be kept clean and reserved for PWDs.

Having sign language interpreters or training two RH providers in each hospital and health centre IV in sign language will assist health workers to communicate with deaf women. Providing RH information in Braille will help blind women to access information. At present, Uganda only has one centre that prints Braille information on a large scale, based at the Uganda National Institute of Special Education (UNISE), Kyambogo. A district probably requires only 50 Braille copies of each health message. If this is not possible, an annual meeting of blind women could be arranged and health information passed to them in an appropriate way. For example, using explicit terms and allowing them to touch RH items such as pills, condoms and mama kits. The advantage of this approach is it will pass information to the many blind women who cannot read Braille. The interaction with health workers will also reduce the fear WWDs have of health unit staff.

Increasing Awareness About RH Services

Another step in improving RH services for WWDs is increasing awareness about these services in WWDs. Many WWDs do not use RH services because they do not know where these services are. This is especially so for family planning and antenatal care services. In addition to continuing current approaches of informing and encouraging all women to use RH services, WWDs require additional mobilization through disabled people's groups, women's organizations and local councils. A special message to WWDs is to inform them of the improvements that have been made in health units to make them disability-friendly. The best advocate for any service is a satisfied client. WWDs who come to the health units and are treated well in an accessible environment will spread the word and call on others to use the service.

Conclusion

Our health services can be modified to accommodate the special needs of WWDs. This requires changing the approach RH providers use towards WWDs, improving physical and communication accessibility and providing information about available services. WWDs know their needs best and should play a key role in adapting RH services to meet their needs. This challenge can be addressed within the available resources. We all have a role to play; a role that cannot wait for tomorrow. Will you play your part and contribute to the improvement of the lives of WWDs?

PRACTITIONERS KNOWLEDGE AND SKILLS IN THE USE OF GROUP DYNAMICS IN COMMUNITY BASED REHABILITATION (CBR) PROGRAMMES.

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Introduction

Group dynamics is viewed from the perspective of the positive power that groups tend to acquire and influence their members over time. This process is gained through their formation and how successfully they handle internal struggles. This also requires their ability to establish effective norms and begin to perform collectively on agreed tasks. This in the long run influences the behaviour of their individual members for positive change.

CBR practitioners believe that group dynamics is an important part of the rehabilitation process, but there has been no analysis as to whether the CBR training curricula adequately caters for these techniques. There is need to establish whether to improve the training curricula so that it adequately caters for the group interaction processes. Thus the need to deliberately include group dynamics at all levels in CBR training.

Benefits of group dynamics.

Social workers often work with groups to achieve the social integration of marginalized groups in community development activities (Hyde, 1999). As social integration is one of the main goals of CBR, group work may also be an effective tool for practitioners. This idea is further explained by Timmel and Hope (1999), who say that the most important first step in any process of empowerment is giving those who have been oppressed a new confidence. This is possible in a group interaction process, where issues like group composition or size of the group is considered to be a means of promoting the social functioning of an individual. These processes shape an individual for leadership, confidence building, better decision making, and taking responsibility, all important skills for CBR practice. Group dynamics techniques are vital for CBR training programmes and should be encouraged.

CBR curricula coverage of group dynamics.

Although CBR might benefit from the use of group dynamics, most CBR curricula do not effectively reflect group dynamics. For instance the Community Based Rehabilitation Alliance (COMBRA) CBR training curriculum might address group dynamics when dealing with community development strategies. In Ministry of Gender, Labour and Social Development (MGLSD) the trainees may be introduced to group dynamics under the teaching and learning. Other areas of group dynamics in the curricula include; leadership styles, group processes, pressure groups, types of groups, group formation and networking. The UNISE courses cover group dynamics under income generating activities, empowerment and participation. This situation is not only characteristic of Uganda, but also other curricula. (Peats, 1997), includes interpersonal and communication skills in the core CBR training programmes. Nonetheless, all these efforts to include group dynamics are not adequate.

Assessing the knowledge and skills of CBR practitioners in group dynamics.
In order to measure the knowledge and skills of CBR practitioners in the use of group dynamics, a study was done in Mbarara district in Uganda. The participants were 30 trained and 30 untrained CBR practitioners. The participants' knowledge was tested in key areas such as group composition, roles in groups, decision-making, communication patterns and group norms. The results of the test showed little difference in knowledge of group dynamics between trained and untrained practitioners. Only 8 participants passed the knowledge test, all of whom had received CBR training.

In order to measure group dynamics skills, the participants were given hypothetical situations, in which they had to determine which skills they would apply. The results showed that the trained practitioners were more skilled in decision making, leadership and problem solving compared to the untrained practitioners.

- 55 % of the trained CBR workers knew decision making compared to 5% of the untrained.

- 39 % of the trained and 10 % of the untrained knew problem solving techniques.

- Both groups had basic skills in conflict resolution.

- 13 % of the trained CBR workers and 16 % of the untrained could at least influence the communication process.

- 63% of the trained and 12 % of the untrained CBR workers showed leadership qualities.

These results showed that there is need for more training for CBR practitioners.

Another study was conducted to measure the effect of group dynamics to PWDs and their care givers. The participants were 160 PWDs and care givers, who were all members of CBR groups. Each participant was interviewed and asked about his/her participation in activities of daily living, confidence gained, leadership skills and obtaining of appliances. The results were as follows:

- Of the 160 people participating in five or more activities of daily living 14.6 % were working with trained CBR practitioners and 2.5 % with untrained;

- 20.3 % of participants working with trained practitioners had gained confidence since starting the programme as opposed to 13.4 % working with untrained practitioners;

- 20.3 % of those working with trained practitioners had leadership skills, as opposed to 13.4 % working with untrained practitioners;

- 24.8 % of the participants working with trained practitioners were able to independently obtain appliances like wheel chairs and crutches as opposed to 13.4 % working with untrained practitioners.

Although many CBR curricula do not adequately cover group dynamics, these results suggest that CBR workers trained in these skills have more impact on the quality of life of PWDs and their care givers.

Recommendations.

CBR trainers should include group dynamics in CBR curricula. This could be achieved by:

- designing a tool, which measures the knowledge and skills of CBR practitioners, so that tailor made courses can be designed.
- organizing workshops for training institutions to identify areas of group dynamics for the curricula.

Conclusion.

The result of these studies indicates that group dynamics should be included in CBR training programmes. The use of group dynamics theory has the potential to improve CBR practice. This will assist with improving the quality of life PWDs.

TANZANIA
Workshop Articles

HELPING PARENTS AND CHILDREN TO FIND WAYS OF PROMOTING DISABILITY UNDERSTANDING WITHIN THEIR COMMUNITES IN UGANDA.

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Introduction

The abilities of disabled persons are best brought out in a home and community environment where they belong and are comfortable. It is important for communities to understand and appreciate that children with disabilities need their support to live fulfilling lives. This article is about how parents and children can help communities understand disability.

First as parents, relatives of children with disabilities, well-wishers and school children, they can get together into groups to form parent support groups and child rights clubs. These groups help share ideas on how to raise disability awareness. For example, parents of children with disabilities in Apac district in Northern Uganda formed a group to share advice on ways of coping with disability in their families. The need for such a service in the community was so great that soon there were too many members for one group. Today, there are four other groups that have started as a result of the activities and support of this particular group. There is a better understanding of disability in the community because of the work these parents have done to improve lives of children with disabilities.

Next, they can look at what other people in the community have done to support disabled children to help identify useful models for their work. There could be a parent who managed to train his/her blind child to walk around in the village or a craftsman who uses local materials to make crutches and wooden legs. Workers in NGOs like Uganda Society for Disabled Children (USDC) have a lot of experience and can also be asked for advice on how to help the community understand disability.

Similarly, child rights clubs can plan skilful ways of using sport and play for awareness raising programs within the community. They can arrange music, dance and drama activities that carry disability messages so people can enjoy while they learn. Pictures about disability can be drawn and used as notices around the community to help raise awareness. In Kalangala district, during celebrations to mark the day of the African child, able-bodied children were blindfolded and played a game of goal ball with naturally blind children using a ball that had a bell inside. The blind children won with a score of 3-0. While the people present were surprised, the blindfolded team had seen what it feels like to have a disability. For a long time it was the talk of the community.

Also, parents and children, with the help of opinion leaders, can form advocacy groups that have a message to the community. These groups have the responsibility of educating the community on issues and important facts like:

- Children must be immunised
- Witchcraft does not cause disability
- Money is not the only thing you can use to support disabled children
- Disability programmes are not for personal gain of the workers but for the disabled child.

Besides this, parent support groups can get community support through meetings with local leaders, families, disabled persons' organisations and district officials. These meetings also help introduce the programme to community members so they take ownership and welcome activities planned by parents' and children's groups.

Finally, by arranging talks at community centres or taking part in radio programmes on local radio stations, messages can reach more people and be easily understood. This is because most people in rural areas cannot read or write. For disabled persons, it is worsened since society attaches low value to their education, and schools cannot meet their special needs. Information must be presented in a simple way so that everybody can understand.

Conclusion

We should always keep in mind that the best resources that a nation has are those that can be mobilised through its own people. These resources include time, places, environment and the people themselves. Parents as well as children in the community can use these resources to promote disability understanding and help improve the lives of children with disabilities.

IMPROVING THE WELLBEING OF CHILDREN WITH DISABILITIES

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Introduction

Community Based Rehabilitation (CBR) is an approach in the rehabilitation of persons with disabilities, including children. Currently, there is lack of involvement of community members on the rehabilitation role of the disabled children. The article looks at what role the community can play in CBR and how family members with positive attitudes can improve the wellbeing of their children.

We believe that every child with disabilities is a child first. They are unique in their abilities and their potential and equal in their right to education, recreation and rehabilitation. Families can involve disabled children in daily home activities, indoor games, outdoor games and economic activities. This will improve the children's wellbeing and will also create awareness for community members about the role they can play in rehabilitation activities.

CBR workers liaising with government leaders, especially, social welfare officers can increase awareness and knowledge about disability issues in the community and among policy makers to promote the wellbeing of disabled children. For example, they can encourage family members to provide education for disabled children by sending them to Sunday School, Nursery School and Madrasa. This will improve the knowledge capacity, life standard and economic prospects of the children.

In addition, families can organize playgroups for disabled children where they can socialize with non-disabled children. This will promote their wellbeing by building good relations with non-disabled children and with each other.

The CBR strategy is also to increase disability information as a preventive measure and improve public attitudes towards disability. This supports the rehabilitation of children with disability as a basis for education or training and long-term social integration. CBR has a major role for the rehabilitation of children with disabilities.

In order to achieve our programme objectives, project implementers must do the following:

- To create awareness to local leaders and family members to take disabled children to school.
- To disseminate information about disability to the community, government leaders and policy makers play a role on advocacy, lobbying and to enhance the capacity of health and education professional.

Conclusion

If there is collaboration among the stakeholders like Health, Education and Welfare Officers, they can encourage families to develop positive attitudes towards their disabled children. This will promote the wellbeing of the children and bring positive developments for rehabilitation of disabled children.

CREATING AWARENESS OF REHABILITATION FOR PEOPLE WHO CANNOT SEE IN MUFINDI DISTRICT , TANZANIA

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INTRODUCTION

Mufindi district is one of seven districts in Iringa region. It is situated in the southern highland of Tanzania. It has a land area of 7123 square kilometres, with a population of 283032 (2002 census). Administratively, Mufindi district has 5 divisions, 28 wards, 135 registered villages and 582 sub villages. Therefore, the area of Mufindi is wide and people are scattered. Some people in the community have negative attitudes towards blind people. For example, they exclude them from social and economic activities and they have a narrow chance of marriage.

This article aims to educate the community about the concept of rehabilitation of blind people and present strategies to make the community conversant about the rehabilitation of blind people. creating community awareness through education. More effort needs to be put into the co-ordination and involvement of blind people in community activities. There should be continued education on how to:

- Observe and maintain hygiene
- Prevent blindness causing diseases like trachoma, xerophthalmia, ophthalmic neonatorum
- Attend health facilities like dispensaries, health centres and hospitals for early treatment
- Utilise rehabilitation services for irreversibly blind people.

Community awareness is necessary to give the community knowledge about blind people. Members of the community can be educated through meetings and posters. Seminars for Ward Executive Officers (WEOs), Village Executive Officers (VEOs) and CBR Workers (CBRWs) can give them the ability to advocate and educate communities. Use of different positive pictures showing activities carried out by the blind, such as cultivation, fetching water, cooking, washing clothes, can prove useful in awareness creation. The task of promoting awareness can be effectively carried by involving well trained CBRWs. CBRWs can support the programme by training clients about orientation and mobility and daily living activities.

Community Mobilisation

Experts such as doctors and nurses can organise meetings at community level where communities can ask questions related to blind people. This will contribute positively to the lives of blind persons. At the same time, community mobilisation will change people’s poor notions and create clear understanding and love towards blind people.

Currently, blind people are not integrated in the community and not given a chance to participate in community affairs such as:

- Religious activities;
- Community meetings;
- Funeral events; and national voting.

Therefore, blind people can be integrated in the community and enjoy the same rights as respected members of the community. Blind people can attend village meetings and be given the chance to share ideas.

Formation of support groups

Rehabilitation of blind people requires advocacy in the formation of support groups. These groups can be identified and formed in the community, composed of women, religious people or youths. The groups can help to spread information on support and encouragement to blind people. They can also be given the chance to hold different positions in the group. For example, in 2002 we visited a CBR programme in Kericho Bomet, Kenya, where we saw two blind persons, one who was a chairperson and the second, the cashier of a women's group.

Government involvement

To support the community initiative, there are many things that the government and NGOs can do. The collaboration between the government and Sight Savers International (SSI) needs to be strengthened because these organisations can help to support training of CBRWs and support the programme financially. Collaboration can be strengthened by:

- Conducting seminars and organising meetings with government leaders
- Submitting regular reports to relevant government officials, which will sensitise them on the importance of the CBR programme.

The report should include the:
- Number of blind people identified and screened,
- Number of client engaged in rehabilitation training,
- Type of seminars conducted and their expenditure,
- Achievements and problems;
- Annual activity plans and strategies.

Collaborating with key partners like ministries of Health, Education and Social Welfare makes programmes sustainable through the provision of staff and finance.

Conclusion

In conclusion, we would like to encourage all people working with communities to continue education on the integration of blind people within community activities. We all need to positively support people who are blind.

WAYS OF SUSTAINING COMMUNITY BASED PROGAMMES

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INTRODUCTION

Involving community leaders in Community Based Rehabilitation (CBR) programmes is essential for sustainability, effective implementation and expansion of programmes. A lot of CBR programmes have been initiated in different countries in the last decade. The sustainability, effective implementation and expansion of these programmes have been a challenge due to the lack of involvement of community leaders in these programmes. Evidence from other CBR programmes suggests that involving community leaders from the beginning will ensure sustainability and expansion.

Background

My experience in CBR programmes is drawn from three programmes that I have been involved in. The first one was Chihota project in a rural area in Zimbabwe. I initiated the programme after the local Member of Parliament had approached me. The project started well and after two years the community had to manage it. 18 months later we did an evaluation. The outcome was that the community had lost interest in the project. They did not know enough to carry on. The Income Generating Activities were not successful.

This could have been due to the fact that we did not involve the community leaders in the beginning and they did not have enough information on disability. They looked at this project as ours and not theirs. The two other programmes were in S. Africa. I supported two with the initial funding. For the first two years the programmes were fine. The mid term review was done in the third year. Again the same pattern as in Chihota was observed. Community leaders were not interested. They did not have enough knowledge about disability to carry on. This article identifies four strategies that can be implemented to involve community.

Involvement of community leaders in programme planning, implementing and evaluation
Programme initiators can start by making a list of the community leaders they are going to invite. They may include the following: - chiefs, headmen, religious leaders, teachers, nurses, businessmen, local councillors, traditional healers and youth groups. These can be contacted directly or through schools, clinics and business centres. Youth groups can be used to distribute letters of invitation. Posters with full details of the venue, time, date of the meeting can be placed at strategic points in that community.

It is important to ensure there are no events happening at the same time to avoid clashes. If it is in a rural area it will be better to hold this first meeting during the dry season when people are not busy in their farms.On the day of the meeting, start by defining what a CBR programme is and explain how this will address disability issues in that community. Using the definition from the 2002 ILO-UNESCO-WHO position paper, CBR is a strategy within general community for rehabilitation, equalisation of opportunities and social inclusion of children and adults with disabilities.

You may need to translate the definition into the local language for it to be understood. Circle the key words in this definition targeting this group. Key words could be 'a strategy within general community development'. Facilitate community leaders to reflect on people with disabilities.

Divide participants into small manageable groups and ask them to brainstorm on the following questions:-

1. Why should we as community leaders be involved in this CBR programme?
2. Is it important for us to improve the quality of life for people with disabilities?

Let the group work for 30 minutes, move round the groups as they are working, supporting them where necessary. After this, the group can come back for feedback. Record their answers on a flip chart.

Their answers may include the following:

- People with disabilities in our community are full members of the community
- People with disabilities have a right to basic needs, education, health, food, water
- It is our role to improve the quality of life for people with disabilities because they are our brothers, sisters, children and spouses
- We need more information on different disabilities
- We have so many blind people in our community
- People with disabilities ,when gainfully employed ,will contribute to income tax
- We need to form a committee to co-ordinate this CBR programme
- We need to form parents' support groups
- We need the rest of the community to know about this CBR Programme

If some of the above points have been left out, discuss with the group and add to the list. To conclude this session, community leaders and programme initiators have to come up with an action plan on:

- What needs to be done?
- Who should do it?
- When should it be done?
- What resources are needed?
- Where do we get these resources?

Providing information on common disabilities

Working with the committee, which has been elected in the last session, programme initiators can give information on common disabilities. They can give handouts on polio, cerebral palsy, hearing impairment, learning disabilities and the blind. Pick the disability that is more common in that community and write a detailed handout. Facilitate the elected committee to understand its roles and responsibilities through brainstorming on what the roles are. You can suggest the use of drama as this will clarify their roles. You need to prepare a good scenario, which will bring out their roles.

Supporting newly formed groups and the existing DPOs

The programme initiators can strengthen new support groups and the existing DPOs in that community by:

- Facilitating training sessions for mothers groups on income generating projects.
- Organising brainstorm sessions for mothers on what kind of projects they can start, where to get the seed money and where are they going to sell their finished products.
- Training mothers and siblings using the WHO manual on daily living skills
- Organising sessions on developing project proposals for funding.
- Organising sessions on how to lobby with the government to ensure that acts and laws in that country on disability are being implemented.

Creating awareness for all stakeholders

The whole community needs to know about the new CBR programme and how/where they can refer their children and adults with disabilities. Project initiators, government ministries and community leaders can conduct awareness meetings. They can use posters showing disabled people who have made it in life (disabled people who are now businessmen, lawyers, doctors, or managers of companies). These will serve as role models. Listening to their colleagues who have been successful in life motivates PWDs.

Ask the local police to talk about the numbers of people who have been disabled due to accidents in that community. Police can explain how accidents can be avoided by giving examples on drinking and driving, or leaving unguarded fires near where children are playing.

Conduct sessions for mothers on good health practices such as expectant mothers visiting pre and post natal clinics, encouraging balanced diet and plenty of fruits during pregnancy, going to the clinic in time as delayed labour can cause brain damage. Talk about nurses' attitudes towards pregnant women. Use a role-play on how some nurses behave towards women with disabilities as they attend pre and post natal clinics. Peer discussions encourage community leaders to talk about disability issues as they go cattle dipping and fetching water from a common borehole.

Conclusion

Using the four strategies discussed above will enhance the sustainability of a CBR programme. The end result will be an enabled community who have knowledge, skills and can effectively implement the CBR programme.

ECONOMIC EMPOWERMENT OF PEOPLE WITH DISABILITIES IN ZANZIBAR THROUGH THEIR INCLUSION IN MICROFINANCE AND VOCATIONAL TRAINING INSTITUTIONS

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INTRODUCTION

The World Health Organisation (WHO) estimates that 10 percent of any population comprises persons with disabilities (PWDs). However, studies carried out in Zanzibar estimates the disabled population to be 4 to 6 percent, with most of them living below the poverty line of one USD per day. Poverty among PWDs is associated with deep- rooted attitudes of families, communities and government of excluding PWDs in development programs. As a result, PWDs are very poor due to the low literacy rate and limited employment opportunities. Poverty has made PWDs vulnerable to sexual harassment and abuse, dependent on others for their basic needs and therefore unable to lead independent lives.

Owing to these problems, the Zanzibar Association of the Disabled (UWZ) introduced loan and vocational skills schemes in 1990 to empower PWDs economically. However, UWZ economic empowerment initiatives address the needs of very few PWDs and in doing so, it excludes PWDs from the mainstream. On the other hand, micro-finance and vocational training institutions can accommodate a large number of PWDs in an inclusive approach within a short period of time. This article presents four reasons why micro finance and vocational training institutions should include PWDs in their programs.

PWDs have the right to access services and resources

The right to access services and resources is a basic human right that PWDs are entitled to get. For instance, constitutional and human rights recognise that all people have the same rights and should not be discriminated because of disability, economic, ethnic or social status. Similarly, the UN Declaration on Human Rights and the ILO recognise that PWDs have the right to work and lead a sustainable livelihood. The UN Standard Rules on Equalisation of Opportunities for PWDs also encourage micro-finance and vocational training institutions to make their services accessible to PWDs to enhance sustainable livelihood.

In other words, all these conventions and documents emphasise that PWDs can be empowered economically through loans and vocational skills to have a sustainable livelihood. Micro finance and vocational training institutions can facilitate PWDs to exercise their rights by:

- Disseminating information that can be understood by people with different types of disabilities,
- Consulting PWDs and Disabled People Organisations on types of services they require ,
- Reviewing policies and regulations to address needs of PWDs,
- Modifying their buildings and working environment to make them accessibility for the blind and the physically disabled..

Relevance of micro-finance and vocational skills for economic empowerment of PWDs

Micro-finance and vocational skills are relevant to PWDs who, due to their socio economic status, are unable to join the labour market. Micro-finance and vocational training institutions use problem-based and participatory approaches in their training to encourage the participation of people within an inclusive society that treats people equally regardless of their socio-economic status, gender or disability. An inclusive society addresses the needs and demands of each individual as of equal importance. Building an inclusive society is a process that requires the commitment of all the concerned. That means, micro-finance institutions should develop policies that do not discriminate against PWDs.

A recent internal review of UWZ (June 2004) observed that PWDs are unwilling to be integrated in mainstream loan facilities. Their reasons were their applications would be disregarded and the interest rate is very high , about 30 percent. Therefore , by accepting and providing services and resources for PWDs , micro-finance and vocational training institutions would be taking one of the many routes to develop an inclusive society . This will improve the acceptance and recognition of PWDs by society. Inclusion of PWDs will facilitate change in policies as well as increased credibility of institutions.

Conclusion

Poverty in PWDs can be significantly reduced by including them in micro-finance and vocational training institutions. Government and private micro-finance and vocational training institutions have a big role to play in ensuring that PWDs are independent and have sustainable lives by empowering them economically through loans and vocational skills.

This can only happen if government and private institutions accept the following:

- Accessing resources and services is a right of PWDs,
- Providing loans and vocational skills are appropriate strategies for the economic empowerment of PWDs,
- PWDs have the capacity to run businesses and
- Including PWDs in micro-finance and vocational training promotes an inclusive society.

INCLUSIVE EDUCATION: A MEANS OF ACHIEVING EDUCATION FOR ALL IN ZANZIBAR

Attiye Suleiman Salim
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Introduction

The majority of children with special needs in Zanzibar do not go to regular schools because there is no policy on inclusive education encouraging children with special needs to join normal schools. This would be one of the means of alleviating problems in accessibility to education that children with disabilities encounter. "Inclusive education is something seen as a political strategy based on human rights and democratic principles, that confront all forms of discrimination as a part of concern to develop an inclusive society" (Ture Johnson, 2001).

In brief, inclusive education is a process of learning in a normal school without any barriers. In contrast, special schools have the negative impact of segregating disabled children. These schools are very expensive and most developing countries do not consider education of children with disabilities as a priority. As a result, the community is overburdened with illiterate children with disabilities who will become unemployable adults. Therefore, this article presents three advantages of including disabled children in regular schools.

Creating a Platform for Disabled Children

Inclusive education creates a platform for the needs of disabled children to be identified and addressed. Inter-ministerial committees, donors, bilateral partners and other stakeholders can start to advocate for the needs of these children. This leads people with different expertise to look at the problems and find solutions. In this way, the education system can adapt and be more accessible to children with disabilities. Education needs to be adapted to each individual's needs (www.handicap international org./p.55).

In addition, accessibility to education can be improved through:

- Equipping schools with teaching aids for children with special needs
- Training teachers (most teachers lack knowledge of the needs of disabled children, their abilities and skills).
- Improving the school environment by building ramps, wide doors, adapted latrines and leveled school compound etc.

The above strategies are currently lacking in the education system and therefore prevent disabled children from joining schools. Thus, immediate and coordinated efforts must be taken to improve accessibility. Barston and Wamai (1994) give an example from Uganda: "general access to education in Uganda is affected by high education costs and household poverty".

From experience, in Zanzibar, general access to education is also affected by both government and household poverty. This is why the involvement of bilateral partners and donors is essential. In addition, negligence, ignorance about disability issues and the importance of inclusive education affect access to education.

Creating Positive Examples for Information Dissemination

Disseminating information on children with disabilities who benefited from inclusive education can remove negative attitudes. This can also make parents, community members and local leaders aware of the potential of disabled children and their rights as human beings. As a result of the community being aware of the benefits of inclusive education, they may encourage the identification and referral of school-aged disabled children to regular schools.

It is obvious that successful inclusion of disabled children in mainstream education needs a lot of awareness creation.

Identifying Other Needs

Moreover, the Ministry of Education should identify other needs of disabled children so that they are included in education policies. The Government should involve people in their communities, PWDs, stakeholders, desk officers from chief Minister's office concerning disability issues, and disabled person's organisations. With this, the government will be able to reform/formulate, introduce and successfully implement inclusion policies.

Policy is a directive measure to action. There is need to reform existing education policies and/or formulate an independent inclusive education policy. Mel Ainscow (June 2004) commented that "...inclusive education involves efforts to reform policy and practice in education". This policy needs to be considered for the sustainable development of disabled children.

To conclude, inclusive education is the most effective means of combating discriminatory attitudes, building an inclusive society and achieving 'Education for All'. Every child has a right to education, but not every child has the opportunity. We believe that inclusion in education is the path to follow in order to fulfill the right to education. It should be built within all sections of the society: parents, community members, non-governmental organizations, so as to influence government policies.

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CBR PROGRAMME IN IRINGA REGION: HOW COMMUNITY MEMBERS CAN OWN AND CONTRIBUTE TO PROGRAMMES

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Introduction

Community Based Rehabilitation (CBR) Programme started in Iringa region in 1998 where people saw it as a government project. Through this, the communities can address the need of the disabled person in their areas. Community members can be empowered through CBR and contribute towards the programme development.

Community role to CBR development

Leaders need to be sensitised about CBR and community ownership in order to ensure that the community responds to the disability needs. CBR activities should be planned and discussed with the community leaders and disabled people who will eventually decide on activities to be undertaken. People in the community can change their attitude about CBR and start helping disabled people in their village. In Iringa we are starting to sensitise the families of people with disabilities (PWDs).

We can form support groups to train community groups and disabled people in the area on Training of Trainers (TOTs). The aim is to help disabled people and this group through CBR. TOT trains disabled people on counselling skills orientation and mobility, and on daily living skills for disabled people. In Iringa we have started training blind people to move from one place to another and carrying out activities of daily living.

We can educate the community by supporting CBR. Without education, there will be no support at the community level for sustainability. The leader from this project will be the key person to train the community about CBR. In Iringa region after being sensitised, people with disabilities are seen as an asset rather than recipients of charity. They are also assisted in going to the church and participating in government meetings.

It is important for the leader to mobilize the people in the community about CBR programme. Mobilization is as important as training because people need more information about CBR and disability. After that the government can give support to CBR initiatives in collaboration with the community.

Capacity building in the community is important because CBR is implemented through combined effort of disabled people themselves, their families and communities. CBR activities must be discussed with community leaders, who will eventually decide on the activities to be undertaken. From that, the community can participate in the project with minimal government support and people in the community will see they own the project that supports their disabled people. In Iringa the community has found ways of supporting children to go to school without government intervention.

Conclusion

The CBR programme currently serves three districts in Iringa region. These are Iringa rural, Mufindi and Njombe. The community members in the village level own and contribute to CBR programme without government support. Most of the disabled people are very happy for the training they have received and are participating in many activities in their areas. This activity in Iringa has proved that community members can play an active role in CBR programmes for people with disabilities.

DISABLED PEOPLE LACK COMMUNITY SUPPORT

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Introduction

Disability is unavoidable in the community. Family members and the community often look at people with disability (PWDs) as a burden and develop negative attitude towards them. Hence, they lack community support. It is important to note that the communities have a role to play to support PWDs in getting basic needs.

If community members can find ways of supporting PWDs using available local resources, more PWDs' wellbeing can be improved. For example, establishment of Community Based Rehabilitation (CBR) project in 2002 in Njombe district is well recognized by the community.

More PWDs can be supported if the community is well mobilized. Communities are encouraged to initiate plans to support PWDs by conducting consultative meetings with different stakeholders, for example Sight Savers International, which has now embarked on CBR training pilot projects in Iringa region to support bind people in their community.

PWDs can only be supported if the community is sensitized and made aware of the fact that they are a part of the society. Of course, community members require knowledge about disabilities and guidance on how to assist disabled people. Communities need more information through leaflets, radio, television and newspapers. The information must be simple and practical. It should include relevant facts about issues concerning living with disability, such as activities of daily living, schooling, vocational training and work, as well as guidance on how to identify and use resources within and outside the community.

Meanwhile, you can support disabled people by involving community leaders, district leaders and other stakeholders to plan ways of supporting them by looking at existing opportunities from family members, religious leaders and disabled people organizations.

In addition, it is necessary for community members to conduct Training of Trainers on CBR so that more PWDs are reached. To meet the CBR objective, community members must strengthen their abilities for support PWDs and their family-WHO, UNESCO and ILO 1994. The training can be more useful to empower CBR workers to train more disabled people on daily living skills and vocational training.

After obtaining skills, disabled people can establish income generating activities based on available plan, participation, involvement and opportunities existing in the community. For example establishment of CBR project in 2002 in Njombe District has enabled 68 blind people out of 180 to do daily living activities including cooking, washing clothes and making mats from local resources available in the community.

Conclusion

PWDs are not given priority in community plans regarding services and opportunities. Therefore, community support for disabled people can be achieved through sustainable intervention strategy of strengthening CBR programme.

MAKING COMMUNITY BASED REHABILITATION SERVICES SUSTAINABLE

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Introduction

The Zanzibar Association of Disabled Persons (UWZ) has been running a Community Based Rehabilitation (CBR) Programme since 1988 with support from outside (Baseline Survey 1998). To avoid dependence on support from outside, you (disabled people and your families) can take a leading role to educate fellow community members to initiate, manage and sustain CBR services.

To increase community participation in delivering services, the CBR programme in Zanzibar operates with committees for parents of children with disabilities, youth and women with disabilities at the community level (Baseline Survey 1998)

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This article will look into the leading role of disabled people and their families in initiating, managing and sustaining a CBR programme locally. It will explain what disabled people can do in:

- Raising awareness on disability;
- Building their own capacity;
- Removing environmental barriers;
- Mobilising resources;
- Empowering themselves economically; and
- Producing assistive appliances.

Raising awareness

You (disabled persons), in collaboration with community based organisations, can play an important role within the CBR system. You can conduct educative meetings to create awareness on disability and human rights issues. You can also sensitize fellow community members that there are enough resources on their doorsteps that can be used to solve your needs.

In this case, you can conduct awareness-raising on:

- Identifying and providing rehabilitation services to persons with disabilities;
- Transferring rehabilitation-related skills to community members;
- Mobilizing available resources and raising funds to carry out the programme;
- Raising the level of community participation to an optimum level; and
- Making the CBR programme sustainable until the needs of disabled persons are adequately met.

Building capacity building

You can recruit your fellow disabled persons to facilitate CBR services and influence other community members who are interested in working with you like supervisors and volunteers. The experience from Zanzibar reveals that the CBR programme has recruited 10 zonal supervisors and 200 volunteers (Baseline Survey 1998).

Removing environmental barriers

You and other community members can remove environmental barriers in order to improve the physical accessibility and inclusion of everybody in the community you live in. You can then easily access services like education and health care if you remove barriers from schools, health centres and places of worship (National Policy on Disability).

To prove this, the CBR programme in Zanzibar has trained over 100 community leaders and school teachers on the techniques of minimizing or removing environmental barriers in schools and homes to enable disabled children to go school (UWZ Annual Report 2003). About 10 schools have already removed some barriers by building ramps leading to classrooms and latrines.

Mobilising resources

You can actively participate in resource mobilization by encouraging influential community leaders to take part and contribute. The resources can then be used to sustain rehabilitation services as part of community participation and development.

In the case of CBR programme in Zanzibar, well-wishers of disabled children are donating wheelchairs, school books, uniforms and fees to disabled children who go to school. They donate after they observe the improvement made by the disabled children under the CBR programme (UWZ Annual Report 2003). Your parents' group can also fundraise for the services for children.

Economic empowerment

You can empower yourselves economically through various income generating activities. In Zanzibar, for example, 60 poorest families of disabled children got loans to improve their economic condition. The loans are returned in installment (UWZ Annual Report 2003). The families have used the loans to start petty businesses to raise income to meet the needs of their children. The businesses include small shops, poultry keeping and small scale-farming.

Alternatively, your community can assume the role of providing you with resources, opportunities, knowledge and skills.

Producing assistive appliances

The process of empowerment goes hand in hand with provision of assistive appliances to enable you realise your ability to participate in community life. You can, therefore, use locally available materials to produce the appliances you need like crutches, calipers, corner-seats and wheelchairs. The CBR programme in Zanzibar has taught local carpenters how to produce these assistive appliances locally.

Conclusion

A total of 1,500 disabled children are happily integrated in the CBR programme area in Zanzibar. This has been possible because the programme emphasizes on your (parents of disabled children) participation in the programme service delivery. You are, at the same time, contributing to the services of your children through cost-sharing on assistive appliances and medical services.

On the other hand, you can organise play groups for your children and bring parents of non-disabled children to understand and help you in your problems. In this way, you can also contribute not only towards the rehabilitation of your children, but also in awareness-raising among fellow community members.

Finally, if you can integrate the social and cultural factors into the CBR programme, you can definitely own and sustain the programme.

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INCLUSION OF DISABLED PEOPLE INTO MAINSTREAM ECONOMIC EMPOWERMENT DEVELOPMENT PROGRAMMES - A CASE STUDY OF DODOMA MICROFINANCE PROJECT FOR DISABLED PEOPLE

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Introduction

5% of poorest people in resource poor countries are disabled people (ILO). Their poverty is perpetuated by lack of appropriate training on entrepreneurship skills and financial capital to start their own income generation activities. Proper strategically designed economic empowerment programme support may reverse the situation for disabled people in Tanzania. This article gives a practical experience on how the disabled people have joined mainstream economic empowerment programmes offered in their communities.

Mainstreaming disabled people into economic empowerment programme

For sometime now development organisations and communities at large have been looking at disabled people as individual who cannot live economically independent lives. This perception has remained in people's mindset for generations now. However, the experience generated from Dodoma Microfinance Project for Disabled People (DMPDP) has proved that disabled people can live economically independent lives once provided with opportunities. Mainstreaming of disabled people into economic empowerment programmes involves strategic and flexible entrepreneurship training and financial products development activities. Here below is an outline of the activities undertaken by DMPDP. The activities given are not listed in logical flow, but are important to mention activities involved. The order of the activity can be determined by implementing organisation and actual situation on the ground.

Background of Dodoma Microfinance Project

Dodoma Microfinance Project for Disabled People (DMPDP) is three years project run in partnership between Cooperative Collage of Moshi Tanzania - Directorate of Field Education (D.F.E) Dodoma Wing. DFE is the implementer with Leonard Cheshire International, which is providing financial and technical support. This project started July in 2003 and is implemented in Dodoma municipality. The project is targeting disabled people, parents and guardians of children with disabilities and adults who cannot manage income generation activities into their families. The project is offering microfinance services and entrepreneurship training to clients.

Reaching Service providers

Another stage was consultation and meeting with mainstream services providers. Numerous efforts were made to ensure that all economic empowerment programmes in the mainstream management are aware of the initiatives taken by Dodoma Microfinance project for Disabled people. The information is distributed in form of News letter and sharing then activity reports. Besides that project is producing experience based information continuously to ensure that all the fear and dilemma of the mainstream service providers is defeated.

Incorporation of disabled people's needs into programme

This stage involved incorporation of Disabled people needs into the programme. Disabled people were asked to give their views on the services and products of the project. The project policies and internal regulations were designed such that they reflected the needs of all stakeholders of the project.

For example repayment period, place and day of repayment how disabled people could be identified and reached, and how they would be included into the project. It is this process which led to inclusion of parents of disabled children and adults who cannot manage income generation activities due to severity of disability. This ensured the all the categories involved in project designing work together as groups.

Project targeting Disabled people

Dodoma Microfinance project for the disabled people is targeting disabled people in an inclusive way. It is true that the project priority is disabled people, but even non disabled people are included into this project provided that they accept working and teaming up together with disabled people. Therefore, regular reflection is made to check to what extent the disabled people have been accessing the project and its products.

Changing the attitude by information sharing with the services providers

Mainstream Microfinance Institutions (MFIs) are approached in order to share with them the project initiatives. This is aimed at changing their attitude towards disabled people economic capacity potential. At this stage the project shows MFIs that disabled people like able bodied persons need economic support services to meet their economic development goals. Moreover, MFIs are asked to work together with disabled people to change their attitude towards economic support services and need for sustainability.

DMPDP is continuously developing learning materials. This is done to ensure that challenges arising from the implementation of this kind of project is addressed and shared amongst interested partners. The project organises workshops and seminars with mainstream organisations in order to inform them on what is going on in the project. Other means in which the information is shared and disseminated is through news letters, leaflet network conferences and sharing activity reports of the project. Currently, the project has interested the Dodoma Municipal Council to the extent that it is invited into quarterly municipal council meetings to explain the progress of the project.

DMPDP has influenced the disabled people, economic empowerment development organisations, Dodoma municipal authorities and communities to change their attitude towards inclusion of disabled people. Not only have the disabled and non disabled people been involved in income generation project through the training and financial services offered by the project, but the mainstream MFIs have started to recruit disabled people just like any other into their programme.

Inclusive development and management of the programme

For the Inclusive mainstream economic empowerment programme to be successful, disabled people need to have active involvement in an inclusive programme. DMPDP started by involving disabled people, non disabled people, local authorities and the community in general in all stages of project development (such as conception, designing, implementation and management). DMDP gave each category of the stakeholders specific roles to play. Each category shared and gave inputs during consultations and meetings on programme development. The main focus was how to develop, manage and deliver training services and financial products. This was done to ensure collective ownership of the project despite its greater focus to disabled people and the parents with disabled children. Participatory project designing ensured the incorporation of individual's needs and interest. These were reflected in project documents, policies and internal regulations.

Services and products delivered by DMPDP

Disabled people lack education and skills due their unfavourable educational background. Most of the communities have been denying them access to inheritance of the family resources which resulted in marginalisation of the disabled people. Due to the facts given above the project designed to focus on the two main areas given below.

a) Training on Entrepreneurship skills

Since most of the PWDs concerned are adults, it's difficult to take them back to school. DMPDP has designed a participatory way of learning. In this process, the project clients themselves determine the training needs and ways in which they want it to be delivered. The project designs curriculum to suit the specific need at a given time. The training facilitators and clients always have consultants to guide discussions on the contents of the training package. This was done after detailed strength, weakness, opportunity and threat analysis which is always referred to as benchmark of the training.

b) Start up loan Capital

The project provides loans to clients according to specific needs and the capital demand. A Credit Officer determines the individual capital before loan approval. The capital granted normally is such that it will support the training so far offered. The experience shows that properly trained clients ask credit to suit the business demands only. Unlike in other programme were people are given credit because they qualify for that without enough business validation. Other financial services delivered by the project are savings and social credit.

Products and services accessibility by the clients

The services and products are designed such that disabled and non disabled people are able to access all the services and products offered by the project. For example sign language for the deaf, basic material for blind, friendly physical structure for the physical handicapped and premises with shed for albinos. Credit Officers have been trained on how to work with disabled people as part of staff capacity building. They make regular visits to their business premises or homes, thereby establish good working relationship.

According to the International Standard Rule and Regulation on Equalization of Opportunities of the UN, ratified by Tanzanian government, accessibility to services and products offered in the community is human right of the disabled people. Inclusion of disabled people into development programmes is therefore an obligation to all MFIs, including DMPDP. But this can be achieved by participatory designing of the inclusive economic empowerment programme.

Conclusion

The disabled people can become economically active provided they are supported to acquire necessary skills and financial services to undertake their income generation activities in the mainstream. Mainstream economic services providers willingness' to become flexible and accommodating disabled people's specific needs is a contributing factor to the inclusion programme. Through this approach, DMPDP managed to reach about 210 clients in one year. 20% of the clients are people with disabilities and the rest are parents or guardians with disable people in their families.

PARENTS AND LOCAL COMMUNITY MEMBERS CAN IMPROVE THE CONDITION OF CHILDREN WITH MENTAL DISABILITY

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Introduction

In Arusha region, there are many children with mental disability who live in poor condition. In 1994, the World Health Organization estimated that 3% of the world population is composed by people with mental disability. Going by this estimation, 3% of the population of Arusha is composed by people with mental disability, giving a population of more than 28,000. Statistics prepared by Sibusiso Foundation (a programme that serves children with mental disability) shows that most of the people with mental disability, especially, in rural areas do not live long. This is because of poverty and inability to access important services such as healthcare. Therefore, most of the people with mental disability living in Arusha are younger people or children.

Some of these children live in special institutions and others stay with parents/relatives. Parents and local community members, can play an active role in advocating and improving their condition. This article shows three strategies that can help to advocate and improve the living condition of children with mental disability. These are:

1. Accessing information about mental disability
2. Understanding the condition of children with mental disability in the community
3. Forming support groups and economic empowerment

Accessing information about mental disability

Before any intervention, you need proper information about the condition of your children with mental disability. This information can explain the causes of mental disability, special needs of these children, how to take care of them and services available for them. This will help you to find the best ways to improve their life. Basically, what you need to understand is that children with mental disability are slow in their growth and development. Some of these children are severely mentally disabled and others are not. All of them need special help in order to stimulate their growth and development.

You can get good information about the condition of your children from different institutions that specialize in working with children who are mentally disabled in Arusha. These include Sibusiso, Uhuru Primary School, Iliboru Primary School, Patandi Mazoezi and Patandi Teachers' College of Special Education. Other institutions are Naurei Primary School, Kaloleni Primary School and Tanzania Association of Mentally Handicapped persons (TAMH).

These institutions teach people about mental disability by organizing meetings in different communities and can also visit you. Some of these institutions organize open days whereby parents and other people can share ideas/information. In addition, you are all welcome to visit these institutions at any time for more information.

Understanding the condition of children with mental disability in the community

Experiences from other parts of Tanzania such as Zanzibar and Mwanza show that lack of proper information about mental disability contributes to children's poor living conditions. This is because many people are influenced by cultural beliefs that associate mental disability with curse or misfortune. For this reason, different people violate the rights of these children. For example, "Nipashe" of 8th October, 2004 reported that some people abuse the rights of children with mental disability in Mwanza. Hiding children away from the public, sexual abuse and other violation cases were reported to be very common. This is a clear indication that children with mental disability face many problems in different communities.

Forming support groups and economic empowerment

You can improve the living condition of your children by organizing yourselves in small support groups. For instance, parents' support groups are playing an important role in improving the condition of children with disabilities in other regions, such as Zanzibar. Parents of disabled children share different issues and support one another to find the best ways to care for their children. You can share your experiences, and other information, such as how you generate your income, with your fellow parents, and mobilize one another to come together and work as a team with the same purpose.

You can contribute a lot in improving the management of the different activities organized in your different groups or communities in order to improve the condition of your children. Your involvement in the planning and implementation process can build confidence in you and for sure you can make a difference by addressing the needs of your children. Consequently, you will be able to help one another and the community at large to improve the living condition of your children.

Conclusion

Most of the children with mental disability in Arusha live in poor conditions. You, parents and local community members, can play a vital role in advocating for them and improving their living situation. You can access information about the condition of your children from specialized institutions working in Arusha. Reliable information will help you find the best ways to help your children. Therefore, it is important for you to form small groups in order to support one another. You can involve yourselves fully to plan and run different activities that will help to improve the condition of your children. By doing that, you will show to the wider community that children with mental disability can live a better life like everybody else and everyone can contribute to this.

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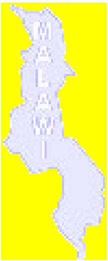

DISABILITY AND PARENTHOOD: THE RIGHT OF A PERSON WITH DISABILITY TO BECOME A PARENT AND ENJOY THE BENEFIT OF PARENTHOOD IN THE COMMUNITY

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Introduction

Persons with disabilities (PWDs) want to exercise their rights to become parents and take care of their own families. However, there are few organisations advocating for such rights. There is need for advocacy in the area of rights of people with disabilities (PWDs) to become parents and enjoy the right to parenthood in the community.

The need for advocay of PWDs' rights to become parents is heightened by the following factors:

Health personnel are reluctant to assist PWDs on sexual reproductive issues. There has been a tendency for Health personnel referring PWDs as special cases when attending health reproductive services. They think disability has some implications on ones sexual reproductive system. Having a disability does not make one sexually inactive. Therefore once health personnel have been sensitized they will be able to appreciate and treat PWDs just like anybody else.

Counseling Services need to be provided to PWDs on issues concerning parenthood.

PWDs are discouraged from getting married or having families because of the many stories that are told by their relatives, families and friends. There is a myth that someone with a disability will pass on the disability from parent to a child. Some mistakenly believe that PWD cannot just be capable of adequately taking care of a family or child due to their disability. Nevertheless: "Everyone, disabled or not, has the right to be informed about sexuality and to have intimate relationships".

Many PWDs have been unable to realize neither the right to their sexual reproduction status nor to choose the right partners. Often, however, they do not realize their rights because their sexuality is ignored or denied by those closest to them. This situation has caused a lot of problems hence it has been discovered that majority of PWDs have been raped. Take the following story for example:

In Chikwawa, the southern part of Malawi, there was a girl (names withheld) who was raped discretely. A certain rich man used to pick her up to his grocery pretending to teach her to become his sales lady. In the process he started forcing her into sexual intercourse. When the girl became pregnant, he asked her not to mention his name and promised to assist her. He only did this to satisfy his wishes and never considered the girl's status. Few months later, the gentleman disappeared to another commercial city where he established his new business. Since then, the girl never saw the man and was left desperate looking for assistance from the community.

Very clearly more information needs to be disseminated on how PWDs can exercise their rights to become parents. This can be done by producing articles related to sexual reproduction and through these, PWDs could be made aware and be and be able to choose what is right for them. These articles could be compiled in form of newsletters, pamphlets and posters.

Human Rights organizations can assist to disseminate information on the rights to parenthood. These organizations are a mouthpiece to all human beings. I have discovered that when Human Rights organizations are disseminating messages, they do not specifically mention issues of disability. They talk of human rights for all, and yet we say disability in itself is a human rights issue.

These organizations need to be sensitized and be asked to encompass issues relating to disabilities. They should be able to clearly state that the decision to get married, have children or a family is a right and responsibility of every person, including a PWD.

The following is a narrative of my own life story. I would like to share with you this personal experience as a lady with disability, who struggled in life to become a parent.

I am over forty years now and I am proud that I have fought every inch to become what I am.

While growing, up I kept on dreaming that I would have a baby of my own because all my sisters were married and had their own. They used to send their children to assist me doing daily chores but could not let them sleep at my house. I was working and staying in my own house as an independent person, but was still treated like an infant. At night I used to feel so lonely, had no one to talk to, no one to bring me water, or sharing of food. That was horrible!

At the age of 25, I got pregnant. This news brought shock to my sisters, aunts and uncles, because that was the last thing they ever expected of me. I remember when I was young, my mother used to say it would have been better if I became a church nun. She felt being a nun would be best for me in order to serve the Lord than getting married. I used to be told that there was more harm than good in marriage life that I could not manage to handle it. Worse still, I was told delivering a child was another horrible thing that I could not face due to my disability. All these threats were meant to discourage me.

The sad news I got was that I should abort the pregnancy because all my sisters had gone through child delivery and they thought I could not manage the process. They frightened me by saying that if able-bodied women die during delivery, who was I to try that. They even threatened to report the man who was responsible for my pregnancy to the police. I told them that the gentleman admitted he did not follow the right procedure but accepted to take me as a wife. This was a mere joke to the whole family, a taboo! One of my sisters said, “if he doesn’t know our family properly, he will see, we will send him to rot in jail.”

Arrangements were done by my sisters together with my aunt to take me to the hospital for abortion, but what they did not know was that I had made up my mind to keep the pregnancy and that I was eager to see a child of my own..

I privately went to see a doctor for counseling and advice on the pregnancy. The doctor assured me that it was possible for me to deliver a healthy baby and that if some problems could occur during delivery, I would be assisted to delivery through caesarian section.

My relatives took me to the hospital. I did not resist. When we reached there, I told them in the presence of the doctor that I was not ready to go through the abortion process because I needed the baby inside me. I told them how lonely I felt when I was staying alone while they (relatives) had their own children and nobody bothered to give me one of their children whom I could stay with. I reminded them that abortion was just another great sin and I asked them to wait and see what God had planned for me. The doctor strongly told them that there was nothing wrong with me being pregnant and assured them that things would be fine. They all felt ashamed and returned home with their heads down.

All this time, my mother played a low profile because she was afraid, too, that anything could have happened to me. I discussed with her about all her fears and she discovered that I had strong feelings about having my own child. She understood me quite well and ever stayed close to me.

Time came when I gave birth to a beautiful baby girl. This became the time of joy and reconciliation to the whole family. They were all happy and became very supportive. Few years later I got married to the man and had a handsome baby boy. I am a happy mother of these two children. The girl is now 18 years old and the boy is 14. My children are very accepting and comfortable that I am their mother. They truly love me and I do everything for them that any parent can do to their children.

This is a personal experience on how I struggled to become a parent with disability. All one need is courage! I made up my mind and became strong. According to my personal experience, I have seen that motherhood for a woman with disability is undesirable to the non-disabled society. What everyone needs to know is that the decision to have a child or not, or adopt a child is the right and responsibility of every person including a PWD.

I want to remove the negative attitude that makes people think that persons with disabilities are sexually inactive. What they should know is that all human beings are capable of a sexual relationship with another person. It should not be seen as an abnormal thing for a person with disability getting married and having children.This is very normal!

REHABILITATION TECHNICIAN STUDENTS' TRAINING IN COMMUNITY BASED REHABILITATION IN MALAWI

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Introduction

Rehabilitation Technician students are being trained in CBR in Malawi. This prepares them for their CBR placement. However, their training seems to be inadequate in some aspects. This is evidenced by the constraints that students experience and express after their placement. This article is intended to highlight methods to improve CBR training.

Improving the approaches of training is a key for effective student training in CBR. New models of training should be studied, developed and adopted. These models, while acknowledging their roots in medical practice, should move beyond the "bare-foot doctor'' approach and investigate community and empowerment models. Disability must become the major focus (John Paterson 2000). Its effect on community integration and how it may lead to handicap should be highlighted. Knowing this improves the way students will approach persons with disabilities (PWDs).

The lecture content on CBR should be comprehensive. These new curricula could begin with a study of disability in the community. At present, most curricula focus on studying the cause of disease and rehabilitation of people with various types of impairments (physical, intellectual, etc.). While the study of handicapping conditions is an important part of CBR training, educators and managers must remember that the uniqueness of CBR is firmly based upon the first word in their title, that is, community (John Paterson 2000).

On the other hand preparing students on ways of using locally available resources in making appropriate appliances prepares them for the placement.

CBR emphasizes the use of appropriate and locally available resources. There are certain materials that are universally available. Some of these materials are wood, paper and scrap metal. The students should be taught on how to use them in a community setting. For example, use of paper to make simple appropriate assistive devices. They should not only know how to make them, but also how to use them.

Similarly, educating students on methods of conducting health talks within the community is important. This helps them communicate effectively to clients. These methods will include focus group discussion, presentations using posters and community lectures at different centers in community (churches, schools and clinics).

Some creative students choose to run programmes in their clients' homes educating them, their families and neighbours on the causes and prevention of disability. This could be the most effective way of getting people in the village thinking and talking about disability. The groups are often smaller and people find it easier to share thoughts and ideas about disability (Monique Baxter 2002).

Giving students a practical experience before the actual placement builds their confidence. This can be in the form of field visits. Field visit sessions are essential from the very beginning of any training programme so that participants can put into practice what they have learned in the 'classroom' (Elizabeth Henley et al 2000). A Field visit provides a practical lesson to students on CBR. Field visits should not only encompass areas on CBR. They should include other stakeholders and their involvement in CBR.

Another area that may improve students understanding is the use of audio/video teaching aids on CBR. These contain highlights of CBR in community, and are effective during theory sessions, and in transmitting the message before the field visits.

Further more, improving students' welfare creates an enabling environment for learning during CBR placement. Key areas are accommodation and basic needs (food, toiletries, good housing etc). Students will need enough space, well constructed rooms, good beds and beddings, good toilets, adequately furnished kitchens and good ventilation. These small things, if not present, could sidetrack students from their learning.

In the same way, providing allowances helps the students cope with day-to-day expenses. This may seem not true if the school provides all the necessities. However, there are certain expenses that schools may not be able to provide. For example, expenses on things like toiletries. The school may not provide these. On the other hand, this helps students to learn to take care of themselves during the placement and that is part of learning.

Similarly, the health of a student may affect his/her education, particularly during placements far from home. The school should actively be involved in ensuring that the students' health matters are looked into, and ensure that students are living in healthy environments, and that they are provided with help e.g. transport to good hospitals in cases of illness.

Students should be provided with mosquito nets or any preventative measures that might be necessary to that area. This is helpful because in most cases students are sent to areas where they do not have relatives to assist them in case of such emergencies. Therefore they are dependent on the school.

Subsequently, improving students' attitude towards CBR improves their training. Students' attitude should be evaluated in order to develop areas of inadequacy. Although CBR education would be expected to have an influence on attitudes, this has not been observed, perhaps because CBR training sites do not usually include detailed objectives for the acquisition of attitudes in their curricula. However, there is a strong sense of support for attitude training. The predominant strategies for attitude training are the mentoring role of CBR educators. The students' field experiences may also be a strategy to help improve their attitude (John Paterson 2000).

The students' role in CBR should be defined and discussed. This accords them an opportunity to express their views. The roles are diverse and include the actual hands on to being role models to the community. In most cases what is emphasized is the provision of rehabilitation services. This is not enough, therefore other social roles must also be emphasized.

IMPROVING INFORMATION DISEMINATION AND ACCESSIBILITY TO PERSONS WITH DISABILITIES

Lyness Manduwa
Association of the Physically Disabled in Malawi

Introduction

Malawi is considered to be one of the most affected countries in the world by the HIV/AIDS pandemic. Government in conjunction with the international donor community and Non–Governmental Organizations are working hard to inform, educate and influence behavioral change of Malawians
It is well established that some PWDs need to use alternative forms of communication other than the mainstream ones. These are sign language, Braille, Signs, Symbols, pictures or computers with speech and Braille facilities.

However, those stakeholders who disseminate vital life changing information have not adopted methods of information about HIV/AIDS pandemic. A study conducted on the Living Conditions of Persons Living with Activity Limitations, 2004 indicated that 4.2% of the population of Malawi has a disability. This shows that at least 460,000 people in Malawi have a disability. Yet we feel that many of these people are denied access to information on HIV/AIDS because society has failed to meet their specific needs as PWDs.

For stakeholders to make information accessible, there is need to orient them in disability issues. This can be done by meeting with them and discussing ways in which the gaps of disseminating the information can be filled, and orientating them on types of disabilities and the modes of making information accessible to them. This can be done by showing them samples of information in Braille and large print, and sensitizing them on the need to learn sign language for easy communication with hearing impaired persons, especially for confidentiality.

Reviewing HIV/AIDS policies will assist in breaking the barriers which make the information less accessible. There is need to review the National Aids Commission and stakeholders' policies to see if they are accessible. This will make them consider the minority group (PWDs), who are denied access to information of HIV/AIDS to be included in their policies.

Making information available in accessible language will save lives of PWDs. They will also be able to live positively and know the effects of HIV/AIDS. They will know the preventive measures of the deadly disease, and ensure that information is accessible to all types of disabilities. The information will reach everybody.

There is need to train peer educators. This is really important because it will break the negative attitude from both persons with disabilities and non-disabled. If both the disabled and non-disabled were trained together they may make good peer educators. When you train a hearing-impaired peer educator, he/she will assist to disseminate the message to fellow hearing impaired more easily than the non-disabled.

The need to increase awareness on accessibility of HIV/AIDS information is important. For this to be a success we should remove the negative attitude and beliefs first. Some of the beliefs are that PWDs do not have HIV/AIDS because they do not indulge in sexual activities. We need to organize awareness meetings with the chiefs and community. Take disabled peer educators as role models to encourage the fellow disabled persons who look down on themselves. Encourage the community to include persons with disabilities in their community based organizations and share information.

PWDs should be sentised to know and demand for their rights. The rights include access to HIV/AIDS information, including how it is contracted, prevented, as well as how to live positively if infected. This can be done by encouraging Disabled Persons' Organizations to participate in HIV/AIDS programmes, have partnerships with other stakeholders for them to access HIV/AIDS information and materials easily. It should be emphasised that if a PWD is infected with HV/AIDS, like any other human being, he/she is entitled to the enjoyment of all human rights.

TITLE: EQUALIZATION OF OPPORTUNITIES FOR PEOPLE WITH DISABILITIES

MESSAGE: Government to take action to ensure equalization of opportunities for persons with disabilities

Maria Phalula
Association of the Physically Disabled in Malawi

Introduction

Persons with disabilities (PWDs) have for a long time struggled for inclusion in all spheres of life. Their participation is limited, not because of their disabilities, but because of negative attitudes from the society at large. Therefore, there is need for government to address issues of PWDs and empower them to participate fully as equal partners in society.

Raising awareness to society about PWDs' potentials and contributions is essential. The media is one of the most important tools to use when raising awareness on disability issues to the society. Disseminating information could be through press conferences, interviews, radio drama, newspaper articles and press releases.

The involvement of PWDs in national programmes such as the World Water Day or World AIDS Day is also another way of bringing disability awareness to the society. Their involvement in such programmes would show the society that PWDs are able to participate in community development activities.

Training for personnel involved in the planning and provision of services concerning PWDs should also be prioritised. It has been observed that people who are involved in the planning of services concerning PWDs are not fully trained. Government therefore should allocate enough budgets to the service providers in order for them to be trained and be aware of the needs of PWDs.

Encouraging PWDs to participate in cultural, recreation, sports and religious activities in their communities would also increase awareness. This would enable the society to de-stigmatise.

Introducing programmes of action to make the physical environment accessible would be required. There is need for construction of friendly structures to enable PWDs have access. The study on living conditions report of September 2004, shows that 34.8% of PWDs never attended school and 46.4% left school. The reasons were that they had problems of mobility, schools were not accessible (wheelchairs could not be wheeled in) schools had no Braille material or sign language interpreters. As a result many are illiterate.

To address this matter, the Ministry of Education should have disability friendly schools to enable those children with special needs have access to education. They should also have Braille and large print materials available in all schools, and train more special needs education teachers. Re-introduction of adult literacy education programmes should also be intensified at community level.

Government should enforce the current policies that all infrastructures are disability friendly. All the buildings that have two or more storeys should have lifts to enable those PWDs who use wheelchairs and crutches access them easily. Religious institutions should be accessible to PWDs. The national study report on Living Conditions of people with Activity Limitation (September 2004) revealed that most people with physical disabilities do not go to church because, either they are very far or have a lot of steps. The policy makers should be working hand-in-hand with town planners and PWDs themselves to find ways and means of making the structures accessible to PWDs.

Developing and supplying support services for PWDs is essential. Personal mobility, especially to people with physical and visual impairment is a challenge. Statistics in the study report on Living Conditions of People with Activity Limitation (September 2004) revealed that 19% of those using mobility devices acquired them from government health services. This is quite small as compared to the number of persons with physical and visual impairment in Malawi. Government needs to do more and put in place measures to produce more devices to benefit them and ease their problem of failing to socialize with other people. This would also increase their level of independence in their daily living and exercise their right of freedom of movement.

There also appears to be less personal care and protection devices such as special fasteners, bath and shower seats, toilet seat raisers and safety rails. Other devices such as flashing light on doorbells should also be installed in hotels and other places of interest. These would give people with hearing impairment a signal that someone wants their attention. There is need for government to put it as law that all hotels and lodges should have such types of devices to assist PWDs use them when they are accommodated in these places.

Improving the living conditions of PWDs is also a matter to be taken care of. Providing effective medical care to PWDs is also a basic need. But there is still a long way to go to change the attitude of the medical personnel towards PWDs. Rehabilitation programmes must build alliances with the health services and remind them that health services are vital to prevention of disabilities. Government should therefore put in place measures to the health personnel not to discriminate PWDs when giving treatment.

Increasing mobile health clinics should be another area of priority because people with mobility challenges would be benefiting from them. This would assist them to receive treatment at their doorstep, thereby, improving their health.

Full participation in family life is also one area of improving the living conditions of PWDs. Government should ensure that laws do not discriminate against PWDs with respect to sexual and reproductive health, marriage and parenthood. A policy should be put in place to take legal action where rights of PWDs have been violated. PWDs, like anyone else, have the right to love and to be loved, to belong to a family, to marriage and parenthood.

Lives of PWDs can also be improved if government and other stakeholders introduce training programmes on income generating activities. If PWDs were empowered economically, they would start small business enterprises, rather than depend on handouts.

Handouts cannot improve their lives but will make them dependant. Government, especially Ministry of Social Development and PWDs should stop giving handouts, but encourage them to form groups and access loans from lending institutions. This would enable them to be self-independent, and at the same time improve their living conditions.

In conclusion, every PWD has a fundamental right to equal opportunities in order to achieve and maintain acceptable standards of living. Government should therefore assume the responsibility of ensuring that PWDs are granted equal opportunities with other citizens. This would give them an opportunity to utilize their creative and intellectual potentials fully. Not only for their own benefit but also for the benefit of the society at large.

Implementing the results from the report on Living Conditions among People with Activity Limitations together with other relevant sources should be government's obligation. This would act as a basis for defining the situation for PWDs and assess for itself whether this marginalised group is having equal opportunities within the society.

MAINSTREAMING CHILDREN WITH DISABILITIES IN NUTRITIONAL PROGRAMMES

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Introduction

The World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) are facilitating a number of programmes that provide for the right to health for every child. An example of this is the WHO (2003) Global Strategy for Infant and Young Child Feeding. Government of Uganda also has dedicated efforts towards improving health and nutrition of Children as evidenced by the Ministry of Health (2004) National Policy on Nutrition. However, these attempts have not closely addressed the nutritional needs of children with disabilities. Disabled children are known to be at a high risk of developing malnutrition as reported by the Department of Human Nutrition (2004) South African National Health Knowledge Network. This article suggests measures for mainstreaming CWDs in nutrition programmes.

In view of the above situation, the Government and other stakeholders should consider reviewing the health and nutrition policies, including the planning, implementing and evaluating of health programmes for CWDs.

Enhancing the review of the already existing policies and plans for management should be backed by evidence from research on the relationship between nutrition and disability. Researching on the relationship between nutrition and disability will form a basis for planning and implementation as it has been done for "normal" children. The established findings will facilitate, working towards reduced mortality rates for "all" children when the CWDs are given special consideration.

In the same way, research will establish a number of ideas. These may include factors contributing to malnutrition among Children with disabilities, (Marais et-al 2000) and the numbers of CWDs who are malnourished. Once the above information is identified, it should be analyzed. This will make the need for interventions towards mainstreaming CWDs in nutritional programmes evident.

In research, stakeholders such as the Non-governmental organizations (NGOs) should adopt a collaborative approach to nutrition programmes. This can be through involving implementers at the grassroots level such as Community Based Rehabilitation (CBR) workers, parents and caretakers of CWDs and community leaders

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Involvement should be in form of training CBR workers in nutritional needs of CWDs. When they acquire the knowledge, implementation of nutrition programmes together with other programmes will become evident. There will be improved information dissemination on nutrition to parents of CWDs and the community at large, thus reduced malnutrition among the children.

Further more, training of parents and caretakers of CWDs on nutrition can increase their knowledge. On many occasions, they are ignorant on appropriate feeding skills for their children. A personal experience with a mother of a child with cerebral palsy confirmed this when I asked her how she fed her child and replied:

" I find problems when feeding my child. She chokes so many times when I feed her on the food we eat. I only feed her on liquid foods such as water and milk because I fear she might choke to death".

The question is how can rural mothers and caretakers of CWDs learn how and what to feed their children when they are not skilled enough?

Still when looking at training, there are alot of important benefits of sharing experiences. Through discussions with parents on their understanding of nutrition and feeding practices for their children, a number of issues can be highlighted.

For example, Catherine has a malnourished 4 months baby girl with cleft lip. The baby cannot breast feed and Catherine has no idea on expressing breast milk. She instead feeds her on dairy milk.
Through discussions, Catherine can be taught how to express breast milk and feed her child. This can improve nutritional status of her child with disability and also share with other mothers in the same experience.

Extending of nutritional programmes to the rural areas, especially where majority of PWDs live is important, (United Nations 2004, Chronic Poverty Research Centre 2005). This will increase on knowledge about nutrition at the lower levels of community.

Stakeholders and parents of CWDs will also be able to work with other parents through parent support groups and share their experiences from their own communities.

Chances are that some of us have already started, while others have not. We are invited to share from our experiences and take a closer look at suggestions in this article to mainstream nutritional needs of CWDS in our activities and plans. Once we attend to their needs, efforts towards health for all children will be realized.

THE INVOLVEMENT OF LOCAL ARTISANS IN COMMUNITY BASED REHABILITATION

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Summary

This document proposes the involvement of local artisans in vocational skills training for persons with disabilities (PWDs) whilst in their communities. Though the government provides training, it has not been able to cope with the growing population. In order to increase capacity, professionals have opted for a community-based training. The disabled youth will be attached to a local artisan within the community. The trainees would be operating from their homes thereby reducing the costs of sending them to schools. Parents, disabled persons themselves and stakeholders like Church organizations and non-governmental organizations would be lobbied to assist in providing materials. By using local artisans, people would also appreciate the skills that are within them through the CBR training programme.

Introduction

The government of Malawi runs vocational skills training for PWDs in three centres, namely: Lilongwe Vocational Centre, Kamuzu Vocational and Rehabilitation Centre, and Mulanje Vocational Training Centre for the Blind. However the centres have not been able to accommodate the growing population of people with disabilities. Therefore, there is need to involve local artisans so that people with disabilities are trained within their communities. This article intends to justify why local artisans should be involved in training people with disabilities for their socio-economic development.

Since there has been limited places in vocational schools, the involvement of local artisans would be beneficial because those on training would be operating from their homes. The parents and relatives would be responsible for the accommodation and all related things pertaining to the students' accommodation thereby reducing the burden of congestion in schools.

In addition, if students are trained with the local artisans, the families of disabled people in need of training would take up their role seriously in contributing materials as they appreciate the free services being offered by the local artisans. For a long time people have not appreciated the skills within them. By involving these artisans, their skills would be acknowledged by the community. Apart from the families, the community would also have a responsibility of contributing towards the training needs of persons with disabilities. Lobbying stakeholders working in that community such as non-governmental organizations and churches if families are unable to provide could do this.

The other problem existing in schools is inadequate or lack of trainers. By involving these local artisans people would be relieved since they would not be worried on issues of salary as the government does. This would increase the impact of number of people trained each year as compared to government schools. Just by the involvement of local artisans the government would save a lot of money.

It is against this background that professionals in the disability sector propose local artisan involvement in order to increase the number of disabled persons trained in vocational skills so that they live a more independent life.

BRAILLE LITERACY: AN ESSENTIAL TOOL TO DEVELOPMENT.

Ulemu Kawale
Malawi Union of the Blind

Introduction

Malawi government is implementing adult literacy programs. It is however sad to note that blind women who score very low on the literacy profile in the country are not included. Blind women suffer discrimination in almost all sectors of life. The government should begin prioritizing issues of persons with disabilities which should include facilitating Braille literacy to enable blind women access essential information.

The inclusion of the blind women in the literacy programs would need a number of activities to be accomplished. One such activity is raising awareness to the general public on the importance of Braille as a mode of communication. Use of electronic media would probably be the most effective means of reaching out as it is an undoubted fact that radio communication reaches the remotest parts of the country. Similarly, conducting sensitization meetings locally would be another mechanism for channeling Braille literacy information to the community. This would help the community know the existence of Braille as a means of communication among blind people. It is only when people are made aware of a product that they respond positively and are ready to welcome the same.

Besides the use of media and sensitization meetings, a Braille National day in the country would play a very great role to bring about awareness on the need and use of Braille as a means of communication both locally and internationally. This requires lobbying with government and stakeholders to set aside the national day.

In addition there is need to establish a Braille press centre for production of Braille materials. Our libraries should also be supplied with Braille books for easy access by blind women. This will enhance strong recognition of Braille as a mode of communication among blind people especially women. Malawi Union of the blind as an organization that advocates for the rights and needs of visually impaired people in the country should take a leading role.

For positive results to be achieved in any activity, provision of adequate and sustainable resources is a must. It has to be well understood that soliciting of resources is not the duty of the government alone but remains the responsibility of stakeholders and the general public. Money should be provided to purchase Braille printing materials such as Perkins Braille machine, slates and embossers. There should also be people trained to pass on Braille literacy skills to blind women in their communities if Braille literacy is to be achieved.

It would be worthwhile for the government and the organizations that are involved in the adult literacy programs to seek advice from countries that are currently running similar programs. Once blind women acquire Braille literacy skills, they are likely to be transformed. This will ensure their involvement in decision-making and full participation in socio-economic development.

CHALLEGES LEANERS WITH SPECIAL NEEDS FACE IN ACCESSING PRIMARY EDUCATION IN MALAWI.

Erick Mcheka
Malawi Council for the Disabled

Highlighting the Existing Gaps the Ministry of Education Must Address for Comprehensive Special Needs Education in Malawi.

The Government of Malawi first introduced free primary education in 1994 to enable all the children exercise their right to education. However, 12 years down the road only 37 % out of the total number of 120,000 learners with disabilities are in schools . There is need for more work to be done if indeed Malawi's quest for Education for All is to become a reality. This article, therefore seeks to highlight the challenges Government must address if all learners with special needs are to access free primary education.

One major challenge affecting service delivery in the department of special needs education (SNE) is inadequate budgetary allocation. The department has for many years suffered from under funding. For instance out of the government funding of K12 billion (Malawi Kwacha) Ministry of Education got in the 2005-2006 fiscal year, only 0.1% of this amount was allotted to SNE sector. Hence the budget is insufficient considering that the department has to cater for 44,480 learners in the Resource Centres and Special Schools across the country.

Accessing education has also been difficult to learners with disabilities due to shortage of Learning Resource Centres in the country. Records show that there are only 62 Learning Resource Centres dotted across the country, besides the 19 Special Schools. Construction of more resource centres and special schools could create more room hence facilitate an increase in the enrollment of children with disabilities in schools. This could also serve the majority of pupils who go to mainstream regular schools .

Furthermore, shortage of specialist trained teachers in schools is a challenge in the SNE sector.
At the moment Malawi has 478 qualified specialist trained teachers to cater for 45,000 learners in schools. An additional increase of 50% to the present intake of 90 teachers enrolled per year for training colleges can address the problem. Besides this, introduction of in-service training for teachers already in schools on SNE could increase the number of specialist teachers available to learners with special needs.

Additionally, the physical environment of most of the schools is not disability-friendly. Research shows that only 20 % of schools in the country are accessible . Most of classrooms have narrow doorways that make it impassable for wheelchair or tricycle users. The grounds' surrounding most schools is not only rugged but also lack of ramps to classrooms, teacher's offices libraries and toilets.

The enforcement of the policy on SNE is another area that needs addressing. Lack of enforcement, has made many stakeholders remain unaware of their roles in education of children with special needs. Therefore Ministry of Education should engage in sensitization campaigns to raise awareness among the stakeholders and the nation at large.

Good co-operation between parents, guardians and stakeholders and specialist teachers need not be underrated. Specialist teachers need not work in isolation; rather they should be encouraged to work closely with parents or guardians learners with special needs. Apart from counselling, parents provide the needed emotional support and act as a source of inspiration to the child in the family. The following example illustrates the types of collaboration that can work well for leaner with disability in a community.

"A Community Based Rehabilitation (CBR) worker contracts a social welfare officer with information about an older child who has never been to school and who has difficulty with mobility and with learning. The officer and the CBR worker collaborate to encourage the family to contact the health services and the school. The health services assess the situation to see if something can be done to improve the child's mobility. The teachers at the school assess the child's learning needs. If the child needs a wheelchair, for example, and there are no resources to pay for one, the social welfare officer requests assistance form other sectors, including NGOs" (ILO,UNESCO,WHO CBR Joint Paper 2004)

When all's said and done, it is government's responsibility to ensure the right to education is accessed by all the children in Malawi. As a nation we need to remember that education is and always has been the key to emancipation form fear and want. For this reason the provision of education to all represents an indispensable safeguard for the development of Malawi and enjoyment of fundamental rights and freedoms. Learners with disability as citizens of Malawi have a right to education. What we should all aim for is to equip them with education, to enable them contribute to the social economic development of this nation. Otherwise the government's agenda of poverty alleviation will remain a pipe dream if majority of children with disabilities remain uneducated.

ROLE OF EXTENSION WORKERS IN CBR IN MALAWI

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Executive Summary

Provision of rehabilitation services to Persons with Disabilities (PWDs) need to be increased and improved. This will help them to become self-reliant and integrated in their communities. Extension Workers need to identify PWDs who need services and make assessments and plans for rehabilitation. This is a role they must take since budgets that are approved by Parliament are for all.

It is important to tackle this issue because Extension Workers have been sidelining PWDs. As a result, this has forced government to create parallel structures in order to support them. However, with the current economic situations, government has not been able to finance these structures adequately. Neither can these structures have all the necessary services required by PWDs.

Therefore, there is great need to sensitise Extension Workers on mainstreaming disability issues in their service delivery mechanisms. The draft National Policy on Equalization of Opportunities for PWDs provides guidelines to this. Extension Workers require sensitisation in this area because they are not aware of the problems, needs and services that PWDs require. It is a right for PWDs to receive all services that are provided by government, since they are part of the population.

We need to carry out advocacy for PWDs to various service providers. This will ensure that they are given constant pressure, and consequently realising the problem. This will change their mindset for the better and will be the first step towards equalization of opportunities for PWDs. Extension Workers have direct initial contact with community members, and line ministries or organizations. Therefore, they need to make deliberate efforts to include PWDs in their daily work. They can do this by following the 13 key Policy Priority areas.

Introduction

The Government of Malawi is providing various services to the populace. However, there is very little social benefit as regards to PWDs. Extension Workers do sideline them because they think disability is a charitable issue and is not in their interest and mandate. Extension Workers are required to mainstream disability issues in their daily work plans. This is so because services that are required by PWDs should be part of the general government's service delivery mechanism.

Increasing and Improving Service Provision for Persons with Disabilities

Provision of rehabilitation services to PWDs require to be Increased and improved. This will make them become self-reliant and achieve social integration in their communities, thereby contributing to the socio-economic development of the country.

However, for this to be achieved, there is need for the Extension Workers to know the following important aspects:

Disability Friendly Policies:
All government ministries, departments and state bodies have a responsibility to ensure that PWDs have equal access, rights and responsibilities, as any other Malawian. Extension Officers from the multi-sectors must therefore look at the key policy priority areas that concern them and include them in their plans. (Ref: National Policy on Equalization of Opportunities for Persons with Disabilities- July 2005).

THE ROLE OF EXTENSION WORKERS IN CBR IN MALAWI

The Ministry for Social Development and Persons with Disabilities, as an arm of Government, has spearheaded the National Policy on Equalization of Opportunities for Persons with Disabilities.This is aimed at giving guidelines to the multi-sectors on the following 13 Priority Policy Areas that require mainstreaming:

Prevention, Early Identification and Intervention

This will ensure that systems are put in place for prevention, early detection and intervention of disabilities to prevent secondary disabilities.

Rehabilitation

To ensure that necessary equipment, skills and services are available to all PWDs. This will enable them achieve and maintain their optimum physical, sensory, intellectual and social function level.

Accessibility

This aims at ensuring easy access to the physical environment.

Transport

Develop an accessible, appropriate and affordable transport system for PWDs.

Information and Communication

Promote disability awareness in society and ensure that PWDs have full access to public information and communication.

Education and Training

To ensure equal access and inclusion of PWDs in education and training programmes.

Employment

To ensure that PWDs have equal access to employment opportunities.

Social Welfare and Social Protection

This will ensure that welfare systems are in place to enable PWDs live self sufficient, independent and inclusive lives.

Self-representation and Participation

This will ensure that PWDs are represented, included and participate at all levels in decision-making, planning and development activities.

Research and Appropriate Technology

Promote and support disability research and the developments and application of appropriate technologies for disability programmes.

HIV/AIDS

To ensure prevention and impact mitigation of HIV/AIDS in relation to PWDs.
Each sector has a role to play as evidenced from the key Policy priority areas. PWDs, like any other person, have diverse and unlimited needs that require addressing, hence the need for mainstreaming.

Sensitising Persons with Disabilities to their Rights

PWDs have been “down trodden” because of the numerous negative attitudes that prevail in the communities. This has made them marginalized even to the point of accepting the situations they find themselves in. For example, most PWDs have never been to school. This creates a vicious cycle, as they have low literacy levels, culminating into low employability. As a result, there is lack of livelihood hence makes them resort to begging in the streets. This is a risk factor for further disabilities, diseases like HIV/AIDS and increased lack of education.

Therefore, PWDs, like service providers, need to be sensitised about their rights. This will help them be able to stand up and fight for what they are entitled to.

Sensitising Service Providers

Service providers need to be sensitised on mainstreaming disability issues in their service delivery mechanisms. It is so because they may not know problems, needs and rights of PWDs. For them to be able to mainstream disability issues in their work, they need to know the steps that are involved in the rehabilitation process.

The Rehabilitation Process

Service providers need to know about aspects of rehabilitation. It is said that

“Rehabilitation is not my job, his job, her job but all of us together!”

The process of rehabilitation is as follows: -

- Identification/Fact Finding

This involves getting the particulars of an individual and the problem.
- Assessment

This involves finding out the real need pertaining to aspects of rehabilitation, notably:

- Medical
- Psychological
- Educational
- Vocational skills training
- Economic Empowerment
- Social adjustment
- Rehabilitation Plan

Following the needs that have been found in the assessment, a rehabilitation plan needs to be drawn. This is a plan on how best the individual is going to be rehabilitated.

Mobilization of Resources

At this point, resources have to be identified in order to effect the rehabilitation plan. A good plan may be made but if it is not implemented, there in no work done.

Implementation

When all resources are mobilized, the plan is implemented together with the individual with the disability. There is need for supervision and monitoring to make sure the plan is on course and that the set objectives are met.

Follow-up/Closure

Follow-up is necessary for success of the plan. When all the objectives are met, the case may be closed.

Advocating for Persons with Disabilities to Service Providers

Some service providers turn to be sceptical about abilities of PWDs. Those that have been successful in their endeavours should be used as role models. This will help those in doubt to believe that PWDs, given a chance, can perform like any other.

Conclusion

If all extension workers can do what has been stipulated in this paper, services to PWDs could be part of the general service delivery mechanism to the general populace. This would be effective since no parallel structures would be required. For example, ramps are expensive to construct as remedial measure. However, they are not so expensive if they are included in the initial building plan. Moreover, where these have been constructed, every individual prefers using them than the flight of stairs.

In order to achieve the above, mainstreaming should be the order of the day. Extension workers should follow the Key Priority Policy Areas in the National Policy on Equalization of Opportunities for PWDs. This will also guide organizations in reviewing policies that will result into comprehensive provision of services to all citizens of the country for the betterment of the socio-economic status of the nation.

DISABILITY AND EMPLOYMENT

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MESSAGE: INCREASING EMPLOYMENT OPPORTUNITIES FOR PERSONS WITH DISABILITIES

INTRODUCTION

Many companies and organisations in the country are advertising employment opportunities for graduates of vocational Training Colleges. Despite this fact, a large number of youth with Disabilities remain unemployed. Of the 3000 youth who have graduated from MACOHA Vocational Training Centers, only 250 have been placed in open employment. (Source: MACOHA Placement office, 2005). In trying to address the situation, Malawi government came up with a policy on the equalization of opportunities for persons with disabilities, which also includes issues of employment. There is however need to look at other means of reaching out to employers on issues of employment. This document therefore seeks to highlight strategies that can be used to address issues of employment so as to enhance equal employment opportunities for PWDs.

Recruitment seminars, which focus on chief executives as well as Principal Secretaries in government departments are one strategy that can be used. Recruitment seminars are vital in raising awareness about the potential of PWDs. In an effort to increase the employability of its graduates, Malawi Council for the Handicapped has held several recruitment seminars that have seen 250 of its graduates getting employed in the open labor market between 1999 and 2005.

This number is however insignificant if compared to the 3000 youth that have graduated over the same period. As if that is not enough, most of those employed have been employed by Disability stakeholders. The need for a collective effort in addressing employment issues can not be overemphasized. The seminars will therefore be an opportunity to mobilize not only stakeholders but also employers from various backgrounds.

At one of these recruitment seminars, an employer from Airport Development Limited (ADL) was shocked to realize that a Visually Impaired Person (VIP) could work as a Telephone operator. Another employer from Toyota Malawi also shared their good experience on working with VIP. The result of this was a request for potential visually impaired candidates for a similar vacancy at ADL.

Solidarity walks also play a significant role in raising awareness. Stakeholders as well as persons with disabilities can join together and march on the streets carrying placards with various messages on equal employment opportunities. This can give employers and the general public an opportunity to appreciate what persons with disabilities are capable of doing and in turn offer them an opportunity for employment.

Additionally, Brochures, Fliers, Pamphlets and Desk Calendars that portray successful stories of PWDs can be produced. This is an awareness tool that can show other companies and organisations the potential of PWDs.

These publications can also have interviews with employers on their working experiences with Persons with Disabilities. The publications will also feature Vocational Training Centers for the Disabled and details of the courses offered. This will enable employers understand that despite the disabilities, PWDs are equally competitive as they are exposed to programs similar to any other training institution.

Collaboration with stakeholders is another approach that can raise awareness on the employability of PWDs. This will provide an opportunity to orient stakeholders as well for them to mainstream disability issues in their programs. By mainstreaming disability, it will help the stakeholders to understand the potential of PWDs.

Government as well as the public sector has diverse jobs to which persons with disabilities can equally compete. It can generally be concluded that carrying out such activities would ensure that PWDs are given equal opportunities for employment.

Disability and Parenthood - The right of a person with disability to become a parent and enjoy the benefit of parenthood in the community.

By Juliana Mabangwe, Malawi

A very interesting peek into the life of a disabled woman; her quest for the happiness she knew could only be found from becoming a mother and all the obstacles she met including from her own family. Now she speaks out, fighting for the rights of thousands of others like herself.

The role of community based rehabilitation in parent initiated projects

By Joyse Arthur Mallya, Tanzania

An encouraging heart-warming narrative on how parents in a community decided to become responsible for the education of their children, this article focuses on children with deafness and shows how through guidance and support, parents adopted a CBR strategy and started a school.

Improving information dissemination and accessibility to persons with disabilities

By Lyness Manduwa, Malawi

The author brings up another very pertinent issue: the HIV/AIDS information needs of people with disabilities. Looking at the media, Government and other stakeholders involved in HIV/AIDS information dissemination, the author asks the crucial question that we all want to hear the answer to;
Why are people with disabilities being left out?

Ways of sustaining community based programmes

By Peninah Penny Mharapara, Botswana

A CBR programme initiator herself, the author gives some very useful tips on ensuring sustainability of a CBR programme, the main point being the involvement of community leaders. They say experience is the best teacher, this article proves so.

These and more articles to be found within the pages of this revealing and fascinating look into the lives of people with disabilities and the work of those involved in CBR in Africa

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