

# Behinderung und internationale Entwicklung Disability and International Development

Themen: CBR in Indien, Inklusive Wahlen, Tansania

Themes: CBR in India, Inclusive Governance, Tanzania

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ONE IS FIVE AND ONE IS SIX AND  
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AND ONE IS NINE AND ONE IS TEN  
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TWELVE AND ONE IS THIRTEEN  
AND ONE IS FIFTEEN AND ONE IS  
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ONE IS TWENTY THREE AND ONE

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Behinderung und internationale Entwicklung  
[Disability and International Development](#)

Herausgeber | [Editor](#)

Behinderung und Entwicklungszusammenarbeit e.V.  
[Disability and Development Cooperation](#)

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E-Mail: [info@inie-inid.org](mailto:info@inie-inid.org)

Internet: [www.zeitschrift.bezev.de](http://www.zeitschrift.bezev.de)

Für blinde und sehbehinderte Menschen ist die Zeitschrift im Internet erhältlich:

[www.zeitschrift.bezev.de](http://www.zeitschrift.bezev.de)

[For persons with visual impairment, an electronic version of the journal is available at](#)

[www.zeitschrift.bezev.de](http://www.zeitschrift.bezev.de)

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Amund Schmidt

Druck | [Print](#)

Druckerei Nolte, Iserlohn

Bankverbindung | [Bank Details](#)

Bank für Sozialwirtschaft

BIC: BFSWDE33XXX

IBAN: DE08 370 205 000 008 040 706

Die Zeitschrift Behinderung und internationale Entwicklung ist eine Publikation des Instituts für inklusive Entwicklung. Das Institut wird getragen von Behinderung und Entwicklungszusammenarbeit e.V.

[The journal Disability and International Development is a publication of the Institute for Inclusive Development. The Institute is part of Disability and Development Cooperation.](#)

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ISSN 2191-6888 (Print)

ISSN 2199-7306 (Internet)

Liebe Leserinnen und Leser,

während diese Ausgabe keinen spezifischen thematischen Schwerpunkt hat, spielen der Einfluss stigmatisierender Einstellungen gegenüber Menschen mit Behinderungen und damit verbundene Barrieren hinsichtlich ihrer Teilhabe in verschiedenen Lebensbereichen in allen Beiträgen eine elementare Rolle.

Atul Jaiswal und Shikha Gupta berichten über den Aufbau inklusiver, gemeindebasierter Rehabilitationsangebote in Maharashtra (Indien). Die AutorInnen reflektieren kritisch, inwiefern das zweijährige Projekt den Vorgaben der Richtlinien der Weltgesundheitsorganisation für *Community Based Rehabilitation* (CBR) entspricht und betonen dabei insbesondere die kritische Relevanz von Empowerment. Inklusive CBR müsse zudem die jeweils spezifisch vor Ort gegebenen Teilhabebarrrieren identifizieren und adressieren.

Am Beispiel Ghanas analysiert Rebecca Daniel bestehende Barrieren hinsichtlich der Teilhabe von Menschen mit Behinderungen an politischen Wahlen. Ihr Artikel veranschaulicht, wie insbesondere die Selbstvertretung von Menschen mit Behinderungen und andere zivilgesellschaftliche Organisationen in den letzten Jahren für eine deutliche Verbesserung hinsichtlich der Verwirklichung des Wahlrechts gesorgt haben. Allerdings, so resümiert die Autorin kritisch, profitieren dabei nicht alle Menschen mit Behinderungen in gleicher Weise.

Victoria Mehringer thematisiert kulturell geprägte Bilder von Behinderung innerhalb einer Gesellschaft. Mit Blick auf die Bevölkerungsgruppe der Massai in Tansania zeichnet die Autorin den Einfluss von Stigma und Aberglauben auf die gesellschaftliche Situation von Menschen mit Behinderung nach, um schließlich die Arbeit von Anna Mollel vorzustellen. Die Massai setzt sich seit langer Zeit für den Abbau negativer behinderungsbezogener Stereotype und sozialer Ausgrenzung ein.

Wir wünschen Ihnen eine spannende Lektüre und ein erfolgreiches neues Jahr,

Ihr Redaktionsteam

Dear readers,

while this issue has no explicit thematic focus, all articles address the impact of negative and stigmatising beliefs about people with disabilities and linked barriers to their participation in different areas of life.

Atul Jaiswal and Shikha Gupta report on the development of inclusive community based rehabilitation services for people with disabilities in Maharashtra (India). The authors reflect critically, to what extent the project complies with the WHO guidelines on Community Based Rehabilitation (CBR) and emphasise the particular importance of empowerment. They further argue that inclusive CBR needs to identify and tackle the specific barriers to participation and empowerment of people with disabilities in the respective local context.

Using Ghana as an example, Rebecca Daniel analyses persisting barriers to participation of people with disabilities in political elections. Her article maps out how efforts of civil society organisations, particularly Disabled People's Organisations, have led to a significant improvement regarding the realisation of the right to political participation. However, as the author also argues, not all people with disabilities profit equally from this development.

Vicotria Mehringer's article addresses prevailing cultural images of disability within a society. Focusing on the Masai in Tanzania, the author traces the impact of stigma and superstitious beliefs on the situation of people with disabilities. The article also introduces readers to Anna Mollel, a Masai activist who aims to combat negative attitudes and social exclusion of people with disabilities in Tanzania.

We hope you enjoy the read and wish you a successful and pleasant new year,

Your editorial board

# Implementing a Community-Based Rehabilitation (CBR) Project in India: Learning and Experiences from the Field

Atul Jaiswal/Shikha Gupta

Inclusive Community-based Rehabilitation (iCBR) is a project developed based on the WHO CBR guidelines during a two-year fellowship project in rural areas of Maharashtra, India. This paper reflects upon the key challenges and lessons learned during the implementation of the iCBR project, which sought to empower persons with disabilities and enhance their access to resources.

## Background

According to World Health Organisation (WHO) estimates, approximately fifteen percent of the total world's population lives with a disability – a majority of which are in developing and least developed countries (WHO 2011). Researchers have highlighted that persons with disabilities (PwDs) are among those who face extreme conditions of poverty, deprivation and disempowerment at disproportionately representative levels (Chaudhuri 2006, World Bank 2009). They not only face impoverishment but often experience stigma and discrimination with lack of access to basic essential services like health, education and livelihoods (Thomas 2005, WHO 2010). India – which is home to 26.8 million PwDs (Census of India 2011) – is ranked 135 out of 187 countries on the Human Development Index, which implies that India is way behind in providing essential services to its people and has to take important steps to ameliorate this situation (United Nations Development Programme 2014). PwDs, especially those belonging to rural

areas, are excluded from exercising their human rights and achieving higher levels of human development (Menon/Parish/Rose 2014). They often face barriers to information and services due to the ignorance and negative attitudes of society and individuals, including service providers (Barnes/Mercer 2003, Peat 1991a). Where as on one end, there is a dire need to serve a large number of PwDs; on the other hand, there are resource constraints prevalent in the country which reduce its ability to provide rehabilitation services to all persons with disabilities. Accessibility, availability, and affordability of rehabilitation services are the major issues in India for a majority of people with disabilities residing in rural areas (Kumar/Roy/Kar 2012, Menon/Parish/Rose 2014).

India ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007 and has attempted to harmonise its national laws and policies with the Convention (Government of India 2016, United Nations 2006). One key step towards this



harmonisation is revamping the older welfare-based law The Persons with Disabilities Act 1995 with the newer rights-based law The Rights of Persons with Disabilities Act 2016 (Government of India 2016). The new Act is anticipated to positively change the rehabilitation service landscape in the country. However, currently, inclusion of UNCRPD principles in state legislations and policies is limited (WHO 2011). Even where policies are framed, implementation of these policies, and the development and delivery of regional and local rehabilitation services have lagged behind (WHO 2011), and India is no exception.

### **Community-Based Rehabilitation: Why, What, and How?**

In response to the need to improve access to rehabilitation services for PwDs in low-income and middle-income countries, the WHO introduced the concept of Community-based rehabilitation (CBR) following the Alma-Ata Declaration in 1978 (WHO 1978). This strategy focused on improving the functioning of individuals by providing wider coverage of rehabilitation services for PwDs and optimising the use of local resources (Thomas/Thomas 1999).

CBR as a concept was updated and repositioned by the ILO, UNESCO, and WHO in 2004, as:

*“a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocation, social and other services” (p. 2).*

The WHO now promotes CBR as a multi-sectoral development intervention rather than just focusing on rehabilitation services, for improving the lives of PwDs and promoting their development within their communities (WHO 2006). This repositioning in the concept of the CBR approach has brought a significant shift from medical rehabilitation towards human rights and social inclusion of PwDs (Lang 2011). Subsequently, CBR guidelines were developed following an extensive consultative process with more than 150 stakeholders and extensive field validation processes in 29 countries. The guidelines endorse CBR as a strategy towards the implementation of the UNCRPD, and support community-based inclusive development; emphasising the empowerment of PwDs by promoting inclusion and participation of PwDs, their family members, and communities in all development and

decision-making processes (WHO 2010).

### **Community-Based Rehabilitation: Globally and Locally in India**

Although no comprehensive database of CBR programs is available globally (Hartley/Finkenflügel/Kuipers/Thomas 2009) or in India, literature available on CBR programs in India highlights the fact that many CBR initiatives have been implemented in different parts of the country over the last few decades (Chatterjee/Patel/Chatterjee/Weiss 2003, Dalal 2006). Most of the literature on CBR deals with experiential descriptions of projects, whereas literature on practical issues in the field is limited (Finkenflügel/Wolffers/Huijsman 2005, Price/Kuipers 2000, Thomas/Thomas 1999). Although CBR programs have been described as effective in meeting outcomes like increased independence, enhanced mobility, increased self-esteem and greater social inclusion for PwDs (Hartley/Finkenflügel/Kuipers/Thomas 2009), they have also been criticised for their failure to maximise the participation of PwDs within CBR (Turmusani/Vreede/Wirz 2002). Furthermore, there has also been scant literature on the success of CBR in empowering PwDs (Lang 1999). Active participation is strongly associated with empowering PwDs and their families within their local community (Lang 1999, Peat 1991b). Therefore, it is worth reviewing the empowerment process of CBR to understand the particular challenges in its implementation.

This study attempts to fill this gap and draws its inspiration from experiences of the inception and implementation of the iCBR project in Maharashtra, India to gain insights about the application of theoretical knowledge (Community-based Rehabilitation guidelines of World Health Organisation) into real practice. It is imperative that CBR researchers and managers take a step back and evaluate how CBR programs are implemented and address implementation challenges. The article is divided into two main sections: In the first section, we introduce a case study of the iCBR project and identify the challenges faced by the first author in implementing the CBR guidelines. In the second section, based on our challenges and lessons learned, we outline practical suggestions on how CBR programs can be planned and managed as a tool for empowerment for PwDs.

### **Methods**

For this paper, we used the Kolb model for experiential learning (i.e. abstract experimentation/planning, concrete experience/doing, reflective/observation phase, and abstract conceptualisation/learnings)

*The key tenet of CBR is its focus on creating partnerships and enhancing community participation.*

to demonstrate our key actions, learnings, challenges, and some strategies that we adopted throughout the iCBR project life cycle (Kolb 2014). We use iCBR-based publications, project proposal, annual reports of 2011-12 and 2012-13, relevant CBR literature and reports of WHO, UNDP and the World Bank to support our reflections.

### **Inclusive CBR (iCBR) Project, Maharashtra: A Case Study from India**

#### **A. Abstract/Planning Phase**

This CBR project was initiated by the first author (AJ) in 2011 in Karjat (in District Raigad) and the adjoining town Vangani in the State of Maharashtra (rural areas in Western part of India), as part of his fellowship project under the Tata Institute of Social Sciences (TISS), Mumbai (a metropolitan city in India) and EdelGive Foundation (the philanthropic arm of the Edelweiss Group that supports not-for-profit organisations by bringing the skills, resources and talents of the for-profit world). This iCBR project was started under the mentorship of Dr. Srilatha Juvva, the Chairperson, Centre for Disability Studies & Action, School of Social Work, TISS. We chose Karjat and Vangani as our project sites because of two reasons – first, it was estimated that 5,000 persons with disabilities live in the region and second, there were no disability organisations in the entire region to provide rehabilitation services to them (Jaiswal 2012, Gupta/Jaiswal 2016).

The mission of the iCBR project was the empowerment of people with disabilities in a way to facilitate the formation of a *Model Inclusive Village* with healthy, empowered and self-reliant people with and without disabilities. The main objective of the project was to enhance the access to quality healthcare, inclusive education and sustainable livelihoods for persons with disability residing in the project areas, in collaboration with the community and multiple stakeholders like government, non-government and private partners.

The project also involved participatory action research that informed the field action project i.e. made sure that all project activities are evidence-based and respond to the real needs of the community. We created a research database of all beneficiaries served through this project and have detailed information on needs of over 1000 persons with disabilities served through iCBR project interventions in two years (2011-2013).

Under the project, GYANDEEP, a Disabled Peoples' Organisation (DPO) was established and registered to execute field-level project activities (Cornielje 2009). The team members in the DPO were exclusively men and women with different disabilities who were trained by the faculty members of TISS and project manager (AJ) for a year on CBR guidelines to work in the field as *Community Developers* to carry out project activities. Following the CBR matrix, the project had four major programs, all led by this DPO and their Community Developers. First, *Health for All* for prevention of disability and access to healthcare; second, *Education for Inclusion & Empowerment* for access to inclusive education; third, *Learn and Earn Livelihood Centre* for access to sustainable livelihoods for people with disabilities, and fourth, *Advocacy for Human Rights for People With Disabilities* for access to human rights and empowerment. Details of the project activities and accomplishments have been published elsewhere (Gupta/Jaiswal 2016, Jaiswal 2012; 2013, Jaiswal/Gupta 2017). One of the significant accomplishments of this iCBR project was an advocacy campaign led by the local people with and without disabilities for the construction of an accessible foot over-bridge at Vangani railway station in Maharashtra, India. After 12 months of consistent advocacy, the Ministry of Railways, Government of India sanctioned Indian National Rupees 15 million (equivalent to USD 2,25,000) for the construction of the foot over-bridge, that was completed in December 2016 and now it is open for public use (Jaiswal/Gupta 2017). Details of advocacy work are available on <https://www.dnaindia.com/mumbai/report-ngo-for-the-disabled-urges-central-railway-to-have-a-heart-sanction-vangani-fob-proposal-1822492>; and <http://dcidj.org/article/view/529>.

Of five CBR principles, the principle of Empowerment explicitly aims at facilitating the process of giving persons with disabilities the confidence to control their own lives, make informed decisions, grow in autonomy, and make full use of opportunities (WHO 2010). Therefore, the main essence of this project was on empowerment by bringing *role reversal* where

PwDs and their families are no more acting as passive recipients of rehabilitation services, but rather acting as self-advocates and active contributors in the community. Following the *twin-track* approach, on the one hand, the focus was on capacity-building for PwDs and their families by transferring rehabilitation skills and knowledge and bringing positive attitude, and on the other hand, on working with the community to remove attitudinal/architectural/institutional barriers that exclude PwDs and promote inclusion (Thomas 2011, Thomas/Thomas 1999, Velema/Cornielje 2010).

### **B. Concrete Experience/Doing Phase**

The Community Developers began this project by starting with survey-based identification of PwDs in the project area along with a situational analysis using participatory rural appraisal techniques (Chambers 1994, Kuipers/Kendall/Hancock 2001). People with disabilities who were trained acted as community developers to work on CBR activities related to health care and rehabilitative services, educational supports, career guidance, livelihood avenues, and individualised counselling to people or families in need. Additionally, a Self Help Group (SHG) of women with disabilities and mothers of children with disabilities was formed which was linked to the mainstream SHG group in the community, ensuring access to income generation and microfinance schemes. Formation of a Disabled People Organisation (DPO) was facilitated to ensure a formal structure in place to sustain the project activities in the community (Jaiswal 2013).

The project was supported by local government institutions and non-governmental organisations in and around Mumbai and Raigad region. These supporting organisations help in creating a pool of resources in terms of capital, workforce, and referral services for those who need it. The project is still continuing its work with their support, five years after the official completion of the project.

### **C. Reflective/Observation Phase**

Community mobilisation and ownership: Entry into the community, *bottom-up* vs *top-down*. In many communities, particularly in developing nations, people often struggle to meet their basic survival needs. Therefore, expecting local communities to get involved in meeting the needs of disabled members of their community (Coleridge 1993) is unrealistic. This is important to consider for CBR professionals while entering into the community to start the CBR project. In addition, negative social attitudes of non-disabled community members towards disability further impedes effective community participation and creates resistance to project acceptance (Coleridge 1993). Hence, it

is imperative for the effectiveness of a CBR project that services are appropriate (Humphreys et al, 1996) and acceptable in the community context (Kuipers/Kendall/Hancock 2001) since the beginning. There comes the need for situational analysis, stakeholder analysis, and Participatory Rural Appraisal (PRA), which is found as a flexible approach for facilitating sharing of learning between community people and CBR professionals for identifying priorities and the development of disability services (Kuipers/Kendall/Hancock 2001, Tjandrakusuma 1995). Based on these principles, and with the help of the DPO members, a series of participatory appraisal meetings were held in the community, during which the people discussed and expressed their needs and issues (Cornielje 2009). PRA assisted the community members to take an active role in the project by jointly a) exploring disability as a community issue, b) mapping and matching needs and resources, c) prioritising common key issues and d) planning for action within and beyond community. It was recognised that the PRA approach within the CBR framework resulted in enhanced community awareness and ownership of disability issues, increased community support, effective networking, and development of a sustainable service model to respond to the needs of PwDs and their families (Kuipers/Kendall/Hancock 2001).

Community needs, diversity and cultural factors. One of the most unique challenges for CBR professionals is addressing the diverse needs and interests of the community. In addition, communities consist of diverse multi-cultural populations and have different understanding as well as perception towards disability and rehabilitation services (Coleridge 2000). All these aspects directly affect the community mobilisation and participation in CBR and can derail the efforts to gain community support for CBR (Boyce/Lysack 2000). It is important to assess the capacity of a community for their involvement in CBR implementation, keeping in mind their interests and needs (Peat/Boyce 1993). Attitudinal change in a community towards PwDs can be brought by carefully investigating, understanding the community diversity, needs, and cultural factors, and planning accordingly before implementing the CBR project on the ground. For example, the project manager (AJ) invested time, learned the local language, participated in the local community events and mobilised the non-disabled community members to support the initiatives under the project. DPO community developers were involved to lead all CBR activities in the community. Using PRA to understand the community and involving key stakeholders in the beginning phase of

the project was a time consuming process as it almost took a year to gain their trust and support. But once the support was gained, there were multi-fold benefits which directly strengthened the CBR project in terms of long-term sustainability and foster empowerment of PwDs within those disability sensitive communities.

**Gendered vulnerabilities.** There are significant gender disparities in the provision of disability services in CBR. A social anthropological study in Tamil Nadu, India revealed that men with disabilities, in comparison to women with disabilities, were more likely to access and benefit from rehabilitation services (Erb/Harris-White 2001). Also, mothers with children with disabilities are perceived as responsible in providing all care to their child along with domestic household responsibilities, whereas the father's role is restricted to generating income. Women with disabilities experience a situation of *double disadvantage* due to both their disability and gender. This was very much evident in the iCBR project, too. To tackle this issue, women with disabilities were given positions of leadership within the DPO. In addition, one livelihood centre named Learn and Earn Livelihood Centre was set up by a small group of women with disabilities, where they made products for sale like designer paper bags, fabric flowers, greeting cards, paper envelopes, paper jewellery and bamboo baskets. These products were put on sale through a series of exhibitions every month in public places in the local community and in Mumbai city to generate livelihood.

Power relations between professionals and PwDs, PwDs and the community, and within groups of people with disabilities. Historically, due to a predominant influence of a medical approach towards disability, the medical or rehabilitation professionals are perceived to exercise undue power and influence vis-a-vis making decisions regarding the lives of PwDs (Lang 2011, Peat 1991a). PwDs and their families have been perceived as passive recipients of services and disempowered in comparison to non-disabled counterparts of the society (WHO 2011). Similarly, various cross-cutting factors like age, caste, education, gender, religion, disability, and socio economic status within a community interplay to create the hierarchy between PwDs and the community. When it comes to power among persons with disabilities, men with disabilities over women with disabilities or people with one type of impairment dominate over others on the basis of gender, numbers, representation, ability/inability to speak and express, attitude towards one's own impairment, and other contextual factors. This dynamic was quite evident in the iCBR project, though the challenges

were addressed by identifying the causes of power dynamics and ensuring active participation of vulnerable groups in decision-making within the project. The causes of dynamics were prevalent patriarchal system, negative attitudes towards disability, lack of education, and high incidence of unemployment and poverty among disabled population. To address these power imbalance, the project manager (AJ) encouraged those who were disempowered to voice their opinions during periodic meetings and gave them opportunities to lead different iCBR activities within the community. There was an emphasis on *role reversal* and to educate PwDs to make them realise the power of *we* rather than just focusing on their disabilities and specific needs. These two strategies were effective in changing the attitude of non-disabled people and instilling collective leadership and advocacy among PwDs. There was also positive attitudinal change visible in the professionals working in the region and they started to see community developers as local experts and integral contributing members of the CBR team.

Involvement and participation of PwDs and the local community in the CBR project. Although CBR often promotes a *bottom-up* approach in community decision-making, the reality of CBR is that it is often *top-down* with rehabilitation professionals taking the key decision-making roles in the CBR project (Lang 2011) and the community and PwDs have to comply with it (Pollard/Sakellariou 2008). In these cases, community participation and ownership, key elements of the empowerment pillar of CBR guidelines, become little more than rhetoric, rather than a legitimate long-term goal. CBR project success and sustainability is largely dependent on addressing the basic needs of the whole community in addition to addressing the rehabilitation needs of the persons with disabilities (Miles 1996). The real essence of the bottom-up approach in CBR practices lies in engaging (Kuipers 1998) and empowering PwDs within their communities by raising their critical consciousness and access to knowledge and resources (Friere 1970, Lang 1999, Peat 1991b, Werner 1995).

To ensure participation and involvement, the project manager tried to strengthen ties among the immediate community around the PwDs; raise awareness of their needs and enable community to understand and take action to meet those needs within the community's own resources (Hai 1993, Zambone/Suarez 2010); promote inclusion, visibility, participation and decision-making of PwDs (Biggeri/Deepak/Mauro/Trani/ Kumar/Ramasamy 2014, Krefting 1995) and finally foster a greater sense of community



responsibility and consciousness (Coleridge 1993). It was realised that PwDs had low expectations of their own capabilities due to negative social attitudes, discrimination, and neglect, therefore, intensive dialogue and capacity-building of PwDs and their families were attempted to impart skills and bring motivation to manage and implement the CBR project effectively (Lang 1999). In the case of women with disabilities, it was evident that they are very much restricted to their homes and had limited opportunities to contribute to their family and community. The iCBR livelihood centre run by a SHG of women with different disabilities became a platform where they showcased their potentials in the form of products they made and earned income. Although initially it was a challenge for the iCBR team to motivate these women to go for vocational training in different trades, so that they can make products and start income generation activities locally. Women community developers were instrumental in motivating them and making them contributing members of the iCBR project.

#### **D. Abstract Conceptualisations/Learnings**

**Sustainability.** A review by the International Labour Organisation (ILO) of 10 years' experience in CBR highlighted that CBR projects are rarely fully sustainable after external funding had been withdrawn (Momm/Konig 1989). Even though CBR is considered a low-cost strategy, it does demand significant amounts of resources for its effective implementation (Thomas/Thomas 2002, Finkenflügel 1993). CBR program sustainability can be achieved by building stable partnerships with like-minded organisations (Kumar/Varughese 2016, Thomas 2011, Velema/Cornielje 2010); creating linkages with income generation activities and planned involvement of DPOs, PwDs, and their community in running CBR programs (Lang 1999, Mauro/Biggeri/Grilli 2015). The sustainability was ensured by creating a resource network of supporters and partners (Government, NGOs, & community) and introducing effective financial management practices within the project. This was evident in the two years (2011-13) in which the project was supported by government institutions such as the Department of Education– Sarva Shikshan Abhiyaan (Raigad district), District Disability Rehabilitation Centre of Raigad, Department of Social Welfare (Raigad district), Vocational Rehabilitation Centre for Handicapped (Mumbai), National Institute of Technology and Industrial Engineering (Powai) and non-governmental organisations (NGOs) such as ALERT India, Sri Sai Trust, NASEOH, Mahatma Gandhi Mission Hospital and Medical College (Panvel), Ummeed Child Development Centre, Video

Volunteers, Disability Research and Design Foundation, Change.org, RKDC Trust, and Light of Life Trust. These supporting organisations helped in creating a pool of resources in terms of capital, manpower, and referral for the needy cases. It is noteworthy here that all the services provided through the iCBR project were at no cost to the project beneficiaries. The project founder (AJ) created win-win partnerships with these 15 supporting organisations so that they supported project activities at no-cost. For example, the iCBR project team helped the partner organisations in fulfilling their service mandate to reach out and provide services to potential beneficiaries from rural and remote parts of Karjat. Also, the partner organisations were not required to invest resources and employ manpower to do the field work in the Karjat region to identify the potential beneficiaries of their services. Win-win partnerships were the key element that helped the project to sustain iCBR services.

#### **Credit and recognitions**

The key tenet of CBR is its focus on creating partnerships and enhancing community participation (Mijnarends/Pham/Swaans/Van Brakel/Wright 2011, Peat 1991b). CBR promotes partnerships between PwDs, their families, local communities, community-based organisations, rehabilitation professionals and government stakeholders (Biggeri/Deepak/Mauro/Trani/Kumar/Ramasamy 2014). Partnerships among the stakeholders address the challenge of lack of resources and create a common pool of shared resources meeting the rehabilitation needs of PwDs within their own community (Cheausuwantavee 2005). However, it also has inherent challenges associated with it; e.g. the issue of who will take the credit and recognition of the work accomplished jointly. In case of iCBR, this was effectively tackled by creating a win-win situation for each of the stakeholders. Special emphasis was taken in the planning and implementation phase to avoid the duplication of services and any conflict of interests. This was further streamlined by taking cognisance of the situation and working with each stakeholder in a manner that the achievement of the CBR project is seen and accepted by all as their own contribution.

Finally, iCBR Project was converted into a field action project of the Centre for Disability Studies & Action (CDSA), School of Social Work, TISS that provided continuous support and capacity building of the DPO. Table 1 is developed based on the experiences gained during the author's own project implementation and highlight the key challenges faced in implementing a CBR project and strategies adopted to overcome those challenges.

Table 1

SN.	Challenges	Suggested Solutions
PROJECT INCEPTION PHASE - SITUATIONAL ANALYSIS		
1	Resistance from community, negative attitude and lack of support for CBR interventions	Education strategies from the entry to rapport building stage with community
2	Diverse needs, cultural and contextual variations	Proper participatory appraisal of needs, resources and cultural/contextual considerations
3	Double disadvantaged condition of women with disabilities	Ensuring special emphasis on their active participation in deciding what services they need
PROJECT IMPLEMENTATION PHASE		
4	Power dynamics and hierarchy within different groups	Education of PwDs for making them understand the power of <i>we</i> rather than just focusing on their own disabilities and specific needs
5	Attitudinal barriers within the community in involvement and participation of PwDs	Awareness generation and community education, showcasing the capabilities of PwDs - <i>role reversal</i>
PROJECT HANDING OVER PHASE		
6	Limited resources to continue work	Partnership across stakeholders and creation of common pool of resources
7	Sustainability of the CBR programs once the funding is over	Instilling <i>ownership</i> in the community since the beginning of the CBR program; leadership training to PwDs; ensuring cascading effect - trained one trains others

### Future Directions

Emphasis can be made to explore themes like Extent of Participation of Persons with Disabilities in CBR Programs; What does Inclusion and Empowerment Mean from the Perspective of People with Disabilities and their Families in Community Development of CBR; Gendered Vulnerabilities - Empowerment of Women with Disabilities in CBR and many more. Clearly, there is a need for further research to explore the potential for empowerment of PwDs within CBR development programs. Further research can produce strong evidence for future policy recommendations and planning in connection to CBR and inclusive development globally.

### Conclusion

For over three decades, CBR as a strategy to community development has provided basic rehabilitation services to many PwDs in nations where they would not have received any services whatsoever. The critical question is the manner in which CBR programs are planned, implemented and carried out in the long term. Different power dynamics, contextual and cultural variations, prevalent negative attitude, lack of community support and other barriers to empowerment of PwDs and their families pose various challenges in CBR practice. It is therefore vital for the CBR planners and professionals to be critically cognisant of the various interplaying factors since the inception phase of CBR programs and not to deviate from the

main goals of CBR: inclusion, active participation and empowerment of PwDs within their community. This paper concludes that empowerment of PwDs cannot be attained in isolation, but requires a multi-pronged approach in CBR programs. All the five principles of CBR are inter-connected and inter-dependent. CBR programs in India and in the global context should focus on empowering PwDs and their families considering the strategies given in the empowerment pillar of CBR guidelines. There is a great scope of using CBR as a powerful tool for social change and self-empowerment of PwDs so that they can say with confidence: *Yes, I can!*

### Limitations

The authors draw their experiences from the iCBR project which is geographically limited to rural pockets of the state of Maharashtra, India. The inherent conflict of interest in this paper is that the first author himself is the founder of the iCBR project and he builds this article based upon his own experiences of implementing the iCBR project.

### Acknowledgement

The authors are grateful to the School of Social Work, Tata Institute of Social Sciences, Mumbai, and EdelGive Foundation for their technical and financial support for the iCBR project. The authors are also thankful to Dr. Heather Aldersey for her feedback on this manuscript. The authors would like to

acknowledge the mentorship support from Prof. Srilatha Juvva, Prof. Lina Kashyap, Prof. Neela Dabir, Prof. Sandhya Limaye, Prof. Madhura Nagchowdhuri, Mr. Abhishek Ray, Mr. Dilip Ghule, Mr. Ramachandran Iyer and CEOs of iCBR partner organisations. We are also immensely thankful to the iCBR partner organisations and, above all, the people with disabilities, their families and the Vangani and Karjat community for contributing equally to the success of the iCBR project and its outcomes.

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## ZUSAMMENFASSUNG

Inklusive gemeindeorientierte Rehabilitation (iCBR) ist ein auf Basis der WHO-CBR Richtlinie in einem zweijährigen Fellowship-Projekt entwickeltes Vorhaben in der ländlichen Region von Maharashtra, Indien. Dieser Beitrag gibt die zentralen Herausforderungen und die gewonnenen Erkenntnisse der Umsetzung des iCBR Projektes wieder, das darauf zielt Menschen mit Behinderungen zu stärken und ihren Zugang zu Ressourcen zu verbessern.

## RÉSUMÉE

La réhabilitation communautaire inclusive (iCBR) est un projet développé et basé sur les lignes directrices du WHO CBR durant un projet de deux ans dans les zones rurales de Maharashtra en Inde. Ce papier reflète les défis principaux et leçons apprises durant l'implémentation du projet iCBR qui a pour but de responsabiliser les personnes avec des restrictions physiques ou mentales et mettre en valeur leurs ressources.

## RESUMEN

La Rehabilitación Inclusiva Basada en la Comunidad (iRBC) es un proyecto desarrollado a base de las directrices de la OMS sobre RBC durante un proyecto de beca de dos años en áreas rurales de Maharashtra, India. Este documento refleja los desafíos claves y las lecciones aprendidas durante la implementación del proyecto, que buscaba empoderar a las personas con discapacidad y mejorar su acceso a los recursos.

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# Inclusive Governance at the Example of Ghanaian Electoral Processes

Rebecca Daniel

Electoral Processes, the heart of democracy, still offer ground for discrimination of certain groups of society worldwide. Nevertheless, all democratic and developmental processes, including their planning, implementation and monitoring, should be of participatory nature in a democratic state. A true democracy can not make a distinction between *relevant* and *not-relevant* citizens. Also persons with disabilities need to be equally included like persons without disabilities. This article will analyse whether and to which extent persons with disabilities can already enjoy their full citizenship rights at the example of Ghanaian electoral processes.

## **The Right to and Status Quo of Participation of Persons with Disabilities in Electoral Processes**

Participation in electoral processes is a human right that has been specified for persons with disabilities in various international laws and agreements. The United Nations (1948: article 21) states within the Universal Declaration of Human Rights that everyone has the right to take part in the governance of his/her country. Also the International Covenant on Civil and Political Rights (United Nations 1966: article 2, 25) declares the right to vote without unreasonable restriction and distinction. Those universal rights to political participation have been specified for persons with disabilities within the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (Lord/Stein/Fiala-Butora 2014: 120; United Nations 2006a). Ghana has signed this convention as one of the first states and ratified it on the 31st July 2012 (United Nations 2006b). The

country, therefore, declares that it promotes, protects and ensures that persons with disabilities have an opportunity and appropriate environment to effectively and fully enjoy their political rights on an equal basis with others (United Nations 2006a: article 29a and b; Hammarberg 2013: 1). This right also implies participation in political parties and in Non-Governmental Organisations (NGOs), such as Disabled People's Organisations (DPOs), and in further "associations concerned with public and political life" (United Nations 2006a: article 29b). The UNCRPD specifies the right to participate in electoral processes "directly or through freely chosen representatives" for persons with disabilities (United Nations 2006a: article 29a). Taking additionally into account further relevant articles of the UNCRPD, such as those on general principles and obligations, as well as on equality and non-discrimination (articles 3 to 5), any form of excluding practice related to disability is prohibited without

exception (Degener 2013: 2; Lord/Stein/Fiala-Butora 2014: 119). In certain situations persons with disabilities might need support in availing themselves of their rights to participation in electoral processes. Therefore, the UNCRPD ensures several measures, necessary for participation in all phases and on all aspects of electoral processes (UN 2006a: article 29a).

The right of persons with disabilities to political participation in electoral processes has steadily also become part of national legislation in Ghana. The fourth Republican Constitution of Ghana from 1992, the Presidential/ Parliamentary Elections Law from 1996 and the Persons With Disability Act from 2006 consider voting rights of persons with disabilities (Government of Ghana 1992: article 29, 4). A legislative instrument for the implementation of the Disability Act, though, is yet to be developed (Mensah et al. 2008: 26ff.). The Constitution ensures the right to political participation for all, to participation of persons with disabilities and to foundation of according organisations, especially of vulnerable groups (ib. articles 21 and 37). It also ensures an equal right of every Ghanaian citizen above 18 years and of sound mind to vote in elections and referenda (ib. article 42). Article 42 and the following ones deal with the representation of the people within all processes. The Presidential/ Parliamentary Elections Law - Public Elections Regulations considers certain needs of persons with disabilities within different sections. Major attention is paid to the need for assistance in voting (Electoral Commission of Ghana 1996: articles 27,2, 32,1 and 31,4). In addition, it takes into account the possible need for off-site voting (ib. article 23,1) and voting by proxy (ib. 23, 2-10). Coming from the juridical background to practice, the question arises whether persons with disabilities already enjoy their full citizenship rights and participate in all electoral processes in Ghana.

### **Barriers and Good Practices for Inclusive Electoral Processes in Ghana**

With its relatively stable political structures, lively media and increasing participation of civil society, Ghana has a good ground for inclusive governance. Nevertheless, data on political participation of persons with disabilities in Ghana shows that still a lot has to be done in order to achieve equal inclusion of vulnerable groups. Persons with disabilities still seem to be nearly invisible to decision and policy makers. Significant progress has been achieved in recent years, though, regarding participation of persons with disabilities in electoral processes (Mensah et al. 2008: 32ff.). Due to brevity reasons, in the following there will be given

only a short overview over barriers and good practices assessed for the Ghanaian context so far. Specific accessibility features have been assessed almost solely for the main groups of disability in Ghana, which are blindness and deafness as well as physical impairment and, partly, mental impairment. This probably has to do with the fact that nearly all research in Ghana has been undertaken by DPOs that are organised disability-specific and currently mostly represent those main disability groups. Partly, barriers and good practices have been assessed also for further groups of disability, especially when it comes to attitudinal and cultural aspects, which are a cross-disability issue (Inclusion International 2013; Lord/Stein/Fiala-Butora 2014: 115ff.; World Blind Union 2013: 1).

#### **Legal Barriers and Accessibility**

Legal issues bear the most common and overlooked barriers for people with certain disabilities (Atkinson 2013: 1). On the one hand, electoral jurisdiction in Ghana has started to become more consistent with electoral standards – also regarding accessibility (Lord/Stein/Fiala-Butora 2014: 121). At the other hand, it still bears barriers for persons with disabilities.

The Constitution of Ghana from 1992 demands a registration for elections as a precondition of casting a vote. The right to this registration, though, is removed by the constitution for persons with intellectual or psychosocial impairment, as only such persons “of sound mind” (Government of Ghana 1992: article 42) are allowed to vote (Hammarberg 2013: 2; Neier 2013: 2). Excluded from voter registration are also such persons that have not been registered at birth or not been allowed to do so later in life. This might have reasons like poverty, illiteracy or social stigma (Lord/Stein/Fiala-Butora 2014: 121ff.), issues many persons with disabilities face. These regulations do not comply with the UNCRPD’s general principle of non-discrimination and full and effective participation. According to the International Covenant on Civil and Political Rights (United Nations 1966: article 2, 25) political rights, such as the right to vote, can be restricted as far as this is reasonable. What is reasonable and who has capacity, competence and independence to vote certainly is a matter of controversial discussion (Beckmann 2009: 11f.).

#### **Attitudinal Barriers and Accessibility**

Superstitions, myths and unjustified traditional beliefs around all kinds of disabilities have deep roots in Ghanaian culture, social practices and religions. Worldwide an incapacity view on disability is observable, leading to stigmatisation and discrimination of persons with disabilities, seeing them as objects of charity

*Persons with disabilities  
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makers.*

or even dehumanising them. Both can be a barrier to contesting for elections as a candidate and can make being elected nearly impossible, e.g. due to general exclusion from seats within chieftaincy institutions or due to lack of community support. Another aspect is a negative self-perception or low self-confidence of many persons with disabilities themselves. This can be another barrier to contesting as a candidate in election (CDD ns: 5; Global Initiative to Enfranchise People with Disabilities ns; Mensah et al. 2008: 13ff.). Changing these attitudinal barriers certainly is a long-term project to be achieved by all involved stakeholders, inter alia persons with disabilities themselves, government (e.g. political parties, Electoral Commissions and polling staff), legislature, media and public. Tools and practices that already exist internationally may serve as an example. First steps have been made in Ghana by DPOs and other NGOs since 2004, e.g. campaigns and seminars (Asong 2014a: 2ff.; CDD ns: 3ff.; Global Initiative to Enfranchise People with Disabilities ns; Hammarberg 2013: 1; Mensah 2008: 13ff.; Pillay 2013: 4; Sackey 2009: 39).

**Informational & Communicational  
Barriers and Accessibility**

The educational situation of persons with disabilities in Ghana is still often characterised by little opportunities, be it through the lack of finance or the marginal status. This leads to limited literacy and knowledge among persons with disabilities. Electoral education, though, requires a minimum of general education level and literacy as well as access to information and a common base and medium of communication. Understanding electoral information and communication and quality formal education are e.g. necessary to contest for elections, function as observer or poll worker in elections or for access to the process of casting a ballot as such. There is a lack of accessible information on all electoral processes, be it

information in political manifestos and electoral campaigns or be it information about electoral rights of persons with disabilities and about requirements for contesting as candidates in elections. Also media lacks of information in accessible formats. Blind persons e.g. can not vote independently and informed if written electoral information is not provided in alternative formats, like tactile ballot guides and voter information in braille writing. In addition, blind voters and involved electoral staff often do not know how to use existing ballot guides. Capacity building and electoral education on this system are still missing. Furthermore, there is still a lack of alternative ballot guides in some polling stations. Deaf people, to name one more example, are challenged by non-accessible information, inter alia if orally spoken electoral information is not complemented in accessible formats like written or sign language or if they work as electoral staff together with the Electoral Commission or other persons, not able to speak sign language. Sign language is also not yet common within electoral information on the television stations. Even if it is being used within electoral processes, this doesn't automatically allow deaf people to understand messages better, as on the one hand, due to lack of formal education, many have never learned sign language, and on the other hand, no standardised sign language for the whole country exists. There is still a lack of knowledge or accompanying training of persons with disabilities themselves and of polling assistants (Asong 2014b: 2ff.; CDD ns: 4ff.; Degener 2013: 2; Electoral Commission of Ghana 1996: section 23,1; Ghana News Agency 2012; International Foundation for Electoral Systems ns: c. and f.; Mensah 2008: 33ff.; Stein/Fiala-Butora 2014: 117ff.). These facts underline the need to ensure quality education for all children with disabilities, electoral capacity building and election-specific adaptations by all involved stakeholders. Several initiatives have been implemented in order to educate persons with disabilities on electoral and political rights in general or to build their capacity to vote, stand as a candidate and serve as electoral staff within elections. Furthermore, there are desk officers now, responsible for considering needs of persons with disabilities within the electoral processes (Global Initiative to Enfranchise People with Disabilities ns) or Presiding Officers (Asong 2014b: 2ff.; CDD ns: 3ff.; Ghana News Agency 2012; Hammarberg 2013: 1; International Foundation for Electoral Systems 2001: c. and f.; Mensah et al. 2008: 33ff.; Sackey 2009: 39ff.; Stein/Fiala-Butora 2014: 126).



### Physical Barriers and Accessibility

Physical barriers can appear in all electoral processes, e.g. in electoral buildings like the polling station itself, in registration sites, in the infrastructure inside and transportation towards those buildings, as well as in political positions. Those barriers especially affect persons with limited mobility and mobility devices. Worldwide measured barriers include e.g. rooms which are too small to be entered and to allow turning inside, voting boxes which are often placed on high tables or buildings with stairs and without ramps. Also in Ghana polling booths are still too often inaccessible in one or another way. There have been several initiatives by DPOs and disability NGOs to ensure accessible voter registration centres and polling stations. Different research for Ghana and certain districts showed that, due to transparency reasons, many polling sites are outdoors in Ghana and therefore relatively accessible. A research project, initiated by a non-governmental institute, provided the private sector, amongst others, with knowledge on accessible buildings and transportation systems, which may help in the long view also for access to electoral processes (Asong 2014a: 3ff.; Asong 2014b; CDD ns: 4; Degener 2013: 2; Ghana News Agency 2012; International Foundation for Electoral Systems ns: c; Lord/Stein/Fiala-Butora 2014: 118ff.; Voice Ghana ns).

### Organisational & Institutional Barriers and Accessibility

The free expression of the will and vote by secret ballot without intimidation need to be ensured to all voters, including those that are in need of a proxy or alternative voting device. Worldwide, a variety of accessible mechanisms for a secret ballot and alternative voting mechanisms and methods, such as off-site voting, voting by mail, kerbside voting and mobile voting, exist. In addition to the mentioned tactile ballot guide, further good practices for accessible mechanisms for the secret ballot have been carried out in Ghana. The electoral law contains a regulation regarding “off-site voting for registered voters, who, because of ill-health or absence from his constituency, will be unable to present himself to vote on polling day” (Electoral Commission of Ghana 1996: section 23,1; Stein/Fiala-Butora 2014: 117ff.). It also regulates the procedure of voting by proxy (Electoral Commission of Ghana 1996: section 23, subsections 2-10) and ensures persons who are “incapacitated because of blindness or other physical cause from voting [...] to be assisted by a person of his own choice” (Electoral Commission of Ghana 1996: section 32,1).

According to the disability community in Ghana, all Polling Stations and Voter Registration Centres should have election staff with disability. Some initiatives were undertaken in order to empower interested and qualified persons with disabilities to participate as registration and polling staff during regional elections (Asong 2014a: 3ff.; Ghana News Agency 2012).

Moreover, election monitoring procedures, including election observation, post-election assessment and dispute mechanisms, should include questions on accessibility for persons with different impairments (Ghana News Agency 2012; Mensah et al. 2008: 13ff.).

Further barriers can make it difficult to consider issues of persons with disabilities within manifestos and according policy of the winning party (CDD ns: 7; Mensah et al. 2008: 68). Persons with disabilities could also review and influence party platforms by forming political parties or becoming member of any existing one (Inclusion International 2013; World Blind Union 2013: 1). Some initiatives were undertaken in order to empower interested and qualified persons with disabilities to participate as candidates in political parties and local governance (Ghana News Agency 2012; Mensah et al. 2008: 13ff.).

Furthermore, quotas for persons with disabilities in political bodies could help to promote their equal participation. A legislative instrument for the Disability Act should capture such provisions (Asong 2014a: 15; CDD ns: 3ff.; Government of Ghana 2013; Ghana News Agency 2012; Mensah 2008: 61ff.).

Existing international standards, e.g. the Standards of Electoral Access for Citizens with Disabilities of the Electoral Bill of Rights, could serve as an example for formulating national codes of conduct and standards regarding inclusion also in Ghanaian electoral processes (European Union Agency for Fundamental Rights 2013; International Foundation for Electoral Systems ns: b. and e.; The ACE Electoral Knowledge Network 2014).

All groups of the disability community, all types of impairment and also intersections between disability and other marginalising features of identity should be considered in order to make electoral planning truly inclusive. It can be assumed that deaf-blind persons e.g. face even more barriers to electoral processes than their community members with only one of those disabilities. Research on barriers and accessibility for further kinds of impairment and intersections with features like gender, age or living in rural areas, though, is yet to be done. Inclusion of persons with disabilities is not an exclusive matter, as certain adaptations to provide accessibility for persons with disabilities can be

of advantage also to people in other living conditions, e.g. pregnant women (CDD ns: 7; Degener 2013: 2; Lee 2013: 5; Lord/Stein/Fiala-Butora 2014: 124).

There is, last but not least, also a high need for inclusive election budgeting. Poverty and unemployment of many persons with disabilities in Ghana often does not allow them to take part in the electoral process, e.g. through campaigning or standing as candidate for elections. Providing access to electoral processes for persons with disabilities also generates higher costs (Asong 2014a: 2ff.; International Foundation for Electoral Systems ns: c.; Lord/Stein/Fiala-Butora 2014: 123; Mensah et al. 2008: 33ff.).

## Conclusion

As shown in this paper, all persons with disabilities have the right to be included throughout the electoral process in Ghana if they are of sound mind. Nevertheless, they still participate in electoral processes only partly. A lot of barriers were found which still hinder persons with disabilities in Ghana from enjoying their full citizenship rights in elections. Barriers in Ghana have mainly been assessed for persons with certain impairments so far; but also good practices and opportunities for change exist and have already helped to improve accessibility in electoral processes. DPOs and disability NGOs have been the central actors in pushing forward inclusive governance, as well as research on this issue in Ghana so far. For the international context, barriers and good practices to accessibility in electoral processes have been assessed more comprehensively than for Ghana. Due to the limited frame of this paper those results, though, were not included comprehensively. This can be seen as an exemplary analysis on Ghana about an issue which is a challenge for countries worldwide. Further research could help to draw a bigger picture of this issue for other countries, too. Not least, governments need to collect statistical and further research data to identify and address barriers and to implement policies for inclusive governance and political participation of persons with disabilities in the respective countries.

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## ZUSAMMENFASSUNG

Wahlverfahren, das Herzstück der Demokratie, bieten noch immer Gründe für Diskriminierung bestimmter Bevölkerungsgruppen weltweit. Dennoch sollten alle demokratischen und Entwicklungsprozesse, einschließlich der Planung, Umsetzung und Kontrolle, in einem demokratischen Staat partizipativ angelegt sein. Echte Demokratie kann keine Unterscheidung zwischen relevanten und irrelevanten Bürgern machen. Daher müssen Menschen mit Behinderungen gleichberechtigt mit Menschen ohne Behinderung einbezogen werden. Dieser Beitrag analysiert am Beispiel des ghanaischen Wahlverfahrens, ob und in welchem Ausmaß Menschen mit Behinderungen bereits ihre vollen Bürgerrechte genießen.

## RÉSUMÉE

Les processus électoraux, le cœur de la démocratie, sont encore une source de discrimination pour certains groupes sociaux dans le monde entier. Néanmoins, tous les processus démocratiques et développementaux, leur planning, l'implémentation et leur

surveillance inclus, devraient être naturellement participative dans un Etat démocratique. Une vraie démocratie ne peut pas distinguer entre des citoyens « importants » et « pas importants ». Des personnes avec des restrictions physiques ou mentales doivent être inclus de la même façon que des personnes sans restrictions. Cet article analyse si et de quelle façon des personnes avec des restrictions physiques et mentales peuvent déjà se réjouir de leurs droits de citoyens totales à l'exemple des processus électoraux au Ghana.

## RESUMEN

Los procesos electorales, el corazón de la democracia, todavía ofrecen un terreno para la discriminación de ciertos grupos de la sociedad en todo el mundo. Sin embargo, todos los procesos democráticos y de desarrollo, incluyendo su planificación, implementación y monitoreo, deben ser de naturaleza participativa en un estado democrático. Una verdadera democracia no puede hacer una distinción entre ciudadanos « relevantes » y « no relevantes ». También las personas con discapacidad deben ser incluidas igualmente como personas sin esta misma. Este artículo analiza con el ejemplo de los procesos electorales de Ghana, si es que y hasta qué punto las personas con discapacidad pueden disfrutar ya de todos sus derechos de ciudadanía.

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# People with a Disability in Tanzania

Victoria Mehringer

There are approximately two million children with disabilities living in Tanzania. Many are hidden or even killed. Although Tanzania has ratified the United Nations Convention on the Rights of Persons with Disabilities, children with disabilities have few rights. Access to health care and education are limited. There are still a lot of religious and superstitious explanatory patterns in Tanzania society. This article is about the construction of *disability* in Tanzania. The construction is reflected through the engagement of Anna Mollel, a Maasai from the north of Tanzania, who has been awarded the World Children's Prize.

## Introduction

The cultural model of disability, which is represented primarily by the American cultural-scientific discourse tradition of Disability Studies, understands disability as a construct formed by the culture of a society. The chances for people with a disability to represent themselves in society, the foundations on which they are able to form an identity and the normality of disability in society are all dependant on the culture of a society (Renggli 2004: 18). The culture of a society can enable a shift in perspective away from focusing on individuals with an impairment and towards the society taking responsibility for its definition of disability. The social responsibility lies in the production of cultural knowledge about physicality and in the construction of standards and deviations from these (Waldschmidt 2003: 16). This article is about the construct of *disability* in Tanzania, especially the cultural structures of the Maasai People in the northern part of Tanzania and the difficulties that Maasai people with a disability face. Furthermore, Anna Mollel will be introduced, a Maasai woman, whose work is committed to children with disabilities in the northern part of Tanzania and to changing the cultural situation.

## Conditions for People with Disabilities in Tanzania

Tanzania ranks 151 out of a total of 185 in the Human Development ranking of the United Nations. 46.6% of the population lives below the poverty line on \$1.90 a day. The average life expectancy in Tanzania is 65.5 years (United Development Program).

### Special Needs Education in Tanzania

Current numbers about special needs education schools cannot be found. The relevant ministry only publishes numbers of children with disabilities in primary schools, which correspond to mainstream schools. In 2004 there were 31 special needs education programs for children with a visual impairment and 34 for hearing impaired children in primary education. There were also 110 special education programs for children with intellectual disabilities, four for students with physical disabilities and three special education programs for students with multiple disabilities. It is not recorded, however, whether these programs correspond to a special needs education facility or whether they are offered additionally at a mainstream school, known in Tanzania as special units (Müller-Mbwilo 2008: 77). The first special school for visually impaired boys was founded in

1950 in Dodoma by an Anglo-American church (Kisanji 1995, p.95).

Since the 1960s, special needs education schools have been increasingly established by missionaries. According to a study by Kisanji, in which Tanzanians *support teachers* were asked about the prevalence of disability forms, physically impaired forms of disability ranked first, followed by hearing impairment, visual impairment, and lower intelligence. Learning disabilities and emotional disorders do not occur according to respondents (Kisanji 1995: 101).

### **Explanatory Model for the Origin of Disability**

Surveys in Tanzania reveal that 60% of Tanzanians from all religions believe in witchcraft and that sacrificial offerings to the ancestors bring luck. Above all, albinos fall victim to the occult medicine of the *mgangas*, the native healers (Obert 2015).

According to Possi, a Tanzanian psychologist and special needs teacher, there are many ideas and assumptions, especially about how mental disabilities develop, because for many Tanzanians there are no rational explanatory models. These assumptions are conveyed through Kiswahili proverbs and phrases which are intended to teach obedience, good upbringing or other ideas. For example, if you eat aubergines for 40 days, you will become mentally disabled or if you carry the Koran on your head and drop it, you will go mad, because God has been sullied as well as the book (Possi without a year quotes according to Müller-Mbwilo 2008: 40f.).

Kisanji investigated that the causes of disability from the perspective of the tribe elders of various tribes in Tanzania. According to this study, 44.4% of tribal elders see it as God's will, 38.9% as witchcraft, 11.1% as evil destiny, 5.5% as an evil omen, 5.5% as God's punishment, 5.5% as ancestral punishment and 5.5% consider other spiritual forces to be causes of impairments. Only 11.1% of the tribal elders stated diseases as a cause of impairment (Kisanji 1995: 112). The consequence of this explanatory model is that parents pay a lot of money to have their affected children treated by a medicine man or other spiritual healer (Kisanji 1995: 117).

Another shocking result from this study is, that 21% of the elders say, they killed children with impairments after birth. Only 25% believe that physically disabled people can contribute to the home or community. That so-called *cripples* can make a contribution if they receive extra educational support was negated by all the tribal elders interviewed. The abilities of people with a sensory disability are considered differently. For example, 75% of respondents assume that blind people

are unproductive and permanently dependent on others. However, the respondents attributed 88% to deaf people when asked if they have the ability to do hard work for the community. Only 33% of the elders believe that deaf people have the right to marry. The tribal elders interviewed came from 20 different regions in Tanzania (Kisanji 1995: 113).

The rejection of people with disabilities seems paradoxical at first glance, especially when one considers that African cultures are predominantly collectivist. Collectivist societies are characterised by social cohesion and the common good is more important than the wishes of the individual members. Overcoming diseases and caring for elderly people is seen as the task of the collective, which should, in fact, align to meet the needs of people with disabilities. Nevertheless, people with disabilities are often excluded from the family as the family perceives them as not being able to contribute to the common good (Tüschenbönner 2001: 24).

Kiswahili is one of the most important traffic languages in Eastern Africa. Kiswahili is one of the official languages in Tanzania and is spoken by all tribes in Tanzania except the Maasai. The word for a disabled person is *Mlemavu* in Kiswahili. This word belongs to the *m/w* class, which is used for humans and animals. This term is used for any impairment, as there are no linguistic differentiations for speech or learning disabilities or physical and cognitive impairments. Sensory impairments do have specific words, however, the words for blind (*kipofu*) and deaf people (*viziwi*) can be found in the *ki/vi* class, which pertains to objects. Increasingly, the term *wasioona* is used for blind people and is a word that also belongs to the *m/w* class, thus suggesting a gradual change in thinking.

### **Disability among the Maasai People**

The Maasai People belong to the so-called Nilotic groups. Today, Maasai live in Kenya and Northern Tanzania, although according to legend the Maasai People were originally based in Ethiopia and southern Sudan. The Maasai tribe does not have a single leader who is responsible for the concerns of all Maasai. Instead, there are smaller, cooperative associations that organise and provide for themselves. The members of a community are divided into different groups according to their age. The groups have different duties to fulfil, such as the herding of goats and these duties are adapted to the physical development of the people and serve the common good. Certain rights are only granted to individuals when they have reached the appropriate age. For example, only warriors may wear

their hair braided and participate in dances (Laltaki 2012: 30f.). Even in the culture of the Maasai, there is still the superstition that children with disabilities are under an evil curse. The Maasai still have today a semi-nomadic way of life. This lifestyle particularly affects physically disabled people because they have to be carried. Many children with an obvious impairment are killed. Some of them do not see daylight for years as they are hidden in the windowless Manyatte huts.

### Help by Maasai for Maasai

Anna Mollel is a Maasai woman from the area around Arusha. Her father had nine wives and they had a total of 45 children. Anna Mollel quit school and learned to be a nurse, against her father's will, who wanted her to marry at the age of twelve. When she was six years old, Anna Mollel first had contact with a child with a physical disability. This meeting shaped her life. In 1990, Anna Mollel started voluntarily working to help children with disabilities. In 1996, together with Caritas International, she set up the rehabilitation centre Huduma ya Walemavu, which means *service for people with disabilities*. The vision of this rehabilitation centre is to improve the participation of people with disabilities and to change social structures of the Maasai. In the beginning it was difficult for Anna Mollel to engage tribal leaders in conversation, because she is not only a woman, but also openly addressed a topic that had long been taboo. But her perseverance paid off and more and more children with disabilities were admitted to the rehabilitation centre.

The rehabilitation centre provides a comprehensive diagnosis of physical, emotional and social skills and organises any necessary medical care. Surgeries are performed in cooperation with a hospital in Arusha. The post-operative rehabilitation with physiotherapy and the adaptation of prostheses or aids takes place in the Huduma Ya Walemavu Centre. Integrated into the centre is an inclusive pre-school, which is attended by children from the centre, but also by non-disabled children from surrounding villages to help overcome prejudices and fears. In order to change social structures, people known as disability officers go to villages to do educational work. Anna Mollel emphasises the importance of local employees, as they are familiar with the rites, customs, structures and fears of the society. Frequently, well-trained specialists from abroad have failed in their educational work due to the mistrust of the local population.

For her engagement Anna Mollel received the World Children's Prize in 2012, an alternative Nobel Prize for people who are particularly committed to children's

*Collectivist societies are characterized by social cohesion and the common good is more important than the wishes of the individual members.*

rights. Using this prize money and with the support of Caritas International, Anna Mollel set up another inclusive school, the Engilang'et Primary School. Engilang'et Primary School currently teaches 300 students with and without disabilities from grade one to grade seven. All students passed the state exams. The school is placed eighth out of 267 according to the ranking list of average marks at schools in the Arusha district, which also includes private elementary schools of the upper social strata. The pedagogical principles that teachers apply are very different from standard Tanzanian teaching methods. The children e.g. are not beaten if they misbehave, instead problems are discussed according to well thought out pedagogical concepts or with teachers. The children are encouraged to learn from their mistakes and to think. Anna Mollel is always faced with the very difficult challenge, she says, of finding teachers who teach according to these values. Children with disabilities are cared for according to curative education approaches and accompanied in a resource-oriented way. All children are taught in English, which makes it easier for the children to start an education later on. The school's vision is to shape a new generation that critically examines social phenomena and question social conventions, rather than accepting them. In 2017 a project was completed to build a boarding school for children with disabilities who come from remote areas or are abandoned by parents because of their disability.

In 2016 Anna Mollel has founded a network called Umoja, which is Swahili for *unity*. This network consists of ten institutions, schools for the deaf, visually impaired, primary schools for non-disabled children, NGOs and parishes. Anna Mollel is currently

chairperson of this network. Umoja and its activists have changed the lives of many people with disabilities in Tanzania and many people will continue to benefit. Nonetheless, a political lobby for people with disabilities is needed to systematically build a welfare system. Tanzania has ratified the UN Convention on the Rights of Persons with Disabilities and is thus obliged to implement the rights of persons with disabilities. Of course, this, in addition to a well-functioning health and education system, will require economic development in the country. This is necessary because traditional, superstitious explanation models about the origin of disabilities can only be replaced by educating the entire population. Cloerkes calls this the “culturally optimistic” option, according to which the assessment of disability becomes more positive when the level of development of a society increases (Cloerkes 2007: 126).

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### ZUSAMMENFASSUNG

In Tansania leben schätzungsweise zwei Millionen Kinder mit Behinderung. Viele werden versteckt oder sogar getötet. Obwohl Tansania die UN Konvention über die Rechte von Menschen mit Behinderungen ratifiziert hat, haben Kinder mit Behinderungen wenig Rechte. Der Zugang zu Gesundheitsversorgung und Bildung ist eingeschränkt. Es gibt noch immer viele religiöse und abergläubische Erklärungsmuster in der tansanischen Gesellschaft. Dieser Beitrag beschäftigt sich mit der Konstruktion von *Behinderung* in Tansania. Diese gesellschaftliche Konstruktion wird anhand des Engagements von Anna Mollel, einer Maasai aus dem Norden Tansanias, die mit dem World Children's Prize ausgezeichnet wurde, reflektiert.

### RÉSUMÉE

Il y a environ de deux million d'enfants avec des restrictions physiques ou mentales en Tanzanie. Beaucoup sont cachés ou même tués. Même si la Tanzanie a ratifié la Convention des Nations Unies sur les droits de l'Homme pour les personnes avec des restrictions physiques ou mentales, les enfants ayant des restrictions n'ont pas beaucoup de droits. L'accès au système de santé et à l'éducation est très limité. Il y a encore beaucoup de superstitions religieuses ou des images explicatives dans la société du Tanzanie. Cet article parle de la construction du handicap en Tanzanie. Cette construction est reflétée par l'engagement de Anna Mollel, une Maasai du nord de la Tanzanie, qui a nommé pour le prix du citoyeneté mondiale.

### RESUMEN

Hay aproximadamente dos millones de niños con discapacidades que viven en Tanzania. Muchos están escondidos o son incluso asesinados. Aunque Tanzania ha ratificado la Convención de las Naciones Unidas sobre los derechos de las personas con discapacidad, los niños con discapacidad tienen pocos derechos. El acceso al servicio de salud y la educación es limitado. En la sociedad de Tanzania existen todavía muchos modelos explicativos religiosos y supersticiosos. Este artículo trata sobre la construcción de la “discapacidad” en Tanzania. La construcción se refleja a través del compromiso de Anna Mollel, Maasai del norte de Tanzania, que ha recibido el Premio Mundial de la Infancia.

### AUTHOR

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### Kalle Könkkölä has left us



Kalle died on September 11, 2018 at the age of 68.

He was a legend already in his lifetime. A small guy in a power-chair using a tracheostomy and requiring 24 hours of personal assistance yet breaking down barriers everywhere he went. When he was elected to the Finnish Parliament, they had to make the building accessible for him and others to follow. As a sort of Finnish Ambassador on Disability he traveled extensively all over the world, participated in most summit meetings on disability, visited countries in the Global South as consultant and organiser on issues of disability and development. Finnair had to put in a power outlet into their business class for his ventilator. When his Green Party organised a political meeting in an inaccessible venue in a northern Finland city early in his political career, he took the train there, held an improvised press conference in a nearby restaurant, made his point about our human right to access and inclusion, and took the four hour train back to Helsinki. His point was not lost. Today, it would be embarrassing for any organiser to exclude persons who use a wheelchair for mobility. When he became a Member of Parliament, his medical doctor reclassified his disability status which meant that Kalle lost his personal assistance. Forced into a residential institution he had no say in when to get up in the morning, and, as a consequence, could not participate in important parliamentary

decisions. Finally, after drawing much media attention on residential institutions and the lack of personal assistance he regained his personal assistance and personal freedom. Kalle had Muscular Dystrophy from birth at a time when everybody including physicians expected people with that diagnosis not to survive their thirties. Not despite his ventilator and tracheostomy but because of them he was able to have a *normal* life, to study Computer Science at the university, to start an organisation of students with disabilities, Kynnys Ry (Threshold) in 1973 that was to become the first Finnish disability organisation based on Human Rights and Independent Living. Kalle served 19 years on the Helsinki City Council, was co-founder of the Finnish Green Party, its first national chairperson and Member of Parliament 1983-1987, co-founder of Disabled Peoples International, DPI, its European chairperson, and later its international chairperson. Kalle started and headed the Finnish foundation Abilis in 1998 which, with the support of the Finnish Ministry for Foreign Affairs, promotes empowerment, independent living and social integration of persons with disabilities in the Global South through funding small trustworthy high-quality projects planned and implemented by disabled people themselves. Kalle proved the doctors wrong. Not only did he survive beyond anybody's expectation, not only did he turn into a national

and international giant successfully working for human rights and independent living, most recently through his work for refugees with disabilities particularly in Africa. Not only has he become the best-known person with a disability in Finland which surely must have affected the nation's attitude. His friends know that he greatly enjoyed life, loved music, the arts and poetry, good company, good conversations, good jokes and food. He and attractive red-haired Maija married in 1976. Until her death in 2012, she was a successful and internationally influential architect showing that accessibility in architecture is no obstacle to beautiful design. Kalle wrote and published children's books together with an illustrator friend. He loved his summer cottage in the Finnish countryside where he'd spend a whole month each summer. What has Kalle taught us? His life tells us that to have a disability is no excuse for not trying to make the best of your situation. That to be successful in what you are doing, it helps to enjoy your work, to enjoy working with people, to really care about people you meet. Not everybody has the clarity of thought combined with that dry Finnish humor Kalle had so much of. But it can't hurt to try.

*Adolf Ratzka*

### **Technical Workshop to Amplify Voices of Persons with Psychosocial Disabilities in East Africa**

In efforts to amplify the voices of persons with psychosocial disabilities in the East Africa region for them to advocate within a human rights framework in line with the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs), the first ever technical workshops in Eastern African was held in November 2018, in Kampala, Uganda. The workshop aims to strengthen the voices of self-advocates and leaders in the movement by providing initial, or enhancing their understanding of the linkages between the CRPD and SDGs. For the various participants with psychosocial disabilities representing youth, women, those from rural areas and urban areas, it is a time to have their capacities enhanced so as to support their full and effective participation in policy making at the local, national, and regional level. An increased awareness level of the CRPD/SDGs among persons with psychosocial disabilities in East Africa will not only enable inclusive programs and policies for persons with psychosocial disability in Eastern Africa but also ensure their inclusion within the cross-disability movement. It is hoped that these are among the initial steps in ensuring the mainstreaming of the rights and freedoms of persons with psychosocial disability on an equal basis with others. This is a group that continues to face marginalisation and exclusion from development. The workshop is a

platform where discussions shall also centre on strengthening the collaboration and network of persons with psychosocial disabilities in Uganda and neighbouring countries, to ensure a unified yet locally adapted message on inclusion for persons with psychosocial disabilities. Participants shall also develop a national advocacy action plan towards their inclusion.

**Information:** <http://www.internationaldisabilityalliance.org/technical-workshop-psychosocial>.

### **Adoption of the Bali Declaration on Discrimination and Exploitation of Persons with Psychosocial Disabilities**

The Bali Declaration was adopted at the Plenary meeting of Transforming Communities for Inclusion (TCI) Asia Pacific from 27th to 29th of August 2018. For the first time a highest number of cross disability national leaders and support agencies participated from various countries, making separate sub-regional commitments to strategies for inclusion within the national cross disability movements, and actions thereof. The Declaration highlights the continued discrimination and exploitation of persons with psychosocial disabilities and the failure of the current policy responses in ensuring full inclusion. It calls for actions that recognise inclusion of persons with psychosocial disabilities, involves a paradigm shift and reframing of policy environment from medical to social model and calls to place inclusion of persons with psychosocial disabilities as the purpose,

process and outcome of all social, legislative, policy, program, service actions, across all sectors, involving all actors.

**Information:** <http://www.internationaldisabilityalliance.org/newsletter-ida-secretariat-10-October-2018#LinkIDA>; [http://www.internationaldisabilityalliance.org/sites/default/files/13\\_final\\_bali\\_declaration\\_august\\_2018.docx](http://www.internationaldisabilityalliance.org/sites/default/files/13_final_bali_declaration_august_2018.docx).

### **Technical Workshop on Ensuring the Rights of Indigenous Persons with Disabilities in Line with the UNCRPD**

From the 20th to the 23rd August, the Indigenous Persons with Disabilities Global Network (IP-WDGN), the Narok South Disability Network and the International Disability Alliance (IDA), held a Workshop on ensuring the rights of indigenous persons with disabilities in line with the UN CRPD, in connection with the UN Declaration on the Rights of Indigenous People (DRIP) and the Agenda 2030. The workshop was a unique opportunity for indigenous leaders with disabilities (IDPOs) from five different countries (Narok, Kajiado, Baringo, Samburu and Bomet) to meet together to discuss critical issues and violation of their rights. The workshop gathered relevant information about the CRPD, UN DRIP and the SDGs and their relevance to indigenous persons with disabilities. Sessions and discussions were presented and simultaneously interpreted into English, Masai and Swahili to ensure all participants and facilitators were meaningfully included. A privileged moment

was the informal discussion with non-indigenous stakeholders, with representatives from the United Disabled Persons of Kenya (UDPK), IDDC member, Ministry of Labour and Social Protection and Kenyan National Commission on Human Rights (KNCHR). Only UN agencies based in Kenya were not present in the workshop, despite the repeated invitation. All participants shared their customs, traditions, but also challenges and barriers, including in regards to the rights of women and children with disabilities, including on issues related to the right to life, legal recognition before the law, right to participate and access to education, among others. The workshop was also a privileged moment for indigenous leaders with disabilities to expand their understanding on how to use the CRPD, UN DRIP and SDGs to foster their rights and development as well as to better understand how to connect with the Global Network of Indigenous Persons with Disabilities.

**Information;** <http://www.internationaldisabilityalliance.org/Technical-Workshop-2018>; [http://www.internationaldisabilityalliance.org/sites/default/files/final\\_report\\_technical\\_workshop\\_kenya\\_sept2018.pdf](http://www.internationaldisabilityalliance.org/sites/default/files/final_report_technical_workshop_kenya_sept2018.pdf)

### **Inclusive Technology to Improve Access to Education for Students with Disabilities**

On 22nd of October 2018, the Global Initiative for Inclusive ICTs (G3ict) launched two new tools to support more inclusive education: nine Steps to Procuring Accessible ICTs for Inclusive Education and A Discussion Guide for Engaging ICT Vendors. Both tools provide help to schools and education system institutions of all levels to integrate accessible information and communication technologies (ICT) into their policies and practices.

G3ict developed the new tools to ensure that these institutions are well equipped to move toward a stronger commitment to making accessibility a part of their ICT procurement. The two new tools build on a suite of several resources that G3ict and its partners have developed to support inclusive education worldwide and fulfil commitments to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and 2030 Agenda for Sustainable Development. According to the World Report on Disability, approximately one billion people in the world are living with a disability, with at least one in ten being children and 80% living in developing countries. Children with disabilities are less likely to start school and if they do, they are unlikely to transition to secondary school. Access to school for children with disabilities is often limited by a lack of understanding about their needs, and a lack of trained teachers, classroom support learning resources and facilities. Information and communications technologies (ICT) that are designed to be accessible to students with disabilities can help reduce the stigma of learning challenges and provide all students with the tools they need to fully engage with their curricula, classmates, and teachers in powerful new ways. The 9 Steps to Procuring Accessible ICTs for Inclusive Education tool lays out specific actions that schools and ministries can take to make sure that their ICT procurement process fully embraces principles of accessibility and inclusion and helps every learner to get the most out of learning and reach his or her maximum potential. The Discussion Guide for Engaging ICT Vendors tool is a direct result of input to G3ict from both education system institutions and

technology vendors that engagements between the two often are not as productive and enlightening as they might be. It is designed to help education system institutions engage technology vendors in better discussions about ICT accessibility and digital inclusion as part of their larger strategies and goals. The two new tools are being launched in Nairobi at a summit of leading Kenyan and international experts and practitioners from the technology sector, government, academia, and civic community, Technology and Inclusive Education for Learners with Disabilities.

**Information:** <http://g3ict.org/news-releases/buying-inclusive-technology-is-key-to-improving-access-to-education-for-students-with-disabilities>; <http://g3ict.org/publication/9-steps-to-procuring-accessible-icts-for-inclusive-education>; <http://g3ict.org/publication/procurement-of-icts-for-inclusive-education-guide-for-engaging-ict-vendors>.

### **Access to Justice for Persons with Disabilities**

The Global Initiative for Inclusive ICTs (G3ict) and the International Disability Alliance (IDA), launched a new report, Technology & Effective Access to Justice, on 23rd of July 2018 and calling for greater access to justice for persons with disabilities worldwide. The report was published on the occasion of the Civil Society Forum organised under the auspices of the Global Disability Summit. The report brings into view longstanding access barriers and suggests that digital technology may be one way for justice systems to be more inclusive of people with disabilities. In April 2018, G3ict and IDA partnered to survey IDA members and organisations of persons with disabilities (DPOs) around the world, about technology and access to justice. More than 65 respondents

representing 34 countries took the survey, including 11 from developed countries and 23 from developing countries. A large majority of DPOs surveyed - 84% - said persons with disabilities do not have access to the justice system that is equal to that of other citizens. 85% believe persons with disabilities face moderate to extreme barriers to the justice system and that those barriers have a significant impact on them. More positively, most DPOs surveyed, 88%, believe technology could be used to improve access to justice for persons with disabilities. However, 65% report justice systems today are not leveraging technology to assist persons with disabilities. Nearly all, 97%, reported willingness to use technology to increase access to justice for persons with disabilities. Article 13 of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) requires that countries ensure effective access to justice for persons with disabilities on an equal basis with others. While courts and justice systems worldwide are undergoing digital transformations, it is not clear that their technology investments and roadmaps include a commitment to ensuring inclusion and access to justice.

**Information:** <http://g3ict.org/news-releases/technology-is-key-to-improving-access-to-justice-for-persons-with-disabilities>;

### **Address Reproductive Health and Rights of Women with Disabilities**

The National Human Rights Commission (NHRC) of Mongolia has raised serious concerns about the reproductive health and rights of girls and women in the country, as well as the quality and accessibility of medical care and services available to them. The NHRC

commissioned a study on the Reproductive Health and Rights of Teenage Girls and Women and an assessment on the Reproductive Health and Rights of Girls and Women with Disabilities and Situation of Quality and Accessibility of Medical Services. The study on the reproductive health and rights of girls and women with disabilities is the first of its kind conducted in Mongolia. Key topics addressed in the study included: Building knowledge and awareness among health practitioners of the needs of women and girls with disabilities, including access to health services; Promoting and protecting the right to bodily integrity and the right to be free from sexual exploitation and violence; Promoting the right to independent living. The researchers emphasised that one of the main obstacles for women with disabilities to exercise their reproductive health and rights is the intervention of others, especially health practitioners, who can make decisions on their behalf, such as aborting a pregnancy or forcing birth control on them without their consent. Another issue is the communication and attitude of relatives and siblings of women and girls with disabilities. The results of the study were presented by two civil society groups as part of the NHRC's Let Us Talk About Human Rights discussion series.

**Information:** <http://www.asiapacificforum.net/news/address-reproductive-health-and-rights-women-disabilities/>.

### **Supporting National Human Rights Institutions to Advance the Rights of People with Disabilities**

Ahead of the UN's flagship annual meeting on human rights and disabilities in New York, the Asian Pacific Forum (APF) has published a series of fact sheets to support

national human rights institutions (NHRIs) in their work to promote and protect the rights of people with disabilities. The fact sheets provide a concise, plain language introduction to the Convention on the Rights of Persons with Disabilities and the work of the UN Committee on the Rights of Persons with Disabilities. They also look at the specific role of NHRIs to monitor implementation of the Convention, as well as how NHRIs can use their mandate to promote and protect the rights of people with disabilities. The fact sheets also provide practice tips for NHRIs on: Eliminating gender discrimination and empowering women and girls with disabilities; Building knowledge and capacity and ensuring accessibility within their institutions; Working in partnership with civil society. The fact sheets draw on the key themes in the APF publication, Human Rights and Disability: A Manual for National Human Rights Institutions.

**Information:** <http://www.asiapacificforum.net/news/supporting-nhris-advance-rights-people-disabilities/>; <http://www.asiapacificforum.net/human-rights/people-disabilities/new-perspective/>.

### **Global Disability Summit Yields 170 New Commitments — But What's Missing?**

The Global Disability Summit in London yielded 170 commitments to increase disability inclusion and tackle stigma in lower-income countries, according to the United Kingdom government, from financial pledges, to in-kind devices and technology, to new or amended action plans and charters. But some worried that parts of the disability community were left out, while others described a disconnection between large humanitarian agencies and specialist



disability-focused organisations. Hosted by the U.K. Department for International Development, the Kenyan government and the International Disability Alliance, the summit marked the first time the humanitarian and development sectors have come together formally to plan action on making aid more inclusive of people with disabilities. More than 800 delegates from government, civil society, and the private sector attended to discuss four themes: Addressing stigma; supporting inclusive education; economic empowerment; and technology and providing better access to devices. On top of the new framework and other commitments, DFID also launched the Charter for Change, an action plan for implementing the United Nations Convention on the Rights of Persons with Disabilities, which was signed in 2006 but only saw renewed enthusiasm from donors a decade later. As one of the biggest challenges the little number of role models and good practices for people to learn from where identified. People with disabilities who have been excluded from education and decision-making may also not recognise their own rights, and therefore have been slow to claim them. Though the summit was not billed as a pledging conference, the main financial commitments included \$17 million from the Australian government to support disability inclusive action in response to the Syria crisis; and a pledge from the UN Trust Fund to End Violence Against Women to spend \$3 million on nine programs that will reach 8,000 women and girls. The World Bank pledged to ensure that all bank-financed education and urban mobility projects are disability inclusive by 2025, and to scale up the collection and use of disability data. The United Nations

Children Fund has pledged to help an additional 30 million children with disabilities gain a high-quality education by 2030 through programs in more than 140 countries; and UN Women has committed to including a focus on women and girls with disabilities in 80 percent of its country programs by 2021. Asked about UNICEF's immediate next steps following the commitment, Executive Director Henrietta Fore said that UNICEF and other aid actors must look at a child's environment, rather than their disability, in order to enable change. A main focus has to be on inclusive education and teacher trainings for starting a cultural change. A challenge is also to promote social and economic independence of people with disabilities and therefore to establish home assessments that involve the environment and local resources. Nine African governments committed at the summit to creating safety nets to ensure that people with disabilities are not forgotten about in their societies, according to a statement from DFID. Nineteen governments, businesses and other organisations also pledged to develop the skills of people with disabilities to help them access decent work. Still, a number of delegates said that pledges were so far missing something. For example people in the psychosocial support area that need to be involved at grassroots level together with the family and local leaders. Some pointed to the issue of disability inclusion in humanitarian settings. Naser Haghamed, chief executive officer of Islamic Relief, said on the sidelines of the summit that the funding infrastructure of humanitarian programs is short term; it doesn't allow to design and implement inclusive programs. Haghamed also suggested that the mainstream

organisations are not participating fully in terms of engagement. While many of the larger recipients of donor financing sent individual delegates, smaller organisations are not involved in terms of commitments, he said. This disconnect with grassroots and specialist organisations is hurting the effort to mainstream disability in development and humanitarian initiatives. To summarise the impressions, the Disability Summit covered important topics but a number of other issues need to be resolved in future.

**Information:** <https://www.gov.uk/government/publications/global-disability-summit-charter-for-change>.

### **Global Partnership for Education Strives to Make Children with Disabilities More Visible**

The Global Partnership for Education (GPE) aims to collect more and better data on children with disabilities to ensure that they can be systematically taken into account when governments make their education sector plans. SDG 4 aims to achieve inclusive and equitable quality education and promote lifelong learning opportunities for all by 2030. But too often, children with disabilities are not part of the *for all* statements: they are at higher risk to be left behind. According to survey results by the Washington Group on Disability statistics, people with disabilities over 15 years of age are two to three times more likely to never attend school. There are limited data on children with disabilities, resulting in a poor understanding of how many of them are out of school, the reasons for their absence, and the barriers they face. Collection of data around disability is impeded by a myriad of factors, such as differences in definitions of disability and data

collection methodology, as well as data collection instruments. Different countries use different instruments to collect data, resulting in varied prevalence reporting trends across countries. The Washington Group questionnaire is designed to identify people with disabilities, defined as difficulty performing universal activities such as seeing, hearing, walking etc. The questionnaire is not designed to be used in isolation but rather is included within other survey instruments. Data collection issues are further compounded by factors like social attitudes and bias while reporting. This can lead to underreporting, with individuals perceiving their situation, or that of a member of their household, as not severe enough to be considered a disability and/or unwillingness of parents to provide information regarding their child and disability due to stigmatisation. In addition to this, teachers need specialised training to recognise not only physical *visible* disabilities but also, cognitive, *less visible* conditions. Concerns regarding scarcity of data with respect to children with disabilities have been stated time and again. This lack of data further reinforces exclusion and acts as a significant barrier to educational access, participation, and achievement. The Global Initiative on Out-of-School Children highlights the relationship between poor data, invisibility, and barriers to education for children with disabilities. A recent study by Global Partnership on Education (GPE) on disability and inclusive education in GPE partner countries documents progress. It highlights the need to step up support to partner countries on disability and inclusive education, and improve consideration of issues around disability and inclusion in education sector analysis and

planning processes. This will help promote the achievement of GPE 2020 Strategic Goal 2, and to fulfil the transformative vision of Agenda 2030. This means ensuring that girls and boys with disabilities are not only able to access their right to a quality education in a nurturing environment, but also, through education, become empowered to participate fully in society, and enjoy full realisation of their rights and capabilities. Data are imperative at every level of an education system to: inform robust sector analysis and planning; support equitable resource allocation; create and manage efficient budgets; implement and monitor inclusive policies and programs; serve as an evaluative tool for policy dialogue and reform efforts to enhance the equity, efficiency, effectiveness, and quality of education services. Countries in the study identified the need for robust, reliable data regarding the education of children with disabilities as a high priority. Twenty-nine out of the 51 countries include an estimated percentage or number of children with disabilities enrolled at any level in the school system; 22 countries report primary school enrolment data, while 13 countries report special school enrolment data. Twelve countries include in their education sector plans data disaggregated by disability domain (such as mobility, cognition, sight, hearing, and communication). Data are cited from a range of sources, spread over many years. The lack of robust data on disability is most commonly cited as a key barrier, with 15 developing country partners identifying the lack of good, reliable data on children with disabilities as the greatest barrier to providing access to quality education. The second-most cited barrier is a widely held negative attitude

toward people with disabilities, and discriminatory attitudes toward children with disabilities. The goal of the UIS-UNESCO-GPE collaboration will be to assess if and how disability can be included in Education Management Information System, based on administrative data routinely collected by countries through school censuses. The first step will be a review and analysis of the UIS current catalogue of school questionnaires and whether disability data is being collected, with a focus on GPE countries. Special attention will be given to: Identification of children with disabilities; Existing infrastructure and learning materials for children with disabilities; Assessment of the extent to which the Washington Group questions can be applied to administrative data collection on disability in education, such as the education management information systems (EMIS); Assessment of the possibility of including disability disaggregated data in UIS' annual survey. The study will help countries collect administrative data on children with disabilities, overcoming the first barrier of identifying the children not included in education. Once countries have accurate data on children with disabilities, they will have an evidence base to inform consideration of issues around disability and inclusion in education sector analysis and planning processes, which will better promote the achievement of SDG 4 and fulfil the transformative vision of Agenda 2030.

**Information:** <https://www.globalpartnership.org/blog/gpe-strives-make-children-disabilities-more-visible>;

<https://www.globalpartnership.org/blog/gpe-strives-make-children-disabilities-more-visible>.

## Disabled Adolescents are Being Left Behind in Low- and Middle-Income Countries

There are between 93 million and 150 million children and adolescents around the world with a disability, and of these 80% live in low- and middle-income countries where 80% of disabled people live below the poverty line. The Overseas Development Institute (ODI)'s report titled *Gender and Adolescence: Global Evidence (GAGE)* aims to address research gaps in how adolescents with disabilities are far more likely to be denied their basic rights to education, health, recreation and wellbeing. The report reviewed evidence from surveys and qualitative studies in Bangladesh, Ethiopia, Jordan and Palestine involving over 6000 adolescents and their caregivers. The report highlights the intersecting capabilities that need to be supported for disabled adolescents to reach their potential in low- and middle-income countries. Adolescents are increasingly recognised as key windows of opportunity, but adolescents with disabilities have been largely left behind. The cost of inaction are significant, in Bangladesh the estimate cost of foregone schooling by disabled children is \$26.2 million each year due to lower lifetime earnings. Similarly, the cost in terms of foregone income, due to caring responsibilities, is estimated to reach \$234 million each year. The report found that adolescents with disabilities face a range of challenges and widespread discrimination and stigma, with girls facing an even greater level of discrimination due to gender norms and practices. Education was found to be a key challenge for disabled adolescents with many facing poor access to education and very limited access to special education

services. Of the 58 million children who are out of school, one third (19 million) have a disability. The report found that disabled adolescents are far less likely to enrol in school and far more likely to drop out. For example, in Ethiopia adolescents with disabilities are 14% less likely to be enrolled and those in school complete half a year less schooling. The research also found that adolescents with disabilities are less likely to be in education as they advance by grade and that the gap within enrolment is worsening over time. Disabled adolescents have a poorer overall health compared to their peers without a disability due to disability related stigma, cost and accessibility issues, the report found. In addition, access to disability-specific health services is limited. The report found that in Bangladesh and Ethiopia adolescents with a disability are 53% more likely to experience serious illness or injury. The situation is often worse for girls who have significantly poor access to sexual health information and services due to restrictive gender norms. Psychosocial is also a key challenge for disabled adolescents as they are likely to experience high levels of social isolation and can feel stigmatised and unsupported. Consequently, they are more likely to develop depression, loneliness and low self-esteem. The report found this to be particularly high among refugees. Disabled adolescents also face safety issues and are three to four times more likely to experience physical, sexual and emotional violence. Those with intellectual impairments are at an increased risk of violence. The report also noted that adolescents with disabilities have far less opportunity to access voice and agency. Due to poor infrastructure and transport systems, unavailable

assistance, stigma and other factors disabled adolescents face significant mobility restrictions, this is notably worse for girls. Similarly, disabled adolescents are often excluded from school, community and family activities. For example, in Ethiopia adolescents with a disability are eight per cent less likely to contribute to household decisions. This is often worsened by the fact that many disabled adolescents are unaware of their rights to equality. Excluding disabled persons from work range from three to seven per cent in low- and middle-income countries; however, many countries lack the training and skills development opportunities for disabled adolescents and those that exist often do not align with market demands. Again, this is worse for girls who have particularly low access to decent employment opportunities. The report recommends that policy action must be taken to support disabled adolescents and capitalise on the window of opportunity they present. It is through inclusive policies that the SDGs can be achieved. The report suggests five key recommendations: 1. Support adolescent capabilities and transitions through an integrated package of disability-tailored support. This includes, but is not limited to: developing detailed education plans; ensuring access to primary and disability specific health-care; guaranteeing safe spaces and opportunities are available to disabled adolescents; providing families and communities with information on the increased risk of violence; improving the awareness of care givers and service providers on the importance of support; and ensuring that social assistance programmes have adequate weighting to cover the additional costs of disabled adolescents. 2.

Address intersecting disadvantages to leave no adolescent behind. 3. Engage and support caregivers of adolescents with disabilities. 4. Tackle data and evidence gaps to improve evidence informed policy development and programming. 5. Improve governance and accountability among policy-makers and donors.

**Information:** <http://www.aidforum.org/Topics/health-and-wash/disabled-adolescents-are-being-left-behind-in-low-and-middle-income-countries/>; <https://www.odi.org/news/861-adolescents-disabilities-denied-access-basic-education-and-health-services-new-report>; <https://www.odi.org/sites/odi.org.uk/files/resource-documents/12323.pdf>.



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*Jennae Bulat/Anne M. Hayes/  
Wykia Macon/Renata Ticha/  
Brian H. Abery*

## **School and Classroom Disabilities Inclusion Guide for Low- and Middle-Income Countries**

Having a disability can be one of the most marginalising factors in a child's life. In education, finding ways to meet the learning needs of children with disabilities can be challenging, especially in schools, districts, regions, and countries with severely limited resources. Inclusive education - which fully engages all children in quality education, including children with various types of disabilities or other learning challenges - has proven particularly effective in helping all children learn, including those with disabilities. This guide provides strategies and recommendations for developing inclusive classrooms and schools. It specifically addresses the needs of Sub-Saharan African countries, which lack the resources for implementing inclusive education. However, the strategies and recommendations can be equally useful in other contexts where inclusive education practices have not yet been adopted.

Bezug: <https://www.rti.org/sites/default/files/resources/rti-publication-file-20104b99-7939-4c44-a689-60d857c0179e.pdf>; <https://www.rti.org/rti-press-publication/school-and-classroom-disabilities-inclusion-guide-low-and-middle-income-countries>.

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Jennae Bulat*

## **Learning Disabilities Screening and Evaluation Guide for Low- and Middle-Income Countries**

Learning disabilities are among the most common disabilities experienced in childhood and adulthood. Although identifying learning disabilities in a school setting is a complex process, it is particularly challenging in low- and middle-income countries that lack the appropriate resources, tools, and supports. This guide provides an introduction to learning disabilities and describes the processes and practices that are necessary for the identification process. It also describes a phased approach that countries can use to assess their current screening and evaluation services, as well as determine the steps needed to develop, strengthen, and build systems that support students with learning disabilities. This guide also provides intervention recommendations that teachers and school administrators can implement at each phase of system development. Although this guide primarily addresses learning disabilities, the practices, processes, and systems described may be also used to improve the identification of other disabilities commonly encountered in schools.

Bezug: <https://www.rti.org/sites/default/files/resources/rti-publication-file-419e5f6f-eddb-469a-9d65-3f4961c0b079.pdf>; <https://www.rti.org/publication/learning-disabilities-screening-and-evaluation-guide-low-and-middle-income-countries>.

*Elayn M. Sammon/Gwen  
Burchell*

## **Family Care for Children with Disabilities: Practical Guidance for Frontline Workers in Low- and Middle-Income Countries**

This Practical Guidance represents a collaborative effort made possible by the contributions of experts in the field of childhood disability around the world. Special thanks are extended to the children and families and to the social service workers who participated in the field testing and review process.

Bezug: [https://bettercarenetwork.org/sites/default/files/FamilyCareGuidance\\_508.pdf](https://bettercarenetwork.org/sites/default/files/FamilyCareGuidance_508.pdf).

*Tom Shakespeare/Tess Bright/  
Hannah Kuper*

## **Access to Health for Persons with Disabilities**

This report was commissioned to provide a general overview of the health status of persons with disabilities, in order to inform the next report of the UN Special Rapporteur on the rights of persons with disabilities for the UN General Assembly. The purpose of this background document is to provide an overview of different topics related to the health of persons with disabilities, including: relationship between disability and health; health care needs of persons with disabilities; unmet health care needs of persons with disabilities; barriers in accessing to free or affordable general and disability-specific health care services; barriers in accessing to free or affordable health-related habilitation and rehabilitation goods and services, including early identification and intervention; human rights violations in the context of health care services.

Bezug: [www.ohchr.org](http://www.ohchr.org)

*Ashrita Saran/Howard White/  
Hannah Kuper*

### **Effectiveness of Interventions for People with Disabilities in Low- and Middle-Income Countries: An Evidence and Gap Map**

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. The Preamble to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) acknowledges that disability is “an evolving concept”, but also stresses that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”. An impairment becomes disabling when individuals are prevented from participating fully in society because of social, political, economic, environmental or cultural factors. The map will cover broad range of interventions for disabilities in children, adults and elderly described as having disabilities and it will have a major focus on persons with disabilities in vulnerable situations.

Bezug: <https://campbellcollaboration.org/>

*Amina Khan/Lars Engen/  
Harsh Desai*

### **Leaving No One Behind in Access to Vision: Catalysing Funding for Primary Eyecare**

Two and a half billion people in the world today need, but lack, access to a pair of glasses, and 80% of this group live in just 20 developing countries. Being able to access primary eyecare services, including basic eye tests to determine how well people can see and whether glasses can help them see more clearly, is a necessary first step in acquiring glasses. This study analyses primary eyecare provision in developing countries from the perspective of global development rather than health alone. Poor sight is not only a health issue, but one that, left untreated,

can exclude people from numerous life-changing opportunities. Starting from an early age, visual impairment can waste human potential, affect people's education and health outcomes, and shorten their most productive working years. Without additional investment in primary eyecare the cycle of poor sight and low development outcomes could continue. In this study, the authors set out why additional investment should be made in primary eyecare in developing countries.

Bezug: <https://www.odl.org/sites/odl.org.uk/files/resource-documents/12150.pdf>; <https://www.odl.org/publications/11092-leaving-no-one-behind-access-vision-catalysing-funding-primary-eyecare>.

*John Twigg/Maria Kett/  
Emma Lovell*

### **Disability Inclusion and Disaster Risk Reduction: Overcoming Barriers to Progress**

Disasters have a disproportionate impact on people with disabilities, who are at higher risk of death, injury and loss of property. Although the rights and needs of people with disabilities in disasters are increasingly being addressed through policies, standards and guidelines, much more needs to be done to remove the barriers to their inclusion in disaster risk reduction (DRR) and response. Effective institutions with supportive attitudes, structures and systems, backed up by good evidence, are key to meaningful disability inclusion. Human rights-based approaches have the potential to lead to a major shift in institutional policy and practice towards disability. Disability advocates and disabled people's organisations can also play a significant role in disaster policy, planning and interventions, but formal disaster agencies tend to have limited interaction or collaboration with them. This briefing note identifies five key challenges that need to be addressed in order to promote disability inclusion

in DRR and humanitarian action, relating to evidence and data, contextual understanding, institutions and programmes, representation and discrimination. It highlights the importance of rights-based approaches, together with improved standards and indicators, in overcoming these challenges.

Bezug: <https://www.odl.org/sites/odl.org.uk/files/resource-documents/12324.pdf>; <https://www.odl.org/publications/11166-disability-inclusion-and-disaster-risk-reduction-overcoming-barriers-progress>.

### *Karen Soldatic/John Gilroy* **Disability & the Global South (DGS), 2018, Vol. 5 No. 2 – Special issue: Intersecting Indigeneity, Colonisation and Disability**

This special issue sought to open a space for critical debates and reflections on the issues and challenges of bringing together Indigeneity and disability as an intersecting identity. The overall aim was to question and challenge existing approaches to modern Western understandings of disability, how it is regulated, governed and experienced once the cultural identity of being Indigenous is positioned at the fore. The editors of this special edition, were conscious of their own cultural identities, Karen being first generation Australian of Southern European descent, and John being of the Yuin Nation of Australia's Aboriginal peoples. They engaged our their sense of the possibilities of examining the critical importance of alliances between non-Indigenous and Indigenous researchers working together as a partnership at a time when Australia's political environment had largely ignored Indigenous and non-Indigenous efforts to further Indigenous claims for national constitutional recognition. Unlike other white settler societies such as Canada, USA and New Zealand, Australia has never had a formal Treaty explicitly recognising Indigenous Australia as the original owners, nor

are Indigenous peoples recognised within the main constitutional instrument, despite more recent combined advocacy for this very realisation. Thus, the struggles for Indigenous recognition and rights to culture, kin, and country remain highly contested within the white settler colonial nation of Australia.

Bezug: <https://dgsjournal.org/>.

*Akpojene Ogbo, Felix/  
Mathsyaraja, Sruthi/ Kashyap  
Koti, Rajeendra/Perz, Janette/  
Page, Andrew*

### **The Burden of Depressive Disorders in South Asia, 1990–2016: Findings from the Global Burden of Disease Study**

Globally, depressive disorders are one of the most common forms of mental illness. Using data from the most recent Global Burden of Disease, Injury, and Risk Factor Study 2016 (GBD 2016), the authors aimed to describe the burden of disease attributable to depressive disorders in terms of prevalence and disability-adjusted life years (DALYs) in South Asia countries (namely India, Pakistan, Bangladesh, Nepal and Bhutan). Methods GBD 2016 used epidemiological data on depressive disorders (major depression and dysthymia) from South Asia and a Bayesian meta-regression tool to model prevalence and DALYs of depressive disorders by age, sex, country and year. DALYs were calculated from the years lived with disability derived from the prevalence of depressive disorders and disability weights, obtained from a community and internet-based surveys. The findings show the substantial public health burden of depressive disorders in South Asian populations and healthcare systems. Given the scale of depressive disorders, improvement in overall population health is possible if South Asian countries prioritise the prevention and treatment of depressive disorders.

Bezug: [https://www.researchgate.net/publication/328329047\\_The\\_burden\\_of\\_depressive\\_disorders\\_in\\_South\\_Asia\\_1990-2016\\_findings\\_from\\_the\\_global\\_burden\\_of\\_disease\\_study](https://www.researchgate.net/publication/328329047_The_burden_of_depressive_disorders_in_South_Asia_1990-2016_findings_from_the_global_burden_of_disease_study).

*Watermeyer, Brian/McKenzie,  
Judith/Swartz, Leslie (Eds.)*

### **The Palgrave Handbook of Disability and Citizenship in the Global South**

This handbook questions, debates and subverts commonly held assumptions about disability and citizenship in the global postcolonial context. Discourses of citizenship and human rights, so elemental to strategies for addressing disability-based inequality in wealthier nations, have vastly different ramifications in societies of the Global South, where resources for development are limited, democratic processes may be uncertain, and access to education, health, transport and other key services cannot be taken for granted. In a broad range of areas relevant to disability equity and transformation, an eclectic group of contributors critically consider whether, when and how citizenship may be used as a lever of change in circumstances far removed from UN boardrooms in New York or Geneva. Debate is polyvocal, with voices from the South engaging with those from the North, disabled people with nondisabled, and activists and politicians intersecting with researchers and theoreticians. Along the way, accepted wisdoms on a host of issues in disability and international development are enriched and problematised. The volume explores what life for disabled people in low- and middle-income countries tells us about subjects such as identity and intersectionality, labour and the global market, family life and intimate relationships, migration, climate change, access to the digital world, participation in sport and the performing arts, and much else.

Bezug: <https://www.palgrave.com/de/book/9783319746746>.

### *Paul Chappell/Marlene de Beer* **Diverse Voices of Disabled Sexualities in the Global South**

This volume aims to critically engage with constructs and experiences of disabled sexualities through Africa, Asia, Latin America and the Caribbean. In doing so, it is hoped that the questions raised, reflections, analyses and arguments will provide readers with a catalyst through which to (re)think disabled sexualities from the perspective of the Global South. What makes this edited volume unique is besides chapters from emerging academics and disability activists who either live or work in the Global South, it also includes personal contributions from disabled people across the Global South. This volume takes a broad perspective on disabled sexualities addressing such areas as gender, race, culture, colonialism, body image, sexual pleasure, sexuality education, sexual access, sexual and reproductive health services, queer sexualities, and sexual rights and justice. The volume will be of interest to international and national organisations for people with disabilities, gender and sexuality researchers, health professionals, social workers, academics and students at all higher education and training institutions interested in disability, gender queer and sexuality studies.

Bezug: <https://link.springer.com/book/10.1007/978-3-319-78852-4#about>.

*Mohammad Hifz Ur Rahman/  
Ashish Singh*

### **Socio-Economic Disparity in the Occurrence of Disability among Older Adults in Six Low- and Middle-Income Countries**

Nearly 200 million people in the world experience considerable functioning difficulties. Also, more than three-fourth of the population aged 50 years and over is suffering from some kind of disability in India, China,

Ghana, Russia, Mexico and South Africa. Despite the compelling nature of this issue, evidence on socioeconomic disparity in the occurrence of disability is lacking throughout the world and particularly in the aforementioned countries. The purpose of this paper is twofold – first, to examine the socioeconomic inequalities in the prevalence of disability in the selected countries; and second, to investigate the cross-country differentials in the prevalence of disability by socioeconomic characteristics. This is perhaps the first study which examines the socioeconomic inequality in disability conceptualised in a comprehensive manner among older adults spread across low to upper middle income countries. The alarming level of prevalence of disability among sociodemographic disadvantage groups calls for immediate attention in terms of detailed study of risk factors, effective policy and timely intervention.

Bezug: <https://www.emeraldinsight.com/doi/abs/10.1108/IJHRH-05-2018-0034>;  
<https://www.emeraldinsight.com/doi/pdfplus/10.1108/IJHRH-05-2018-0034>.

*Vandana Chaudhry*  
**Neoliberal Crises of Social Work in the Global South: Ethnography of Individualising Disability and Empowerment Practice in India**

This article examines the World Bank's disability and development projects in rural South India and illuminates neoliberalism's dangers for social work theory and practice in the Global South. Based on a multi-year ethnographic study involving participant observation and interviews with multiple stakeholders, it critically examines the individualised model of empowerment promoted by self-help groups in light of the structural and cultural realities of rural disability. It highlights the dangers of individualisation and responsabilisation of

self-help group interventions and traces how disabled subjectivities are shaped in line with neoliberal governmentality. Foregrounding disability and global south perspectives on neoliberalism – often overlooked in social work scholarship – this article contributes an intersectional and transnational perspective to social work.

Bezug: <https://journals.sagepub.com/doi/abs/10.1177/0020872818767501>.

*Ikenna D. Ebuonyi/Esther S. Rottenburg/Joske F. G. Bunders-Aelen/Barbara J. Regeer*  
**Challenges of Inclusion: A Qualitative Study Exploring Barriers and Pathways to Inclusion of Persons with Mental Disabilities in Technical and Vocational Education and Training Programmes in East Africa**

This article wants to explore barriers and pathways to the inclusion of persons with mental and intellectual disabilities in technical and vocational education and training programmes in four East African countries, in order to pave the way to greater inclusion.

Bezug: <https://www.tandfonline.com/doi/full/10.1080/09638288.2018.1503729>.

*Nidhi Singal/Paul Lynch/Shruti Taneja Johansson*  
**Education and Disability in the Global South – New Perspectives from Africa and Asia**

Education and Disability in the Global South brings together new and established researchers from a variety of disciplines to explore the complexities and dilemmas encountered in providing education to children and young people with disabilities in countries in South Asia and Africa. Applying a range of methodological, theoretical and conceptual frameworks across different levels of education systems, from pre-school to higher education, the contributors examine not just the barriers

but also the opportunities within the educational systems, in order to make strong policy recommendations. Together, the chapters offer a comprehensive overview of a range of issues, including a nuanced appreciation of the tensions between the local and global in relation to key developments in the field, critiquing a globalised notion of inclusive education, as well as proposing new methodological advancements in taking the research agenda forward. Empirical insights are captured not just from the perspectives of educators but also through engaging with children and young people with disabilities, who are uniquely powerful in providing insights for future developments.

Bezug: <https://www.bloomsbury.com/uk/education-and-disability-in-the-global-south-9781474291224/>.

*Mizunoya, Suguru/Mitra, Sophie/Yamasaki, Izumi*  
**Disability and School Attendance in 15 Low- and Middle-Income Countries**

Out of school children are a critical issue in education and development. Very little is known as to whether a disability is associated with a higher risk of being out of school for children in developing countries. This paper presents and analyses the gap in enrolment in both primary and secondary education between children with and without disabilities using for the first time an internationally tested and comparable measure of functional difficulties (e.g. seeing, hearing, and walking). Using nationally representative datasets from 15 developing countries, this paper finds a consistent and statistically significant disability gap in both primary and secondary school attendance. The paper econometrically examines potential explanations for this disability gap using several specifications. A household fixed effect model shows that disability reduces the probability of school attendance by a median 30.9 percentage points, and that



neither individual characteristics nor their socio-economic and unobserved household characteristics explain the disability gap. While general poverty reduction policies through for instance social transfers to the poor may improve school attendance in general, they seem unlikely to close the disability gap in schooling. The disability gap for primary-age children follows an inverted U-shape relationship with Gross National Income (GNI) per capita. This suggests that, as GNI per capita rises and more resources become available for improving access to education in middle-income countries, children without disabilities increasingly attend school, whereas the situation of children with disabilities may improve more slowly. Despite the adoption of an inclusive education agenda globally, this paper shows that more research and policy attention is needed to make schooling disability-inclusive in developing countries. More attention is also necessary regarding the functional difficulties experienced by children, as some may be preventable and the schooling inequalities associated with them may thus be avoidable.

Bezug: <https://ideas.repec.org/a/eee/wdevel/v104y2018icp388-403.html>.

*Matthew Walsham/Hannah  
Kuper/Lena Morgon Banks/  
Karl Blanchet*

### **Social Protection for People with Disabilities in Africa and Asia: A Review of Programmes for Low- and Middle-Income Countries**

Despite a greater need for social protection among people with disabilities, there is limited evidence of their inclusion into social protection programmes in low- and middle-income countries. This paper presents the findings from a review of regional and global data sources for Asia-Pacific and Africa to identify social protection programmes that aim to include people with disabilities. It finds

a substantial number of programmes in both regions, although there is considerable variation in the quantity and types of programmes within and between regions and countries, as well as between low- and middle-income countries. Further, the quality of data is not sufficient to assess the degree to which these programmes are genuinely inclusive of people with disabilities. As such, it highlights important limitations in the way data is currently being collected that require further attention in the context of the Sustainable Development Goals and the commitment to *Leave No-one Behind*.

Bezug: <https://www.tandfonline.com/doi/full/10.1080/13600818.2018.1515903?scroll=top&needAccess=true>.

13.01.2019

**National Conference on Biopsychosocial Perspectives of Trauma, Lucknow, UTTAR PRADESH, India.**

Information: <http://www.ipyfindia.com/National-Conference-on-Trauma-2019/>.

Kontakt: Shia P.G: College, Daliganj Campus, Lucknow, Sajid Kazmi: E-Mail: [imhrcindia@gmail.com](mailto:imhrcindia@gmail.com). Tel.: +8565001786.

19.02. - 20.02.2019

**3rd International Conference on Sustainable Development, 2019, Dhaka, Bangladesh.**

Information: <http://icsd.uiu.ac.bd/>.

Kontakt: 3rd UIU-ICSD 2019 Secretariat; Tel.: +8801765592715, +8801753245384, +8801913076749; E-Mail: [icsd@eco.uiu.ac.bd](mailto:icsd@eco.uiu.ac.bd), Professor Hamidul Huq.

22.02.2019

**International Conference on Community Medicine and Public Health, Colombo, Sri Lanka.**

Information: <http://healthconference.science/community-medicine/>.

Kontakt: Ravi Jayarathne, 87/23 A, Kohilakotuwa Rd, Neelammahara, Maharagama, Colombo, Sri Lanka; Tel.: +94 773 940 838; E-Mail: [helpdesk@gariteam.com](mailto:helpdesk@gariteam.com).

04.03. - 05.03.2019

**Pacific Rim International Conference on Disability & Diversity - Successability, Hawaii Convention Center, Honolulu, USA.**

Information: <https://www.pacrim.hawaii.edu>.

Kontakt: Center on Disability Studies, University of Hawaii Manoa, 1410 Lower Campus Rd., #171F, Honolulu, HI 96822; Tel.: (808) 956-5142.

02.07. - 03.07.2019

**4th Asia-Pacific Community-Based Inclusive Development (CBID) Congress 2019 - Sustainable Social Development and Economic Growth through Community-based Inclusive Development (CBID). Ulaanbaatar, Mongolia.**

Information: <http://apcdfoundation.org/?q=content/first-announcement-4th-asia-pacific-community-based-inclusive-development-cbid-congress-2019>.

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